

Papua New Guinea

Executive Summary

In 2015, UNICEF Papua New Guinea accelerated efforts to decentralize essential interventions to reach children directly. As a result of targeted technical support, 15 provincial hospitals now have the capacity to manage severe acute malnutrition (SAM), reaching an additional 2,000 children in 2015. In 2015, 56 health staff in 29 health facilities were trained to deliver early essential newborn care services, reaching 80 per cent of all delivery rooms in health facilities and covering a total of 144,000 newborns.

UNICEF Papua New Guinea systematic advocacy led to a parliamentary inquiry on violence against women and children by the Health and Family Welfare Parliamentary Committee, helping to elevate the issue within government. UNICEF advocacy and financial and technical support contributed to the unanimous parliamentary endorsement of the Lukautim Pikinini Act (Child Protection Act) (2015); the finalization of the Child Protection Policy; and the development of implementation regulations and operational guidelines for the Lukautim Pikinini Act (2015) and Juvenile Justice Act (2014), providing a strong foundation to strengthen the child protection sector.

UNICEF Papua New Guinea continued efforts to strengthen the evidence base by analysing patterns and causes of inequity. An equity analysis of vaccination services launched in two districts of East Sepik Province showed gaps in access to commodities, qualified human resources, and vaccination services for more than two thirds of children under 1 in these two districts. Micro-planning followed by interventions and regular supervision contributed to an increase of diphtheria-tetanus-pertussis (DTP3) coverage from 14 per cent and 27 per cent to 40 per cent in both districts from September to December 2015.

Significant work was carried out to strengthen government capacity to monitor and analyse data. UNICEF supported the National Department of Health to develop a first-of-its kind database and case registration manual on service delivery indicators relating to violence against children and women. UNICEF provided technical support, including mentoring, to the development of the Department of Education's National Education Plan 2015–2024 and the Department of National Planning and Monitoring's Policy Monitoring and Evaluation framework 2016–2017. The frameworks will enable strong monitoring of results and coordination across sectors. UNICEF's technical support to the Department of Implementation and Rural Development (DIRD) enabled the Government to process information captured in the District Information Management System. Innovative methods using RapidPro SMS were launched with two Departments (Health, DIRD) to support real-time data collection and monitoring, strengthen accountability and information sharing, and improve demand for services.

Collaborative partnerships were forged with the Oceania Football Confederation and the Just Play programme to use sport as a new medium to promote positive development for children (to be expanded in 2016). South-South exchanges in education, nutrition and water, sanitation and hygiene (WASH) helped to strengthen intergovernmental partnerships, and support development and learning in priority areas for children. A triangular cooperation among the

Governments of Papua New Guinea and Thailand and UNICEF is being explored to address the human capacity on nutrition and value education. A visit by Goodwill Ambassador David Beckham in November 2015 helped to raise attention on the critical importance of nutrition and violence against children as part of the 7: The David Beckham UNICEF Fund. This campaign is expected to raise US\$1.453 million over the next three years. A visit by the UNICEF Regional Director helped to leverage partnerships for children in the country.

As part of the United Nation's response to El Niño, UNICEF co-led the Education and Nutrition clusters and the Child Protection sub-cluster, and participated in a Government-led assessment of the impact of prolonged drought and frost conditions on communities. Essential nutrition and WASH supplies were procured and distributed to support the Government's response.

As a result of shortfalls due to competing priorities within the Government, the Out-of-School Children Initiative was not implemented despite initial momentum and high-level technical support provided by UNICEF. To overcome this shortfall, the Country Office is discussing with the Government of Papua New Guinea the possibility of providing one technical staff to enhance capacity and provide secretariat support. Interventions related to community-based management of acute malnutrition (CMAM) and infant and young child feeding were not implemented as planned due to the late arrival of the UNICEF technical specialist. In 2016, UNICEF Papua New Guinea will implement CMAM through non-governmental organizations. Low public sector capacity to manage and deliver services, inadequate budget allocations for some sectors, fragmented coordination and delayed disbursement continued to hamper programme implementation. UNICEF Papua New Guinea successfully implemented direct implementation and direct payment modalities to address bottlenecks related to delayed disbursements. The Office strengthened Harmonized Approach to Cash Transfers (HACT) compliance through close monitoring of the HACT work plan and implementation of spot checks.

Humanitarian Assistance

In 2015, Papua New Guinea experienced drought and frost conditions as a result of El Niño. As of mid-December, the National Disaster Centre (NDC) indicated that approximately 2.7 million people had been affected by drought/frost conditions. The Highlands region of Papua New Guinea was especially affected. In August 2015, the Government, through the NDC, requested the United Nations to support the Government to assess the impacts of El Niño. UNICEF Papua New Guinea participated in one of four Government-led assessments to analyse the impact of drought and frost on communities in the Momase region. UNICEF actively participated in the Disaster Management team meeting to support the Government's preparedness and response efforts.

As part of the United Nation's response, UNICEF led the Education and Nutrition clusters and the Child Protection sub-cluster, and was an active member of the WASH cluster as well as the government-led Water and Sanitation (WATSAN) committee. Together with the Chimbu Provincial Health Office, UNICEF led a Nutrition and WASH rapid assessment in October 2015 in two districts in Chimbu Province that were affected by severe drought.

To strengthen the Government's response to the drought emergency, UNICEF supported the treatment of SAM in hospitals through the nutrition programme. UNICEF and the National Department of Health ensured the availability of sufficient therapeutic feeding supplies – F75, F100, Resomal and Ready-to-Use Therapeutic Food – in 15 provinces for the routine treatment of approximately 5,000 cases of SAM. As a result of UNICEF Papua New Guinea support,

20,000 children 6–59 months old benefited from the supply of multiple micronutrient powders. The micronutrient powder complemented food rations distributed by the Government towards El Niño response in selected provinces. UNICEF Papua New Guinea provided Mid-Upper Arm Circumference (MUAC) tapes to health facilities in 15 provinces where UNICEF had already trained health workers on how to diagnose acute malnutrition. Approximately, 2,000 children aged 6–59 months were screened during the peak of the El Niño crisis (September-December 2015). Of the children screened, the results did not show evidence of deterioration in the nutritional status that may require a targeted nutritional emergency response, but this will continue to be monitored.

UNICEF procured WASH supplies comprising 30 (4x50 metres) tarpaulins, 20,000 collapsible 10-litre water containers, 2,000 buckets (20-litre capacity) and 5 portable Bacteriological Field Test Kits for delivery to severely affected areas in the country. In partnership with the Government, UNICEF provided support to develop communication materials around key messages for WASH that focused on drought and hygiene. Before the crisis, UNICEF prepositioned education supplies in all 22 of the country's provinces. Supplies included school tents, School in a Box, family kits and fleece blankets to benefit more than 100,000 people, of which more than 50 per cent would be children. UNICEF developed a Child Protection in Emergencies training manual and trained 130 participants in Eastern Highlands Province and the Autonomous Region of Bougainville. As a result of the training, one district in Eastern Highlands Province, which was identified as among the most vulnerable to El Niño, conducted an assessment of child protection issues, the results of which were used to secure US\$21,612 in food supplies for the district.

Separately, UNICEF provided humanitarian assistance to West New Britain as a result of severe flooding. Based on a special request from the National Department of Education, additional pre-positioned emergency supplies consisting of emergency family kits, school tents, School in a Box, fleece blankets and early childhood care and development kits were delivered to the province. Approximately 3,000 schoolchildren and their families benefited from the pre-positioned emergency supplies to West New Britain Province.

Summary Notes and Acronyms

ARNEC – Asia Pacific Regional Network for Early Childhood
ARoB – Autonomous Region of Bougainville
ART – antiretroviral therapy
ARV – antiretroviral
AWP – Annual Work Plans
BCP – Business Continuity Principles
CBD - Community based distributor
CBO - Community Based Organization
CMAM – community-based management of acute malnutrition
CMT – Country Management Team
CRC – Convention on the Rights of the Child
DCT – Direct Cash Transfer
DFAM – Division of Financial and Administrative Management
DfCD – Department of Community Development
DHS – Demographic and Health Survey
DIRD – Department of Implementation and Rural Development
DNPM – Department of National Planning and Monitoring
DSA – Daily Subsistence Allowance

DTP3 – diphtheria-tetanus-pertussis
ECCD – early childhood care and development
ECCE – early childhood care and education
EENC – early essential newborn care
EPI – Expanded Programme on Immunization
ERM – Enterprise Risk Management
EWEA – Early Warning and Early Action
FSC – Family Support Centre
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
HACT – Harmonized Approach to Cash Transfers
ICT – information and communications technology
IPV – inactivated polio vaccine
IYCF – infant and young child feeding
JCC – Joint Consultative Committee
LPA – Lukautim Pikinini Act
LTA – Long-Term Agreement
mHealth – mobile health
MoRES – Monitoring of Results for Equity System
MUAC – Mid-Upper Arm Circumference
NatComs – National Committees
NDC – National Disaster Centre
NDoH – National Department of Health
NDoE – National Department of Education
NEFC – National Economic Fiscal Commission
NEP – National Education Plan
NGO – non-governmental organization
OR – Other Resources
PBR – Programme Budget Review
PCM – programme coordination meetings
PER – Performance Evaluation Report
PPTCT - prevention of mother-to-child transmission (of HIV)
RBM – Results-based management
RUTF – Ready-to-Use Therapeutic Food
SAM – severe acute malnutrition
SDGs – Sustainable Development Goals
SERC – special education resource centres
SMT – Security Management Team
SSAFE – Safe and Secure Approaches to Field Environments
TA – Temporary Assistance
UBE – Universal Basic Education
UPR – Universal Periodic Review
UNDSS – United Nations Department for Safety and Security
VHV - Village Health Volunteer
WASH – water, sanitation and hygiene
WATSAN – water and sanitation
WHO – World Health Organization

Capacity Development

Capacity was strengthened to deliver immunization and new vaccines (measles-rubella and inactivated polio vaccine, manage severe acute malnutrition (SAM), and provide early essential

newborn care (EENC) in low-performing provinces. Technical support and mentoring to 15 provincial hospitals on the management of SAM contributed to a reduction of child deaths from SAM from 18 per cent (average 2011) to less than 10 per cent (2015) in three implementing hospitals. Training of 182 health workers from 62 health facilities in 7 provinces to deliver EENC services helped expand access to 80 per cent of health-facility delivery rooms covering 50,000 newborns.

More than 24,000 children from 81 primary schools in the Autonomous Region of Bougainville were trained on emergency preparedness and climate change adaptation. Disaster response plans were developed by 134 schoolteachers and principals. As a result of UNICEF support, 30 early childhood care and education (ECCE) teachers understand developmentally appropriate practices for developing early childhood interventions. Programmes will be piloted in six provinces in 2016 for national scale-up in 2017.

Six of 22 provinces were trained and equipped with updated data management tools to track progress in universal access to HIV testing, treatment and prevention of parent-to-child transmission services; and report age- and sex-disaggregated data to enhance equity-focused implementation of HIV programmes.

UNICEF Papua New Guinea continued to strengthen capacity on results-based management (RBM). A DevInfo Admin training workshop helped to strengthen capacities in database customization and management. As a result of a customized RBM training, 15 National Planning officials have the knowledge to implement provincial-level RBM trainings.

UNICEF Papua New Guinea provided capacity building on child protection in emergencies, SAM management, disaster risk education and school preparedness to respond to disasters. The Country Office dispatched one communication officer to support UNICEF Pacific in response to Cyclone Pam.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF continued to support the Government and partners to link evidence with policies. An equity analysis of vaccination services in two districts of East Sepik Province showed gaps in access to commodities, qualified human resources, and vaccination services. As a result of micro-planning, targeted interventions and regular supervision, diphtheria-tetanus-pertussis (DTP3) coverage increased from 14 per cent and 27 per cent to 40 per cent in both districts from September–November 2015.

Advocacy on nutrition culminated in the endorsement of the National Nutrition Policy and coordination mechanism by five government Secretaries, and to an increased budget for nutrition to procure therapeutic food. UNICEF advocacy led to a parliamentary inquiry on violence against women and children by the Health and Family Welfare Parliamentary Committee, helping to elevate the issue of violence within the Government. UNICEF advocacy and support contributed to the unanimous parliamentary endorsement of the Lukautim Pikinini Act (LPA) (2015); the finalization of the Child Protection Policy; and the development of implementation regulations and operational guidelines for the LPA (2015) and Juvenile Justice Act (2014), providing a strong foundation to strengthen the child protection sector.

To strengthen data, UNICEF Papua New Guinea supported the National Department of Health (NDoH) to develop a first-of-its kind database and case registration manual on service delivery indicators relating to violence against children and women. UNICEF Papua New Guinea

technical support was instrumental in the development of the 2015–2024 National Education Plan (NEP) and the 2016–2017 Policy Monitoring and Evaluation framework, which will promote better data coordination across sectors.

UNICEF’s technical support to the Department of Implementation and Rural Development enabled the Government to process information captured in the District Information Management System, while RapidPro SMS will help the Government to capture real-time data on service delivery.

Building on good practices pairing mentoring with capacity training in prevention of mother-to-child transmission (PPTCT) of HIV, UNICEF Papua New Guinea will mainstream mentoring and supervision in all training activities to reinforce knowledge and skills.

Partnerships

UNICEF Papua New Guinea launched a Sport for Development initiative to address social issues affecting young people. Through collaboration with the Oceania Football Confederation and the Just Play programme, UNICEF brought 5,000 children to participate in the XV Pacific Games Baton Relay. The event provided an opportunity for children to learn about healthy habits, gender equality, disability awareness and child protection. Using Just Play as a platform, UNICEF promoted the importance of birth registration and immunization through games, reaching more than 7,000 children. The initiative will be scaled up in 2016 to address issues relating to education; water, sanitation and hygiene (WASH); and child protection messages.

In education, UNICEF collaborated with participants from the Education, Health and Child Protection sectors, non-governmental organizations (NGOs), faith-based organizations and the private sector to develop early childhood care communication materials to raise awareness about gender and disability, and influence the development of an ECCD Policy. Key partnerships were strengthened in immunization (UNICEF, World Health Organization (WHO), the Gavi Vaccine Alliance), newborn care (UNICEF, WHO, the Australian Government) and nutrition (with Papua New Guinea Universities and Mahidol University in Thailand).

To target social norms that perpetuate violence, UNICEF initiated a partnership with the Catholic Dioceses of Hagen, Kundiawa and Madang to undertake a positive parenting programme. Once launched, the programme will train 180 family life educators, catechists and child protection volunteers as parenting facilitators and will deliver parenting services to 135 congregations across 4 provinces. Family relationships are key factors in child abuse and neglect and are critical levers for intervention to reduce violence against children.

UNICEF continued to partner with the Department of National Planning and Monitoring (DNPM), Department of Implementation and Rural Development (DIRD), and National Economic Fiscal Commission (NEFC) to collect and analyse real-time data at the provincial and district levels. The partnership supports efforts to strengthen decentralized planning and budgeting.

External Communication and Public Advocacy

Strong and continuous advocacy helped to position children’s issues in the Government’s agenda. UNICEF Papua New Guinea partnered with media to raise awareness on the burden of malnutrition and the need for action. This high level advocacy contributed to the finalization of National Nutrition Policy 2015–2024, and to changes in SAM management within major health facilities, helping to reduce SAM-related deaths.

A visit by Goodwill Ambassador David Beckham in November 2015 highlighted the critical importance of nutrition and violence against children as part of the 7: The David Beckham UNICEF Fund. This campaign is expected to raise US\$1.453 million over the next three years.

UNICEF partnered with NDoH and Colgate-Palmolive as a public-private partnership to promote hand washing as part of the Global Handwashing Day. The partnership reached more than 30,000 children with information promoting the importance of hygiene. Indicators on attitudes and behaviours relating to WASH were included in 30,000 leaflets. Data derived from the survey will help to inform WASH programmes and communication for development interventions.

An End Violence against Children Campaign launched in two provinces helped to build awareness and promote positive social norms and behaviours. Led by the Catholic Archdiocese of Hagen, the campaign reached 10,000 men, women and children in Western Highlands Province and 29,000 in Jiwaka Province.

Together with the Government, UNICEF launched the RapidPro SMS initiative to strengthen demand for key services on maternal and child health, nutrition and PPTCT in hard-to-reach areas. Particular focus was given to strengthening UNICEF's external media. As a result of regular updating, UNICEF digital media traffic increased from 600 to more than 15,000.

Persistent advocacy with the Department of Community Development (DfCD) led to the inclusion of a life-cycle approach in a draft Social Protection Policy. In 2016, UNICEF will support DfCD to develop capacity in child-centred social protection.

South-South Cooperation and Triangular Cooperation

UNICEF continued to support South-South exchanges, supporting programme visits to several countries including Thailand, China and Sri Lanka. Engagement of a high-level delegation from the National Department of Education (NDoE) and the Autonomous Region of Bougainville (ARoB) in the 4th Child Development and Poverty Reduction International Conference and the Asia Pacific Regional Network for Early Childhood (ARNEC) 2015 Conference in Beijing provided an opportunity to learn about good practices in early childhood education. The ARoB government reaffirmed its commitment to establish early childhood education across ARoB.

UNICEF supported a five-member delegation from NDoE, NDoH and DNPM to attend an international learning exchange on WASH in Schools. As a result, Papua New Guinea agreed to scale up WASH in Schools programming. A programming framework to implement WASH in Schools was agreed.

In order to increase human resource capacity on nutrition to address the overwhelming gap in pre-service training in the country, UNICEF brought four members from Thailand's Faculty of Public Health in Mahidol University to support the NDoH on an initiative to strengthen nutrition content in medical and health-related curricula and trainings, including pre-service, in-service and on-the-job mentoring.

Educators from Thailand, and the adviser to the Minister of Education in Thailand, visited Papua New Guinea to exchange knowledge on integrating values, ethics and life skills education in early childhood education. Delegates from Papua New Guinea will visit schools in Thailand in 2016 to learn about Thailand's approach to integrating holistic values education in the curriculum.

UNICEF Papua New Guinea is discussing the potential to continue trilateral cooperation between the Government of Papua New Guinea and Government of Thailand by having technical experts from Thailand support education and nutrition interventions, and UNICEF provide ongoing monitoring support. By doing so, the initiative provides a sustainable and low cost strategy to build capacity on nutrition and value education.

Identification Promotion of Innovation

Maternal mortality rates remain high throughout the country. Through partnership with the NDoH, UNICEF launched a mobile health (mHealth) initiative using RapidPro to provide simple life-saving health information via text messages to pregnant women and new mothers in the country. The pilot aims to reach more than 10,000 women in its first year. With strong commitment from NDoH, national scale-up in 2016 is foreseen. UNICEF Papua New Guinea and NDoH developed an SMS mentoring programme to mentor health workers trained in the treatment of malnutrition. The project is in the final design phase and will be piloted early 2016.

UNICEF and DIRD launched a pilot initiative to strengthen data collection, monitoring and service delivery at the district and provincial level. Once at scale, the initiative will reach 1,162 government administrators. By enabling DIRD to collect real-time data, RapidPro will help increase the responsiveness of Government to the needs of district-level authorities and ensure greater accountability for spending. Data collected through the system will be linked to the DevInfo data management system and will help inform policy development.

In 2015, the NDoE agreed to pilot RapidPro SMS technology to collect data relating to the school census. The pilot will be launched in 89 schools in five provinces with the aim to scale up to all 11,000 schools by the end of 2016, with the potential to reach 1.9 million students. The RapidPro tool will also be used by NDoE to communicate directly with schools across the country.

In 2015, a number of strong partnerships were developed including a positive commercial relationship with the lead mobile network operator in Papua New Guinea. In 2016, UNICEF intends to launch U-Report to engage youth and adolescents on issues that matter to them.

Support to Integration and Cross-Sectoral Linkages

In 2015, attention was given to promoting 'horizontal' integration by advancing multi-sectoral and integrated approaches to address barriers and bottlenecks concurrently. For example, UNICEF supported efforts to strengthen nutrition through the endorsement of the multi-sectoral National Nutrition Policy 2015–2024. As a result of UNICEF advocacy, the Government has expressed interest to join the Scaling Up Nutrition movement to address the high burden of malnutrition in Papua New Guinea.

Ongoing efforts to improve access to quality water and sanitation through the recruitment of a WASH technical advisor, to be seconded to DNPM to advance the implementation of a National WASH policy, will directly impact results in nutrition, health and education. In 2016, UNICEF Papua New Guinea will implement community-based management of acute malnutrition, which will include WASH and other health-related interventions.

UNICEF Papua New Guinea advanced interventions to strengthen early childhood development, bringing stakeholders from health, child protection, WASH and education sectors, as well as from the private sector, developed communication materials to promote key messages on child learning, protection and development. During technical workshops, sectors

developed dissemination strategies to mobilize support and implement ECCD interventions. In health, participants developed a plan to localize the international programme Reach out and Read to promote community-based reading and learning facilities for young children.

The education sector developed a mobilization strategy to engage elementary schools/ECCE centres and Buk Bilong Pikinini (a local NGO) to implement ECCD initiatives that promote life-long learning. Child Protection participants outlined a plan to mobilize field-based child protection officers and community leaders to raise awareness on child protection issues as well as integrating ECCE themes into a multi-sectoral Positive Parenting Initiative, to be launched in 2016 in the Highlands region. These efforts will provide parents and caregivers a holistic foundation to support children's development.

Service Delivery

UNICEF Papua New Guinea expanded access to services for management of SAM from 10 to 15 provinces, reaching an additional 2,000 children affected by SAM in 2015 and contributing to a reduction in child deaths. As an example of government commitment to nutrition, NDoH secured the provision of therapeutic foods for managing SAM cases for 2015 and 2016. UNICEF technical support to strengthen PPTCT services at national level, and specific support to five provinces, contributed to the rapid phasing in and use of effective antiretroviral (ARV) treatment regimens. By December 2014, all (573) clients started on PPTCT were initiated to Option B+ (2015 data to be released in 2016). As a result of UNICEF technical assistance to strengthen micro-planning for Expanded Programme on Immunization (EPI) in seven provinces, health workers have the capacity to deliver life-saving measles-rubella vaccines and inactivated polio vaccines (IPVs).

To improve access to quality protection services, UNICEF supported NDoH to scale up the health-sector response to violence against women and children in two provinces. Fifty-four health workers were trained to provide emergency medical care, psychosocial first aid and referral services for survivors of family and sexual violence. Provincial End Violence against Children campaigns reached 39,000 women, men and children in two provinces with awareness-raising messages to increase demand for protection services. New partnerships with the Catholic Archdiocese of Kundiawa, Madang and Mt. Hagen to work with parents and caregivers to promote positive parenting will help address social norms that perpetuate violence.

UNICEF Papua New Guinea supported the installation of child-friendly gender-sensitive toilets, improved water sources and hand-washing facilities in 9 schools in Eastern Highlands Province and 10 schools in AROB, benefiting approximately 6,755 boys and girls. ECCE curriculum and teachers' guides were developed and validated as a strategy to increase the supply of qualified teachers.

Human Rights-Based Approach to Cooperation

UNICEF Papua New Guinea continued to promote rights-based programming to address inequities in Papua New Guinea. UNICEF was instrumental in advocating for, and supporting the development of, the Lukautim Pikinini Act, which was unanimously adopted by parliament on 9 June 2015. The Act strengthens the protection of children from violence, abuse and exploitation. The Act allows children to report abuses without a parent's or guardian's consent in serious cases such as sexual assault. It also removes discrimination against children born outside of wedlock, and bans child marriage.

UNICEF continued to work with the Government and civil society to advance actions in relation to national human rights mechanisms. UNICEF continued to engage the Government to meet its obligations under the Convention on the Rights of the Child (CRC), including CRC reporting which is overdue (the last report was in 2000). In line with Papua New Guinea's second cycle review of the Universal Periodic Review (UPR) in 2016, UNICEF contributed to a paper developed by the United Nations Country Team that summarizes progress made against recommendations made to Papua New Guinea during the first cycle of UPR.

On 29 May 2015, the Government of Papua New Guinea launched the National Policy on Disability. The policy includes provisions addressing health and education, and makes sign language a fourth official national language of Papua New Guinea.

UNICEF supported the development of an inclusive education course book for teachers in teacher colleges. The course book will equip graduates with skills to accommodate children with disabilities in mainstream classrooms. Using the standard-based education curriculum for elementary schools, resource materials were developed for special education resource centres (SERCs) to meet the needs of children with visual and hearing impairments, learning difficulties and intellectual needs. These will be finalized in 2016. Six schools (one primary and five elementary in Central Province) have adopted steps to be inclusive schools.

UNICEF continued to advance the concept of equity-focused monitoring and programming within annual review and work-plan processes, providing a sustainable pathway to rights-based programming. A RBM training held in November 2015 for DNPM emphasized the need to strengthen human rights in government planning.

Gender Mainstreaming and Equality

Initiatives were advanced to strengthen gender equality principles in Papua New Guinea. Building on 2014 gender audit recommendations, all staff of the NDoE were trained on gender mainstreaming. With support from UNICEF Papua New Guinea, 151 officers within NDoE were sensitized on gender concepts and frameworks. In 2016, UNICEF will support NDoE to conduct a review of its gender policy.

A study analysing the effectiveness of community-based advocates in the Highlands region was launched. Findings from the study will inform the application of similar strategies to promote girls education in provinces in Papua New Guinea. The capacity of 28 school-based counsellors (18 females and 10 males) was strengthened to address gender issues at the school level and provide counselling, interventions and referrals when needed. Fifty-six guidance and standards officers were trained to support children and young people at risk of dropping out to draw on support services to keep them in school.

Results from a pilot project on 'males taking action' in antenatal care and PPTCT services in four provinces were used by stakeholders to address barriers to male participation. Nationally, the percentage of male partners accessing HIV testing with their partners during prenatal care increased from 1 per cent in 2014 to 2 per cent in 2015. UNICEF is supporting programmes to increase HIV treatment retention, targeting high-risk vulnerable populations, especially adolescent girls. A study on retention of clients on Option B+ with focus on adolescent age group is under way; findings from the study will provide information on how to increase adherence and retention on treatment for this population.

The Country Office actively participated in the United Nations gender task team, and through

this mechanism, was able to further shape UNICEF's focus on gender. The Country Management Team (CMT) reviewed progress against Annual Work Plans (AWPs) and Monitoring of Results for Equity System (MoRES) priorities, including progress on gender mainstreaming, on a bimonthly basis. Gender markers of each outputs were reviewed and actions revised to mainstream gender dimensions according to UNICEF guidelines. The Office will undertake a gender programme review and gender mainstreaming workshop in early 2016 as part of the new Country Programme process.

Environmental Sustainability

In 2015, Papua New Guinea experienced several earthquakes, one volcanic eruption, severe flooding in West New Britain, and drought and frost conditions as a result of El Niño. As of December 2015, an estimated 2.7 million people had been affected by El Niño. Lessons learned from the 2015 El Niño experience are being incorporated in rapid assessments and the Government's emergency response guidelines. As a majority of the population relies on small creeks and streams for their daily drinking water needs, there is a particular need to increase water storage capacity and install sustainable water systems especially in rural areas.

As children are often the most vulnerable to the impacts of climate change and environmental degradation, UNICEF Papua New Guinea is supporting the Government and partners to advance national climate change, disaster risk reduction and environmental sustainability goals using the education sector as a critical entry-point. UNICEF trained 80 teachers in ARoB to support the mainstreaming of climate change adaptation and resilience in primary school curricula, and the scaling up of risk and disaster preparedness training. Through these efforts, there is the potential to reach 24,000 children.

A risk and resilience-informed planning workshop was held to better integrate risk into UNICEF plans and programmes in line with Papua New Guinea's vulnerability profile. The Enterprise Risk Management/Early Warning and Early Action (ERM/EWEA) platform was updated as part of this process. The Office undertook a carbon footprint analysis and developed recommendations to further reduce UNICEF's carbon footprint. A workshop on the impacts of climate change on children will be held in quarter one of 2016 together with broader efforts to raise awareness on the Sustainable Development Goals (SDGs). UNICEF provided technical support to the finalization of the 2015 Millennium Development Goals final report, which includes a road map on how to integrate the SDGs in national and provincial plans.

Effective Leadership

The office advanced four management priorities for improved performance in 2015. Office priorities included: a) Harmonized Approach to Cash Transfers (HACT); b) RBM and innovations for data evidence; c) enhanced partnership for better results for children; and d) improved efficiency and effectiveness in programme activities. Efforts to secure long-term agreements for conferences and services were delayed.

The CMT met seven times to review programme and operations priorities and raise issues for action. Eight programme coordination meetings (PCM) were held to discuss updates and bottlenecks in programme implementation, funds utilization, donor reporting, and field monitoring. A weekly Senior Management Team was held to monitor results and raise issues for action. The Office was fully compliant with the corporate policy on financial disclosure. A workshop was conducted by the Director of Ethics Office at New York headquarters to strengthen staff understanding on ethics.

A workshop on risk-informed planning and programming was conducted for staff to provide a holistic view of risk, risk mitigation strategies and resilience tools and procedures including Business Continuity Principles (BCP), HACT, ERM/EWEA, emergency preparedness. Emergency preparedness activities were included in the AWP of education, nutrition and child protection.

The membership of office committees was updated and committees continued to function well to provide oversight to procurement, contracting, asset management, staff appointments, project cooperation agreements, and staff learning and development. The Joint Consultative Committee (JCC) met three times in 2015 to discuss staff related issues, and monitor the implementation of actions relating to the Global Staff Survey. The Office made two Programme Budget Review (PBR) submissions in 2015.

UNICEF actively participated in monthly United Nations Country Team, Programme Coordination Committee and Operation Committee meetings. UNICEF chaired three, and engaged in a total of nine, United Nations task teams to strengthen United Nations functioning, joint programme and common services as part of UN Delivering as One.

Financial Resources Management

During 2015, monthly bank reconciliations were completed within the Division of Financial and Administrative Management (DFAM) monthly closure timelines. There is a need to tighten cash forecasting to optimize utilization of bank balances. Challenges relating to late payments of Daily Subsistence Allowance (DSAs) to staff and outstanding vendor invoices remain. A system has been put in place to review vendor accounts on a monthly basis to avoid outstanding invoices.

On asset management, the Country Office conducted inventory counts and presented these in a Property Survey Board meeting, along with proposals to dispose obsolete and broken equipment. The Asset Register was updated based during an asset physical verification exercise.

As a result of a special PBR, UNICEF Papua New Guinea received a 20 per cent increase in the Institutional Budget (US\$777,745) for 2016–2017 to cover the high operating costs in Papua New Guinea. The overall programme budget utilization in 2015 was US\$7,814,867 (US\$2,571,756 Regular Resources, US\$5,243,111 Other Resources (OR)). The Country Office made vigorous efforts to achieve US\$0 for Direct Cash Transfer (DCT) greater than six and nine months. However, due to the late refund of US\$14,901 from NDoE before the closing of the Government Account, the office had 3 per cent DCT greater than nine months as of 31 December 2015. Programme utilization and DCT monitoring are standing agenda items for PCMs and CMTs.

The 2015 HACT plan was developed and regularly reviewed. Micro-assessment for eight eligible implementing partners and internal audits for two implementing partners were completed as planned. Sixteen out of 32 spot checks were completed in 2015, while 56 programme visits were completed (out of 40 planned for 2015). In 2016, the Country Office will engage external consultants to build staff capacity to undertake spot checks and strengthen quality assurance. HACT trainings were conducted for UNICEF staff and partners at national and provincial levels.

Fund-Raising and Donor Relations

The Country Programme OR ceiling for 2012-2017 is US\$ 57.66 million. As of 2015, the Office successfully mobilized US\$ 36.7 million, accounting for 64 per cent of the ceiling. UNICEF Papua New Guinea received US\$ 22.2 million, or 60 per cent of the OR ceiling, from the Papua New Guinea UN One Fund (primarily from the Australian Government) to support ECCD, nutrition, newborn care, gender in education, WASH in schools, EndVAC campaign, justice for children and positive parenting programmes. Global and regional thematic funds contributed to 28 per cent of OR.

Other funding sources included 7 per cent set aside and from the Hong Kong, United Kingdom, Australian, Japan and Korean National Committees (NatComs) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The Country Office actively participated in stakeholder consultations on the 11th European Development Fund on WASH, with support from the Regional Office. The European Union and the Government of Papua New Guinea identified WASH in schools as a priority area. UNICEF prepared a UNICEF WASH position paper to advocate for funding.

Continued efforts were made to mobilize additional resources for children from UNICEF NatComs in 2015. United Kingdom NatCom Goodwill Ambassador David Beckham visited Papua New Guinea to raise funds on nutrition as part of David 7 campaign. This campaign is expected to raise at least US\$1.453 million over the next three years. The Australian NatCom provided US\$306,034 to support a birth registration campaign during the 2015 Pacific Games and to Family Support Centres (FSCs), while the Hong Kong NatCom has indicated financial support of US\$250,000 to support PPTCT.

Building on a visit by one of UNICEF's Deputy Executive Directors in 2014, a visit by the UNICEF Regional Director helped to consolidate gains and elevate UNICEF's profile with donors and partners.

Evaluation

A formative evaluation of the FSC initiative was launched in November 2015 after delays in contracting a suitable institution to undertake the evaluation. The FSC evaluation seeks to analyse the effectiveness, efficiency, relevance and sustainability of the FSC approach which aims to deliver comprehensive medical, psychosocial and legal aid support services for children and adult survivors of violence. The final evaluation and recommendations are expected by end February 2016. Lessons learned will be shared with the NDoH, civil society and other partners implementing similar initiatives to address and respond to violence. The evaluation will be used to adjust current strategies and activities by the Government and development partners, including UNICEF.

Considerable efforts were undertaken to strengthen the evaluation function within the Country Office and with partners. The importance of the evaluation function was communicated to all staff and partners during 2015 annual review and work plan processes. An RBM training was held for the Department of Planning to strengthen understanding of monitoring and evaluation. UNICEF provided technical support to the development of a national Monitoring and Evaluation Policy led by DNPM, and advocated for DNPM to assume a greater leadership role to strengthen national evaluation capacity. This is especially important as the Papua New Guinea Association of Professional Evaluators has been disbanded. An evaluation training is scheduled for 2016.

The Country Office regularly reviewed and updated the annual integrated monitoring and evaluation plan in the CMT and PCM and as part of the annual management plan process. In 2016, greater attention will be given to strengthening the process by which the Office prioritizes research, studies and evaluations, in line with the 2015 Procedure on Quality Research.

Efficiency Gains and Cost Savings

The high-cost of doing business in Papua New Guinea remains a challenge. The Office continued to explore opportunities for cost-saving and improving efficiency in its operations. The cost recovery policy for the shuttle services provided to consultants continued in 2015. The introduction of a monthly lump sum rate for daily subsistence allowance of individual consultants/contractors with contracts of more than one month was explored. This is likely to generate savings considering that DSA payments constitute a significant portion of the cost of hiring international consultants.

The Office conducted job interviews using Skype or the Regional Office telephone bridge. UNICEF continued to purchase international air tickets offshore, as the tickets were often cheaper than buying locally; however, the Office sought multiple quotations to ensure the lowest cost for air travel.

To improve efficiency in the supply function, the Office is in the process of establishing LTAs in several areas. Three Requests for Proposals for travel services, conference services and vehicle rental were published in the fourth quarter of 2015.

The lease for the current office premises has been extended for three years, when the construction of the UN House is expected to happen. As in previous years, UNICEF will need to take into consideration the high cost of rent.

The Office has used staff exchanges to effectively and efficiently bolster capacities in key areas of operations and finance. The Finance and Administrative Specialist from UNICEF Democratic People's Republic of Korea provided support to office operations and finance for two months while the Operations Manager and Finance Officer positions were recruited. The Regional Office finance officer provided two weeks of on-the-job training to the newly recruited finance officer to orient the staff on UNICEF financial rules and procedures, including VISION.

Supply Management

UNICEF Papua New Guinea provided support to partners to increase access to essential supplies and commodities. Spending on supply and institutional contracting amounted to US\$1,652,537, which was nearly 20 per cent less compared with the value of procurement in 2014. Approximately 87 per cent constituted offshore procurement. Given the increasing trend in direct agency implementation, and the need to procure low cost travel, venue and conference services, a process was initiated to develop LTAs for the procurement of conference services and facilities.

UNICEF continues to employ a 'strategic sourcing approach' to procure goods and services at lower cost and improve overall quality. The Office continued to strategically source goods by comparing costs offered in neighbouring countries. A blanket local procurement authorization renewal was granted by Supply Division to support the institutional contracts for the construction of water and sanitation facilities in schools, valued at almost US\$550,000. However, this project

has been delayed due to the submission of proposal with budgets that exceed the estimated value of construction.

As part of UNICEF’s emergency response to El Niño, WASH & Nutrition supplies valued at US\$300,104.03 were procured and delivered to the National Emergency Focal Point for distribution. UNICEF facilitated the procurement of supplies and equipment valued at US\$12,021,254.93 (e.g., vaccines, injection sterilization equipment, cold chain equipment and HIV medicine and nutrition supplies to NDoH).

UNICEF Papua New Guinea 2015	Value in US\$
Operational supplies	74,778
Programme supplies	515,099
Services	1,062,66
Total	1,652,537
Supplies order through procurement services	Value in US\$
Channelled via regular procurement services	4,729,340
Channelled via Gavi	7,291,915
Total	12,021,255

Security for Staff and Premises

Due to high levels of crime in Papua New Guinea and in compliance with Minimum Operating Security Standards, all staff going on field programme visits travel with unarmed security escorts. More than US\$70,000 was spent on security escorts for programme field visits by the end of 2015. The Office purchased a number of satellite phones which are available for use by staff going on field programme visits.

All staff are registered to receive the United Nations Department for Safety and Security (UNDSS) SMS-based security alerts. The weekly security situation reports were shared with all staff. The Office procured additional UHF radio digital handsets, but staff response rate during the UNDSS weekly radio check exercise averaged between 40–50 per cent. This needs to be improved to reach 100 per cent

UNICEF actively participated in the Security Management Team (SMT) and supported the implementation of SMT security initiatives to ensure the safety and security of staff and protection of United Nations assets. Given the incidence of car jackings, all office vehicles are fitted with a tracking device and an immobilizer, while staff are encouraged to have a comprehensive insurance coverage for their personal vehicles. All staff are entitled to use a vehicle escort before, during and after working hours. The office also availed of the UNDSS-managed LTA for Common Security to ensure staff safety during programme implementation and monitoring visits.

UNICEF staff participated in the Safe and Secure Approaches to Field Environments (SSAFE) training organized by UNDSS.

Human Resources

The Office managed to fill most vacant posts in a timely manner. The recruitment of the following positions was finalized and staff assumed their duties in 2015:

- Wash Specialist – Temporary Assistance (TA) post
- Nutrition Specialist
- Education Specialist
- Operations Manager
- Finance and Administration Officer
- Senior Driver
- Child Protection Specialist
- Chief Young Child Survival and Development (YCSD)

The following recruitment processes will be finalized in early 2016:

- Human Resources Officer
- Senior Executive Assistant
- Administrative Assistant
- Accounts Assistant

In order to enhance programme delivery capacity, two new posts were created and approved during the October 2015 PBR. These are:

- Wash Specialist – Recruitment process to be finalized during the first quarter of 2016.
- Maternal and Newborn Health Specialist – Recruitment process to be finalized during first quarter of 2016.

The current mix of international and national positions provides an enabling environment for coaching and training of national staff to build skills and competencies. The rate of 2014 Performance Evaluation Reports (PERs) signed by all parties was 94 per cent. The completion rates of PERs is critically reviewed by management, as this is an important process of managing staff performance, and giving and receiving feedback. The JCC played an important role in addressing staff issues. The Office developed and completed a work plan to address issues emerging from the Global Staff Survey. A training on competency-based interviews will be held in the first quarter of 2016. A total of 26 consultant contracts were issued during the year to support programme delivery. The total value of the contracts excluding travel and DSAs was US\$600,776. Consultancy rates were negotiated to reduce costs. UNICEF participated in the UN Cares initiative organized by the UN system in Papua New Guinea.

Effective Use of Information and Communication Technology

The office emphasized optimal use of information and communications technology (ICT) in the area of programme delivery and business process improvement. Upgrades were made to the hardware, server and related systems, including implementation of an additional firewall for redundancy purposes, installation of new Uninterruptible Power Supply and upgrade to Windows Update Server. These initiatives contributed significantly to the effective functioning of the Office.

Considerable attention was given to strengthening Internet services for BCP purposes. A contract was signed with a service provider to provide back-up Internet services. The Office maintains a back-up of its network database using detachable hard drives in the custody of the

Chief of Operations. Very small aperture terminal connectivity was stable but there were periods of intermittent connections requiring equipment calibration.

The office successfully migrated to Office 365, with Outlook as its mail platform and has embarked on a major upgrading of its workstations by replacing desktops and laptops, digital scanners, and satellite phones.

A second firewall is being configured with support from the Global Help Desk.

Significant attention was given to supporting programme sections to employ low-cost ICT strategies to advance results for children. For example, technical support was provided to utilize existing open-source technology to advance RapidPro for data collection and DevInfo for data mapping.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2017, the capacities of the Government and relevant stakeholders are strengthened to improve quality, access and utilization of maternal, newborn, child and adolescent health services, including sexual and reproductive health.

Analytical statement of progress:

Reduction of maternal and child mortality in Papua New Guinea remains constrained by several bottlenecks limiting the delivery of essential child survival and maternal health services. The Government has launched an ambitious policy to abolish user fees at public health facilities to achieve Universal Health Coverage in Papua New Guinea, but the availability, access and utilization rate of essential child survival services and maternal health remains critically low. Infrastructure and human resource capacity, and support to health facilities remains constrained.

In 2015, UNICEF Papua New Guinea continued to support the Government to address health system bottlenecks. An equity initiative to address low immunization coverage was launched in two low performing districts in East Sepik Province. As a result of micro-planning, targeted interventions and regular supervision, DTP3 coverage increased from 14 per cent and 27 per cent to 40 per cent in both districts from September–November 2015. The NDoH has indicated that it will scale up the initiative and include it the upcoming Gavi-supported Health System Strengthening proposal in 2016. Findings from the equity intervention will contribute to the revision of the National EPI Policy and development of Comprehensive Multi-Year Plan (cMYP) - EPI 2016–2020.

UNICEF's continuous advocacy for more efficient and sustainable vaccines, procurement and logistic systems significantly improved the availability of essential commodities for immunization interventions, and strengthened strategies for procuring cold chain equipment. In 2015, NDoH procured all vaccines and cold chain equipment through UNICEF procurement services to reduce costs and improve quality. NDoH has procured US\$1 million of equipment (approximately 20 per cent of the overall need) to replace cold chain equipment.

UNICEF and WHO supported NDoH to strengthen routine immunization (SIREP Plus) and the equitable delivery of vaccination services in six provinces. Momentum gained in 2014 to support the maternal, neonatal and tetanus elimination (MNTE) agenda through Tetanus Toxoid

(TT) mop-up declined in 2015 due to conflicting understanding of the complementarity between routine immunization and supplementary immunization activities, which are often conducted through mass immunization campaigns.

Access to quality newborn care services was expanded from two provinces in 2014 to nine provinces in 2015, reaching an estimated 50,000 newborns with EENC services. UNICEF Papua New Guinea, in partnership with the World Health Organization (WHO), strengthened efforts to intensify EENC packages in 62 health facilities in 7 provinces. One hundred and eighty health workers received EENC coaching to build their capacity. A quality improvement mechanism of newborn care through in-house coaching sessions and follow up were established in Goroka, Vanimo and Port Moresby General Hospitals. UNICEF Papua New Guinea procured additional 40 sets of resuscitation equipment i.e. newborn resuscitation bags & masks and other materials to be used during training/coaching sessions. The training equipment will be distributed to support EENC skills building and health facility capacity building, and support in-house coaching and mentoring. Capacity building activities in 2015 were slow partly due to limited availability of training materials.

UNICEF Papua New Guinea technical and policy support helped to strengthen the enabling environment for rolling out evidence based nutrition interventions to the most deprived populations. Policy advocacy was instrumental in the development and finalization of the 2015-2024 National Nutrition Policy, the setting up of a multi-sectoral coordination mechanism and development of a strategic plan. Advocacy helped to secure an increase in budget re-allocations to nutrition interventions to US\$2,225,000 in 2015. This was used to procure therapeutic foods sufficient for the need in 2016. UNICEF Papua New Guinea continued to strengthen capacity development in the detection and treatment of severe acute malnutrition (SAM) in 15 out of the 32 hospitals in Papua New Guinea (an increase from 10 in 2014). As a result of these interventions, case fatality rates in implementing health facilities has reduced by 50 per cent in the past one year.

Three thousand packs of 50 strips each of Mid-Upper Arm Circumference (MUAC) tapes were procured for all the 15 provinces that are already implementing SAM management to support screening and identification of malnourished children. Therapeutic foods (F75, F100, Ready-to-Use Food (RUTF) and ReSoMal) were procured to cover the need for 2015. Together with therapeutic foods, anthropometric equipment (i.e., standard digital weighing scales and height boards) were distributed in the same facilities to improve assessment of nutrition status as an entry point to quality management. These supplies are available for routine health facility activities, teaching for pre- and in-service, as well as conducting surveys that pool data together, and for support nutrition in emergencies, especially during El Niño response.

National guidelines for IYCF were finalized to provide standards for appropriate nutrition among children under 5 years of age. The IYCF will be used to train service providers and counsel mothers and caregivers on appropriate feeding practices for children under 5.

To address human capacity gaps in pre-service training on nutrition, UNICEF is brokering a partnership between Mahidol University in Thailand and NDoH to support Papua New Guinea universities to strengthen nutrition content in existing medical curricula. This will enable the health workforce to deliver the national nutrition policy strategies at all levels.

UNICEF's direct technical and financial support to provinces and districts continued to strengthen capacities to advance essential services on EPI, EENC, SAM management, and IYCF with good quality. However, insufficient staffing of the YCSD programme (e.g., lack of an

EPI and maternal and newborn health (MNH) specialist), and inadequate funding for EPI reduced the effectiveness of the programme in the field. The Office is recruiting these specialist positions to strengthen UNICEF presence in the field.

OUTPUT 1 By 2017 health facilities and communities have the capacity to implement Integrated Management of Childhood Illness (staff trained and supervised, commodities available, Village Health Volunteer (VHVs)/ Community based distributor (CBDs)/ Community Based Organization (CBOs) trained and supervised) and provide immunization services (staff trained and supervised, cold chain and vaccines management) for all children under 5 years old.

Analytical statement of progress:

During the year 2015, UNICEF Papua New Guinea funded and conducted trainings of all health facilities in seven provinces in preparation of the introduction of the new measles-rubella vaccine and IPV as part of the SIREP Plus to strengthen routine immunization in close collaboration with WHO. In East Sepik Province, special attention was given to improve capacities to deliver vaccination services with equity (reaching all children within the catchment of the beneficiary health facilities) in 15 health facilities in two districts (Angoram and Wosera Gawi). Trainings on micro-planning conducted by UNICEF Papua New Guinea aimed to improve the capacity of health workers to plan, budget, manage and report on routine immunization. Trainings were also conducted to inform health workers about new on protocols for deliver the measles-rubella vaccine and IPV. As a result, routine DTP3 coverage in Angoram and Wosera Gawi increased from 14 per cent and 27 per cent to more than 40 per cent. Measles-rubella and IPV were successfully introduced in four of seven provinces supported by UNICEF in 2015. A strategic decision was made to implement a phased roll-out; the remaining three provinces will be covered in 2016.

Despite this significant progress, coverage of routine immunization in Papua New Guinea remains below the expected 80 per cent coverage. Fourteen provinces have yet to participate in capacity-building exercises to strengthen routine immunization. Seventy per cent of women of reproductive age have not been reached with the tetanus toxoid vaccine and the cold chain system in the country needs to be renewed, as recommended in the national EPI review report. Further to the capacity building conducted in 2014 in Community Capacity Engagement (CCE) maintenance and repair in five provinces, an additional 30 health workers were trained in Western Highlands Province and East Sepik Province and a total of 150 tool kits for cold chain repair were distributed to health facilities. With available funding, NDoH procured 20 per cent of the total quantity needed for cold chain equipment replacement and 30-day temperature recording devices for automated monitoring of the cold chain. More investment is required to strengthen cold chain capacity, including rolling out training, procurement of additional equipment and establishing a robust temperature monitoring system. In 2016, effective vaccine management assessment and cold chain improvement plans will be conducted.

UNICEF Papua New Guinea and WHO supported NDoH to ensure the successful implementation of oral polio vaccine switch initiative. UNICEF Papua New Guinea provided financial support to procure bivalent oral polio vaccine in order to ensure the timely arrival of the vaccines in early 2016.

A plan to introduce the Integrated Community Case Management of child illnesses in two provinces was delayed due to lack of a training curriculum. In 2016, UNICEF will support NDoH to produce a comprehensive training curriculum for village health volunteers which incorporates Integrated Community Case Management components (i.e., malaria, diarrhoea, pneumonia, malnutrition treatment). The curriculum will equip health volunteers with basic skills to identify

danger signs among children and refer them while providing evidence based home remedies like treatment of diarrhoea at home.

OUTPUT 2 By 2017, health facilities have the capacity for providing essential obstetric care (staff trained on EENC/OEC/skilled deliveries/emergency obstetric care EmOC, staff supervised and essential commodities available).

Analytical statement of progress:

In 2015, UNICEF and WHO supported the expansion of EENC services to six additional provinces, reaching a total of eight provinces in the country. The initiative has three components, including essential care given to all newborns; prevention and care of pre-term and low-birthweight babies, and prevention and care of sick newborns. EENC interventions also target the health of mothers. This is significant in Papua New Guinea, where infant and maternal mortality remains among the highest in the region. The intervention is a cost-effective and evidence-based practice, which saves preventable newborn deaths.

In 2015, 182 health workers from 62 health facilities in 7 provinces have at least one health worker coached on EENC practices (still waiting for data from ARoB), reaching 50,000 newborns. Continuous support was provided to three centres of excellence (Port Moresby General Hospital, Goroka and Vanimo provincial hospitals) to continue coaching and mentoring nurses in delivery rooms and post-natal rooms to reduce neonatal deaths, while ensuring a progressive roll-out of EENC within and between health facilities.

UNICEF procured an additional 40 sets of resuscitation equipment, i.e., newborn resuscitation bags and masks and other materials to be used during training and coaching sessions. The training equipment will be distributed to support EENC skills building and health facility capacity building, and support in-house coaching and mentoring. Capacity-building activities in 2015 were delayed partly due to limited availability of training materials.

Despite efforts to launch the community-based newborn care actions, very little progress has been registered and more than 60 per cent of deliveries remain out of the reach. A Programme Cooperation Agreement was initiated between UNICEF and Touching the Untouchable in Kainantu District in Eastern Highlands Province to launch community-based newborn care actions. The Programme Cooperation Agreement will be finalized in 2016.

OUTPUT 3 By 2017, hospitals and health facilities are ‘certified’ as ‘baby-friendly health facility’.

Analytical statement of progress:

This result is constrained due to delays in finalizing an IYCF strategy and related guidelines, which prevented the implementation of IYCF activities. This was in part due to the late arrival of UNICEF’s Nutrition Specialist to support these activities.

In early 2015, UNICEF Papua New Guinea convened a high-level advocacy meeting which brought together five Secretaries to advance the implementation of the National Nutrition Policy (2015–2024), which promotes a multi-sectoral approach to address malnutrition. The Policy was submitted to the National Executive Council for review. In 2016, UNICEF Papua New Guinea will support the Government to finalize nutrition action plans and cost the Policy to inform implementation.

In June 2015, senior government officials from NDoH attended a regional meeting organized by the United Nations system Standing Committee on Nutrition and the UN Network for Scaling Up

Nutrition. The Government has expressed interest in joining the movement. To do so, the Government of Papua New Guinea must first endorse the multi-Sectoral Policy, which UNICEF is supporting.

To address the overwhelming gap in pre-service training in the country, a tripartite cooperation was initiated between Mahidol University in Thailand, NDoH and UNICEF to support universities in Papua New Guinea to strengthening nutrition content in existing curricula.

Finalized in 2015, the IYCF policy provides a framework to advance interventions around maternal and child health, in particular those that prevent undernutrition with focus on promoting breastfeeding. IYCF national training guidelines have been developed for facility-based and community health workers and NGOs. However, activities relating to the implementation of IYCF actions were not implemented as planned due to the late arrival of the UNICEF technical specialist.

A Training of Trainers for the new IYCF training manual is planned for early 2016. The regional trainers will support cascade trainings and supervision on counselling and support to mothers and caregivers on behaviour change to prevent malnutrition. In addition, two staff from NDoH and Susu Mamas were supported to attend a two-week international course on Breastfeeding Practice and Policy to build their capacity in advancing national-level policy and rolling out the IYCF interventions. This is significant to standardize the work on IYCF across health facilities and communities that are in contact with children and mothers.

Papua New Guinea achieved universal salt iodization in 2005. Since then, few activities have been advanced in this area. To sustain, improve and revive these efforts, two senior technical officers from NDoH and UPapua New Guinea participated in the East Asia Pacific Regional Workshop on Achievement of Universal Salt Iodization in October 2015.

UNICEF provided technical support to NDoH to review the code governing the commercialization of breast milk substitutes. In 2016, UNICEF will support NDoH to work with the State Solicitor's Office to draft a Bill for submission to Parliament. The updated code will promote and protect breastfeeding as a key child survival measure, while also contributing to the baby-friendly health facility initiative. This will prevent the onset of malnutrition among vulnerable communities.

OUTPUT 4 By 2017, provincial hospitals, district health centres and communities have the capacity to detect and treat malnutrition cases among children under 5 (staff trained and supervised, commodities and supplies for therapeutic feeding available, VHVs/CBDs/CBOs trained and supervised).

Analytical statement of progress:

Significant progress was made to strengthen the capacity of provincial hospitals, district health centres and communities to detect and treat SAM cases among children under 5. Hospitals have been implementing a SAM management protocol since 2014. SAM management interventions introduced in 2014 were expanded to include 15 provincial hospitals (out of a target of 22 provincial hospitals), reaching a total of 90 health workers. Decentralized SAM management training was undertaken in two provinces (Simbu and Madang), reaching 15 health facilities. The 15 provinces and 15 health facilities are able to provide outpatient therapeutic treatment of SAM using RUTF. The decentralization of SAM management to the community level has helped to bring services closer to people, reducing the need to travel. This

has contributed to a reduction of hospital treatment costs, facilitated early detection, and increased treatment adherence. SAM management has contributed to a reduction of child mortality from SAM from more than 18 per cent in 2011 to less than 10 per cent in 2015 in key three hospitals (more than 800 children in Mt. Hagen, Port Moresby General Hospital Modilon) implementing SAM. An additional 2,000 children were treated for SAM in 2015.

UNICEF advocacy and lobbying successfully secured US\$1 million to procure SAM management equipment and supplies. Targeted advocacy contributed to increased understanding with NGOs to launch the community-based management of acute malnutrition (CMAM) and Integrated Management of Acute Malnutrition, as well as support the intensification of IYCF promotion at the community level in at least two provinces.

To strengthen the Government's response to the El Niño drought emergency, UNICEF supported the treatment of SAM in hospitals through the nutrition programme. UNICEF and the NDoH ensured the availability of sufficient therapeutic feeding supplies – F75, F100, Resomal and RUTF – in 15 provinces for the routine treatment of approximately 5,000 cases of SAM. As a result of UNICEF Papua New Guinea support, twenty thousand children aged 6–59 months benefited from the supply of multiple micronutrient powders. The micronutrient powder complemented food rations distributed by government towards El Niño response in selected provinces. UNICEF Papua New Guinea provided MUAC tapes to health facilities in 15 provinces where UNICEF had already trained health workers on how to diagnose acute malnutrition. Approximately, 2,000 children aged 6–59 months were screened during the peak of the El Niño crisis (September–December 2015). Of the children screened, the results did not show evidence of deterioration in the nutritional status that may require a targeted nutritional emergency response, but this will continue to be monitored.

UNICEF successfully advocated for the Government to allocate increased budget for nutrition. The Government agreed to procure enough RUTFs to address the country's needs for 2016.

OUTCOME 2 By 2017, policies and programmes to achieve inclusive universal basic education, holistic ECCD and alternative pathways to learning are in place and effectively implemented by the Department of Education and the Department of Community Development.

Analytical Statement of Progress:

Progress was made towards strengthening government capacity to develop and implement policies targeting Early Childhood Care Education (ECCE), inclusive education and alternative pathways to learning. With UNICEF Papua New Guinea support, the NDoE's Curriculum Development Division drafted curricula for ECCE targeting 4- and 5-year-old children. The curricula with components of life skills, emergent literacy and emergent math is critical to support learning roots and learning skills for children's school readiness. The elementary education curriculum in Papua New Guinea is designed for children 6 years and beyond and the fact that NDoE drafted the ECCE curriculum for ages 5 and 6 years old is a strong indicator that the education sector is considering ways to integrate ECCE in the education system.

With technical support from UNICEF Papua New Guinea, NDoE developed the NEP 2015–2019. The NEP provides a strong foundation to advance quality learning for all with focus on core pillars of Access and Equity, Learning, Teachers and Teaching, and Alternative Pathways (vocational programmes) and system strengthening. Issues of out-of-school children, values education, disaster risk reduction, climate change adaptation, child-friendly schools, WASH in schools, ECCE and strengthening gender mainstreaming have been integrated across the NEP pillars.

UNICEF's advocacy and continuous engagement helped to ensure that issues of WASH were included in the NEP. The NEP states that: "By 2019, 70% of education institutions have adequate water, sanitation and hand washing facilities with running water and soap" (NEP 2015–2019). This is significant as the previous NEP did not include targets for WASH in schools.

As a reflection of strong advocacy, the 2015 National WASH Policy 2015–2030 of Papua New Guinea includes a target for universal access to WASH in schools by 2030. The NEP and 2015 National WASH Policy provide a strong policy framework to improve WASH indicators, which remain low at 19 per cent improved sanitation and 40 per cent improved water source coverage.

Gender remains a key barrier to education. While the Gender Parity Index reveals that girls' participation at elementary level is almost even with boys (0.99), with slightly lower in primary (0.93) and secondary (0.88). Papua New Guinea has a high number of out-of-school children, where girls are disproportionately represented (Source: NDoE, Education Statistics 2014). To address this and advance the Education for All goals in Papua New Guinea, an Out-Of-School Children Initiative Steering Committee and technical group were formed under the leadership of NDoE and with support from UNICEF. Members of the technical group were trained on data profiling and analysis. The initiative will help NDoE to better identify out-of-school children and develop avenues for children and young people to learn. The initiative also expands access to non-formal education and alternate basic education programmes.

UNICEF continued to support South-South exchanges, supporting programme visits to several countries including Thailand, China and Sri Lanka. Engagement of a high-level delegation from NDoE and ARoB in the 4th Child Development and Poverty Reduction International Conference and ARNEC's 2015 Asia-Pacific Regional Early Childhood Development Conference in Beijing provided an opportunity to learn about good practices in early childhood education. As a result, the ARoB government agreed to create a position on ECCE within the Department of Education. The NDoE agreed to incorporate ECCE in the National Education Act.

UNICEF supported a five-member delegation from NDoE, NDoH and DNPM to attend an international learning exchange on WASH in schools. As a result, Papua New Guinea agreed to scale-up WASH in schools programming. A programming framework to implement WASH in schools was agreed.

Educators from Thailand and the adviser to the Minister of Education in Thailand visited Papua New Guinea to exchange knowledge on integrating values, ethics and life skills education in early childhood education. Delegates from Papua New Guinea will visit schools in Thailand in 2016 to learn about Thailand's approach to integrating holistic values education in the curriculum.

While two Outputs are constrained, progress was advanced across all Outputs. On aggregate, the Outcome result remains on track.

OUTPUT 1 Key education officers at the national and sub-national levels have increased skills, knowledge and strategy to fast-track the implementation of the Universal Basic Education (UBE) Plan by 2017.

Analytical statement of progress:

While a number of initiatives are under way, the result remains off-track due in part to low capacity and funding at the national and subnational level to advance UBE initiatives. A number of activities were not implemented in 2015.

Capacity training on statistics and data management provided by the Australian Department of Foreign Affairs and Trade, the European Union and UNICEF Papua New Guinea helped to strengthen the education management and information system. As a result of targeted training, the Department of Education is now generating key performance indicators to facilitate evidence-based planning and monitoring to help guide policy implementation.

The current NEP (2015–19) prioritizes the implementation of the UBE Plan. Areas relating to education for out-of-school children, gender as a cross-cutting issue, and early childhood education from age 5 are being integrated in policy documents with support from UNICEF Papua New Guinea. Limited capacity of key education officers at the sub-national level remains a challenge to implement the UBE plan, and especially, to implement government directives relating to tuition fee free and re-introducing standard based curriculum as noted in the final report of Papua New Guinea Education for All report 2015.

UNICEF Papua New Guinea contributed in the finalization of the Standard Based Curriculum for the elementary level, which integrates early learning development standards for 5- and 6-year-olds and strengthens gender inclusiveness, peace and values education. In addition to preparing children for school, it ensures their smooth transition to primary school and creates compassion, non-violence and problem-solving skills amongst children. This will help to increase retention and completion of both elementary and primary education.

With UNICEF Papua New Guinea support, the University of Goroka organized a national education conference that brought together around 300 participants from different parts of the country to create a discourse on the quality of education, the values education, peace, non-aggression, compassion, mindfulness, life skills, and gender aspects. UNICEF Papua New Guinea successfully advocated for the integration of value education in the elementary Standard Based Curriculum and the NEP through experience exchange with Thailand, which involved the visit of Thai Educators to Papua New Guinea to share their experience during this conference. In addition to stocktaking the progress of education over the past 40 years in Papua New Guinea, the conference created a platform for academicians, students and service providers to seek other progressive ways of providing basic education for children in Papua New Guinea.

To improve the evidence base, UNICEF supported the Department of Education to pilot RapidPro SMS technology to collect data relating to the school census. The pilot will be launched in 89 schools in five provinces with the aim to scale up to all 12,000 schools by the end of 2016. This innovative way of gathering data will enable the Department of Education to monitor the number and age of children enrolling and attending school at elementary and primary levels, and the number of teachers, all of which impacts the implementation of UBE policy. In 2016, UNICEF will work directly with provinces to build capacity to implement the UBE policy.

OUTPUT 2 Out-of-school children accessing non-formal education are integrated into formal education at national level and in select provinces by 2017.

Analytical statement of progress:

To advance the Education for All goals in Papua New Guinea, UNICEF supported the launch of the Out-of-School Children Initiative by NDoE. Through this initiative, the Government will be better able to identify out-of-school children and develop avenues for children and young people to access to non-formal education and alternative basic education programmes. This is significant given the high number of out-of-school children where girls are disproportionately represented. The findings will also contribute to rich policy recommendations to reduce out-of-school children rate at pre-primary, primary and lower secondary school in Papua New Guinea.

In 2015, several initiatives were implemented that led to the formation of a core technical team, data inventory and identification of data sources to be used for profiling out of school children and for analysing the barriers and clarifying the limitations and challenges of the current monitoring system at the pre-primary, primary and lower secondary education to determine the status of out-of-school children. However, due to competing priorities within Government, the Out-of-School Children Initiative was unable to be implemented despite initial momentum and high-level technical support provided by UNICEF. To overcome this shortfall, UNICEF Papua New Guinea is discussing with GoPapua New Guinea the possibility of providing one technical staff to enhance capacity and provide secretariat support.

Revision of the Literacy Policy and the finalization of the alternative basic education programme, which provides avenues for young people who are out of school to continue with secondary or vocational education, were delayed as a result of delays with regards to the implementation of the Out-of-School Children Initiative. Findings from an analysis exploring barriers to education as part of the initiative will contribute to the development of the alternative basic education programme curriculum, to be finalized in 2016.

OUTPUT 3 The Department of Education has the strategies and skilled staff to integrate Child-Friendly Schools and disaster risk reduction in a gender responsive and inclusive National Education System by 2017.

Analytical statement of progress:

Gender responsiveness is an integral part of Child-Friendly Schools. Provision for protection aspects especially for girls is being addressed through revision of the school behaviour management policy to specifically address school-related gender-based violence. UNICEF Papua New Guinea supported the construction of changing rooms for menstrual management for older girls in 25 schools in three provinces (to be scaled up in 2016 based on findings from the pilot initiative).

Significant attention was given to strengthening school capacity to address violence and bullying in school as a core strategy to advance gender inclusive education and Child-Friendly Schools. As a result of ongoing capacity building of school-based counsellors, 28 school-based counsellors (18 females and 10 males) are able to identify and address bullying and gender-based violence at the primary school level and to provide counselling and referrals to students when needed. Fifty-six guidance and standards officers were trained to support children and young people at risk of dropping out to draw on support services to keep them in school. This is significant considering the increase in incidence of bullying and violence in many schools.

Building on 2014 gender audit recommendations, all staff of the NDoE were trained on gender mainstreaming. With support from UNICEF, 151 officers within NDoE were sensitized on gender concepts and frameworks.

UNICEF supported the development of an inclusive education course book for teachers in teachers' colleges. The course book will equip graduates with skills to accommodate children with disabilities in mainstream classrooms. Using the standard-based education curriculum for elementary schools, resource materials were developed for special education resource centres (SERCs) to meet the needs of children with visual and hearing impairments, learning difficulties and intellectual needs. These will be finalized in 2016.

Through direct support from UNICEF, an estimated 6,755 boys and girls from 9 schools in the Eastern Highlands Province and 10 schools in ARoB, (reaching around 6 per cent of schools in the two provinces) have access to improved water sources, child-friendly gender-sensitive toilets and hand-washing facilities. These facilities will contribute to increased school attendance especially for girls and enhance retention and quality learning environment.

In partnership with the NDoE and NDoH and Colgate Palmolive, a Papua New Guinea Global Handwashing Day was observed. About 30,000 schoolchildren participated in the celebration, increasing their awareness of the importance of washing hands with soap.

Children from 81 primary schools covering 41 per cent of primary schools in ARoB were trained on emergency preparedness and climate change adaptation. Disaster response plans were developed by 134 schoolteachers and principals. Pre-positioned non-food items benefited more than 1,000 schoolchildren and their families in Milne Bay and West New Britain Provinces during floods and cyclone.

OUTPUT 4 Departments of Education and Community Development, and faith-based organizations in six provinces have skilled staff, strategies and resources (human and financial) to implement and monitor policies and programmes relating to ECCE by 2017.

Analytical statement of progress:

Significant progress was made to advance access to quality early childhood education in Papua New Guinea. UNICEF supported NDoE to develop ECCE curriculum for children 4 –5 years old, in line with standard-based education and using the 85 indicators validated during the East Asia Pacific Early Childhood Development Scales Assessment. The curriculum includes issues of peace education, values and life skills, providing a foundation to address violence against children within and outside schools.

UNICEF is supporting the institutionalization of early childhood development by assisting the Papua New Guinea Education Institute to develop courses for elementary teachers for both pre- and in-service. In line with this, a teacher's guide and training manual were developed, to be finalized in 2016.

A number of low-cost ECCE materials were developed by teachers from provinces, NGOs, faith-based organizations and DfCD and NDoE officers for use in 30 ECCE centres. This, together with a parenting education programme which was launched in six provinces in 2015, will contribute to the healthy stimulation of children, helping to ensure their smooth transition from home to ECCE centres and school.

UNICEF supported the establishment of 15 inclusive ECCE centres in four provinces. The centres will facilitate early detection of children with disabilities and will help ensure that children with disabilities have access to quality stimulation and learning.

UNICEF advocacy was instrumental in strengthening coordination between NDoE and other

sectors, including DfCD and NDoH, to expand access to early childhood development. As a result of UNICEF advocacy, it was agreed to establish a multi-sectoral Steering Committee to guide the formulation of the country's first multi-sectoral ECCD Policy, to be finalized by 2016. This is significant, as previously ECCD was primarily led by the DfCD, with limited involvement of other critical sectors including Health and Education.

OUTCOME 3 By 2017, PPTCT and paediatric HIV services are integrated within mainstream maternal and child health programmes, with an emphasis on five high HIV burden provinces.

Analytical statement of progress:

The HIV prevalence in Papua New Guinea has declined from 0.8 per cent in 2011 to 0.7 per cent in 2014. However, Papua New Guinea is still a hotspot for HIV in the region, ranking third-highest among countries in East Asia. There are geographical disparities in HIV burden. About 70 per cent of people living with HIV live in 8 of the 22 provinces, and the infection is concentrated in urban areas. Four out of 22 provinces have HIV prevalence greater than 1 per cent – i.e., Enga, Jiwaka, Western Highlands Provinces and National Capital District. The epidemic is concentrated in key population groups – for example, sex workers and men who have sex with men. Adolescents are equally affected, with 0.6 per cent of pregnant women aged 10–19 years old testing HIV-positive in 2013.

Significant expansion of evidence-based HIV care and treatment interventions – for example, PPTCT, HIV counselling and testing, and use of antiretroviral treatment services – has been realized over the past five years. Access to HIV testing has improved from 250 health facilities providing HIV testing in 2011 to 450 in 2015. About 60 per cent of pregnant women in 2014 were able to know their HIV zero status. This is important to link them to HIV treatment. Papua New Guinea adopted Option B+ for HIV-positive pregnant women earlier than many countries in Asia Pacific and has completely phased out less efficacious ARV regimens for PPTCT. A consistently high ART coverage is maintained, with 78 per cent of all adults and children eligible for treatment receiving antiretroviral therapy (ART) in 2014 (2015 data will be released in 2016).

Quality of HIV service delivery was improved through mentoring and support supervision of health facilities. Fourteen out of 22 provinces were supervised at least once with support from the UNICEF. However, service delivery for children exposed to HIV or infected with HIV still lags behind. Only 43 per cent of children born to HIV-positive mothers received early infant HIV diagnosis, while 38 per cent of children living with HIV received ART. This is partly due to limited access to paediatric ART, limited number of people trained and low confidence of health workers in treating children. Only 29 health facilities provide ART for children. As a result of mentoring, many health facilities have started providing HIV testing among children. In 2016, UNICEF will continue to support clinical mentors to conduct onsite training to build health worker skills and confidence in using Option B+, paediatric ART and managing HIV-related medical conditions.

In line with the recommendations made in the mid-term review of the national HIV and AIDS strategy, access to HIV prevention, care and treatment for key populations has been strengthened. With support from the United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS, advocacy and sensitization was conducted with HIV managers and implementing parts to address stigma and discrimination which was previously limiting key populations from seeking HIV care and treatment with the general population living with HIV. As a result of advocacy and sensitization efforts, health services at traditional HIV testing centres and ART sites are increasingly inclusive and have been made friendlier to key populations.

Health-related HIV strategic information has been strengthened. With UNICEF and WHO support, HIV monitoring and reporting was strengthened in 16 provinces through training of health workers and provincial monitoring and evaluation focal points. These provinces have started using the updated HIV monitoring tools. Papua New Guinea is now able to report on a majority of the key indicators recommended for global and national HIV programme monitoring.

While there is a recognized need to improve utilization of HIV prevention and treatment services targeting key populations, lack of disaggregated data for key populations limits the robustness of interventions. The Papua New Guinea Integrated Bio Behavioural Survey targeting key populations will be launched in early 2016. The survey will provide information on size estimation, HIV prevalence and behaviours that increase HIV risk, which is valuable evidence for planning and implementing HIV programmes targeted to key populations.

Low retention of clients on treatment remains a challenge. Data collection for the study on retention of clients on Option B+ is ongoing. The research will provide lessons on improving retention of clients on lifelong HIV treatment and in-depth knowledge on how to address challenges faced by adolescents living with HIV.

Funding remains a critical barrier limiting efforts to maintain the momentum in scaling up HIV prevention and treatment services to universal coverage. The Government has reduced funding to the health sector, with significant reductions in 2015.

Cultural norms and gender roles are critical determinants of access to HIV services. Inherent cultural and traditional practices limit males to seek sexual and reproductive health services with their partners. In 2014, 2 per cent of male partners of pregnant women received HIV testing. The Men Taking Action project, implemented in eight provinces in partnership with the Catholic Church, the Government of Australia and UNICEF to increase male involvement in PPTCT and antenatal care, has shown that it is feasible to increase male partner participation by addressing social norms, sensitizing health workers on how to make services friendly to male partners, and promoting couples counselling. Based on lessons learned, stakeholders have integrated couples counselling in the training curriculum and a few provinces have undertaken infrastructure developments on the maternal and child health clinics to create male-friendly spaces.

OUTPUT 1 By 2017, PPTCT and paediatric HIV services are integrated within mainstream maternal and child health programmes, with an emphasis on five high HIV burden provinces.

Analytical statement of progress:

Significant progress was made in scaling up HIV and syphilis testing for pregnant women in antenatal clinics. Rapid Diagnostic HIV test kits and Syphilis test kits are now available in majority of health facilities and health workers have been trained how to use them. Male partner testing has marginally increased from 0.7 to 2 per cent of male partners of pregnant women tested for HIV in 2014. It is expected that this figure will rise in 2016 and beyond as a result of couples counselling and the implementation of innovative approaches inviting males for HIV testing using pregnant women as primary contacts, counselling pregnant women of safe disclosure of HIV zero status. A strategic expansion of antenatal HIV testing with geographical prioritization of high-burden provinces is an opportunity to diagnose people living with HIV and link them to care and treatment services.

Papua New Guinea has successfully rolled out Option B+ to all PPTCT sites and coverage of

ART for pregnant women has increased. This was facilitated by the introduction of simplified Fixed Drug Combinations, which requires only one pill a day compared with previous regimens. However, roll-out of Option B+ to district level has been slow due to limited capacity of service providers. UNICEF is supporting provinces with a high burden of HIV to roll out ART to district level through task shifting, where non-doctor medical cadres are trained to prescribe ARV drugs. Using this approach, UNICEF has supported providers in Eastern Highlands, Simbu and Western Highlands Provinces to increase access to ART to district health centres where there are no doctors. Results show that task shifting is a feasible approach for scaling up Option B+. However, regular mentoring and supervision is needed to maintain the knowledge and skills of the lower cadre health workers and overcome attrition in quality of service delivery resulting from the high turnover of trained staff.

There is high loss to follow-up from the continuum of PPTCT and maternal, newborn and child health services, raising concerns on long-term retention of people living with HIV in HIV treatment. To address this, UNICEF has supported improvement of monitoring systems to track the uptake of PPTCT services along the cascade from antenatal attendance through to ARV administration of the mother and baby. Tracking uptake of PPTCT services has facilitated identifying major causes of lost to follow up that need to be targeted. A RapidPro mHealth project and operational research are ongoing to improve utilization of PPTCT services, reduce loss to follow-up and understand factors affecting retention to treatment.

OUTCOME 4 By 2017, children at risk of violence, exploitation and abuse have increased access to prevention and intervention services for protection and justice.

Analytical statement of progress:

The child protection sector continued to register significant progress to improve legal protection for children. On 9 June 2015, the Papua New Guinea parliament unanimously passed the Lukautim Pikinini Act (Child Protection Act), which renews and improves the country's laws on the protection of children. The Act is a robust piece of legislation that addresses childcare and protection issues and largely conforms to the CRC. To strengthen the legal and policy framework and lay the foundation for implementation of the Act, UNICEF supported the development of Child Protection regulation, operational guidelines and the finalization of the Child Protection Policy. The Child Protection Policy, which will be submitted to the National Executive Council for endorsement in 2016, aims to address systemic barriers and bottlenecks that hinder the realization of children's right to protection. The Policy provides strategic direction for strengthening leadership and coordination mechanisms; increases human and financial resource capacity; expands access to quality preventive and responsive services; and enhances knowledge management and accountability mechanisms.

While the target for training and gazetting of child protection officers and child protection volunteers has not been reached, joint advocacy with partners resulted in the incorporation of increased human resource capacity (415 child protection officers and 1,520 child protection volunteers) in the new Child Protection Policy. UNICEF technical and financial support to the review of operational manuals and training materials for child protection officers helped to ensure that all training materials were in line with the new Child Protection Act (2015); Child Protection Regulation and Child Protection Policy. The materials will be used for training and the gazetting of child protection officers and child protection volunteers in 2016. Standards for training and gazetting of child protection officers are under development with technical support from UNICEF.

As a follow up to UNICEF Deputy Executive Director's discussion with the Health and Family

Welfare Parliamentary Committee during her visit in 2014, UNICEF advocated with the Office of Parliament to institute a parliamentary inquiry on violence against children. In September 2015, the Health and Family Welfare Parliamentary Committee launched a parliamentary inquiry on issues relating to violence against women and children. The inquiry helped to elevate issues of violence against women and children within the political sphere and at the provincial level, providing a critical forum for discussion and debate. UNICEF gave an oral presentation and a written submission during the proceedings that advocated for the government to incorporate SDG targets on violence against women and children into national development plan and to adequately fund interventions to achieve the targets. In 2016, UNICEF will engage parliamentarians at national and sub-national level to increase their understanding of, and commitment to, the implementation of the Child Protection Act (2015) and Child Protection Policy.

Communication for development to address social norms that contribute to high levels of violence against children is progressing slowly. In 2015, significant efforts were advanced to strengthen awareness and sensitize communities on issues relating to violence against children. Provincial End Violence against Children campaigns reached 39,000 women, men and children in two provinces with awareness-raising messages. Provincial action plans were developed in Eastern Highlands, Simbu, Jiwaka and Western Highlands Provinces for implementation in 2016.

New partnerships with the Catholic Archdiocese of Madang, Kundiawa and Mt. Hagen were established to advance Evidence-Based Parenting Programmes which will involve the development of locally appropriate parenting resource kits; and training and mentoring of 189 family life educators, child protection officers, catechists and child protection volunteers as parenting facilitators. The parenting facilitators will work in 90 congregations across three provinces. In 2016, over 3,600 parents and 21,000 children will benefit from the initiative. Rigorous monitoring and evaluation systems will be established to test the effectiveness of the programme for scale up and institutionalization.

The lack of reliable administrative information and nationally representative information remains a challenge for child protection in Papua New Guinea. To address this bottleneck, UNICEF supported the NDoH to develop an information system on family and sexual violence for use by FSCs and other health facilities. This marks the first time for a gender-based violence information system to be developed within NDoH. The information system will be used in all health facilities as well as in FSCs. UNICEF also provided technical support to NDoH to incorporate key indicators on violence against children in the 2016 Demographic and Health Survey (DHS). This is significant, as the DHS will provide the first occasion to collect nationally representative data on indicators relating to violence against women and children.

Improving access to child-friendly and gender-sensitive justice for women remains a key priority for the programme. Police capacity to deliver child-friendly services was improved through training of 11 provincial trainers; 8 instructors from Bomana Police recruit training institute as well as 116 police officers from Highlands and New Guinea Regions. A result of ongoing capacity building, 135 police officers are able to provide child-friendly and gender-sensitive services for child victims and child witnesses of crime and other children who come in contact with the justice system for care and custody.

OUTPUT 1 National Office of Lukuatim Pikinini and Provincial DfCD has the capacity* to lead, roll out and monitor implementation of LPA at national and sub-national levels by 2017.

Analytical statement of progress:

The child protection system continues to face an acute shortage of a trained child protection workforce. Financial resources remain insufficient to support the Office of Lukuatim Pikinini (Office of Child Protection) as well as the eight government agencies tasked to implement the Child Protection Act. As a result, the DfCD, the lead agency for child protection, remains constrained in its ability to lead, roll out and monitor the delivery of child protection services. Child protection services continue to be delivered by faith-based and civil society organizations.

The unanimous endorsement by parliament of the Child Protection Act on 9 June 2015 provides greater legal protection for children and creates a strong foundation for strengthening national and community level child protection systems. During the year, UNICEF supported the development of a Child Protection Policy and child protection regulation to facilitate the implementation of the Act. Both the Child Protection Policy and child protection regulation are ready for submission to the National Executive Council for endorsement.

To facilitate the implementation of the new Child Protection Act (2015) and the Child Protection Policy, a number of interventions are needed. These include the review of the child protection operational manual; establishment of a Child and Family Service Council; training and gazettal of child protection officers; developing a costed inter-agency strategic plan for child protection; and establishing a child protection register. These initiatives will form key priorities for 2016. High-level advocacy by UNICEF and other stakeholders contributed to the first Parliamentary inquiry on violence against women and children, led by the Parliamentary Committee on Health and Family Welfare. Both oral and written submission by UNICEF to the inquiry committee called for greater investment from the Government to enhance coordination mechanisms; increase human resource capacity; expand access to quality preventive and responsive services; and enhance knowledge management and accountability mechanism.

In 2016, UNICEF will work with the Parliamentary Committee to implement recommendations. UNICEF will also engage parliamentarians at the decentralized level to raise the profile of child protection and advocate for increased investment at the local level.

OUTPUT 2 The Government, FSCs and faith-based organizations in six focus provinces have increased capacity to deliver core preventive and responsive protection services, including case management and referral services by 2017.

Analytical statement of progress:

Violence in Papua New Guinea is disproportionately experienced by women and children. Over 75 per cent of women in Papua New Guinea have experienced some form of violence in their lifetime. All interventions relating to family and sexual violence address the underlying causes of violence, with a particular focus on providing support to women and children as the primary victims of violence.

The child protection system in Papua New Guinea continues to suffer from low availability of, and poor demand for, quality preventive and responsive services. In 2015, UNICEF supported NDoH to train health workers from 54 health facilities in Western Highlands Province and ARoB to strengthen the capacity of the health sector to provide emergency medical care, psychosocial first aid and referral services for survivors of family and sexual violence, who are disproportionately women and children. An independent evaluation of FSCs was conducted to assess the relevance, effectiveness, sustainability and scalability of the approach in providing emergency medical care, psychosocial first aid and referral services for survivors of violence. Findings will be released in early 2016.

The end violence against children communications initiative was launched at provincial level in Western highlands at the presence of the UNICEF East Asia and Pacific Regional Director. Following the launch, three stakeholder sensitization sessions were conducted in Western Highlands and Jiwaka Provinces, which successfully brought on board other partners to advance the campaign. For example, new partnerships with the Catholic Dioceses in Mt. Hagen and Jiwaka helped to reach 39,000 children and adults with awareness messages on the impact of violence on children, non-violent discipline and respectful relationships at community level and at health facilities.

As a strategy to target social norms that perpetuate violence, UNICEF initiated a partnership with the Catholic Diocese of Madang, Mt. Hagen and Kundiawa to undertake positive parenting programmes. Once launched, the programme will train 180 family life educators, catechists and child protection volunteers as parenting facilitators, and will deliver parenting services to 135 congregations across 3 provinces.

Papua New Guinea's capacity to respond to child protection in emergency situation is limited both due to lack of locally appropriate training resources and trained professionals. In 2015, UNICEF supported national efforts to strengthen the capacity of the child protection sector to respond to emergencies through finalization of a Child Protection in Emergency Training Kit, training of 10 core trainers and training and building the capacity of 102 child protection officers, community development officers and other stakeholders at national and provincial level to be able to monitor, respond to and manage protection issues that may emerge as a consequence of disaster.

OUTPUT 3 Law and justice sector agencies have the capacity to improve children's access to justice, as survivors, witnesses and offenders by 2017.

Analytical statement of progress:

Child victims and witnesses of crime in Papua New Guinea are often re-victimized by justice systems that are not adapted to their rights and needs. Special measures to protect children from harm during investigation and testimony are limited. Professionals – including the police, prosecutors and judges – often lack specialized training in dealing with child victims and witnesses. UNICEF continued to train and build capacity of law and justice agencies to advance access to legal remedies for women and children experiencing violence, as well as strengthen diversion options for young offenders.

Access to justice for children who come in conflict with the law is improving, with the Government declaring and gazetting one child court in each district and designating juvenile court officers for all provinces. Diversion programmes have been introduced in nine courts and nine police stations out of the 24 targeted across the country. Lessons learned from diversion programme in these police stations and courts will be used for further scale up of diversion services. In 2015, UNICEF supported the Department of Justice and Attorney General to develop regulation and policy for the Juvenile Justice Act. The development of regulation is a requirement from implementation of Juvenile Justice Act (2014). The regulation and the policy will be submitted for endorsement by National Executive Council.

In 2014, UNICEF supported the participation of police, magistrates and senior child protection officers from the Department of Community Development to attend a regional Training of Trainers on Child Victim and Child Witness to build national capacity to train law and justice sector agencies on how to handle child victims and witnesses who come in contact with the

justice system. In 2015, the teams conducted national- and provincial-level trainings on access to justice for child victims and child witnesses, reaching a total of 135 police officers, regional police trainers and instructors from Bomana Police recruit training institute. Police officers from the team successfully advocated for capacity-building interventions on child victims and child witnesses to be included in the police annual plan, and secured a budget of 300,000 kina (US\$101,249) to support related activities. Furthermore, the magisterial services included the need for child-friendly spaces and equipment in the standard design of district court structures. Support was also provided to correction services for the development of a juvenile management handbook. The initiatives offer opportunities to establish child-sensitive procedures throughout legal proceedings, which may encourage more children and their families to seek redress.

OUTPUT 4 Institutional capacity for birth registration systems is strengthened and demand for birth registration is increased by 2017.

Analytical statement of progress:

The Government launched a National Identity and Civil Registration campaign in May 2015. The campaign involved the establishment of a provincial level National ID and Civil Registration System; training and deployment of mobile civil registration teams and media and community based awareness to increase demand for ID and civil registration. Eight provincial Civil Registration Offices have been established. However, the implementation has slowed down due to budget constraints.

UNICEF initiated efforts to leverage recent momentum to strengthen birth registration as a result of the introduction of Papua New Guinea's National e-ID system. The objective was to link the National e-ID and Civil Registration system with other sectors, including health. However, due to competing priorities within the Government, efforts to advance birth registration within the health system have been delayed.

Although, the Civil Registration Act allows for specific premises such as hospitals, offices of the Department for Community Development or ECCD centres to be prescribed as sites for compulsory registration, no premises have been prescribed. The financial and human resource capacity of the Civil Registry Office remains inadequate. While there is a Civil Registration Act (2014), there is neither a policy nor regulations or a strategic plan to support implementation of the Act. Decentralizing the process of registration and certification will greatly improve the efficiency, accessibility and timeliness of the system and remove significant disincentives to registering.

During the year, UNICEF worked with Papua New Guinea Sport Federation (Just Play) to enhance public awareness of the value of birth registration and generate demand for civil registration service during and prior to the Pacific Game, through local events and media campaign. Discussions were held with the National ID and Civil Registry Office to establish a National ID and Civil Registration Coordination Mechanism; undertake a comprehensive assessment of Civil Registration System; and consider localizing the Asia Pacific Regional Framework on Civil Registration and Vital Statistics in collaboration with the Brisbane Advisory Group. The Asia Pacific Regional Framework on Civil Registration and Vital Statistics was adopted in early 2015. Papua New Guinea did not meet the deadline for submitting the first progress report on the implementation of the framework. UNICEF continued to encourage the Civil Registration Office to model a health facility-based civil registration system in select hospitals with high number of deliveries. This has yet to be piloted. In 2016, UNICEF will continue to advocate for these initiatives.

OUTCOME 5 Relevant government bodies undertake participatory evidence-based and equity-sensitive policymaking, planning and budgeting to achieve national goals by 2017.

Analytical statement of progress:

Papua New Guinea's economy experienced a sharp decline due to decreases in key commodity prices, particularly oil and gas, and drought conditions resulting in mine closures and reduced agricultural output. This had a significant impact on government revenues, leading to expenditure cuts of over US\$39 million for the social sector in 2015. Provincial expenditure continued to increase as a percent of overall expenditure, in line with the Government's move to strengthen provincial and district capacity. In addition to infrastructure, resources were used to recruit teachers and health workers to meet increased demand at sub-national level. While subnational expenditure has increased, capacity to effectively administer and monitor the use of funds remains weak.

Together with partners, UNICEF continued to support the Government at national and sub-national levels to develop the systems, governance structures and capacity needed to monitor, evaluate and report credible data to inform planning and budgeting processes. UNICEF technical support was instrumental in the development of the 2016–2017 National Monitoring and Evaluation framework, and 2016–2017 National Strategy for the Development of Statistic and 2015–2019 NEP. These frameworks will promote better results monitoring and data coordination across sectors.

UNICEF advanced strategic partnerships with DIRD, National Economic and Fiscal Commission and Department of National Planning and Monitoring to collect and analyse data using DevInfo. Through direct mentoring and technical support, the departments are able to assess, analyse and validate national and sub-national social and economic sector data -- including expenditure reports -- which are critical for planning and budgeting. These efforts are critical to facilitate more responsive planning and programming, allowing for more effective investment of resources to maximize results for children.

Innovative methods using RapidPro SMS were launched with two departments (Health, DIRD) to support real-time data collection and monitoring, strengthen accountability and information sharing, and improve demand for services. These activities directly support priorities to strengthen subnational monitoring.

Persistent advocacy with DfCD led to the inclusion of a life-cycle approach in a draft Social Protection Policy, which previously had prioritized only an old age pension. In 2016, UNICEF will support DfCD to develop capacity in child-centred social protection.

Greater attention will be given to strengthening public finance and local governance to ensure resources are adequately invested in children and that agreed laws and public policies are supported with the necessary allocations. In 2016, UNICEF will support the NEFC and Department of Finance to incorporate a child lens in the implementation of district expenditure reviews, focusing in particular on the effectiveness of funding to support service delivery at the provincial and district level based on government priorities. Based on this information, UNICEF will support line ministries and local governments using bottleneck and barrier analysis to develop plans, budgets and arguments to secure resources for children, with focus on the most vulnerable children.

OUTPUT 1 Relevant government institutions have the capacity to coordinate, collect and analyse disaggregated and equity-sensitive data for use in planning, budgeting and policy formulation at national and sub-national levels by 2017.

Analytical statement of progress:

Accessing and using situational and performance-based data continued to be a major challenge. Data is often outdated or unreliable. Recognizing the importance of data and evidence for better programme delivery, the Government of Papua New Guinea, with UNICEF technical support, finalized two initiatives – the development a National Monitoring and Evaluation framework and National Strategy for the Development of Statistics – to strengthen the monitoring and analysis of data. UNICEF provided technical input, and supported national- and provincial-level consultations to validate the frameworks. UNICEF advocated for DNPM to assume a greater leadership role to strengthen national evaluation capacity. This is especially important as the Papua New Guinea Association of Professional Evaluators has been disbanded. An evaluation training is scheduled for 2016.

UNICEF supported the Government and partners to strengthen information systems and administrative data relating to health, education, protection, public financial management and others to make statistics more readily accessible to a range of stakeholders. For example, technical support to the Department of Education and DIRD to integrate social and economic data captured in the District Information Management System with DevInfo, has enabled better monitoring of subnational planning, budgeting and service delivery. This is a critical achievement as, for the first time, DIRD is able to analyse district-level data which are integral to the roll-out of the District Service Improvement Programme, providing baseline data on enabling environment and supply side barriers relating to the delivery of key services, especially health, education and child protection. In 2016, this information will be used as critical evidence for advocacy with parliamentarians for increased investment in services for children.

UNICEF support to the successful launch of RapidPro will strengthen the ability of DIRD and other government departments to collect data and utilize data for advocacy, planning and policymaking. UNICEF continued to support the Government to expand the use of DevInfo for data management and processing. A Papua New Guinea Info Admin training workshop was held to strengthen capacities to use DevInfo. Nine departments have since internalized the knowledge and have used the software to analyse data. As a result of advocacy and strong technical engagement, DevInfo will be used by the Department of Planning and Monitoring as the primary platform to analyse and report against key SDG indicators.

UNICEF supported technical workshops to strengthen monitoring and evaluation and RBM capacity to strengthen results reporting. As a result of three-day customized RBM training, 15 National Planning officials have the knowledge to implement provincial-level RBM trainings.

As part of UNICEF's equity strategy, bottleneck and barrier analyses were conducted with partners during the Annual Review process, with specific indicators and courses of action identified to monitor and address barriers and bottlenecks. These initiatives provide the bases for strengthening monitoring and evaluation capacity across the Government to ensure that data are available, credible and accurate.

OUTCOME 6 The Country Programme is using appropriate mechanisms to measure, report and advocate progress on the situation of children and women, with a specific emphasis on equity by 2017.

Analytical statement of progress:

The Office reported improvement in meeting benchmarks for applying both normative principles and cross-cutting programme strategies; however more work is needed to strengthen gender equality and gender mainstreaming into programmes. A gender analysis will be conducted in 2016 to inform the development of the 2018–2022 Country Programme.

Special attention was given to ensure ‘horizontal’ integration by advancing multi-sectoral and integrated approaches to address barriers and bottlenecks concurrently. During the 2015 Annual Management Retreat, three programme areas requiring multi-sectoral approach – nutrition, ECCD, and End Violence against Children – were identified as 2016 office programme priorities. In 2016, cross sectoral and programme linkages will be included an agenda item for monthly Programme Coordination meetings to provide a platform to discuss coordination and progress in these areas.

Recognizing the importance of quality information for decision-making and programme design, the Country Office strengthened the performance management system to measure UNICEF contributions to results and identify entry points for improvement. Particular attention was given to strengthening trip reporting and analysis through the use of a consolidated tool, which combines HACT, MoRES and programme monitoring. Trip reports were collected and analysed against four indicators: 1) purpose/objective of the travel; 2) location of travel; 3) potential for programmatic convergence; and 4) common barriers and bottlenecks. Stronger field monitoring will help the Office assess progress towards the achievement of key activities.

Quality assurance processes were developed to strengthen the results focus of work plans and reporting processes. All AWP’s were reviewed and signed before end January 2015. While the quality of AWP’s improved, reporting on indicators remained a challenge. UNICEF continued to train national partners and sectoral focal points in RBM, statistics and monitoring and evaluation. As a result of three-day customized RBM training, 15 National Planning officials have the knowledge to implement provincial-level RBM trainings. A DevInfo Admin training workshop in May helped to strengthen capacities in database customization and management.

In the context of UN Delivering as One in Papua New Guinea, UNICEF continued to play an active role in 9 out of 11 task teams, continuing leadership of the Millennium Development Goals, Population and Aid Effectiveness, Education and Child Protection task teams, as well as in the Programme Coordination Committee. Considerable support was provided to the Resident Coordinator’s Office towards the development of Terms of Reference to undertake an evaluation of the 2012–2017 United Nations Development Assistance Framework (scheduled for 2016), and the articulation of key milestones to guide the Framework and Country Programme process.

Considerable efforts were undertaken to strengthen the evaluation function within the Office and with partners. For example, the importance of the evaluation function was communicated to all staff and partners during the 2015 annual review and work plan processes. An RBM training was held for the Department of Planning to strengthen understanding of monitoring and evaluation.

A formative evaluation of the FSC initiative was launched in November 2015 after delays in contracting a suitable institution to undertake the evaluation. The evaluation seeks to analyse the effectiveness, efficiency, relevance and sustainability of the FSC approach, which aims to deliver comprehensive medical, psychosocial and legal aid support services for children and adult survivors of violence. The final evaluation and recommendations are expected by the end

of February 2016. The Office will then prepare the management response.

Greater attention was given to piloting innovative strategies to reach the most vulnerable children – for example, through mobile technology. UNICEF supported the NDoH, Department of Education and DIRD to launch programmes that will use RapidPro SMS technology to support real-time data collection and monitoring, strengthen accountability and improve demand for services in the education, health and rural development sectors.

The communication landscape continued to grow, with digital technologies opening new channels for raising awareness and mobilizing social action on key issues concerning children. Papua New Guinea's mainstream mass media, including radio, television and print, is the most vibrant and diverse in the region, with media penetration highest in urban areas. These modes of communication have generated public dialogue and information exchange across stakeholders.

Communications support was provided to a number of initiatives including supporting high level advocacy efforts to finalise the National Nutrition Strategic Plan, the development of communication materials for ECCD and UBE, communication work for the roll out of SIREP and SIREP Plus as well as resource mobilisation efforts through planning, organizing and implementing field visits for donors. Support was given to the United Kingdom NatCom Goodwill Ambassador David Beckham visit to Papua New Guinea to raise funds for nutrition as part of David 7 campaign of at least US\$1.453 million for the next three years. Human interest stories, photos and videos helped to generate awareness on a range of topics. Donor toolkits are being updated to generate funding for programmes that are critical for children in Papua New Guinea.

OUTPUT 1 The Country Programme has appropriate mechanisms in place for measuring progress on the situation of children and women, with a specific emphasis on equity to inform planning, implementation and enhance learning by 2017.

Analytical statement of progress:

UNICEF Papua New Guinea continued to respond to changes in UNICEF's global programme processes and the external environment. Trainings were held to orient staff on changes relating global standards for field monitoring and introduction of an integrated trip report system, Results Assessment Module reporting, risk-informed programming and EWEA, Monitoring Results for Equity approach and the SDGs. Awareness raising on UNICEF Country Programme processes formed a core component of the 2015 Annual Management Retreat. Staff were informed of key policy changes and requirements (e.g., Strategy Notes) as well as important milestones relating to the development of the 2018–2024 United Nations Development Assistance Framework and Country Programme process.

Support to sections on end-of-year processes (Annual Report and reporting in Results Assessment Module; work plans) helped to ensure that Office reports were submitted on time as per global guidelines. Special attention was given to strengthening results reporting across all sectors, and to exploring strategies to triangulate data to fill data gaps. For example, UNICEF partnered with Digicel to launch a telephone survey to explore adult attitudes relating to violence against children. The data will help to establish a baseline for the roll-out of End Violence against Children initiatives.

The office has given special attention to ensure 'horizontal' integration by advancing multi-sectoral and integrated approaches to address barriers and bottlenecks concurrently. For example, UNICEF supported efforts to strengthen nutrition through the endorsement of the

multi-sectoral National Nutrition Policy 2015–2024 and Scaling Up Nutrition movement. UNICEF advanced interventions to strengthen early childhood development, bringing stakeholders from health, child protection, WASH and education sectors to develop key messages and communication materials. Through UNICEF’s successful advocacy, the Government agreed to develop a multi-sectoral ECCD policy in 2016.

The End Violence against Children Campaign is another example of using multi-sectoral approaches to address complex social issues. The initiative brings together health, education and child protection partners and churches to plan and implement the campaign at provincial and district levels. The 2015 Annual Management Retreat identified ECCD, nutrition and the End Violence campaign as office programme priorities, to be coordinated in monthly Programme Coordination meetings and weekly Section Chief meetings.

Technical support was provided to the development of SMS-based surveys and messages (mHealth) as part of a broader RapidPro initiative, and to the development of a survey to assess attitudes on violence against children. Significant support was provided to the National Statistics Office, Department of Health, Department of Education and Department of National Planning towards the identification of key indicators to be included in the 2016 DHS. Attention was given to integrating the DHS with SDG indicators.

Trainings on RBM and barrier and bottleneck analysis were conducted for all partners during the Annual Review process, helping to ensure better alignment of results structures to address development changes and equity issues in country.

The Situation Analysis of Children and Women in Papua New Guinea is delayed due to termination of the contract. The consultancy will be advertised in 2016.

OUTPUT 2 Key stakeholders at the national and provincial level have the skills and knowledge to advocate for women and children’s issues with an equity lens by 2017.

Analytical statement of progress:

UNICEF supported interventions with direct impact on achieving child rights in health, nutrition, education and child protection. These included: immunization for children under the age of 1 and providing early essential newborn care to the most deprived provinces, including treatment of children with SAM in hospitals. Communication for development efforts to promote these interventions included the development and wide dissemination of Information, Education and Communication materials on tetanus toxoid, measles immunization, vitamin A and the pneumococcal vaccine to help health workers advocate about the importance of immunizing children. It also included the development of communication materials for ECCD and UBE.

A successful collaboration with the Oceania Football Confederation, the Papua New Guinea Football Association and the Pacific Games Committee in 2015 helped UNICEF put children first by reaching out to 5,000 children through the Just Play programme in four provinces during the XV Pacific Games Baton Relay event. Using Just Play as a platform, UNICEF promoted the importance of birth registration through games and activities by supporting the dissemination of key messages on healthy lifestyle habits, gender equality, social inclusion, disability awareness and child protection.

UNICEF provided junior educational picture books on child rights to children, teachers and communities during the Just Play festivals. Approximately 5,000 children took part in the Baton Relay Finale, singing ‘#Imagine’ by John Lennon, and participated in the fan zone. Twenty-two

festivals led by 220 teachers and community volunteers were delivered to advance messages on gender parity, birth registration, immunization and social inclusion. This partnership greatly increased UNICEF Papua New Guinea's visibility in the country, the Pacific and globally.

UNICEF worked with journalists to build capacity on ethical reporting on children and raising awareness on child protection issues. UNICEF encouraged the Papua New Guinea Media Council, which includes all print, audio and visual journalists, to be revived and for the Council to be aligned to international reporting standards including ethical reporting on children. In partnership with WHO and the NDoH, UNICEF supported the development of information, education and communication materials to support the roll-out of the Special Integrated Routine EPI strengthening Programme (SIREP) in the country and also supported the training of journalists to understand SIREP for reporting purposes.

Six short videos were produced on UNICEF's work in Papua New Guinea to mobilize resources and enhance UNICEF's visibility. Traffic to UNICEF's social and digital media increased in 2015 due to regular updates (web stories, videos and press releases).

OUTPUT 3 Capacity development.

Analytical statement of progress:

This output complements results captured in the Programme Support output and reflect operating costs that contribute to, and cut across, a number of results. Funds were fully and effectively utilized towards staff salaries, rental costs, and support to common services as part of Delivery as One, including security.

OUTCOME 7 Programme support.

Analytical statement of progress:

The office advanced four management priorities for improved performance in 2015. Office priorities included: a) HACT; b) RBM and innovations for data evidence; c) enhanced partnership for better results for children; and d) improved efficiency and effectiveness in programme activities. Of these, efforts by the United Nations Operations Committee to secure LTAs for conferences and services were delayed.

A major upgrading of ICT equipment and the replacement of the ageing office vehicle fleet was done to improve staff productivity and safety. New UHF handsets and Iridium satellite phones have arrived and were programmed and handed over to staff.

In 2015, the UNICEF Papua New Guinea Country office provided support to implementing partners through providing essential and strategic supplies for the most disadvantaged and excluded children. Spending on supply and institutional contracting for 2015 as of the first week of December 2015 was US\$1,652,537.37, which was 20 per cent less compared with the value of procurement in 2014. Approximately 87 per cent constituted offshore procurement. Given the increasing trend in direct agency implementation, and the need to procure low-cost travel, venue and conference services, a process was initiated to develop LTAs for the procurement of conference services and facilities. LTAs for providers of these services will be established in 2016 to increase efficiency and reduce workloads.

As part of UNICEF's emergency response to El Niño, WASH & Nutrition supplies valued at US\$300,104.03 were procured and delivered to the National Emergency Focal Point for distribution. UNICEF facilitated the procurement of supplies and equipment valued at

US\$12,021,254.93 (e.g., vaccines, injection sterilization equipment, cold chain equipment and HIV medicine and nutrition supplies to NDoH).

The 2015 HACT plan was developed and regularly reviewed. Micro-assessment for eight eligible implementing partners and internal audits for two IPs were completed as planned. Sixteen out of 32 spot checks were completed in 2015, while 56 programme visits were completed (out of 40 planned for 2015). In 2016, the Office will engage external consultants to build staff capacity to undertake spot checks and strengthen quality assurance. HACT trainings were conducted for UNICEF staff and partners at national and provincial levels.

OUTPUT 1 Staff costs

Analytical statement of progress:

The office advanced four management priorities for improved performance in 2015. Office priorities included: a) HACT; b) RBM and innovations for data evidence; c) enhanced partnership for better results for children; and d) improved efficiency and effectiveness in programme activities. Efforts to secure LTAs for conferences and services were delayed.

The CMT met seven times to review programme and operations priorities and raise issues for action. Eight PCM were held to discuss updates and bottlenecks in programme implementation, funds utilization, donor reporting, and field monitoring. A weekly SMT meeting was held to monitor results and raise issues for action. The Office was fully compliant with the corporate policy on financial disclosure. A workshop was conducted by the Director of Ethics Office at New York headquarters to strengthen staff understanding on ethics.

A workshop on risk-informed planning and programming was conducted for staff to provide a holistic view of risk, risk mitigation strategies and resilience tools and procedures including Business Continuity Principles (BCP), HACT, ERM/EWEA, emergency preparedness. Emergency preparedness activities were included in the AWP of education, nutrition and child protection.

The membership of office committees was updated and committees continued to function well to provide oversight to procurement, contracting, asset management, staff appointments, project cooperation agreements, and staff learning and development. The Joint Consultative Committee (JCC) met three times in 2015 to discuss staff-related issues, and monitor the implementation of actions relating to the global staff survey. The office made two PBR submissions in 2015.

UNICEF actively participated in monthly United Nations Country Team, Programme Coordination Committee and Operation Committee meetings. UNICEF chaired three, and engaged in a total of nine, UN task teams to strengthen United Nations functioning, joint programme and common services as part of UN Delivering as One.

OUTPUT 2 Information technology (includes communications, VSAT, BGAN).

Analytical statement of progress:

During 2015, monthly bank reconciliations were completed within DFAM monthly closure timelines. There is a need to tighten cash forecasting to optimize utilization of bank balances. Challenges relating to late payments of DSAs to staff and outstanding vendor invoices remain. A system has been put in place to review vendor accounts on a monthly basis to avoid outstanding invoices.

On asset management, the office conducted inventory counts and presented these in a Property Survey Board meeting, along with proposals to dispose obsolete and broken equipment. The Asset Register was updated based during an asset physical verification exercise.

As a result of a special PBR, UNICEF Papua New Guinea received a 20 per cent increase in the Institutional Budget (US\$777,745) for 2016-2017 to cover the high operating costs in Papua New Guinea. The overall programme budget utilization in 2015 was US\$7,814,867 (US\$2,571,756 RR, US\$5,243,111 OR. The Office made vigorous efforts to achieve US\$0 for DCTs > 6 and 9 months. However, due to the late refund of US\$14,901 from NDoE before the closing of the Government Account, the Office had 3 per cent DCT > 9 month as of 31 December 2015. Programme utilization and DCT monitoring are standing agenda items for PCMs and CMTs.

The 2015 HACT plan was developed and regularly reviewed. Micro-assessment for eight eligible implementing partners and internal audits for two implementing partners were completed as planned. Sixteen out of 32 spot checks were completed in 2015, while 56 programme visits were completed (out of 40 planned for 2015). In 2016, the Country Office will engage external consultants to build staff capacity to undertake spot checks and strengthen quality assurance. HACT trainings were conducted for UNICEF staff and partners at national and provincial levels.

OUTPUT 3 Human capacity.

Analytical Statement of Progress:

The Office managed to fill most vacant posts in a timely manner. The recruitment of the following positions was finalized and staff assumed their duties in 2015:

- Wash Specialist – Temporary Assistance (TA) post
- Nutrition Specialist
- Education Specialist
- Operations Manager
- Finance and Admin Officer
- Senior Driver
- Child Protection Specialist
- Chief YCSD

The following recruitment processes will be finalized in early 2016:

- Human Resources Officer (TA)
- Senior Executive Assistant
- Administrative Assistant
- Accounts Assistant

In order to enhance programme delivery capacity, two new posts were created and approved during the October 2015 PBR. These are:

- Wash Specialist – Recruitment process to be finalized during the first quarter of 2016.
- Maternal and Newborn Health Specialist – Recruitment process to be finalized during first quarter of 2016

The current mix of international and national positions provides an enabling environment for coaching and training of national staff to build skills and competencies. The rate of 2014 PERs signed by all parties was 94 per cent. The completion rates of PERs is critically reviewed by management as this is an important process of managing staff performance, and giving and receiving feedback. The JCC played an important role in addressing staff issues. The Office developed and completed a work plan to address issues emerging from the Global Staff Survey. A training on competency-based interviews will be held in the first quarter of 2016. A total of 26 consultant contracts were issued during the year to support programme delivery. The total value of the contracts excluding travel and DSAs was US\$600,776. Consultancy rates were negotiated to reduce costs. UNICEF participated in the UN Cares initiative organized by the United Nations system in Papua New Guinea.

Document Centre

Lessons Learned

Document type/category	Title
Lesson Learned	Addressing Inequities to Strengthen Immunization in Papua New Guinea