

## Papua New Guinea

### Part 1: Situation update in the country

Papua New Guinea (PNG) is one of the world's most diverse countries – geographically, ethnically, linguistically and culturally. It is the largest Pacific island country, spread over 600 islands across approximately 463,000 km<sup>2</sup>, and home to 7,275,324 people based on the 2011 Census, or 8,514,612 million according to latest United Nations estimates in January 2019. The country's annual population growth rate has averaged 2.2 per cent over the last decade, with 58 per cent of the population aged under 24 and 33 per cent under 15 years. This population growth impacts development issues as services need to expand to maintain the current baseline level. Although PNG has significant strategic assets, including oil, gas, gold, copper, forestry and fishing resources, delivering services to this dispersed and mostly rural (85 per cent) population is very challenging, with limited access to many parts of the country, high logistical costs and supply management issues.

Papua New Guinea is a lower middle-income country with a gross national per capita income of US\$4,040 (World Bank, 2017) and weak GDP growth estimated at close to zero per cent in 2018 (Asian Development Bank, 2018). In 2018, social sector spending, particularly for the health and education sectors, increased by 14 per cent and 13.3 per cent respectively. However, this was reversed in the 2019 budget allocations with increases reflecting projected inflation at 6.6 per cent. Overall education and health expenditures have been reduced from their 2015 peak in line with the economic slowdown experienced since 2015. The country's rapid economic growth from 2004 to 2014 contrasts with persistent poverty and low or stagnant human development indicators. PNG ranked 153 out of 189 countries in the 2018 Human Development Index and scored 3.27 in the 2018 World Bank Country Policy and Institutional Assessment, exhibiting many of the indicators of state fragility. Income from exports such as natural resources has not significantly improved the well-being of all citizens or translated into tangible human development progress. Papua New Guinea was one of a small group of countries worldwide that failed to achieve any of the Millennium Development Goals (PNG MDG Summary Report, 2015), with the level of income poverty stagnant at around 37 per cent over the past decade.

The focus of PNG's leaders for much of 2018 was on preparations for hosting the Asia-Pacific Economic Cooperation (APEC) leaders' summit in Port Moresby in November. The summit concluded with positive agreements that will benefit the children of PNG when implemented, including the signing of an electrification partnership with the, Australia, Japan, New Zealand and the United States. This aims to provide electricity to 70 per cent of the population by 2030, up from 13 per cent in 2018. According to the International Monetary Fund (IMF), "the main macroeconomic challenges for the Government are to finish putting in place policies that will help promote economic stability, and to strengthen its long-term development framework" (IMF, 2018).

Since being sworn into office in August 2017 the current Government has enjoyed a period of relative stability. However, ongoing disputes over the results of the 2017 national election continue to occupy the courts. In June, the dismissal of an appeal against the election of Southern Highlands Provincial Member of Parliament and Governor led to violent

demonstrations in the provincial capital, Mendi, with government buildings and an Air Niugini aircraft set on fire. A state of emergency was declared in the province for a period of nine months while police and Defence Force personnel were deployed to Mendi. There was also unrest in the capital following APEC, with disgruntled police and security personnel storming Parliament in a dispute over non-payment of allowances.

Conflicts in PNG are mostly focused on local issues and power disputes. Except for the Bougainville conflict between 1989 and 1998, inter-clan fighting in the last three decades (1996–2018) affected only the communities involved and did not challenge the national Government. As in other areas, access to resources is a primary driver of conflict. Ongoing violence in the Highlands region, for example, is centred on the oil and gas fields in Hela Province and the gold mines in Enga Province. While tribal warfare has plagued the Highlands region for decades, lawlessness and conflict have intensified dramatically since February's 7.5 magnitude earthquake in Hela which caused large-scale displacement, seriously disrupting humanitarian efforts.

A referendum on the future political status of the Autonomous Region of Bougainville (AROB) is due to be held in June 2019. The Government also signed the Inter-Government Agreement, which starts the process of granting greater autonomy to the provinces of New Ireland, East New Britain, and Enga, with a promise to extend this autonomy across all 22 provinces. Decentralization presents both an opportunity and a challenge. The opportunity is to target support in line with local needs and context. Challenges relate to the human and financial resources and the capacity of provinces and districts to deliver basic social services, as well as the largely rural population's ability to access services such as health and education, which have critical gaps in human resources and infrastructure.

These gaps have contributed to stagnant human development indicators such as poor routine immunization at 60 per cent (WHO-UNICEF Joint Reporting 2017); relatively low transition rates from primary to secondary school at 36 per cent overall and 34 per cent for girls (National Education Plan 2017); elevated levels of malnutrition, including severe and acute malnutrition, with stunting among children under five as high as 50 per cent; very low access to a basic water supply at 37 per cent) and 19 per cent sanitation coverage (UNICEF-WHO Joint Monitoring Programme 2017); and very high levels of violence against women and children. While there are no nationally representative studies on violence against children in PNG, small-scale studies consistently demonstrate that 80 per cent of children experience emotional violence, 70 per cent suffer physical abuse, and many grow up witnessing family violence and experiencing its negative effects.

## **Development and policy frameworks**

In September 2018, the Government launched the 2018–2022 Medium-Term Development Plan III (MTDP III). It sets out a highly ambitious agenda for inclusive and sustainable economic growth and realization of rights for the citizens of PNG, in line with the principles of inclusiveness and sustainability prescribed by the Government's Strategy for Responsible Sustainable Development and commitments on localized Sustainable Development Goals (SDGs). The United Nations (UN), including UNICEF, technically supported the development of MTDP III and strongly advocated for its alignment with key national SDG goals, including Government commitments to sustainable and inclusive economic development, increased access to essential social services and improved and protected environments. Following a request from the Government, the United Nations Development Assistance Framework 2018–

2022 (UNDAF) has been aligned with the government planning cycle.

PNG has a challenging policy environment in terms of obtaining systematic, routine quality and updated data, particularly at subnational and household levels. This is due to the lack of functioning centralized data management systems and the challenges of implementing timely nationally representative surveys. For example, the finalization of the 2016 Demographic and Health Survey is delayed, with results expected in mid-to-late 2019.

To demonstrate the Government's commitment to monitor achievement of the SDGs, the Strategy for Developing Statistics (SDS) was launched in May 2018 as a central framework for evaluating progress towards human development and poverty alleviation. It will support the production of statistics for the Government's national policy priorities, such as the PNG Vision 2050, PNG Development Strategic Plan 2010–2030, MTDP III and the SDGs. The UN is supporting implementation of the SDS, with UNICEF playing a leading role in relevant areas related to child statistics.

To strengthen implementation of the Multi-Sectoral National Nutrition Policy (2016–2026), UNICEF technically supported the finalization and submission of the costed Nutrition Policy Strategic Action Plan 2018–2022 for government approval. Additionally, UNICEF's advocacy resulted in increased understanding of the nutrition situation in the country and led to the inclusion of 'improved nutrition standard' as one of the major goals to steer sustainable social development in MTDP III, 2018–2022.

With UNICEF's continued advocacy and technical advisory roles, the GAVI Secretariat created a separate component of Advocacy, Social Mobilization and Communication as Objective 4 of its PNG Health System Strengthening-2 (HSS-2) support window aimed to improve primary health care.

UNICEF technically supported the National Department of Education (NDOE) in the review of the Special Education Policy. This led to an approved Inclusive Education Policy aimed to improve access for children, including those out of school, to quality literacy programmes that will enable them to achieve functional literacy, numeracy and basic human development. The Inclusive Education Policy is ready for wider national and provincial consultations which will inform the national literacy policy and alternative basic education curriculum framework.

The NDOE also approved the Policy and Standards for Water, Sanitation and Hygiene (WASH) in Schools in 2018, aiming to ensure functional services in schools and systematically promote health and hygiene among children. In line with the National WASH Policy aims, the Government has already begun to establish the National Water, Sanitation and Health Authority and the draft Bill on the Authority awaits Government approval.

In October, the National Council for Child and Family Services was officially launched, a significant step towards effectively protecting PNG's children. The Council is a legally established body mandated to coordinate and oversee implementation of the Child Protection Act (CPA) 2015 and National Child Protection Policy (2017–2027). The new Police Policy and Protocols on Juvenile Justice developed in 2017 and approved by the Police Commissioner, and the Rules of Court on the Lukautim Pikinini (Child Protection) Act (2015), and the Chief Magistrate were finally endorsed by the Judiciary Legal Services.

## **Humanitarian**

On 26 February 2018, a 7.5-magnitude earthquake struck PNG, the first of several major quakes and more than 190 tremors. The earthquakes caused devastating landslides and widespread destruction across Hela, Southern Highlands, Western Highlands and Enga provinces. Many families lost their homes, water sources, health facilities, schools and their family subsistence farms on which they heavily relied for food. According to the inter-agency disaster management team response plan, 544,000 people (including 46 per cent children aged under 18) were affected. Amongst these were 270,000 people, including 125,000 children, estimated to need immediate life-saving assistance.

The effects of the earthquake exacerbated problems in the Southern Highlands, which faces recurrent intergroup fighting and unresolved socioeconomic grievances. Additionally, following confirmation of several vaccine-derived polio cases, a public health emergency was declared in June, including earthquake- and conflict-affected provinces. In response to the continuous circulation of the polio virus, all 22 provinces of the country were included in the emergency response from September, with a target of 3,520,450 children under 15 to be vaccinated against polio. This is a huge task, given that the routine immunization system has produced stagnant results for the past decade, with immunization rates hovering around 60 per cent for most provinces.

## Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

### Goal area 1: Every child survives and thrives

#### Health outcome results

UNICEF's work in the health sector is aligned with MTDP III delivering results within the framework of the National Health Plan 2011–2020, UNDAF 2018–2022, UNICEF Strategic Plan 2018–2021, the UNICEF Country Programme Document (CPD) 2018–2022 and UNICEF's Global Health Strategy.

UNICEF technical, financial, analytical and advocacy support was critical in enabling the Government to achieve results for children through humanitarian and development interventions. UNICEF achieved remarkable results in delivering basic services, especially immunization services including a polio outbreak response involving multi-stakeholder partnerships with GAVI (the vaccine alliance), Global Polio Eradication Initiative partners, UN Delivering as One, and civil society that reached 3,287,124 children below 15 years (97 per cent coverage). Additionally, by 31 October, the cumulative total number of infants who received routine vaccination of BCG, measles-rubella, and penta-3 were respectively 122,781 (71 per cent), 137,147 (79 per cent), and 94,046 (54 per cent) against the target of 172,831 surviving infants. The innovative approaches to early essential newborn care (EENC) reached 181,000 newborns (65 per cent) out of an estimated total of 280,000.

**Output 1: Health policies and systems:** Resulting from UNICEF's technical assistance, PNG's Immunization Coverage and Equity assessment paper was updated. It revealed inequities in pentavalent vaccine coverage (diphtheria, tetanus, whooping cough, hepatitis B and meningitis) among provinces, districts, and urban versus rural. It showed 56 of 89 districts had less than 50 per cent coverage in 2017. To enhance vaccination coverage, UNICEF supported NDOH to improve the cold chain system for vaccine management, which tripled the

vaccine storage capacity of 132 health facilities in 54 out of 89 districts. UNICEF technically supported NDOH in developing a costed HSS proposal to improve immunization systems and services, funded by GAVI.

The initial findings by the Centre for Disease Control on the evaluation of the UNICEF-supported neonatal hypothermia management project in Goroka Hospital and Port Moresby General Hospital, indicated the acceptability and effectiveness of the project. It reduced hypothermia from 21.3 per cent to 17.5 per cent in Goroka Hospital and from 51.6 per cent to 40.2 per cent in Port Moresby General Hospital. UNICEF's high-level advocacy, using these findings, contributed to an expanded integrated maternal, newborn and child health programme with the support of Australia's Department of Foreign Affairs and Trade (DFAT), UNICEF Australia and increased commitment from the Government for further scale-up. A total of 52,100 newborns were targeted, and 84 per cent benefitted from skin-to-skin kangaroo care which lowered mortality of low-birth weight babies, improved breastfeeding, cardiorespiratory stability, and caregiver child bonding (particularly for fathers who had previously had low involvement in providing newborn care). There was 88 per cent early initiation of breastfeeding, and 481 newborn babies were resuscitated and their lives saved.

**Output 2: Health services delivery:** UNICEF provided procurement services with support to make available 5.8 million doses of various routine antigens and 356,234 injection devices for routine immunization. Support was provided for the introduction of a stock-monitoring dashboard (Visibility of Vaccines) that visualizes the availability of vaccines and pipeline of vaccine orders and forecasts, enabling the Government to identify risks of stock outs or overstocking and to take corrective measures before they occur to improve vaccine management and monitoring.

The maternal, newborn, child health and nutrition programme in 13 urban settlements of Port Moresby jointly implemented by UNICEF and the National Capital District (NCD) resulted in 4,500 under-fives immunized for the first time with all routine antigens.

As part of the Right to Education and Protection (REAP) intervention to address the needs of children with disabilities, a screening protocol was developed for enhanced early screening, identification and referral of retinopathy of prematurity to prevent childhood blindness. UNICEF strengthened the capacity of 32 medical doctors in a five-day training of trainers course in collaboration with the University of PNG and the Royal Australian and New Zealand College of Ophthalmologists, funded by DFAT. The new protocol and the enhanced capacity of medical doctors will significantly improve the identification and management of retinopathy of prematurity in Port Moresby General Hospital, noting that an average of 15,000 babies are born annually with 3,000 sick babies admitted to Special Care Nursery.

With UNICEF support to the expansion and improvement of EENC services in 16 targeted provinces 286 health facilities were equipped with essential supplies, and a cumulative total of 1,146 staff were trained, at least one in each facility. Further, UNICEF worked with NDOH and the country's medical institutions to promote an institutional approach to capacity development on maternal, newborn and child health. A pool of 64 master trainers was created, consisting of principals and deputy principals from all 32 medical institutions, to roll out pre-service education on integrated management of childhood illness and EENC.

**Output 3: Health promotion:** To promote uptake of life-saving interventions, with UNICEF's support for the development and implementation of communication and social mobilization

plans, 40,000 people in 286 communities were sensitized on access to maternal, neonatal, child health and immunization services in the two earthquake-affected provinces. The UNICEF supported village health volunteer programme was expanded in two districts and improved community health awareness through a partnership with Touching the Untouchables (TTU), a local non-governmental organization (NGO). This partnership resulted in 48 trained village health volunteers (four male, 44 female) in Eastern Highlands and Western Highlands provinces. They conducted 189 community meetings, 781 home visits, provided post-natal care to 191 mothers and their newborns, and counselled parents and caregivers on kangaroo care.

As part of the polio outbreak response, UNICEF designed and distributed 110,500 posters, 140,000 flyers, 1,750 banners, and 40,000 supplementary immunization activity leaflets to build awareness on polio vaccination. Eight international communication for development (C4D) consultants, recruited to provide support to the Provincial Emergency Operation Centres, held more than 25 advocacy events and delivered over 1,500 other activities across the country, engaging church and tribal leaders, teachers, the private sector and women's groups. Approximately, 2,000 health workers were trained on polio C4D, and 3,287,124 children under 15 were vaccinated against polio. The main stakeholders in the most-at-risk provinces were mapped and engaged to ensure active involvement in the polio response second phase in 2019.

The integration of prevention of parent-to-child transmission of HIV (PPTCT) and paediatric HIV care into maternal, neonatal and child health was improved with the monitoring system strengthened through provision of training. On-the-job mentoring and supportive supervision enhanced service delivery, with monitoring and mentoring visits conducted in 38 of the 40 health facilities that provide PPTCT and paediatric antiretroviral services in five UNICEF focus provinces (Eastern Highlands, Western Highlands, Jiwaka, Simbu and NCD).

**Output 4: Disaster risk reduction and emergency response:** Within the interagency emergency response plan to the February earthquake, UNICEF supported an integrated campaign for children with a package of critical child survival interventions in the two earthquake-affected provinces (Southern Highlands and Hela) between March and July 2018. It reached 107,873 people, including children and women of reproductive age, with life-saving supplies and services. 44,672 children aged under five years received measles-rubella vaccination, 17,331 infants received pentavalent vaccination, 36,686 women of reproductive age received tetanus toxoid vaccination, and 82 newborns were resuscitated.

#### **Nutrition outcome results**

UNICEF's nutrition work is aligned with MTDP III, SDG2, UNICEF Goal Area 1, UNDAF 2018–2022 and the CPD 2018–2022. This year, the nutrition sector focused on strengthening institutional systems and policy frameworks and developing national capacity to implement planning and budgeting in the nutrition sector. UNICEF successfully advocated for the inclusion of nutrition as a standalone goal in the MTDP III for the first time, recognizing the scale, challenge and cost of undernutrition in the country. Additional normative development included endorsement of the National Nutrition Policy 2016-2026 by the National Executive Council and finalization of the National Nutrition Strategic Action Plan. UNICEF's technical contribution was instrumental in the quality assurance and finalisation of the costed Strategic Action Plan for nutrition, that facilitates planning and budgeting for the nutrition sector and multisectoral approaches to tackling undernutrition in PNG.

Building momentum to scale up nutrition, UNICEF contributed technical expertise on nutrition to

support a national roundtable organized by the World Bank to champion nutrition among government sectors and to the civil society organizations (CSOs) convened by Save the Children for the Scaling Up Nutrition (SUN) movement.

UNICEF led the nutrition response to the earthquake emergency and supported Government to deliver nutrition interventions, including micronutrient and vitamin A supplementation, deworming, infant young child feeding, counselling, and management of acute malnutrition, in the two affected provinces. UNICEF trained 1,091 health workers (654 females) on management of children with acute malnutrition, followed by on-the-job mentoring. Resulting from this mentoring, 4,357 boys and 2,198 girls aged 6–59 months identified with acute malnutrition were admitted into therapeutic feeding programmes. By mid-November, up to 4,004 children had already been discharged, with an 82 per cent cure rate, 12 per cent defaulters and 6 per cent died.

By the end of November, 122,582 children (85 per cent coverage) aged 6–11 months and 808,584 (81 per cent coverage) aged 12–59 months received vitamin A during the national polio campaign. Efforts to eradicate iodine deficiencies gained momentum with UNICEF's provision of 200mg caps/PAC-1500 of iodized oil for a one-off annual dose to 200,000 women of reproductive age, and multiple micronutrient powders/PAC-30 for a one-off three-month dose for 17,000 children aged 6–23 months.

**Output 1: Nutrition systems and policies:** UNICEF continued its advocacy and technical support to the Government to formally establish a multi-sectoral nutrition coordination unit in the Department for National Planning and Monitoring. Through the work of this unit, the new Multi-Sectoral National Nutrition Policy was signed off by the relevant ministers, the Chief Secretary and the Prime Minister.

UNICEF supported a comprehensive nutrition action plan costing exercise feeding into the new policy's costed Strategic Action Plan 2018–2022, which was finalized and submitted to Government. Further, nutrition and health promotion became the number one priority following a ministerial policy directive, in line with UNICEF's advocacy on the need for action on nutrition. UNICEF provided technical support to plans on nutrition-specific interventions for NCD, Simbu and Eastern Highlands provinces. The draft Infant and Young Child Feeding Act was submitted to the State Solicitor, the next step towards tabling it to Parliament for approval as law. Adoption of the Act will give effect to the International Code of Marketing Breastmilk Substitutes.

**Output 2: Nutrition services and care:** UNICEF funded and technically assisted the review of two curricula tutor guides. They incorporate critical and up-to-date information on nutrition, with one guide for general diploma and nursing and the other for community health workers. This followed five-day regional training events on the integrated management of acute malnutrition and infant and young child feeding for 16 training institutions in Highlands and Momase regions. A total of 37 tutors (29 female), including nurses/midwives, community health workers and health extension officers, were trained. On-the-job coaching was also offered to some of the institutions. As a result, teaching guides in three training schools were revised along with two programmes.

UNICEF financed the production and distribution of user guidelines on the management of acute malnutrition for each of the trained health workers. UNICEF funds were also used to distribute 40,000 copies of the revised paediatric standard treatment book (2016, version 10)

for use by doctors and other health workers, which includes a revised guide for children with acute malnutrition. The in-kind donation of globally standardized therapeutic feeds and other nutrition supplies, procured through UNICEF's Supply Division in Copenhagen, continued without stock-outs for up to 5,000 children with acute malnutrition in 2018. To streamline procurement and ensure sustainability by the Government, UNICEF advocated for assigning non-medical catalogue codes while the coded medical catalogue process is finalized and considered by NDOH. Nutrition indicators that were included in the National Health Information System and piloted in 2017 were approved and rolled out nationally in preparation for real-time data entry and reporting that starts in 2019. This will improve nutrition data capture and reporting for children with acute malnutrition.

**Output 3: Demand for nutrition:** Revised child health books, in which the vitamin A schedule was reviewed, were produced to increase awareness of and demand for vitamin A supplement and were distributed to cover half a million children aged under 5 years.

UNICEF supported NDOH and partners to promote and strengthen the use of food-based approaches. These included fortification and consumption of foods rich in vitamin A, through improved promotion and community mobilization and awareness campaigns for infant and young child feeding practices. Nutrition education on infant and young child feeding that included use of micronutrient powders and cooking demonstrations was received by 77,768 people, 22,739 of whom were pregnant or lactating women. In addition, 144 community support facilitators were oriented about infant and young child feeding in a five-day classroom-based training. Following this, they supported the one-off provision of vitamin A and micronutrient powder for three months to 42,813 children aged six to 59 months (21,387 girls), and provided deworming tablets to 40,178 children (19,843 girls) aged 12 to 59 months.

**Output 4: Disaster risk reduction and emergency response:** Following the earthquake, nutritional screening reached 40,874 (20,223 girls) of the targeted 30,000 children aged under five years in the UNICEF-supported response in Hela and Southern Highlands provinces. Up to 1,044 (601 girls) of the targeted 850 children with acute malnutrition received treatment. Education on infant and young child feeding practices was also provided, including the use of micronutrient powders, along with cooking demonstrations for 77,768 people, 22,739 of whom were pregnant or breastfeeding women.

## **Goal area 2: Every child learns**

### **Education outcome results**

The education programme is dedicated to ensuring every child in Papua New Guinea has quality learning, in alignment with PNG's National Education Plan, MTDP III, SDG4, UNDAF 2018–2022, the UNICEF CPD and Strategic Plan 2018–2021. The programme strengthened education policy and planning, service delivery and created demand for quality education services. An early childhood care and education curriculum, including social and emotional learning, was reviewed and inclusive resource materials developed by NDOE. These are in use in inclusive education resource centres for children with disabilities and in mainstream classrooms. The DFAT and UNICEF collaboration for children with disabilities (REAP), resulted in a Situation Analysis of Children with Disabilities which informed the revised NDOE Inclusive Education Policy.

**Output 1: Strengthening capacity for child-friendly equitable education:** A national quality school standards framework was endorsed and a tool to assess national school standards was

developed, in line with the child-friendly schools concept, and with technical and financial assistance from UNICEF. A total of 188 school inspectors (83 female) were trained to use the tool, which is already being used in NCD and will be rolled out to the rest of the country at the beginning of the 2019 school year.

UNICEF assisted NDOE in finalizing a national report on out-of-school children and supported the drafting of the national literacy policy and alternative basic education curriculum framework. These documents lay the foundation for ensuring that all PNG citizens, including out-of-school children, have access to quality literacy programmes to enable them to develop to their full potential. The behaviour management policy was finalized in November to address high levels of school-related gender-based violence in PNG. This policy was developed through a consultative process with technical and financial support from UNICEF. It provides guidelines for school management on how to deal with improper student behaviour, shifting the focus from students' behaviour to addressing teachers' responsibilities and accountability. Timely collection and production of education management information sector data and analysis for policy and planning remains challenging.

### **Output 2: Improved school learning outcomes in child-friendly schools and ECD**

**centres:** Education service delivery in PNG was enhanced through the establishment of 72 community-based inclusive early childhood development (IECD) centres, non-formal bridging classes, and school-related gender-based interventions supported by UNICEF. These benefited 8,344 children, including 3,935 girls. Seventy-two new IECD centres were established in close collaboration with church partners and NGOs, benefiting 6,453 young children (3,060 girls) in Madang, Milne Bay, and Morobe provinces, as well as NCD. To further strengthen public-private financing, UNICEF begun negotiations with an international transport company based in PNG to fund the establishment of IECD centres in NCD and Morobe provinces. In addition, UNICEF distributed 104 early childhood development kits with play and arts materials, benefiting more than 4,000 children, around half of whom were girls.

A cadre of 57 IECD master trainers (29 female) were retrained. With their support, 144 IECD teachers (56 female) were trained and are now aware of early childhood education minimum operating standards. They can establish IECD centres, teach the early childhood care and education curriculum and take lifesaving action in case of emergencies. A total of 950 out-of-school children (430 girls) participated in UNICEF-supported non-formal bridging classes where children can catch up on primary education in preparation for returning to mainstream school. UNICEF is currently exploring how adolescents can best be supported through the development of entrepreneurship skills.

In post-conflict AROB, UNICEF continued its partnership with the CSO Equal Playing Field (EPF) to promote and build respectful relationships between boys and girls in schools. This intervention is in line with the Bougainville Plan for Education and 941 children (445 girls) in Grades 6 to 8 from three schools in Arawa town attended a six-week programme. They are now better aware of referral pathways available to them and the importance of seeking support. Teachers from these three schools reported a decrease in student behaviour issues. Almost 14,500 children have directly or indirectly acquired similar skills from this EPF programme through their peers and trained teachers since it commenced.

Findings in the UNICEF-supported national out-of-school children study revealed that despite an increase in student enrolment, only 56 per cent of primary school children (50 per cent girls) transit to secondary school and only 23 per cent of Grade 5 students meets the expected

proficiency level for literacy and 51 per cent for numeracy. The findings informed the planning for the 2019 UNICEF and NDOE work planning focusing on further strengthening the quality of teaching and learning in schools.

**Output 3: Caregivers/parents ensure more children in schools and ECD/early learning centres:** The demand for access to quality education was enhanced through building the capacity of 169 IECD centre staff, as well as elementary and primary school boards of management, benefiting 38,834 children (20,028 girls).

To create demand for access to quality early childhood, elementary and primary education services, UNICEF supported the training of 72 IECD board of management members, who now understand the importance of IECD and have established centres benefiting 6,453 young children (3,060 girls).

To further strengthen access to quality elementary and primary education, UNICEF partnered with faith-based organizations, the Catholic Dioceses of Madang and Chimbu, benefiting 32,381 children (16,968 girls). School board of management members, parents and citizens committees were mobilized to create demand for quality education for their children, especially girls. Key interventions focused on training teachers and school board of management members in 133 schools to enhance gender-responsive school learning and improvement plans. This helped to remove barriers to student learning and increase the value that parents place on education for girls and children with disabilities.

Children's storybooks were developed, along with awareness-raising posters and banners for teachers, parents and the wider community. The content mainly focuses on the importance of sending all children to school, especially girls. The demand for IECD services in targeted communities is growing steadily, however more needs to be done to create demand nationally and institutionalize ECD in line with the Pasifika Call to Action endorsed by the Government of PNG to ensure a sustainable model.

**Output 4: Disaster risk reduction/emergency response:** Education services were restored for 8,674 children (3,851 girls) in earthquake-affected schools in the Highlands, allowing them to attend daily classes and to recover from trauma through the provision of psychosocial services supported by UNICEF.

As the education cluster co-lead and first responder, UNICEF made a strong impact on emergency preparedness and response in PNG through mobilizing \$1.5 million from the Education Cannot Wait Fund. In addition to supporting restoration of education services, UNICEF procured education in emergencies supplies to equip teachers in setting up 62 safe temporary learning spaces in both Southern Highlands and Hela provinces.

To ensure correct use of these emergency supplies, a training-of-trainer event was conducted in close collaboration with Save the Children, with financial support from the Education Cannot Wait Fund. This training also focused on providing psychosocial first aid to children and their teachers, and covered a total of 91 trainers (28 female), who have been tasked to roll out training in their respective schools. UNICEF and partners also provided basic orientation to 70 teachers and volunteers (31 female) on the use of education and recreational kits, plus setting up and maintaining school tents.

With regards to education in emergencies preparedness, UNICEF collaborated closely with the

Research and Conservation Foundation in AROB and Jiwaka Province to sensitize 3,900 students (1,900 girls) on climate change and disaster risk reduction. These children were actively engaging in developing disaster response plans for their respective 70 schools, which was made possible by training 130 teachers (85 female) on climate change and disaster risk reduction.

The response to the earthquake was hampered by the geographical isolation of affected schools and by tribal violence. As such, it was challenging both to obtain accurate data and to distribute emergency educational supplies to these remote schools.

### **Goal area 3: Every child is protected from violence and exploitation**

#### **Child protection outcome results**

UNICEF supported the Government and CSOs to strengthen national and sub-national child protection systems to effectively prevent and respond to all forms of violence, abuse, exploitation and neglect of children and improved access to justice. This was undertaken through policy support, capacity development and targeted delivery of core protection services. This work is aligned with SDGs 5 and 16; the UNDAF; and MTDP III key results area 4 on improved law, justice and national security”

**Output 1: Child protection policies and systems:** UNICEF’s technical support to the Office of Child and Family services strengthened the coordination of the implementation of the Child Protection Act and National Child Protection Policy. This accelerated the establishment of the Office of Child and Family Services as a stand-alone office directly reporting to the Minister for Community Development, Youth and Religion. To oversee and coordinate the implementation of the CPA and National Child Protection Policy, a National Council for Child and Family Services was established. Council members are senior officials representing Government ministries, CSOs, faith-based organizations and the private sector. Since its establishment, the Council has developed criteria for appointment (‘gazetted’) of child protection officers, as prescribed by the CPA, and reviewed and endorsed the appointment of 42 child protection officers.

The lack of reliable administrative data and population-based surveillance information on child protection is a major challenge in PNG. Barriers include the lack of nationally agreed indicators, poor systems for capturing and sharing administrative information and the prohibitive cost of conducting population-based surveys. The CPA calls for the Director of the Office of Child and Family Services to establish a child protection information system. During the year, UNICEF supported the development of an electronic information and case management system adopted from the global Child Protection Information System (CPMIS+). Systems development was completed and user training finalized for it to be deployed for testing in seven provinces and 14 districts.

UNICEF continued to support national efforts to further strengthen the legal and policy framework for child protection. Technical support was provided to finalize the review of the Civil Registration Act and develop the Disability Authority Bill. UNICEF’s advocacy with the Government helped to ensure a stronger focus on children in the new disability policy. The new Police Policy and Protocols on Juvenile Justice were approved by the Police Commissioner and the Rules of Court on the Lukautim Pikinini (Child Protection) Act (2015), which was developed in 2017, was approved by the Chief Magistrate and endorsed by the Judiciary Legal Services. The development of rules of court by magisterial services was postponed, due to the

delay in endorsing the Juvenile Justice Regulation.

**Output 2: Child protection responsive services:** With UNICEF support, the capacity of the Office of Child and Family Services and justice sector agencies was strengthened to provide accessible and quality justice services for children. A total of 245 village court officials from 99 village courts in Simbu Province gained knowledge and understanding of the rights of children in contact with the law, principles and procedures on child protection and juvenile justice (under the CPA, 2015; Juvenile Justice Act, 2014; and Village Court Amendment Act, 2013), and skills on how to apply them to children's cases. Thirty-five juvenile justice officers and probation officers at the national level and from 10 provinces gained updated knowledge on the latest juvenile justice reforms and developed comprehensive paralegal skills to enable them to effectively support juveniles at all stages of the justice process.

During the year, UNICEF continued to enhance the delivery of emergency medical care, psychosocial first aid and referral services for survivors of violence through mentoring health workers from 54 targeted health facilities in AROB and Western Highlands province. Supervisory and mentoring visits were made to all health facilities, with a total of 157 trained health workers. UNICEF also supported the establishment of one Family Support Centre in Hela province to deliver emergency medical care, psychosocial first aid and referral services. Overall, it is estimated that a total of 819 women and children survivors of violence received care in 54 UNICEF-supported facilities in AROB and Western Highlands province.

**Output 3: Child protection preventive services:** To address social norms and beliefs that perpetuate child protection violations, UNICEF continued to support the #ENDviolence against children campaign. This was through a partnership between the Catholic Archdioceses of Madang and Mount Hagen and dioceses of Kundiawa and Mendi, including a local NGO Haku Women. The campaign reached 93,199 adults and children in six provinces. A total of 192 community and church outreach workers were trained and campaign materials provided, such as flip charts and religious leaders handbook on the #ENDviolence against children campaign.

UNICEF also continued to support the implementation and institutionalization of the evidence-based Parenting for Child Development (P4CD) Programme, which has shown promising result in reducing violence against children and between spouses. A total of 129 individuals from four provinces were trained as P4CD Programme coordinators, team leaders and facilitators. As a result, P4CD was implemented in 29 sites in Madang, Mt. Hagen and Kundiawa, with a review and a further round of implementation due to commence in January 2019. Six P4CD workshops were successfully delivered at all sites. Pre-programme demographic data on all attending parents were recorded by team members. Near 100 per cent levels of attendance and retention were achieved across the programme, with 663 parents and caregivers (390 women and 273 men) participating in the P4CD training.

During the year, UNICEF along with Catholic Dioceses of Madang, Mount Hagen, Kundiawa and Menzies School of Health Research worked jointly to promote the P4CD Programme. This resulted in a joint planning exercise with six churches in PNG to develop a joint proposal and strategy for scaling up the Programme.

**Output 4: Disaster risk reduction and emergency response:** In response to February's earthquake, UNICEF provided financial, technical and physical resources to the establishment of 32 child-friendly spaces in Southern Highlands and Hela provinces to provide centre-based psychosocial support services. They reached 4,818 children (2,648 boys and 2,170 girls) with

activities such as reading and writing, drawing, singing and sports. A total of 158 trained facilitators were engaged in the child-friendly spaces, where 13,175 children and adolescents (7,232 boys and 5,943 girls) benefited from psychosocial support services through activities such as drama and singing. The facilitators also worked with trained community child protection volunteers to support the #ENDviolence against children campaign, reaching a total of 33,199 people (17,797 men and 15,402 women). Campaign leaflets and handbooks were distributed to more than 450 religious leaders from more than a dozen denominations to raise awareness of violence against children in church and the community. A total of 109 cases of children at risk (62 boys and 47 girls) were identified, counselled and referred to medical and psychosocial support services in emergency-affected areas, with most of the cases related to physical and sexual abuse.

#### **Goal area 4: Every child lives in a safe and clean environment**

##### **WASH outcome results**

With funding support from the European Union (EU), the first of a two-phase WASH project was implemented. The outcome result for WASH outlined in the 2018–2022 UNICEF CPD is to reach at least 50 per cent of households and 60 per cent of schools and health facilities in selected areas with equitable, adequate, resilient and sustainable services that meet national standards, including during emergencies. Progress against this outcome in the first year primarily related to planning and capacity development, supporting the development and completion of five-year comprehensive and costed WASH plans in the four selected focus districts. These plans are a partnership between UNICEF-selected NGOs and District Development Authorities (DDAs). Planning was enhanced by the first-ever district-wide data collection in the four districts, covering schools, health facilities and communities. The programme is in line with SDG6, UNICEF Strategic Plan Goal Area 4, PNG's National WASH Policy 2015–2030 and MTDP III.

**Output 1: Strengthened national WASH governance:** UNICEF supported the establishment of a real-time data collection system in the four focus areas of the EU-UNICEF WASH project. This web-based open platform serves as a future national WASH monitoring system that will support the newly-approved WASH in Schools Policy and the future the National Water, Sanitation and Health Authority.

The WASH sector in PNG has made substantial progress nationally. The NDOE approved the 2018-2023 Policy and Standards for WASH in Schools 2018–2023 in October, creating national minimum standards for all schools. UNICEF played a key role in developing and quality assuring the Policy through a consultative process led by NDOE.

UNICEF established the basis for a future WASH management information system for PNG with technical engagement from WaterAid. It uses an open source platform, mWater, that enables monitoring and reporting against localized SDG and MTDP III targets. UNICEF collected WASH data for four focus districts (Central District of AROB, Nawaeb, Goroka and Hagen Central) through partner agencies, and is expanding to the earthquake emergency affected provinces of Hela and Southern Highlands. The timely availability of WASH data supported the development of an evidence-based five-year WASH District Plan for these districts under the EU-UNICEF WASH project. Other partners, including the World Bank, WaterAid and World Vision, will populate the WASH management information system with five more districts as part of their own programmes. This will create an enhanced picture of progress in the WASH sector and a database for continued expansion. The initiative has

galvanized partners to aspire to a first-ever provincial-wide data collection plan, and the Project Management Unit to establish a national WASH management information system, based on the EU-UNICEF funded WASH Project.

**Output 2: Strengthened district capacity for WASH service delivery:** A significant result from the EU-UNICEF WASH programme was the approval of costed WASH District Plans in four districts developed in collaboration with District Technical Officers and UNICEF partner CSOs. They also included participation by vulnerable people, women and people with disabilities. These plans, informed by data collected from mWater, include the investment and human resource requirements as well as implementation strategies to address WASH service gaps in schools, health facilities and communities. The programme reinforced the DDAs leadership role and leveraged partnership with Plan International, Oxfam, World Vision and Infra Tech Pacific in evidence-based development planning, including a focus on gender equity, social inclusion and hazard risk mitigation.

The planning process strengthened capacity for 40 DDA staff and improved line department knowledge and understanding of the National WASH policy and planning process, enabling enhanced performance in line with both district and national plans. The DDA coordination and planning was enhanced with the formation of district WASH committees in the focus districts. A precondition of selection for each district was DDA involvement and commitment. This resulted in all four DDAs committing financial resources to improve WASH services; on average US\$300,000 (PGK 1,000,000) per year for five years, starting in 2019. Human resource capacity was strengthened through the appointment of technical WASH officers in each DDA. The results to date have prepared the ground for implementation of the EU-UNICEF WASH Project Phase 2, aiming to deliver improved WASH services in line with the national WASH policy in the focus districts.

**Output 3: Improved sanitation and hygiene knowledge and practice of caregivers and children:** The WASH Knowledge-Attitude-Practices Study methodology was finalised and the main body of work will cover 200 schools, 36 health facilities and 800 communities in four focus districts. Meanwhile 17,367 children, including 8,337 girls, improved their knowledge of hygiene and gained access to menstrual hygiene management facilities at school.

UNICEF also supported work on menstrual hygiene management and WASH in schools through local NGOs and the Department of Education in AROB. This led to 8,561 children (5,668 girls) in six schools gaining access to basic WASH services including handwashing with soap and menstrual hygiene management information, in partnership with Anglicare and NDOE. UNICEF's partnership with TTU expanded the WASH in schools programme and menstrual hygiene management, reaching additional 8,806 children (5,742 girls), including distribution of disposable sanitary pads.

**Output 4: Disaster risk reduction and emergency response:** At the onset of the emergency, UNICEF deployed WASH officers and supplies from the region. As a result, 123,588 people gained access to clean water, 12,993 schoolchildren gained access to functional toilets and 111,708 people received information on good hygiene practices.

Following the February earthquake and subsequent landslides and tremors, isolated and vulnerable families lost their homes, water sources, health facilities and the family farms/gardens they relied on for food. To help coordinate the humanitarian response, the inter-agency Disaster Management Team, under the overall leadership of the Government, activated

six clusters, including WASH, and established an inter-cluster coordination group. The WASH cluster was led by World Vision, with technical support from UNICEF through a field cluster coordinator. UNICEF's emergency WASH response was integrated into child protection, education, health and nutrition projects to deliver an integrated package of services and complemented with stand-alone activities, such as reaching displaced people with water testing, water purification tablets and collapsible water containers.

UNICEF partnered with the Catholic Diocese of Mendi and the NGO ADRA to provide services to affected families. UNICEF coordinated with NDOH to undertake water quality testing and trained six health officers in affected provinces on water quality testing. In total, UNICEF provided 123,588 people with access to safe drinking water through water purification tablets, water filters at health facilities, and rainwater harvesting systems at community churches and schools. Toilets and rainwater harvesting systems were installed, repaired and improved in 22 schools, under a build back better approach. As a result, 12,993 girls and boys along with their teachers have access to new, improved toilets. A total of 111,708 adults and children were reached with information on the importance of ending open defecation, on boiling or otherwise purifying water, and practicing good hygiene.

### **Goal area 5: Every child has an equitable chance in life**

Social inclusion and policy work are mainstreamed across all programmes. UNICEF provided technical support to the development of localized SDG indicators, the MTDP III and Strategy for Developing Statistics building a platform for SDG work to align with government priorities and target resources where they will have maximum impact.

## **Part 3: Lessons learned and constraints**

In 2018, UNICEF Papua New Guinea underwent an audit to assess the adequacy and effectiveness of the its governance, risk management and control processes. The audit identified areas where further action was needed to better manage risks to UNICEF's activities. In discussion with the audit team, UNICEF Papua New Guinea is undertaking measures to address these risks with the support of the UNICEF East Asia and Pacific Regional Office, with six measures implemented as high priority requiring immediate management attention. These are:

- 1 Implement a data strategy and action plan focused on the most critical data needed to better inform and support evidence-based planning and reporting;
- 2 Reinforce oversight of risk management;
- 3 Identify and address the key bottlenecks in the selection process and the causes of prolonged vacancies. Expedite the planned recruitment of human resources unit staff;
- 4 Reinforce management of outstanding direct transfers and develop capacity of staff and implementing partners in cash transfer processes;
- 5 Ensure that micro-assessments and assurance activities are adequately planned, risk-based, implemented and monitored, and;
- 6 Increase oversight of the quality of donor reports with a mechanism for donor feedback.

During the year, several constraints were identified with appropriate mitigation strategies developed and implemented. As a result of internal capacity constraints processing high-volume contracts, UNICEF has adopted an open selection process to partner with CSOs to increase efficiency in the contractual process. To address weak governance, a lack of

systematic budget allocations, inadequate and ad hoc service delivery and monitoring mechanisms, chiefly among local government partners, UNICEF is taking a capacity development approach and looking at geographic, partnership and programmatic convergence in line with the UNICEF CPD, Strategic Plan, UNDAF and interdependent results of the SDGs. This approach will strengthen resources and support child-friendly local governance from planning to implementation, including monitoring and evaluation.

The Ministry of Finance suspension of NDOE's account, citing that it did not comply with the Public Finances Management Act resulted in UNICEF's education programme adopting alternative measures, such as direct payment to service providers and mobilization of civil society partners.

Further capacity development of key implementing partners to deliver and monitor services for children with disabilities is required. There is also an acute need for further technical assistance to strengthen the collection of relevant comparable data on disability and to support research on disability and related services.

To address the lack of reliable and accurate systematic and routine data for evidence-based decision-making which is a major constraint, UNICEF Papua New Guinea developed a data strategy in support of the 2018–2022 Country Programme, as part of the global Data for Children initiative. Under this strategy, key partners will be supported to centralize data collection, management, analysis and dissemination to improve decision-making in line with national and international development priorities. Increased emphasis on data generation and analysis to establish baselines, measure programme progress and inform longer-term planning is a core component of UNICEF's support to the SDS.

The availability of sufficient and competent human resources is a challenge to planning, service delivery and monitoring across all sectors. This is particularly prominent in the health sector, where there is a critical shortage of health workers compared to WHO standards, while PNG ranks in the bottom 15 countries in Save the Children's Health Worker's Reach Index. While working within this context, UNICEF aims to ensure that all health workers in contact with pregnant women, mothers and newborns receive EENC coaching.

Poor infrastructure such as transport links, offices, schools and health facilities lacking in equipment also compromises the gains in building skills and quality improvement. Almost 40 per cent of primary health care centres are either closed or non-functioning due to lack of staff, tribal conflicts, and inadequate supplies. Basic infrastructure, such as the availability of running water in hospitals and health centres is critical for ensuring the quality of health service provision. Lack of water in children's wards and labour wards, for example, increases the risk of infection. Health workers are not able to put into practice skills and knowledge obtained during the EENC coaching in such disadvantaged situations. This increases the risk of post-partum complications and septicemia.

There are concerning capacity gaps in overall supply chain management, from forecasting procurement and storage to distribution and end-user monitoring. Availability of authentic data is another challenge that has led to inadequate policies and programming as well as resource allocation by government at the national, provincial and district levels. Quality of care due to poor reporting and a lack of quality mentors and resources are major bottlenecks to improving the quality of health services. As a result, UNICEF is supporting NDOH in incorporating EENC indicators in the National Health Information System towards a timely and quality reporting

system and expanding partnership with academic institutions and professional societies to increase the pool of quality mentors.

To address the challenging physical and social environments of a diverse population with people largely living in rural areas, many of which are relatively inaccessible, PNG developed a tripartite system of decentralisation with national, provincial and local levels of government and four levels of administration (national, provincial, district and local level government). In recent years DDAs have emerged as another prominent tier of government, often with significant resources outstripping other decentralised levels. According to the 2014 PNG National Human Development Report, the country has “a complex (and hence costly) decentralised system of government” which is a “consequence of a diverse population that retains a stronger allegiance to and trust towards sub-national levels than national”.

The Government of PNG is committed to further devolution of power, and this presents both challenges and opportunities. Challenges include high cost of reaching and access to remote populations as well as resources and implementation capacity in the public sector, particularly at decentralised levels. Opportunities include the ability to target resources and interventions where they are most needed and can have maximum impact as well as to develop capacity and rollout child friendly local governance initiatives, placing the rights and needs of children at the centre of local planning and implementation.

Key lessons learned included the need for:

- 1 An improved focus on ensuring UNICEF strengthens support to the Government in data collection, management, analysis and dissemination to improve equity-based, gender-responsive and risk-informed development planning and emergency preparedness;
- 2 Enhanced advocacy for scale-up of proven pilot interventions, such as the hypothermia alert device and nutrition; and
- 3 Developing further partnerships with the private sector to support in delivery of services, building on their support during the earthquake and polio emergency responses.

END/