For UNICEF Papua New Guinea, 2017 included achievements in research and other evidence generation and application; contributions towards a more enabling policy environment for children; a considerable amount of capacity development for government-delivered services; and some gains for children through advocacy and leveraging. There were also areas of shortfall in result achievement, and the year-end reviews noted that stronger risk mitigation measures will be needed in 2018. In 2017, US$24.9 million in non-core funds and US$2.6 million in core funds were available for programming.

A Child-Centred Risk Analysis was carried out and finalized, along with a Situation Analysis of Children in Papua New Guinea. Implementation research began on the use of an innovative device that alerts caregivers to newborns becoming hypothermic, and the preliminary results showed exciting promise for reducing neonatal mortality and increasing breastfeeding frequency. A study on out-of-school children was conducted and will be available in 2018. RapidPro was used to collect and transmit the first regular reporting on severe acute malnutrition cases and on juvenile court cases. The U-Report application was used to conduct an awareness survey on HIV and AIDS. The bottleneck analytical method was used to provide evidence for successful advocacy to improve coordination and adopt a multisectoral approach to paediatric tubercular patients, including childhood vaccinations and malnutrition screening and treatment.

At the policy level, the National Executive Council endorsed the first National Child Protection Policy (2017–2020) as well as an Implementation Regulation for the Child Protection Act (2017). A National Nutrition Policy as well as a nutrition strategic plan and budget were completed for addressing all forms of malnutrition. The Department of Education integrated child-friendly school indicators into its new National Quality School Standard Framework, which will be used by school inspectors. Early childhood development (ECD) standards were aligned to the National Quality School Standard Framework and annexed; once the ECD Policy is endorsed they it will be part of the framework. Policy results not achieved due to a freezing of UNICEF and other partners’ funds in a non-compliant account included: a review of the Gender Policy, finalization of the National Education Plan, and an analysis to establish the unit cost to educate a child from elementary through secondary or vocational school.

All of UNICEF’s programme areas strengthened service delivery to reduce inequities on knowledge, practices and use of health and social services. Multi-sector ECD centres were established in the Autonomous Region of Bougainville. In addition to early childhood education, de-worming and vitamin A supplementation are being administered at the centres and in surrounding communities by village health volunteers.

Another service delivery model that showed promise in 2017 was the community training by partners on parenting for child development. A feasibility assessment of the model showed a reduction in both violence against children and violence between spouses. The advocacy goals of ending violence against children and gender-based violence received much media attention.
and support from numerous partners including UNICEF, yet prevalence remained very high. No progress was made on increasing birth registration or on reporting to the Committee on the Convention on the Rights of the Child. Targets were reached, though, on training of magistrates and village court officials from 186 courts on the implementation of the Lukautim Pikinini (Children’s Act 2009).

Identification and treatment of severe acute malnutrition continued to expand, with support from UNICEF’s procurement services, technical assistance, and training on global standard protocols. Unfortunately, data are lacking on the exact levels of acute malnutrition and stunting but they are likely to be very high. A much stronger, multi-sector prevention approach is required.

UNICEF Papua New Guinea supported an expansion of solar powered cold chain systems and UNICEF procurement services were used by the Government to procure vaccines and devices. Considerable funds and effort were put into containing – successfully – measles outbreaks, but there were long delays in accomplishing this, and overall, immunization levels remain very low, so risks of more outbreaks of vaccine preventable diseases remain high. UNICEF is assisting the Government to apply for GAVI funds to build back the national vaccination system. Through the new WASH in Schools programme, UNICEF supported training of environmental health officers, school board members, school inspectors and village health volunteers in the Autonomous Region of Bougainville and in Madang Province. The training triggered self-financed improvements in schools’ water and toilet facilities.

There are many successful models, and strong policies and strategies that UNICEF Papua New Guinea is ready to take forward as it begins a new five-year country programme in Papua New Guinea in 2018.

Humanitarian assistance

In 2017, UNICEF Papua New Guinea’s humanitarian assistance centred on a measles outbreak in the north-western area of the country, along the border with Indonesia. The high movement of people across this border may have resulted in measles being brought over to Papua New Guinea. The first case was recorded in the Vanimo Green district of West Sepik Province in August, with an eventual 57 cases reported, including two deaths. The highest number of these cases (26 out of 57) were found among children aged 1 to 5 years.

In September, the West Sepik Provincial Task Force deployed technical teams to assess the situation and carry out mass measles-rubella vaccinations. The Government’s Department of Health activated its emergency and response plan and deployed technical teams to support provincial and district efforts.

A UNICEF health officer joined the national deployment and assisted the provincial and district health teams through provision of technical expertise and guidance. They reported several key missing pieces of information that challenged the response, including: 1) the size of target population (number of children aged 6 months to 15 years); 2) the quantity of measles-rubella vaccines and vitamin A supplementation available; 3) the total number of children already vaccinated; 4) community mobilization and awareness activities; and 5) a list of confirmed cases.

To address these gaps and improve the response, UNICEF supported the Government’s efforts to carry out a blanket outbreak response immunization campaign to contain the outbreak.
Activities integrated vitamin A supplementation and deworming. UNICEF assistance included outbreak assessment and planning support and provision of supplies and commodities (measles-rubella vaccines, vitamin A supplements, albendazole, cold chain equipment – including installation). UNICEF also provided US$16,800 to support the Government’s preparatory, supervision and monitoring exercises in the affected areas during the outbreak and on-the-ground support during vaccinations, including overseeing vitamin A supplementation. To strengthen communication and monitoring, UNICEF fostered partnerships with non-governmental organizations (NGOs) working locally (Red Cross, Population Services International and FHI360) and faith-based organizations (Catholic Church Health Services).

The targeted population during the outbreak was 27,483, but only 14,355 children up to age 15 years (6,752 females and 6,517 males) were vaccinated with measles and rubella vaccines. By the end of the year, the Government declared the outbreak contained, with the last case reported on 19 October. However, outbreak response immunization is ongoing since mid-November, with only one of the four districts completing 90 per cent vaccination. The remaining three districts plan to complete the campaign in January 2018.

The coverage of children receiving vitamin A supplementation was low, at 3,218. Many health workers were unaware that vitamin A should have been provided along with the measles-rubella vaccine; there were also reports of stock-outs during the onset of the outbreak. Only 75 children were dewormed, also due to stock-outs.

UNICEF made several recommendations to strengthen the capacity of provincial and district health workers to manage such situations in the future, including immediate refresher trainings on vaccination techniques; improved reporting for outbreak monitoring and surveillance; pretesting of communication and educational materials in communities before outbreaks occur; strengthened local partner engagement in response, monitoring and supervision during an outbreak; extended Rapid Coverage Monitoring to local NGOs with strong community presence to ensure coverage and response represents the target population; and improved focus on integration of vitamin A supplementation, deworming and therapeutic feeds in the response activities for measles. Implementation of these important recommendations will protect more vulnerable populations, especially children, in the case of future similar health emergencies.

In 2017, Papua New Guinea was fortunately not affected by a major disaster. The country ranks 12th in the world in its vulnerability to natural disaster (2011 World Risk Report). To build Papua New Guinea’s response mechanisms, UNICEF participated in all monthly inter-agency and government disaster management meetings and the El Niño Early Action Planning Workshop in May 2017. UNICEF provided input in the National Disaster Risk Reduction Framework and in the design of a multi-sector, rapid assessment tool. UNICEF leads the nutrition and education cluster and provides coordination and leadership support on water, sanitation and health (WASH), health and the child protection cluster. All UNICEF Papua New Guinea staff undertook a training by the UNICEF Regional Office on ‘Emergency Preparedness and Response and Core Commitment to Children in Humanitarian Action’, and UNICEF undertook a Child-Centred Risk Assessment with the aim of identifying, highlighting, prioritizing and planning appropriate child-centred responses in areas that are particularly at risk of natural hazards.

**Equity in practice**

‘Equity re-focus’ was central to UNICEF Papua New Guinea’s support to child survival and development interventions in 2017. In Papua New Guinea, key equity bottlenecks include remoteness of villages, which also lack functioning schools, health clinics and other basic
services, with a disproportionate impact on women and girls. Unequal economic development skews benefits towards the highest wealth quintile or towards areas where there are investments in natural resource extraction. The systemic bottlenecks encompass enabling environments (poor financial planning and budgeting, delayed fund flow to districts, and social norms), supplies (inadequate human resources, medical supplies, geographical inaccessibility) and demand (inadequate platform and outreach with community education and information).

Bottleneck analysis, which identifies obstacles to equity in service delivery, their causes and solutions, was essential to the office’s strategy. The field testing of the newly designed bottleneck analysis tools in July 2017 on integrated maternal, newborn and child health/prevention of parent-to-child transmission (PPTCT) of HIV/nutrition/child tuberculosis programming enabled a strategic shift from a vertical programmatic approach (e.g., immunization, nutrition) to a more holistic and effective approach to identify and remove common bottlenecks at system level.

UNICEF provided technical and financial support to the Western Provincial Department of Health to conduct the bottleneck analysis. The analysis identified systemic bottlenecks such as inadequate coordination among various programme implementing partners (e.g., immunization, nutrition and tuberculosis control) and a lack of integrated planning and management to provide services that complement the ongoing and well-established tuberculosis control programme. Following dissemination of the bottleneck analysis and recommendations, partners World Vision and Burnet Institute, which had been dealing solely with tuberculosis, added two components: screening for severe acute malnutrition and making necessary referrals, alongside routine vaccinations for eligible children in disadvantaged communities while continuing to manage child tuberculosis (children younger than 5 years old) at clinics run by governments and churches or NGOs and community outreach centres.

Child protection interventions to increase equitable access to protection services focused on the health sector’s capacity to deliver emergency medical care and psychosocial services. Work centred on health posts at the village level, targeting 54 health facilities serving a population of 374,000. During the year, UNICEF supported the training of 93 health workers (brining the total number of health workers trained by these facilities more than two years to 157) on emergency medical care, psychosocial first aid and referral services for legal aid. UNICEF supported the National Department of Health to undertake monitoring visits and on-site mentoring of trained health workers.

Over the past 10 years, UNICEF supported nine family support centres (construction of dedicated spaces, training of health workers) as a model for delivery of medical and psychosocial support for survivors of violence. This is a good but expensive model to scale up and replicate, and furthermore the centres are all located in urban hospitals. The evaluation of the centres recommended that the National Department of Health should consider an alternative service delivery model for survivors of violence in order to increase access to services by rural people. Such a model would include training and mentoring a critical mass of staff at lower service delivery points, increasing access to services for survivors in remote areas.

UNICEF worked with 186 village courts, which are critical institutions providing first-line justice recourse for the majority of the population, who rarely have access to district courts due to distance and transport and daily subsistence costs. During 2017, UNICEF conducted a baseline assessment of village court officials’ knowledge, attitude and practices and of barriers to access to support enhanced planning and reach for justice initiatives. UNICEF also conducted training of 633 village court officials from 186 village court areas on child-friendly and gender-sensitive
practices. Most of the staff of village courts had never been trained.

To address inequity in education among young children, UNICEF supported ECD centres, established through churches and civil society organization partners. These partners prepared 3,000 children (aged 4 to 6 years) to enter formal primary schooling in rural areas of Madang, Chimbu (central) and Central (south-east) provinces. The UNICEF-supported ECD programme combines health, nutrition and WASH activities, and these are part of the curriculum of training by UNICEF for the ECD Board of Management members and teachers. Boards of Management are responsible for the management, planning and functioning of ECD centres and consist of community members and teachers.

**Strategic Plan 2018–2021**


Papua New Guinea has the fourth-highest prevalence of stunting in the world and addressing this situation is one of the country’s most critical development issues. The UNICEF Global Strategic Plan 2018–2021 provides clear strategic guidance in this area, highlighting the need to advocate with government and development partners to raise the profile of nutrition as a multi-sectoral outcome and a high-level result. UNICEF Papua New Guinea used the guidance in the Strategic Plan, along with evidence from Papua New Guinea, to advocate with the Government and fostered the development of the multisectoral national Nutrition Policy 2016–2026, and a costed Nutrition Strategic Action Plan 2018–2022. These have a common results framework that brings Papua New Guinea nutrition planning and interventions in line with international standards and builds on collaborative efforts to address bottlenecks.

The Nutrition National Strategic Action Plan and results framework bridges across health, community development, education and other sectors in line with the recommended approach of the UNICEF Global Strategic Plan 2018–2021. Also in line with the UNICEF Global Strategic Plan 2018–2021, the nutrition plan identifies bottlenecks for the four key Strategic Plan enablers:

- Governance (with one multi-sector plan);
- Results orientation and collaborative management (with one common results framework);
- People as versatile agents of change (capacity development is a core component of the National Strategy and Action Plan);
- Knowledge information systems (detailed monitoring and evaluation planning and capacity development are embedded in the National Strategy and Action Plan).

UNICEF Papua New Guinea used the global Strategic Plan to design a new WASH programme, and in 2017, the Country Office received €21.3 million from the European Union to implement WASH in 200 schools, 800 communities and 36 health centres in four districts in four provinces. The funds will also be used to bolster the ability of four district development authorities to plan, budget, implement, monitor and report on water and sanitation services.

UNICEF Papua New Guinea’s child protection programme aligns with Goal 3 of the Strategic Plan, in the areas of violence prevention and response, access to justice for children, and birth registration. It also addresses the plan’s cross-cutting areas of gender equality and humanitarian response. The programme’s key indicators are harmonized with the plan, which is consistent with Papua New Guinea’s national priorities and the recently adopted national legal
and policy framework for child protection. In 2018, the child protection programme will focus on implementation of the existing legal and policy framework.

The Government of Papua New Guinea has demonstrated increasing commitment to addressing child rights violations, and these are frequently covered in the media. However, media attention and political commitments are not necessarily translating to more investment in child protection in line with the UNICEF Global Strategic Plan 2018–2021, given continued government budget shortfalls, partly caused by low global commodity prices and slower economic growth compared with past years. UNICEF Papua New Guinea in 2017 had to advocate strongly for minimum continued current levels of resourcing for national child protection structures and implementation of the Child Protection Act.

### Emerging areas of importance

**Climate change and children.** UNICEF supported training of 103 teachers from 60 urban and rural primary schools, serving more than 3,500 primary school students, on the different effects of climate change and how they can contribute to mitigating some of the negative impact. The training participants were equipped with the skills to integrate these issues into their lesson plans. UNICEF initiated a discussion between the country’s Climate Change Development Authority and the National Department of Education on the integration of climate change issues in the primary school curriculum, which is currently being revised to emphasize deep rather than broad coverage of knowledge areas and to include analytical and problem-solving skills.

**Early childhood development (ECD).** A multi-sector, national-level ECD committee was revived with UNICEF support. The working group is co-chaired by the Secretary of Education and Community Development. One of its major tasks was to review the ECD policy and revise it to include health, nutrition and protective and other social services. The ECD multi-sector working group established in the Autonomous Region of Bougainville has become a model of how to implement holistic ECD in Papua New Guinea. Working group members (in addition to UNICEF) are Save the Children; church-based organizations; the Ministries of Education, Community Development, Health and Planning and UNICEF. In support of better health outcomes for young children, the Department of Health initiated the processes of administering deworming pills, vitamin A supplementation and vaccinations for children at ECD centres and their younger siblings.

**Child protection.** UNICEF’s child protection programme contributed to ECD by supporting the design and testing of the Parenting for Child Development programme with the Catholic church and the Menzies School of Health Research in selected districts. The programme emphasizes the key milestones of child development and the importance of proper nutrition and hygiene, and also teaches positive, gentle ways to discipline children as an alternative to corporal punishment. It was tested in 10 communities and anecdotal evidence indicated reduced violence against children and improved child well-being. In 2018, UNICEF will support the expansion and institutionalization of the programme with faith-based organizations and the Government.

In collaboration with the Oceania Football Confederation, UNICEF also supported Just Play, a sport for social development programme targeting urban children aged 6 to 12 years. The programme integrates social messages into play sessions and activities to help children develop healthy lifestyle habits, encourage gender equality and increase their engagement in school and communities. In 2017, the programme reached 5,720 urban children.
UNICEF supported training of 280 health staff on early newborn care, 66 on cold chain/vaccine management, 220 on severe acute malnutrition management, 95 on infant and young child feeding and 146 health-care volunteers on maternal and newborn health. Equity-focused programming, using bottleneck analysis, and an integrated approach to deliver integrated young child survival interventions were highlighted during training. Technical and financial support to a provincial hospital resulted in improved essential newborn care.

Classroom environments for 14,000 children improved following a child-friendly, gender-responsive training for primary school teachers (350) and management members (156). The benefits of holistic ECD were shared with 103 ECD facilitators, 40 elementary teachers and 216 management members, paving the way for nutrition, health and child protection interventions in 103 early learning centres, covering 5,300 children aged 4 to 5 years.

Through the WASH programme, UNICEF supported training of 37 environmental health officers, school inspectors and village health volunteers in two districts. Trainees mobilized and generated demand for WASH improvements among school board members and parents from 79 primary schools in the Autonomous Region of Bougainville and in 58 Catholic schools in Madang Province. Following a training on improved toilet construction, 120 newly skilled workers upgraded facilities in two thirds of schools in Selau and Tinputz. Partnering with AT Projects (local NGO), UNICEF supported the Bougainville Technical College to teach students effective measures for improving rural sanitation.

UNICEF strengthened the health sector’s ability to provide emergency medical care, psychosocial first aid and referral services for survivors of family and sexual violence by training and mentoring 93 health workers in 54 health facilities (Western Highlands Province, Bougainville), which serve 374,000 people. UNICEF supported the National Office of Child and Family Services to implement the Child Protection Act, by seconding an international technical expert for capacity development and supporting training of 173 child welfare officers.

Evidence generation, policy dialogue and advocacy

To ensure enumeration of left-behind, hard to reach communities, UNICEF contributed US$99,000 to the Demographic Health Survey. The funds contributed to a pool fund for contracting helicopter companies to transport the enumerators to otherwise inaccessible clusters. An additional 1,032 households were enumerated.

Fuelled by UNICEF advocacy with the Government, the National Nutrition Policy 2016–2026
was finalized with a costed action plan to make an investment case to reverse the high prevalence of stunting. UNICEF supported two surveys: (i) one that identified a high level of iodine deficiency in Chimbu Province, likely contributing to prevalence of cretinism, and (ii) another to assess imported rice fortification with wash-resistant technology, which led to recommendations to the import food control bureau.

UNICEF worked with universities and the Government to generate evidence on improved management of hypothermia among low birthweight babies through a new alert device. The implementation research seeks to ascertain the device’s applicability among rural and urban high-risk newborns, and the evidence from the first phase has generated considerable attention.

UNICEF supported the National Department of Education to produce a national report on out-of-school children. Findings will assist the National Department of Education and stakeholders to address barriers that prevent children from completing primary and secondary education and assist policymakers to revise existing education policies to provide equity of access.

Convinced by evidence presented by UNICEF Papua New Guinea, the National Department of Education approved creation of a WASHinSchools Unit, drafted a WASHinSchools policy and endorsed WASHinSchools national standards, which mandate all schools to incorporate WASHinSchools’ learning improvement plans. UNICEF also supported National Department of Education officers to manage and implement research on menstrual hygiene management in schools.

Persistent advocacy by UNICEF led the National Executive Council to endorse the first National Child Protection Policy (2017–2020). UNICEF also supported review of the Adoption and Civil Registration Act and development of court rules for child protection, police policy and protocol on juvenile justice.

**Partnerships**

UNICEF, with the American Institute of Research, supported government development of the Nutrition Strategic Action Plan, aligned with the global partnership and movement for Scaling Up Nutrition (SUN). UNICEF Papua New Guinea, government representatives from different ministries and Save the Children participated in the November 2017 SUN meeting in Côte d’Ivoire, where milestones to move Papua New Guinea’s nutrition agenda forward were agreed.

Stronger partnership with the GAVI Alliance, non-profit organizations and the private sector (e.g., Oil Search Foundation, Click TV) resulted in much wider sharing of knowledge to improve immunization and child survival. Partnerships with NGOs (World Vision, FHI360, Save the Children, Médecins Sans Frontières, Catholic Church Health Services and the Paediatric Society of Papua New Guinea) increased access to services for immunization, nutrition, community newborn care and child tuberculosis initiatives.

UNICEF’s partnerships with Catholic Archdioceses of Chimbu and Madang were important for training on cross-sectoral ECD and child-friendly teaching/learning environments in elementary/primary schools in 51 parishes. UNICEF also partnered with the Catholic Church to demonstrate the holistic ECD model in 29 parishes, and with RD Tuna Canners for ECD centres that benefited 1,149 children (including 571 girls).

UNICEF, the Catholic Archdioceses of Hagen, Kundiawa and Madang and the Menzies School of Health Research developed and tested a Papua New Guinea-specific Parenting for Child
Development approach, which has shown early signs of reducing harsh treatment of children and even spousal violence.

UNICEF worked with University of Papua New Guinea analysis of salt and urine samples in Chimbu Province confirming evidence on cretinism in the area.

UNICEF signed a memorandum of understanding on WASH in Schools and communities with multiple government partners in the Autonomous Region of Bougainville and Bougainville Technical College. UNICEF WASH expanded implementing partnership with NGOs (TTU, Anglicare, AT Projects) and the Appropriate Technology and Community Development Institute.

**External communication and public advocacy**

UNICEF Papua New Guinea continued its presence on Facebook and Medium through regular content feeds, but has yet to launch a Twitter or Instagram account. During the five-year country programme, the country fan/follower base increased from 645 in 2014 to more than 50,000 by December 2017, mostly due to special events and a celebrity goodwill ambassador visit prior to 2017. Traffic to the Country Office website increased following re-structuring and updating.

UNICEF worked within the United Nations Communication Group to launch the new United Nations Development Assistance Framework and raise awareness on the Sustainable Development Goals (SDGs). In October, a monthly national television programme commenced in partnership with the Ministry of Community Development and Religion specifically addressing child rights and the SDGs. Active participation in a radio programme on nutrition led to an important discussion on national television and commercial radio stations about the silent malnutrition emergency and its impact on Papua New Guinea.

Media coverage in 2017 reinforced advocacy for implementation of the Child Protection Act, by drawing attention to the need to strengthen child protection systems and prevent all forms of violence, abuse and exploitation against women and children. Children, teachers and coaches were informed about the Convention on the Rights of Children during a ‘passing of the Queen’s baton’ sports day prior to the Commonwealth Games.

Video stories, photo essays, human interest stories and blog stories featured on country, regional and global websites; while donor reports and fundraising clips on United States television provided information about UNICEF results for children in Papua New Guinea. Medium pieces were featured on the One UN website and local print media. Seven human interest stories (nutrition, WASH, inclusive education, early childhood care and development) were featured on the Country Office website and blog site in 2017.

**South-South cooperation and triangular cooperation**

South-South cooperation is a key approach to capacity development for implementing partners to meet the needs of Papua New Guinea’s children. A 10-member team of Papua New Guinea health officials visited Viet Nam, where they exchanged ideas and saw good practices for capacity building, monitoring, research and innovation on newborn care. This led to a development plan for improved facilities for newborn care in Eastern Highlands Provincial Hospital at Goroka. When completed in 2018, high-risk newborns will have a level of care previously unavailable, and this should reduce the current high level of neonatal mortality.

A high-level delegation, led by the Minister and Secretary of Education, participated in the 2017 Pacific Action for Early Childhood Development Conference in Fiji, bringing together
government officials from many Pacific Island countries. Organized by the Pacific Regional Council for Early Childhood Care and Education, the exchange of best practices at the conference led to a Pacific Call to Action, to strengthen national ECD plans and budgets.

Officials from the National Department of Education, National Disaster Centre and the Climate Change and Development Authority participated in a workshop on conflict and disaster risk reduction in Bangkok. The workshop enhanced capacity of the education planners to analyse the risks to conflict and disaster in the education sector; design school/local-level policies for the reduction of conflict and disaster risks; and identify relevant indicators for these programmes to monitor progress. Good practices from participants in East Asia and the Pacific were shared.

Identification and promotion of innovation

The official statistic for neonatal mortality in Papua New Guinea is 24 per 1,000 live births (United Nations Interagency Group, 2016). Lack of access to health care for a large majority of pregnant women, coupled with the challenges of rough terrain, lack of affordable transport and poverty, mean many parents only make the difficult journey to a distant health centre in critical situations. Therefore, many births take place at home, and early signs of neonatal distress such as hypothermia are not identified in time for the infant to be taken to a health centre.

To reduce infant deaths from hypothermia, in 2017 UNICEF and partners tested the relevance, feasibility, effectiveness and scalability of an innovative hypothermia alert device, worn as a bracelet on newborn babies. The case control study was conducted among rural and urban high-risk newborns in urban and rural settings. Early findings were encouraging, with 97 per cent sensitivity and 93 per cent specificity to accurately detect hypothermia.

The device increased the amount of skin-to-skin contact (kangaroo mother care) that infants received and also triggered change: more swaddling, breastfeeding and timely visits to health centres (when the device continues making an alert sound even after swaddling and closely holding the baby). This resulted in saving babies’ lives thanks to timely diagnosis and treatment. In the next stage, UNICEF and implementing partners will try to increase the specificity rate and source a less expensive device to enable scale-up.

In 2017, UNICEF supported the Department of Justice and Attorney General to use RapidPro, an interactive SMS messaging system, for collecting and using critical real-time data on juvenile justice indicators. Through this platform, juvenile justice officers from 11 of 22 provinces are currently collecting and reporting on data from police, courts and correction institutions monthly.

Service delivery

UNICEF’s procurement services are used by the Government for vaccines, vaccine devices and medicines to treat acute malnutrition. In addition, UNICEF contributed to measles and pentavalent vaccination campaign in two provinces with serious outbreaks, and worked to strengthen routine immunization services, particularly through repair, replacement and upgrading of cold chain equipment. UNICEF also supported delivery of tetanus vaccines to nearly 195,000 women of reproductive age in two high-risk provinces. UNICEF supported several Departments of Health at the provincial level to improve access to emergency medical care and to psychosocial support and referral for survivors of violence, through training and mentoring of 93 health workers from 54 health facilities, serving a population of about 374,000.

UNICEF technical guidance and financial support enabled health facilities to provide treatment for severe acute malnutrition among children aged 6–59 months, and to greatly improve
newborn care for all children born in a health facility. More than 1,500 women exposed to HIV received antiretroviral treatment and nearly 3,000 children (aged 0–14 years) exposed to HIV received antiretroviral prophylaxis.

Juvenile Justice Policy and Regulations were finalized and are awaiting approval. Police and court protocols to implement Lukautim Pикинини Act, and police and juvenile justice officer protocols to implement the Juvenile Justice Act were developed. More than 700 village court officials, police and justice officials were trained to improve services for children-in-contact with the law.

Faith-based and civil society organizations supported by UNICEF provided alternative community-based education for 1,000 out-of-school children, so that they can catch up and then enrol in regular schools or vocational training centres.

School board management members in 79 primary schools in Bougainville and in 58 schools of the Catholic Diocese of Madang were triggered to plan and deliver WASH services. Two thirds of the schools have already upgraded school toilets using local resources.

**Human rights-based approach to cooperation**

Of 89 district education authorities from 22 provinces, 45 gained skills in basic monitoring and evaluation, using an equity lens to focus on the right to education of every child. Henceforth, district information on education policies, plans, projects and programmes will focus more on marginalized and disadvantaged children.

Following the human rights-based approach to programming, UNICEF supported the Village Court and Land Mediation Secretariat to assess the knowledge, attitudes and practices of village court officials towards justice for children and women. The assessment included community perceptions of village courts in three central provinces (Chimbu, Eastern Highlands and Western Highlands). The study critically examined accounts of village court status and impact (self-perceptions of village court officials and community perceptions); human rights perspectives and practices (awareness and attitudes towards women, children and other vulnerable groups); and accountability for vulnerable groups (handling sensitive cases involving vulnerable groups, including people with disabilities). Following the assessment, UNICEF supported the training of 629 village court officials in Eastern Highlands and Western Highlands on village court procedures, mediation, ethical decision-making, family and sexual violence, and child protection. At the national level, UNICEF successfully advocated for an intersectoral National Executive Council to adopt a set of National Child Protection and Child Protection Regulations.

UNICEF continued—unsuccessfully—to advocate for the Government to meet its obligation under the Convention on the Rights of the Child, including overdue reporting (last report submitted 2000) and the repeal of corporal punishment provisions in existing legislation as called for in the Human Rights Council’s 2016 Universal Periodic Review.

**Gender equality**

UNICEF supported the Ministry of Health with improvements and updating of the public health sector’s monitoring system, including introducing sex-disaggregated indicators and reporting on immunization, nutrition, child/newborn health and HIV/AIDS.

During early essential newborn care (EENC) and kangaroo mother care trainings, both male
and female health workers were coached on maternal/newborn care. Health volunteers in Eastern Highlands Province (central) engaged men and women on the importance of health, nutrition and childcare and the role of both parents in children’s well-being. Health workers (32 per cent females of 66) learned cold chain management and more than 80 per cent of doctors, nurses, midwives and community health workers trained on EENC were female.

UNICEF promoted gender-sensitive toilet and washing facilities in Eastern Highlands and in the Autonomous Region of Bougainville to address low attendance and high drop-out by girls who need to manage their menstrual hygiene. UNICEF carried out a review of girls’ education in Papua New Guinea, mapping converging areas where other programmes positively impact adolescent girls and identifying strategies with partners to enhance adolescent girls’ education.

In 35 schools, 2,560 children (1,223 boys/1,337 girls) in grades 6–8 and 98 teachers examined gender roles and respectful relationships during class time, following a teacher-training by UNICEF. Teachers reported a decrease in student behaviour issues following this. The Just Play programme (UNICEF partnering with Oceania Football Confederation) promoted positive interactions and development of respect and understanding between young girls and young boys, and they reached 5,720 children (2,900 boys/2,820 girls) in 2017. The Parenting for Child Development programme (Catholic Church, Menzies School of Health Research) promoted positive father involvement in parenting and has reduced incidences of domestic violence.

**Environmental sustainability**

In 2017, UNICEF continued replacing gas refrigerators used to store vaccines with solar-powered systems: 62 gas refrigerators were replaced in eight provinces. UNICEF, in collaboration with the World Health Organization (WHO), supported provincial and district health offices in Papua New Guinea to strengthen proper disposal of medical products aligned with global standards of waste management, focusing on immunization supplies.

In 2017, 103 teachers in 60 schools in Jiwaka Province (central) and the Autonomous Region of Bougainville included climate change awareness and disaster risk reduction in lesson plans, resulting in 3,600 students being sensitized to these issues and working on disaster response plans for their schools.

UNICEF initiated discussions with the Climate Change and Development Authority and the National Department of Education to incorporate climate change awareness in the primary school curriculum, while it is being updated and reformed.

**Effective leadership**

UNICEF Papua New Guinea developed a risk profile in 2017, including relevant mitigating actions, to improve operations and performance. The risk profile identified four high-risk areas, seven medium and one low-risk area. The high-risk areas are: fraud and misuse of resources, results-based management and reporting, human resources, and natural and human-made hazards. The country management team reviewed the efficacy of the identified mitigating actions, as well as the level of assessed risk, during an annual management review meeting in December 2017. Several changes were recommended for the 2018 risk profile, primarily increasing risk levels and strengthening mitigating measures.

Multiple post vacancies and changes in staff at all levels and in most functional areas in 2017 were a challenge to leadership continuity and smooth functioning of business processes. This was partly mitigated by the use of many temporary deployments from other UNICEF offices. On
the other hand, development of the new Country Programme 2018–2022 provided a good opportunity to address some of the internal capacity gaps, with adjustments to the staffing structure, particularly in Operations. The Country Office updated its library of standard operating procedures. A major change that improved staff morale was moving the Country Office from an extremely crowded space to a spacious area on a different floor of the same building (still close to other United Nations agencies).

**Financial resources management**

Financial key performance indicators were reviewed weekly at meetings of sections and of section chiefs (programme and operations) chaired by the UNICEF Deputy Representative. Areas of particular concern were raised at monthly country management team meetings chaired by the Representative. Nevertheless, almost all government partners in particular proved to have very low capacity to transfer funds sub-nationally, to implement planned activities and then account for them in a reasonable time period. This resulted in numerous cases of outstanding cash advances, all of which occupied considerable time on follow-up by programme staff, Chiefs, the Deputy Representative and Representative, yet often to little avail.

Furthermore, there were two cases of theft reported by provincial governments to UNICEF, resulting in local investigations and orders for reparation that have not been effected (the cases were also reported to UNICEF’s Office of Internal Audit and Investigation). The main development aid account used by the Department of Education was ‘frozen’ by the Government, and an audit was conducted. The Department was instructed to use a different account. This negatively impacted both implementation of activities and accounting for funds. The situation led the country management team to decide that the risk profile of partners in 2018 will change, and there will be a significant reduction in the use of cash advances through direct cash transfer to the Government as an implementation modality. Also, a contract was raised in late 2017, and signed in early 2018 for a service provider to carry out financial spot-checks.

**Fundraising and donor relations**

Most of UNICEF Papua New Guinea’s non-core resources in 2017 came from the Government of Australia and the European Union. Other funding came from UNICEF national committees (Australia, Hong Kong, Japan and the United Kingdom) and thematic funds donated to UNICEF at the global level. In 2017, US$24,912,427.00 other resources funds and US$2,660,675.62 in regular resources were available for programming. The Government of Australia’s funding is through the United Nations Multi-Donor Trust Fund and is for education, health, nutrition and child protection, including addressing violence. The European Union funding is for WASH in schools and health clinics.

For health and nutrition, efforts were made to raise funds from multilaterals, national committees, and the private sector, alongside continued drives to strengthen partnerships with public donors such as the Australian Department of Foreign Affairs and Trade (DFAT). UNICEF worked closely with the World Health Organization (WHO), DFAT, the World Bank and other partners to mobilize more resources for immunization programmes, resulting in increased GAVI support, from US$6 million to US$12 million, over three years (2018–2020). UNICEF National Committees in Australia, France and the United Kingdom also made pledges to the health programme.

DFAT remains the major source of funding for child protection work in Papua New Guinea, with UNICEF Australia and global and regional thematic as the second major source. The child protection programme does not have funding to support the birth registration programme in
2018 and secured no funding beyond 2018. Proposals and concept notes have been prepared for potential donors. UNICEF is helping the Government prepare a proposal to the Global Partnership for Education, for the August 2018 round of funding decisions, and UNICEF has proposed itself to be the grant manager.

The new country programme aims to broaden the donor base; however, there are very few donors covering Papua New Guinea. A resource mobilization consultant was hired in December 2017 to develop a strategy and funding proposals.

**Evaluation and research**

UNICEF Papua New Guinea experienced challenges in the office’s evaluation function in 2017 due to staff vacancies, special leave and turnover. During 2017, no evaluations were conducted or managed by UNICEF Papua New Guinea; however, UNICEF did use the UNDAF 2016 evaluation to inform the design of the new country programme, specifically through following recommendations on: 1) joint planning, monitoring and evaluation; 2) rationalizing contributions under Delivering as One structures; and 3) identifying and concentrating on agency comparative advantages.

While evaluations were not conducted in 2017, planning for future evaluations was undertaken with a view towards the next country programme. An evaluation of the implementation research on use of an innovative newborn hypothermia alert device is scheduled for the first half of 2018. UNICEF Papua New Guinea has developed an evaluation matrix to identify where decentralized evaluations can best promote organizational and programme learning, accountability and transparency, with a view to strengthening performance and delivering better results for children.

UNICEF Papua New Guinea is committed to further developing and implementing evidence-based practices and meeting the challenges of the Papua New Guinea context (lack of national datasets and centralized databases; weak data systems; challenges with baselines, measurement, systematic monitoring, reporting) through a rigorous approach to evaluations and using evidence to inform policy, programme and advocacy efforts. In addition, UNICEF Papua New Guinea supported localization of SDG indicators with an eye towards ensuring the evaluability of SDG progress, programmes and results attainment. This was achieved through selection of relevant indicators, identification of robust and regular means of verification and a capacity development response with partners on monitoring and evaluation (an area identified for knowledge transfer).

**Efficiency gains and cost savings**

An estimated US$100,000 of savings was achieved through finding other tenants for the old office premises and moving out of the United Nations Common Premises more rapidly than anticipated. As mentioned elsewhere, there was an immediate positive impact on staff morale and productivity. The former premises were cramped, overcrowded and not conducive to workplace efficiency. The new premises need some renovation, and this should lead to cost savings when two large, empty rooms can be used for meetings and training events, so that hotel facilities do not have to be rented. UNICEF Papua New Guinea is searching for further cost savings by identifying a co-tenant for approximately 25 per cent of the new premises.

**Supply management**
In 2017, UNICEF Papua New Guinea spent a total of US$5.3 million on programme supplies including procurement service-funded. Procurement done through procurement services for implementing partners, especially the National Department of Health and the Oil Search Foundation, totalled US$3.2 million, which is US$300,000 more than procurement done through procurement services in 2016. As in 2016, procurement through procurement services for 2017 was mainly done for pharmaceuticals, cold chain equipment and therapeutic food supplies. A total of US$771,700 was spent on programme supplies, including printed materials, cold chain equipment and spare parts, therapeutic food products, information and communication technology equipment, School in a Box and ECD kits.

UNICEF staff visited health facilities and identified problems and possible solutions/options in terms of storage and distribution. It was recommended that a logistics specialist be contracted in 2018 for capacity building of the Departments of Health and Education on warehouse management.

<table>
<thead>
<tr>
<th>Supply and logistics key figures</th>
<th>Papua New Guinea</th>
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<tbody>
<tr>
<td><strong>(1) Total value of procurement performed by the office, including on behalf of the other country offices</strong></td>
<td></td>
</tr>
<tr>
<td>Procurement for own office</td>
<td>$976,440.29</td>
</tr>
<tr>
<td>Programmatic supplies including procurement service-funded</td>
<td>$82,888.71</td>
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<tr>
<td>Channelled via Programme</td>
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<tr>
<td>Operational supplies</td>
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<tr>
<td>Services</td>
<td>$826,032.91</td>
</tr>
<tr>
<td>TOTAL procurement performed by the office</td>
<td>$976,440.29</td>
</tr>
</tbody>
</table>

| **(2) Total value of supplies and services received (i.e., irrespective of procurement location)** | |
| Programmatic supplies including procurement service-funded | $5,325,195.54 |
| Channelled via regular procurement services | $3,164,305.87 |
| Channelled via GAVI | $1,389,186.03 |
| Channelled via programme | $771,703.64 |
| Operational supplies | $67,518.67 |
| Services | $826,032.91 |
| International freight | $580,714.91 |
| TOTAL supplies and services received | $6,799,462.03 |
UNICEF Papua New Guinea participated in the establishment of several long-term arrangements for contracting through the United Nations Common Services approach. These included travel management services, hotel and conferencing, stationeries, vehicle maintenance, telecommunication and security within city limits and agency premises. UNICEF Papua New Guinea also established long-term agreement for security and transportation in the field for UNICEF and other United Nations staff to use when travelling in the field. Most of the operational supplies procured in 2017 were to support the relocation exercise of the office. In 2017, US$826,033 was spent on institutional contracts, which is US$595,500 less than in 2016.

**Security for staff and premises**

UNICEF Papua New Guinea utilized US$58,000 from a UNICEF global security fund to install CCTV and card-based access door systems in the new office premises. Procurement of three new satellite phones is in process. UNICEF participated in all United Nations security management team meetings and decisions. The contribution to the United Nations Papua New Guinea local security common budget covered trainings such as defensive driving (four of five UNICEF drivers received this training in April 2017) and first aid training (two UNICEF drivers attended). Several colleagues participated in a two-day Safe and Secure Approaches in Field Environments training.

The high security risk environment of Papua New Guinea, including both the capital city of Port Moresby and most other locations in the country, necessitated use of escorts by a guard service and strong security measures at staff homes. Nevertheless, United Nations staff, including UNICEF staff, were involved in security incidents in 2017; thankfully there were no serious injuries or deaths. In November, UNICEF staff participated in a half-day orientation on domestic violence. The security management team directed the United Nations Department of Safety and Security to identify and have trained a psychologist, who became available to staff in December 2017, and UNICEF plans to bring a stress counsellor to the office in early 2018.

**Human resources**

A profile of human capacity needs for the new country programme, vis-à-vis existing staff posts, was done by the regional human resources chief, and this was very useful for the design of the new staff structure.

The 2017 Global Staff Survey revealed multiple keenly felt issues, and a comprehensive follow-up action plan was developed and agreed by a staff task force and management. Three human resources-related consultancies were included in this action plan: stress counsellor, human resource development specialist and a staff retreat facilitator. Terms of reference were developed and three people were recruited to carry out work in-country in early 2018. The Staff Well-Being Committee was re-oriented as a Staff Well-Being and Speak Up and Listen Committee.

UN Cares awareness materials were distributed to staff and their families. Three staff from Papua New Guinea attended the Regional Workshop on Emergency Preparedness. The office has in place male and female peer support volunteers and staff trained on use of the post-exposure prophylaxis kits. The budget allocated for human resources development was used for security training for female staff, and for the domestic violence half-day orientation, which provided staff with multiple referral options. Several information sharing/trainings were also organized on E-ZHACT for all staff by those who attended the regional office’s training. The office management prioritized assistance to staff affected by obligatory rotation or abolished
posts. Face-to-face meetings were arranged for each affected staff with the head of office, supervisors and staff association, and guidance was provided on job searching and career counselling.

Effective use of information and communication technology

U-Report Papua New Guinea was revived in November, giving young people the opportunity to speak out on development issues and support child rights. During relaunch on World Children’s Day, 26 U-Reporter Ambassadors from 15 provinces were registered and a cumulative total of 1,862 U-Reporters subscribed in 2017. UNICEF Papua New Guinea supported a World AIDS Day poll for young people’s views on sexual, reproductive health and HIV services attaining a 95 per cent response rate from U-Reporters.

RapidPro supported and addressed challenges around severe acute malnutrition, neonatal health and juvenile justice in line with UNICEF Papua New Guinea goals. An SMS task-based nutrition mentoring programme for health workers tackling severe acute malnutrition was piloted among a cohort of 21 from Chimbu Province. Health workers received weekly task-based SMS learning activities, with a 100 percent response rate. An SMS messaging platform for parents using a new hypothermia alert device, with the aim to promote kangaroo mother care and breastfeeding, was also developed. The platform is being pilot-tested at the Port Moresby General Hospital. The ongoing Juvenile Justice RapidPro project, collecting data on juveniles from justice institutions, was reviewed reflecting the data needs of the Department of the Attorney General and UNICEF.

Office automation tools were utilized, deploying mobile phones and portable laptops to staff. Staff are now able to communicate with, collaborate with, and reach implementing partners and colleagues anywhere, anytime using Vision, Outlook, SharePoint and phone calls. The move increased the volume of interaction, positively impacting programme performance.

Staff are able to receive United Nations Department of Safety and Security updates by emails and text messages on mobile phones. Server upgrades on the network shared drive increased performance in speed and storage space for timely collaboration.

Deployment of office equipment with capacity to save paper through back-to-back printing and copying and use of scanning to go paperless is reducing the office’s footprint.

Programme components from RAM

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
The overall progress of this outcome couldn’t be assessed due to lack of outcome-level data with absence of any relevant source. Out of seven total indicators, partial coverage data were available on only one indicator (measles coverage) from the National Department of Health Statistical Performance Annual Report 2017. With UNICEF’s focused support in 11 provinces, there had been further increase in reaching children with EENC and treatment of severe acute malnutrition. More newborns, 118,000 (82 per cent), were reached in 2017 (as of October) with
EENC services compared with 82,000 (58 percent) in 2016. The Case Fatality Rate of severe acute malnutrition among hospitalized children in four provincial hospitals fell steadily, on an average from 16 percent in 2016 to 10 percent in 2017. As of October 2017, a total of 1,246 children with severe acute malnutrition were treated in four of six targeted provinces that have established a severe acute malnutrition management reporting system. Of these treated children, 539 children were discharged from the programme and the majority, 65 per cent (349) of them, were fully cured. The third dose of pentavalent coverage declined from 54 percent in 2015 to 44 percent in 2016, while measles coverage declined from 39.2 percent in 2015 to 36.4 percent in 2016.

UNICEF extended its support to increase the coverage of child survival and development interventions addressing the key health systems bottlenecks. The bottleneck analysis tools and approaches had been improved through a field testing in Sogeri Health Centre in July 2017. The tools are now designed for an integrated package of immunization, nutrition, maternal, newborn and child health and HIV and AIDS interventions. There has been good progress in further strengthening of cold chain facilities with distribution and installation of 282 units of vaccine fridges including Solar Disk Drive, and completion of cold chain training in 10 provinces. UNICEF supported the implementation of tetanus toxoid supplementary immunization activities in two high-risks provinces (Hela and Madang) in 2017 integrated with measles and rubella. The campaign was delayed due to the general election in both provinces that has just been completed and the reporting on coverage is still ongoing.

The key focus of UNICEF’s support to EENC in 2017 was to identify and develop a core team of mentors to work with hospitals and health facilities, introduce community-based EENC in one province and to conduct implementation research on improved hypothermia management through introducing a hypothermia alert device. UNICEF, in collaboration with the National Department of Health, the Paediatrics Society of Papua New Guinea, the University of Papua New Guinea and the University of Goroka, is implementing the research. The overall objective of the study is to understand and validate the relevance, feasibility, effectiveness and scalability of applying the device among rural and urban high-risk newborns in Papua New Guinea to reduce hypothermia and related complications. The early findings of the research are very encouraging, with 97 per cent sensitivity and 93 per cent specificity to accurately detect hypothermia with its alerting mechanism. The device is also triggering behavioural changes, facilitating decision making and encouraging improved newborn care practices. The research is scheduled to be completed early next year and an independent third-party evaluation is planned afterward.

Capitalizing on the momentum of in-country roll-out of the SUN movement, there has been good progress in the upstream policy and strategy development, including the costed nutrition Strategic Action Plan (2018–2022 with common results framework. The draft costed Strategic Action Plan was validated at an in-country workshop and further discussed at the SUN Global Gathering at Abidjan that was attended by Papua New Guinea delegates comprised of the Government, the United Nations and NGOs. A joint WASH–nutrition theory of change workshop was held in May that developed a roadmap of introducing and implementing a multi-sectoral integrated WASH–nutrition programme. UNICEF’s continued advocacy helped to secure budget reallocations to the nutrition programme, with US$1 million for procuring the essential nutrients including therapeutic food for 2017 as well as for the next five years. In addition to 15 provincial hospitals, UNICEF continued to strengthen capacity development in the detection and treatment of severe acute malnutrition in 145 health facilities in six targeted provinces (Autonomous Region of Bougainville, Enga, Madang, Morobe, NCD and Simbu). A community-based nutrition intervention (vitamin A supplementation, deworming and mid-upper arm circumference
screening) has been piloted in one province (Autonomous Region of Bougainville), including formation of a grass-roots mother support group to promote infant and young child feeding practices.

The challenges of delivering child survival and development interventions in Papua New Guinea were further deepened with the 2017 general election campaign, post-election violence and an official notification from the National Department of Health to put-on-hold training, workshops and programme meetings during the election. The delayed funds flow due to the ongoing economic downturn of the country, which interrupted the timely channelling of the Health Functional Grant by the central government to the provincial government, had been a critical bottleneck to reach the population with critical life-saving child survival interventions. The poor fund flow also hampered the distribution and availability of essential health commodities, particularly cold chain equipment, nutrients, essential maternal, newborn and child health medicines, and hospital equipment. The general election and post-election violence severely impacted the implementation of immunization outreach that can reach almost 60 per cent of target children in vast rural Papua New Guinea. Following the 2017 year-end review held on 6–7 November, the key strategic and programme priorities for 2018 and 2019 under the new country programme 2018–2022 were identified. Promoting systems approach and equity-focused programming; longer-term institutional capacity building; expanding partnerships with professional societies and academic institutions; leveraging resources from private sectors; and improving monitoring and mentoring services are the key priorities to be supported through the Rolling Annual Workplan 2018–2019.

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 Volunteers/CBDs/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
Overall, this output’s achievements were delayed, with 6 out of 10 indicators rated as ‘constraint’. However, the key achievements in 2017 were the development of a national costed cold chain expansion and rehabilitation plan, distribution of 282 units of cold chain equipment funded by DFAT to all 22 provinces, development of the Cold Chain Equipment Optimization Platform application submitted to Gavi, completion of tetanus toxoid supplementary immunization activities in two high-risk provinces (Hela and Madang) and a Bottleneck Analysis to support an equity-focused programme in three provinces (Hela, Madang and Western).

In collaboration with WHO, DFAT and Gavi, and based on the Effective Vaccine Management Assessment conducted in 2016 and the nationwide cold chain inventory updated in early 2017, UNICEF developed the costed national Cold Chain Expansion and Rehabilitation Plan (2018–2020 and the application for the Gavi Cold Chain Equipment Optimization Platform that was rated by the Gavi Independent Review Committee as one of the best proposals to support the implementation of the Rehabilitation Plan 2018–2020. Training of provincial and district cold chain focal points has been completed for 10 provinces, and training for the remaining 12 provinces is ongoing. UNICEF provided financial and technical support to implement tetanus toxoid supplementary immunization activities in two high-risk provinces (Hela and Madang) in
2017 integrated with measles and rubella and vitamin A supplementation. However, due to the slow release of funds, the campaign for the general elections, and post-election violence, the implementation of the activities was delayed in both provinces and has just been completed. The reporting of tetanus toxoid supplementary immunization activities coverage is still ongoing. Support to equity-focused programming was provided to three out of the four planned provinces with completion of the bottleneck analysis in Hela, Madang and Western provinces to advocate with the National Department of Health and provincial health authorities for the integration of equity-focused programme planning and implementation as part of the provincial Annual Implementation Plan.

The integrated community case management was integrated into other similar approaches of community-based health interventions, including community-based management of severe acute malnutrition and community newborn care. UNICEF supported through the National Department of Health on integrated management of childhood illness pre-service education training for all 31 institutes (midwifery schools, nursing schools and medical and health sciences faculties of the universities) to conduct such training to integrate it into the pre-service education curriculum of medical and nursing studies.

The major challenges for immunization and the Integrated management of childhood illness programme towards achieving its expected results have been lack of immunization outreach, non-functional cold chain facilities, non-availability and/or delayed release of health functional grants to meet operational costs, shortage of human resources at all levels (national, provincial and health facilities) and continued low capacity of the staff. UNICEF will continue to provide technical assistance to the National Department of Health to increase immunization coverage targeting the most vulnerable provinces with the highest number of unimmunized children. UNICEF will support the National Department of Health to promote a sustainable approach of capacity building on integrated management of childhood illness and child health programmes through institutionalizing the integrated management and child health training into the pre-service education curriculum of medical and nursing institutes.

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

**Analytical statement of progress**

Four out of six indicators (two on policy development and one each on Emergency obstetric and. neonatal care and EENC) have been fully achieved; however, there were constraints in achieving two indicators (on Maternal Death Surveillance Review) due to enabling environment and supply related bottlenecks.

There has been steady expansion and improvement of EENC services in 11 targeted provinces. With 280 staff trained in 2017, there are a cumulative total of 959 EENC trained staff available – at least one at each health facility and four at all provincial hospitals covering all 231 health facilities. As of September 2017, skin-to-skin care was provided to 81 per cent and early initiation of breastfeeding to 82 per cent of 57,600 targeted newborns, and 289 babies were resuscitated. The community-based newborn care programme in Henganofi district in partnership with a local NGO (Touching the Untouchable), reached a total of 1,147 mothers with
antenatal care visits and conducted 530 supervised deliveries that resulted in antenatal care increasing from 28 per cent to 73 per cent and supervised deliveries from 32 per cent to 69 per cent in the district.

UNICEF supported staff training, provided equipment and supplies, conducted supportive supervision and mentoring, and enhanced knowledge and management on hypothermia management. Six provinces (Central, Eastern, Jiwaka, Madang, NCD and Western Highland) have been producing and sharing the monthly report to the National Department of Health. The health staff from another five provinces, yet to begin reporting, have been trained on monthly reporting. With UNICEF’s support, Touching the Untouchable trained 146 village health volunteers. The volunteers conducted 144 community meetings and 571 home visits, and provided post-natal care to 155 mothers and their newborns, and counselled on kangaroo mother care, early initiation of breastfeeding, thermal care and newborn danger signs. With the objective of reducing neonatal morbidity and mortality, UNICEF, in partnership with the National Department of Health and other stakeholders, started an implementation research on improved hypothermia management using a hypothermia alerting device. The early findings of the research are encouraging, with its reliability of 97 per cent sensitivity and 93 per cent specificity to accurately detect the hypothermia.

All 22 provincial maternal death review committees have been constituted, members trained and death reporting established in hospitals. There is improved collaboration between obstetricians and paediatricians in hospitals, as well as between provincial health authorities, health facility staff and communities. Linkages with the non-health sectors have strengthened, enabling timely identification of causes of maternal death. Four provinces are regularly conducting and reporting maternal death audit. A UNICEF-supported study of 12 maternal deaths showed that the commonest cause of deaths is ‘second delay’.

Poor reporting and lack of quality mentors and resources are the major bottlenecks to improve the quality of EENC services. UNICEF is supporting National Department of Health in incorporating the EENC indicators in the National Health Insurance Scheme to strengthen the timely and quality reporting system and expanding its partnership with academic institutions and professional societies to increase the pool of quality mentors. In 2018, focus will be on improving hypothermia management, strengthening the reporting system, and mentoring and regular review of the EENC programme.

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

Analytical statement of progress:
UNICEF provided technical and financial support to the undertaking of a bottleneck analysis in three provinces (Autonomous Region of Bougainville, NCD and Simbu), which provided input for the design of infant and young child feeding nutrition interventions and the training of 117 (93 females) health workers that closed gaps in the service. Furthermore, the Autonomous Region of Bougainville was supported to fully adopt UNICEF’s community-based infant and young child feeding training package and to form 10 community mother-to-mother support groups to promote infant and young child feeding at the community level. To further strengthen capacity, four government staff were supported to participate in a global breastfeeding training in Malaysia that had the ripple effect of revising infant and young child feeding content in the curriculum of all five public universities. To further strengthen breastfeeding, the review of the 1977 baby feeds and supplies act, which started in 2016, was finalized. The revised act is now ready for submission for the ‘certificate of necessity’ to the State Solicitor, who will give it to the
Legislative Council and the National Executive Council for approval to table in Parliament for consideration as a law.

Key micronutrient programming was strengthened. To ensure increased coverage of vitamin A supplementation and deworming in three provinces (Autonomous Region of Bougainville, Simbu and West Sepik), vitamin A and Albendazole were procured. In the Autonomous Region of Bougainville, a network of existing village health volunteers was boosted through training and equipping with education materials to reach children with vitamin A supplementation and deworming. To ensure continuity in 2018, UNICEF has successfully applied for Papua New Guinea to receive additional vitamin A to meet requirements across the country. UNICEF provided technical support to improve the routine Health Information Systems with revision of data collection forms to capture vitamin A supplementation for children aged 6–59 months – and improvement over the previous practice of capturing supplementation for children only 6–11 months old. Furthermore, UNICEF funded the piloting of the revised tools in Central and Morobe provinces. The immunization tally sheet and schedule and the child health record books were also updated to incorporate the same indicators.

UNICEF funded two research studies which provided evidence on low consumption of iodized salt in Karimui-Nomane and Sina Yonggomugl districts, leading to significant delay in growth. UNICEF successfully sought funding for iodine supplementation and continues to look for a lasting solution for an alternative food vehicle for iodine. The second study took samples from all the five food import ports of the country and found that a significant proportion of rice imported into Papua New Guinea is not fortified with iron at all or fortified through non-wash resistant technology. UNICEF is already pursuing alternative food vehicles for iron supplementation.

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

Analytical statement of progress:
Papua New Guinea has an estimated 1,504,123 children under 5 years old, with nearly 15 per cent (Household Income and Expenditure Survey, 2009/2010) wasted. This output aimed to reduce child deaths associated with severe wasting. In partnership with the National Department of Health, UNICEF supported in-patient treatment of cases of severe acute malnutrition in six target provinces (Autonomous Region of Bougainville, Enga, Morobe, Madang, NCD and Simbu). Later, UNICEF provided additional support to services at peripheral-level health-care points for severe acute malnutrition outpatient cases. Consequently, four of six targeted provincial hospitals (Buka, Kimbe, Kundiawa, Kimbe and Port Moresby) have steadily reduced case fatality rates of severe acute malnutrition, from 21 per cent in 2014 to 10 per cent in 2017. For the period, January–October 2017, a total of 1,246 children with severe acute malnutrition were treated as outpatients through the new approach in the four of six targeted provinces, and they are already capturing data and reporting. Of these treated children, 539 children were discharged from the programme and a majority, 65 per cent (349) of them were fully cured. However, 32 per cent defaulted, 2 per cent died and 1 per cent did not respond to treatment.

During 2017, UNICEF supported the revision/extension of the standard protocol and other job aids used for severe acute malnutrition in-patients to cover the care of outpatient cases, on top of in-patients for the previous year. Similar content was updated for the national paediatric
treatment pocket booklet and the medical curriculum of pre-service training. UNICEF also supported on-job mentorship and coaching for all six targeted provinces. Furthermore, UNICEF continued supporting capacity building of health workers to ensure provision of appropriate care for severe acute malnutrition cases. Some 220 health workers (including 154 females) were trained in 2017, leading to a cumulative total of 934 health workers since the launch of the programme, with a total of 546 (58 per cent) females. The health workers provide services in both rural and urban settings and they are all able to diagnose and treat cases of severe acute malnutrition.

In 2017, UNICEF supported the National Department of Health with the procurement of a variety of child weighing, length and height measuring equipment and children’s mid-upper arm circumference tapes for six targeted provinces. In addition, UNICEF procured back-up supplies of therapeutic feeds that can cover 5,000 children for 365 days.

During 2017, UNICEF’s persistent advocacy for a government-owned severe acute malnutrition indicators reporting system within the National Health Management Information System proved fruitful when severe acute malnutrition indicators were incorporated.

UNICEF provided technical support during the production of Papua New Guinea’s maiden National Nutrition Strategic Action Plan (2018–2022) which has enabled the Government and partners to define a strategic scale-up path for 2018–2022, with a clear coordination plan that will lead to reaching all children in need of treatment for malnutrition.

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
The Tuition Fee Free education policy whose implementation started in 2012, covered all schools from elementary to Grade 12, including students in Technical Vocational Education and Training, Flexible Open and Distance Education and inclusive education services provided through Special Education Recourse Centres by 2017.

In partnership with faith-based and civil society organizations, UNICEF supported training of 150 teachers at the early learning centres in screening children who have any disabilities or developmental delays, and the teachers can provide referral pathways in four provinces. UNICEF supported government to produce a national report on out of school children in Papua New Guinea in line with the related profile that was produced in 2016.

The National Out-of-School Children initiative report informs on those who are out of school and at risk of dropping out. It shows that approximately 27 per cent of the 6 to 16-year-olds are out of school. The report reveals that just 16.2 per cent (male 15.9 per cent and female 16.5 per cent) of the students in primary schools are of the right age. Enrolment of over-age children is an issue in all grades, leading to a gross enrolment ratio more than 172 per cent in primary schools.

In partnership with the Government, UNICEF headquarters and the UNICEF East Asia and the Pacific Regional Office undertook a girls’ education review in Papua New Guinea. The review provided information for mapping areas of convergence where other UNICEF sections work impacts positively on adolescent girls and in identifying partners and potential strategies for
enhancing adolescent girls’ education in Papua New Guinea. The output from this work provided input for the 2018–2022 Country Programme Document.

With support from UNICEF Papua New Guinea, the national curriculum on elementary education incorporated aspects of values, peace education, and hygiene, to support quality education and reduce school-related gender-based violence at the primary level. Some 350 teachers are skilled and mobilized to implement child-friendly schools in elementary and primary schools. The National Department of Education in Papua New Guinea has adopted a National Quality School Standard Framework to implement and monitor quality learning. The National Department of Education, with the support of UNICEF, finalized the National Quality School Standard Framework, integrating child-friendly school elements.

UNICEF continues to support scaling up of inclusive ECD. UNICEF’s support enabled 5,000 children between 3 -5 years old, from rural and remote areas to attend ECD centres. In total, 10,000 children have accessed early childhood education under the current Country Programme. The Autonomous Region of Bougainville (one out of 22 provinces) has already included early childhood education in their Education Act. The multi-sector ECD committee was revived in 2017. The Departments of Community Development and Religion, Education and Planning and monitoring have demarcated their roles and responsibilities in the area of ECD.

UNICEF, on behalf of the education development partner’s committee, commissioned an appraisal of the National Education Plan (2015-19), one of the requirements of the Global Partnership for Education to access the grant of US$7.02 million allocated to Papua New Guinea. The appraisal has been completed and there are additional actions required in 2018 before Papua New Guinea can access the grant.

UNICEF support has strengthened the WASH Programme Management Unit of the National Department of Education to improve programme implementation and provide guidance in the areas of sector leadership and coordination, sector strategy development and planning, capacity development, mapping of schools with and without WASH facilities, service delivery monitoring and in piloting of service delivery arrangement including WASH in emergencies.

UNICEF continued to support South-South cooperation by funding a high-level delegation led by the Minister of Education to participate in the conference on Pacific Action for Early Childhood in Fiji; with 15 Pacific countries participating. The ministers at the conference pledged to the Pacific Call to Action. One of the key action items was allocation of funds from the governments of the 15 Pacific countries for ECD programmes. Another group of provincial and national officers from education, the office of National Disaster Coordination and Climate Change Authority were supported to participate in a workshop for Pacific countries in Bangkok. Participants learned to integrate the regional curriculum module into the country context in programmes and curricula, to reduce conflicts and disasters at school and community levels. The learning will also benefit other members of the Education cluster, of which UNICEF is a co-chair with the National Department of Education.

UNICEF continues its close partnership with Save the Children on ECD and disaster risk reduction, and with NGOs such as the Child Fund on school-related gender-based violence and respectful relationship and with World Vision on safe school initiatives.

DFAT’s consortium approach to funding has brought in many international NGOs into the education sector, which is likely to impact positively on early grade reading. UNICEF’s early childhood development work in 2018 will complement early grade reading.
OUTPUT 1 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
Out of nine indicators, five (relating to school management committees in primary and secondary schools assisting with school development plans; schools with school development plans addressing equity issues; schools meeting minimum child-friendly school standards; education in emergencies focal points at national and sub-national levels trained on comprehensive school safety; and training of provincial officers on gender mainstreaming) were fully achieved and four indicators (relating to education sector policy and plan addressing school-related gender-based violence; schools developing and implementing disaster risk reduction planning; replenishment of non-food items; and integrating disaster risk reduction in school curricula and in lesson plans) were partially achieved due to the various barriers and bottlenecks in the enabling environment, supply and quality domains mentioned below.

UNICEF’s partnership with faith-based organizations and civil society organizations resulted in strengthened gender-responsive School Learning and Implementation Plans that contributed to removing barriers to student learning and increased the value that parents place on education for girls and children with disabilities. The in-service teacher training and orientation of 350 teachers and 156 Board of Management members of elementary and primary schools, in two provinces, resulted in efforts being made to make school environments conducive to learning for 14,000 students. They are working together to improve classroom teaching and learning practices, including setting up participatory classrooms, establishing playgrounds for young children, and also looking into provision for safe drinking water and gender-sensitive toilets for girls and boys, suitable for menstrual hygiene management, with the aim of supporting girls’ retention and completion in schools.

The National Quality School Standards Framework, drafted with technical assistance from DFAT and finalized with UNICEF support in 2017, has integrated child-friendly school elements under the four main strands of: quality school leadership, positive school environment, effective school management and quality learning outcomes.

Respectful relationships among boys and girls in schools of the Autonomous Region of Bougainville have been promoted through partnership with civil society organizations. The post-conflict Autonomous Region of Bougainville has, through its Autonomous Government, in its Bougainville Plan for Education integrated the concept of respectful relationships. Under this partnership, a total of 2,560 children, (1,223 boys and 1,337 girls) in Grades 6–8 from 35 schools, are aware of gender roles and respectful relationships, resulting in teachers reporting a decrease in student behaviour issues in class as students strive to be assertive as opposed to passive or aggressive as a result of covering such topics through the programme. Students are also aware of the referral pathways available to them and the importance of seeking support where necessary and required. Students also have a greater understanding of gender equity and respectful relationships. About 13,300 children have indirectly acquired similar skills from this programme through their peers and 98 trained teachers.

In addition, 103 teachers in 60 schools have included climate change awareness and disaster risk reduction in their lesson plans, resulting in 3,600 students being sensitized and engaging in developing disaster response plans for their schools.
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 achievement of this outcome has been constrained, as both outcome indicators rated as ‘constraint’. According to a 2017 report from the United Nations Joint Programme on HIV/AIDS, the HIV prevalence in 2016 among the adult population in Papua New Guinea was estimated at 0.89 per cent, which is an increase from 0.8 per cent in 2015. The National Department of Health, based on hospital antenatal care data, reported that the prevalence of HIV among pregnant women fell from 1.57 per cent in 2014 to 1.0 per cent in 2015, but again increased to 1.26 per cent in 2016.

There has been significant expansion of evidence-based HIV care and treatment interventions including prevention of parent-to-child transmission (PPTCT) and paediatric HIV care and treatment with the use of anti-retrovirals. About 67 per cent (450 out of 672) of health facilities providing antenatal care services have integrated HIV and syphilis testing for pregnant women and their spouses; this is an increase from 250 health facilities in 2011. However, little progress was made in increasing access to services for PPTCT, infant HIV testing and antiretroviral treatment. As of now, only 84 (12.5 percent) out of a total 672 health facilities providing antenatal care services have the provisions of PPTCT services with antiretroviral therapy, 53 health facilities provide early infant HIV testing and only 34 health facilities provide antiretroviral therapy for children. With the availability of rapid syphilis test kits, the majority of health facilities, including the remote underserved facilities, provide syphilis testing. There are challenges, however, in coordination and distribution of the testing kits to ensure they reach up to the remotest health facilities. Papua New Guinea adopted option B+ for HIV-positive pregnant women earlier than many countries in Asia and the Pacific and has completely phased out less efficacious antiretroviral regimens for PPTCT.

As per the National Department of Health Annual Statistical Report 2017, there is a declining trend of antiretroviral therapy coverage among pregnant women. In 2016, only 32.6 per cent of HIV-positive pregnant women received antiretroviral drugs for PPTCT, a decline from 33.22 per cent reported in 2015 and 55.26 percent in 2014. Many children are lost to follow-up and not linked to HIV treatment services partly due to long turn-around times for sending results from the referral laboratory to the requesting health facilities. The majority of children living with HIV do not receive antiretroviral therapy. Only 36 per cent of children living with HIV received antiretroviral therapy in 2015, showing no increase from 2014. This is partly due to limited access to paediatric antiretroviral therapy, the limited number of people trained and the low confidence of health workers in treating children. As a result of mentoring, many health facilities have started providing HIV testing among children.

In 2017, UNICEF’s support was focused to improve coordination between maternal, newborn and child health and HIV/AIDS programmes of the National Department of Health by hiring a National PPTCT Coordinator placed in the maternal and child health section of the National Department of Health to ensure that the PPTCT interventions are mainstreamed into the maternal, newborn and child health programme. UNICEF also supported the implementation of the mentoring and supervision of health facility staff in five high burden provinces (Eastern Highlands, Jiwaka, NCD, Simbu and Western Highlands). Fourteen out of 22 provinces were supervised at least once with support from UNICEF Papua New Guinea. Health-related HIV strategic information has been strengthened. UNICEF, in partnership with WHO and FHI360,
supported the National Department of Health to strengthen the HIV monitoring and reporting system in 21 provinces (except Gulf Province) through training of health workers and provincial monitoring and evaluation focal points. Sixteen 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. However, the coverage of testing among pregnant women decreased from 49 percent in 2016 to 30 percent in 2017 in five UNICEF focus provinces, which is still much higher than the national average (21 per cent), mainly due to the non-availability of HIV diagnostic kits and suspension of programme activities due to election and post-election violence.

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 in limiting efforts to maintain the momentum in scaling up HIV prevention and treatment services to universal coverage. While the Government has reduced funding to the health sector, with significant reductions in 2016 and 2017, the Global Fund also reduced their funding by 62 per cent in their final round of support prior to transitioning by December 2020.

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. The Men Taking Action project, implemented in eight provinces in partnership with the Catholic church, Government of Australia and UNICEF Papua New Guinea 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**

Five out of seven indicators have been fully achieved; however, there were constraints in achieving two indicators (due to supply and quality-related bottlenecks described under the ‘constraints section’.

Integration of PPTCT and paediatric HIV care into the maternal and child health programme has been strengthened and the capacity has been built to improve the monitoring system. Furthermore, quality of service delivery has been strengthened through on-job mentoring and supportive supervision. UNICEF supported the National Department of Health and provincial health authorities to conduct mentoring visits. To improve quality of service delivery, mentoring was conducted in 36 of 40 health facilities providing PPTCT and paediatric antiretroviral therapy services in five UNICEF focus provinces (Eastern Highlands, Jiwaka, NCD, Simbu and Western Highlands).

There has been significant expansion of HIV care and treatment interventions including PPTCT and the paediatric HIV care and treatment using anti-retrovirals. About 470 out of 672 (70 per cent) of health facilities providing antenatal care services have integrated HIV and syphilis...
testing for pregnant women and their spouses, which is a significant increase from 250 in 2011. As of now, only 84 (12.5 percent) out of total 672 health facilities providing antenatal care services have the provisions of PPTCT services with antiretroviral therapy, 53 (8 percent) health facilities provide early infant HIV testing and only 34 (5 per cent) health facilities provide antiretroviral therapy for children. In 2016, 8.2 per cent of spouses of pregnant women also tested for HIV and 43 percent of infants exposed to HIV tested within two months.

As of October 2017, a total of 24,227 (30 per cent) pregnant women who attended antenatal check-ups were tested for HIV in the five UNICEF focus provinces. This coverage is higher than the national average (21 per cent). Much progress remains to be achieved towards universal coverage. Although there was a positive trend in increasing access to PPTCT services, due to a shortage of HIV test kits and severe interruption in service delivery due to the general election and post-election violence, HIV testing among pregnant women in UNICEF focus provinces declined in 2017 (30 per cent) compared with 2016 (49 per cent). All 84 PPTCT sites are providing lifelong antiretroviral therapy. However, programme scale-up has slowed due to limited funding to support the roll-out of PPTCT.

UNICEF Papua New Guinea continued to support the Government to access quality and affordable HIV diagnostics and medicines. Fixed drug combinations of antiretroviral drugs were introduced to simplify capacity building and facilitate client adherence to treatment. To increase demand for PPTCT integrated into maternal and child health services, a pilot project for SMS messaging to create awareness and increase health-seeking behaviour is underway in five provinces. More than 2,500 subscribers are receiving the health and HIV education messages.

UNICEF supported capacity building to strengthen programme monitoring and availability of information through training and conducting joint monitoring to health facilities. UNICEF continued to support the National Department of Health to conduct onsite mentoring and supervision support to health workers to improve their competence and quality of paediatric antiretroviral 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
Out of four indicators selected for this outcome, achievements over the full country programme are as follows: one was fully achieved (capacity building of child protection officers), two were partially achieved (diversion of children in conflict with the law and the development of costed plan for child protection), and one was not achieved (birth registration) due to insufficient funding.

During the year, UNICEF continued playing a critical role in narrowing down inequities and addressing barriers to protecting children through improving normative and policy frameworks; strengthening institutional and human resource capacities and improving access to responsive protection services and addressing social norms and beliefs perpetuating child protection violations.

In 2017, the National Executive Council endorsed the first ever National Child Protection Policy (2017–2020) and Child Protection Regulation. The two legal instruments provide a roadmap for inclusive and coordinated government and civil society response to protection of children in
Papua New Guinea. The Office of Child and Family Services was established on the instruction of the National Executive to lead and coordinate the implementation of the Child Protection Act (2015) and National Child Protection Policy (2017–2022). UNICEF supported the Office of Child and Family Services to implement the Child Protection Act (2015) through secondment of one international technical expert; establishment of a child protection technical working group and training of 173 child protection/welfare officers.

During the year, UNICEF also supported review of two legislations – i.e., Adoption Act and Civil Registration Act – to be aligned with the Child Protection Act (2015). With technical and financial support from UNICEF, key regulatory frameworks required for the implementation of the Juvenile Justice Act (2014) and the Child Protection Act (2015) have also been developed for the justice sector agencies. The Office of Juvenile Justice Services finalized the Juvenile Justice Policy and Juvenile Justice Regulations.

UNICEF continued to strengthen the delivery of emergency medical care, psychosocial first aid and referral services for survivors of family and sexual violence, who are predominantly women and children; through training and mentoring of an essential number of critical health workers from 54 targeted health facilities in the Autonomous Region of Bougainville and Western Highlands Province. During the year, a total of 93 health workers were trained, bringing the total number of health workers trained in the region in the past two years to 157. This cooperation enhanced the capacity of health workers who serve a catchment population of 374,000 to provide care for survivors of family and sexual violence.

To address social norms and beliefs perpetuating child protection violations, UNICEF continued to support the End Violence against Children campaign, reaching 30,260 adults and children in four provinces. Furthermore, in partnership with the Department for Community Development, Catholic Archdioceses and the Australian Darwin University Menzies School of Health Research, UNICEF supported the development, implementation and institutionalization of the evidence-based parenting for child development programme. A study of the programme’s effectiveness in 10 communities was conducted, and the results indicated three statistically significant findings: reduction in parent reports of harsh parenting, including verbal abuse, corporal punishment, psychological control; improvement in family well-being, including both improvement in parent confidence and self-efficacy, and reports of children being better cared for; and reduction in reports of violence by spouses. To facilitate institutionalization of the parenting for child development programme, an advocacy forum was held with Catholic bishops from Papua New Guinea and the Solomon Islands hosted by the Catholic Bishop Conference. The Catholic Bishop Conference decided to integrate the Parenting for Child Development programme into their Family Life Education Programme. In 2018, UNICEF will continue to support the scale-up of the programme in 60 communities while at the same time advocating for government support and integration into provincial and district services improvement programs.

As a critical institution, providing the first line of justice recourse accessible to many people – including children – UNICEF partnered with the national village courts and Land Mediation Secretariat to target village courts to strengthen their capacity to create a child-friendly and gender-sensitive environment. To achieve this objective, a total of 20 District and Provincial Village Court Officers from Eastern Highlands, Simbu and Western Highlands provinces completed a Training of Trainers course on the new Module on Child Rights, Child Protection and Juvenile Justice for Village Court Officials that was developed in 2016. Following the training, the Provincial and District Village Court Officers trained 633 village court officials from all the 186 village court areas in Eastern and Western Highlands provinces serving an estimated population of 942,675 people.
OUTPUT 1 The National Office of Lukautim Pikinini and Provincial DFCD has the capacity to lead, roll out and monitor implementation of the Lukautim Pikinini Act at national and sub-national levels by 2017.

Analytical statement of progress
Over the course of the country programme, two of the four indicators (policy development and training of child protection officers) have been fully achieved and two (establishment of a child protection council and information management system) are constrained, principally due to enabling environment-related constraints. Papua New Guinea has made significant strides in improving the legal and policy framework for the protection of girls, boys and women. Over the past five years alone, the Government has enacted the Family Protection Act (2013); Juvenile Justice Act (2014); and Lukautim Pikinini (Child Protection) Act (2016); and endorsed the National Strategy to Prevent and Respond to Gender-Based Violence 2016–2025. A significant milestone was reached in 2017 with the National Executive Council endorsement of the first ever National Child Protection Policy (2017–2020), as well as regulation for implementation of the Child Protection Act. During the year, UNICEF also supported review of the Adoption Act and Civil Registration Act to bring them into alignment with the Child Protection Act (2015).

Despite this progress, Papua New Guinea’s child protection system still faces acute shortage of a trained child protection workforce. During 2017, financial resources remained insufficient to enable the realization of child protection policy objectives. Thus, the Office of Child and Family Services, the lead agency for child protection, remain constrained in its ability to lead, roll out and monitor the delivery of child protection services. However, for 2018, the Government has allocated US$950,000 to the Office of Child and Family Service to support the implementation of the Child Protection Act and child protection policy.

UNICEF supported the Office of Child and Family Services to implement the Child Protection Act and National Child Protection Policy through secondment of one international technical expert; supporting the establishment of a child protection technical working group; finalization of operational guidelines and core training manual for child protection; and training of 173 Child Protection/Welfare Officers. Following the training, the Child Protection Officers/Welfare Officers were given delegated power by the Chief Executive Officer of the Office of Child and Family Services to perform their duties as provided for in the Child Protection Act (2015).

The lack of reliable administrative data and a population-based surveillance system on child protection is a major challenge in Papua New Guinea because the systems for capturing and sharing administrative information are dysfunctional and costs for conducting population-based surveys are very high due to the country’s terrain and limited road network. Agreeing on a list of nationally agreed indicators has been a challenge; however, UNICEF has successfully worked with national partners and other United Nations agencies to ensure the integration of child protection SDG indicators in the national core set of indicators as part of the SDG localization process.

Furthermore, the Child Protection Act calls for the Director of the Child and Family Services Office to establish a child protection information system. Reporting on justice for children indicators is being strengthened through the development and deployment of Rapid Pro innovations to collect data from police, courts, prisons and village courts in partnership with the Department of Justice and the Attorney General.
Output 2: The Government, Family Support Centres 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
Over the course of the country programme, two of the four indicators (women and child survivors of violence accessing Family Support Centres, and health facilities with two health workers trained in emergency medical care of survivors) have been achieved, and two (adults in targeted communities who indicate that it is justified to physically punish children, and children in targeted communities who experience violent disciplinary practice) are constrained, principally due to ingrained socio-cultural beliefs that support corporal punishment of children.

Violence in Papua New Guinea is disproportionately experienced by women and children. UNICEF therefore supported preventive and responsive services to address the underlying causes of family and sexual violence and to strengthen support services for women and children as primary victims of violence.

To address social norms and beliefs perpetuating violence against children, UNICEF continued to support the End Violence against Children campaign through partnerships with the Catholic Archdiocese of Hagen, Kundiau and Madang; Haku Women Federation in the Autonomous Region of Bougainville; and the Oceania Football Confederation. These efforts reached a total of 30,260 parents/caretakers and children in four provinces. UNICEF also continued to support the development, implementation and institutionalization of the evidence-based Parenting for Child Development programme. Preliminary results of a feasibility study of the programme carried out in 10 communities indicated three key statistically significant findings: reduction in parent reports of harsh parenting, including verbal abuse, corporal punishment and psychological control; improvement in family well-being, including both in parent confidence and self-efficacy, and reports of children being cared for well; and reduction in reports of violence between spouses, thus creating a peaceful living environment for children. To facilitate institutionalization and scale-up of the parenting for child development programme beyond the four participating provinces, an advocacy forum was held with Catholic bishops from Papua New Guinea and the Solomon Islands, hosted by the Catholic Bishop Conference. The Catholic Bishop Conference has decided to institutionalize the parenting for child development programme as part of their family life education programme. In 2018, UNICEF will continue to support the implementation of the programme in an additional 60 communities in the four provinces, while at the same time advocating for government support and institutionalization of the programme to ensure scale-up to additional provinces.

In 2017, UNICEF, in partnership with the Government, continued to strengthen the delivery of emergency medical care, psychosocial first aid and referral services for survivors of family and sexual violence, through training and mentoring of a critical number of health workers from 54 targeted health facilities in the Autonomous Region of Bougainville and Western Highlands Province. During the year, a total of 93 health workers were trained, bringing the total number of health workers trained in these facilities in the past two years to 157. This cooperation has enhanced the skills of health workers, serving a catchment population of 374,000, to provide care for survivors of family and sexual violence. Support was also provided for training and capacity building of 44 caretakers from 10 safe houses providing shelter and interim care for women and child survivors of violence.
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
Over the course of the country programme, two indicators have been achieved (police stations with trained police; village courts with trained village court magistrates) and one indicator has been partially achieved (district courts with trained magistrates).

Access to legal remedies for children in contact with the law advanced significantly, through UNICEF’s technical and financial support to capacity building of justice sector agencies. Regulatory frameworks required for implementation of the Juvenile Justice Act and Lukautim Pikinini Act have been developed for justice sector agencies following cross-sectoral stakeholder consultations. In 2017, the Juvenile Justice Policy was finalized and approved by the National Juvenile Justice Committee, and is awaiting signing by the Justice Minister. The Juvenile Justice Regulations was also finalized and are being prepared by the State Solicitor's Office for submission to the National Executive Council for endorsement. Furthermore, key operational protocols were developed by respective justice agencies: Operational Instructions for Juvenile Justice Officers; Court Rules on the Lukautim Pikinini Act by Magisterial Services; and Police Juvenile Justice Protocols and Child Protection Protocols by the Royal Papua New Guinea Constabulary.

Capacities of front-line workers were strengthened in 2017, with: 20 police officers from the Autonomous Region of Bougainville equipped with knowledge of the Lukautim Pikinini Act and skills in treatment of child victims and witnesses; 19 juvenile justice officers from various provinces equipped with knowledge of the Juvenile Justice Act and skills in report writing and working with juveniles; and 20 Provincial Juvenile Justice Committee representatives from Eastern Highlands, Simbu, Southern Highlands and Western Highlands equipped with knowledge of juvenile justice reforms and skills to effectively plan, coordinate and report on juvenile justice services. Support for the renovation and refurbishment of the NCD Police Juvenile Justice Reception Centre and the Mt. Hagen police female and juvenile quarters also enhanced police capacity to deliver child-friendly services for juveniles.

As a critical institution providing the first line of justice recourse accessible to people, village courts remained a crucial target of UNICEF support in 2017. A baseline assessment of knowledge, attitudes and practices of village court officials, and community perceptions of village courts was completed in Eastern Highlands, Simbu and Western Highlands to gauge the capacities of the officials to effectively dispense justice for women, children and vulnerable persons. As a follow-up, 20 District/Provincial Village Court Officers from these provinces completed a training-of-trainers course on the new Module on Child Rights, Child Protection and Juvenile Justice, developed in 2016. Thereafter, they trained 633 village court officials from 186 village court areas in Eastern and Western Highlands, serving an estimated population of 942,675 people, thereby producing a ripple effect of a child- and gender-sensitive justice system in the communities.

A new partnership with Salvation Army (Salvos) strengthened juvenile and child victim support services in NCD and Central Province. More than 90 child victims and juveniles benefited from assistance of Salvos volunteers in 2017. A training manual was also developed for new volunteers to be trained and authorized by the Department of Justice and Attorney General (DJAG) to assist children-in-contact with the justice system.
UNICEF is strengthening data collection on juvenile justice indicators, as highlighted in the outcome statement.

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

Analytical statement of progress
Two out of three indicators (health services delivery point providing birth registration services and birth registration focal points trained) were achieved and one indicator (memorandum of understanding between the National Department of Health and the Civil Registration Office was not achieved. Lack of government investment in birth registration, as well as a highly centralized civil registration system, remain critical barriers to Papua New Guinea children accessing birth registration services. The Government has started the process of decentralization of the civil registration system, but the process is stalled due to shortage of funding.

Although birth registration in Papua New Guinea is free, it is estimated that 97 per cent of children do not have a birth certificate and 90 per cent are not registered at all. In order to strengthen institutional capacity for birth registration, UNICEF is supporting national efforts to enhance the legal framework for civil registration, establish a national coordination mechanism and the testing of a decentralized health, education and church facility-based birth registration system.

During the year, UNICEF supported the training of 144 teachers from 32 schools and 24 health workers from eight health centres in Kairuku District as part of a modelling of decentralized birth registration system. The trained teachers and health workers have registered a total of 9,300 children. Furthermore, with UNICEF support, a National Civil Registration and Vital Statistics Coordination Committee was established. Support was also provided to the Constitutional and Law Reform Commission for the review of the Civil Registration Act, which will continue in 2018.

OUTCOME 5 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
The Office agreed on seven management priorities for improved performance in 2017. Office priorities included: new country programme development; harmonized approach to cash transfers; alignment with Global Shared Services Centre workflows; country management team; audit preparation; fundraising and enterprise risk management.

Financial key performance indicators are reviewed weekly at section chiefs meetings. Performance on direct cash transfers has been affected by two impaired transfers impacting this indicator on the Performance Scorecard. Fraud and misuse of funds is rated as a high risk in the risk and control self-assessment (RCSA); however, due to difficulties of access and security, progress on financial assurance activities is constrained. A contract was issued in the fourth quarter of 2017 for a service provider to complete minimum required spot-checks.

Major cost savings estimated at US$100,000 were achieved through an office premises move which took place in October 2017. The monetary savings do not capture the positive impact of
the office move on staff morale and its anticipated flow on effect on productivity. The office move achieved a major improvement in the working environment for staff. The former premises were cramped, overcrowded and not conducive to workplace efficiency. The Country Office is striving for further cost savings through identifying among other United Nations agencies a co-tenant for approximately 25 per cent of the new premises.

The Papua New Guinea Country Office Risk Profile was developed, including relevant mitigating actions. The risk profile identifies four high-risk areas, seven medium-risk areas and one low-risk area. High-risk areas are: fraud and misuse of resources, results-based management and reporting, human resources and natural and manmade hazards. Multiple vacancies and changes in senior staffing during 2017 impacted the extent to which risks have been able to be effectively mitigated. The development of the Country Programme Management Plan for the new Country Programme 2018–2022 was a good opportunity to address some of the internal contributing factors to high-risk areas, chiefly with adjustments to the staffing structure, particularly in Operations.

Total local procurement carried out by UNICEF Papua New Guinea during 2017 was valued at US$1.512 million. Of this, programme supplies comprised US$82,889, and procurement of services totalled US$783,907. Total programme supplies, including procurement services, delivered to Papua New Guinea totalled US$5,325,195, of which US$3,164,306 were procurement services, and US$1,389,186 were GAVI supplies. The remainder were programme supplies channelled through UNICEF programmes, totalling US$771,704.

The Papua New Guinea Country Office utilized US$58,000 from CIF (security fund) for 2017 to install CCTV and card-based access door systems in the new office premises. Procurement of three new satellite phones is in process at the time of writing. The United Nations Papua New Guinea security common budget covered many important trainings during 2017, such as defensive driving (four out of five UNICEF drivers received this training in April 2017), first aid training (two UNICEF drivers attended) and several colleagues had SSAFE two-day training.

The Harmonized Approach to Cash Transfers Quality Assurance Plan was developed and covered a number of spot-checks, micro-assessments programme visits and audit action plans attended to. The targets were not met by the end of the year, with only 38 per cent of planned spot-checks conducted (13 out of 34 minimum).

**OUTPUT 1** Staff costs

**Analytical statement of progress**

UNICEF Papua New Guinea has several appropriately constituted governance committees. All committee members are conversant with the terms of reference of the committees they are part of and are equipped to effectively deliver on their mandates. The governance committees included the Country Management Team; the Contract Review Committee; the Property Survey Board; the Central Review Body; the Programme Cooperation Agreement (PCA) Review Committee; the Joint Consultative Committee; the Learning and Development Team; the Programme Coordination Committee; and, the Local GS Job Classification Panel, among others. The Contract Review Committee and PCA Review Committee meet weekly, while the Programme Coordination Committee, Joint Consultative Committee and Country Management Team met monthly most of the time, and the remaining committees met quarterly or as required.

The Country Management Team, Programme Coordination Committee and Joint Consultative
Committee met on a monthly basis. Management indicators, including the status of direct cash transfers liquidations; inventory movement; funds utilization; funding situation and donor reporting were presented and discussed during all Country Management Team and Programme Coordination Committee meetings to enhance adherence to globally set direct cash transfer liquidation and donor reporting thresholds/standards. This resulted in enhanced monitoring and assurance in the achievement of the key priorities established in the workplans.

All payment processes were streamlined to ensure alignment of internal workflows to the Global Shared Services Centre.

New risks were identified and the enterprise risk management table updated and entered into InSight. Internal controls were strengthened through the updating of five standard operating procedures: PCA and SSFA; supplies and equipment procurement; engagement of individual consultants and contractors; cash transfers to partners; and engagement of institutional contract.

In addition, the Country Office has various task forces that include the task forces for gender, ethics and security. The Country Office holds monthly meetings for all staff and weekly sections meetings. Furthermore, staff were given learning/development opportunities through participation in local courses or workshops organization by the regional office. In addition, staff concerns were discussed during section and staff meetings.

OUTPUT 2 Human capacity

Analytical statement of progress
A human capacity needs and staff mix profile was designed by the Regional Human Resources Chief; this was shared as input for the design of the new country programme. All staff were encouraged to communicate with their supervisors and complete their performance evaluation reports through E-PAS. The 2017 Global Staff Survey revealed multiple keenly felt issues which are in the initial stages of being actioned. A task force committee has been setup under the staff association to look into the issues arising and to develop an action plan. A terms of reference has been developed and advertised for a human resources consultant to work with the staff association and office management to take the draft action plan forward.

Awareness materials of UN Cares were widely distributed to staff and their families at the beginning of the year, and staff members were encouraged to do the E-UN Care course. Three staff from the Papua New Guinea Country Office attended the Regional Workshop on Emergency Preparedness, and work is ongoing to upload the Papua New Guinea Emergency Preparedness Plan on to the new platform. The office has in place male and female peer support volunteer colleagues and the staff are aware and encouraged to seek help when necessary. The budget allocated for the human resources development team (HRDT) was used for security training for female staff conducted during the first quarter of 2017.

Several information sharing/trainings were also organized for E-ZHACT to all staff by those who went for training at the regional office. The revised office staffing structure for the new country programme includes some post changes and office management prioritized to assisting affected staff. Face-to-face meetings were arranged for each affected staff with the head of office, supervisors and the staff association, and guidance was provided on job searching and career counselling.
**Document Centre**

**Evaluation and research**

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<td>Maternal and Neonatal Tetanus Elimination Fundraising Video</td>
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<tr>
<td>Parenting for Child Development: Facilitators Guide</td>
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<td>Parenting for Child Development: Qualitative Research Report</td>
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<tr>
<td>National Child Protection Policy (2017–2027)</td>
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<td>I want, I can, I will</td>
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<tr>
<td>Young and Positive. Young and adolescent women living with HIV in Papua New Guinea</td>
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**Programme documents**

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