Executive Summary

2012 was the first year of implementation of the new, four-year strategic partnership between the United Nations and the Government of Papua New Guinea (GoPNG). Papua New Guinea (PNG) was among the first countries to sign the pledge for “A Promise Renewed” to re-commit to improving the health and wellbeing of children through strengthening efforts in reducing preventable diseases. To eliminate maternal neonatal tetanus and measles, together with Australian Agency for International Development (AusAID) and The World Health Organization (WHO), UNICEF supported two rounds of immunization campaigns. In the first round of targeted children, 88 per cent were vaccinated against Measles, 84 per cent received Vitamin A supplementation and 77 per cent of women of childbearing age received the first dose of tetanus toxoid.

UNICEF’s rigorous advocacy led to the revitalisation of the National Nutrition Programme after years of stagnation due to inadequate capacity. The nutrition portfolio at the National Department of Health (NDOH) will be elevated to include more staff to appropriately respond to the worrying situation of malnutrition among children. The policy will be reviewed and a cost strategic action plan will be developed.

With UNICEF support, the Department of Education (DOE) became the first sector to have a policy on emergencies and pre-positioning of essential non-food items for 13 vulnerable provinces as part of emergency preparedness for children to continue learning about emergencies.

To achieve the elimination of new pediatric HIV infections by 2015, UNICEF advocated for NDOH to improve coordination of the Prevention of Parent-to-Child Transmission of HIV (PPTCT) Programme resulting in the establishment of a coordination team to support scaling up service delivery at national and regional levels with Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funding support.

UNICEF supported the rollout of the implementation of the Child Welfare and Protection Act. This resulted in three provinces completing the required training that will help child protection workers and volunteers respond appropriately to child protection cases.

A nine-month adverse political situation and the 2012 national elections affected the implementation of many planned activities. Delayed reporting on utilisation of funds disbursed over more than nine months also impeded programme implementation, as additional funds could not be released. AusAID, the main donor, suspended financial support to the UN Country Fund in 2012 pending a review of the mechanism; however, the review recommended continuation in subsequent years.

The high cost of doing business in PNG impacts programme delivery and office operational costs. For example, following the first round of the immunisation campaign supported heavily by development partners, the second round faced major challenges with high operational costs that the government struggled to support. This led to a modification in the campaign strategy for delivery of the interventions and the awaited results of the second round are unlikely to be optimal. The office undertook major cost saving measures to increase office efficiency.


Country Situation as Affecting Children & Women

PNG is a lower middle-income country with a population of slightly over 7 million[1] (49 per cent of which are female). The population of children aged 0-14 is about 38 per cent. The dispersed small islands, mountainous terrain, and expensive air travel - the only link between the capital and provinces – pose infrastructure and cost challenges for both government and the population, and adversely exacerbate existing disparities.

The August 2012 general elections ushered in a new government ending over a year of political chaos with two parallel governments. The new government’s vision is to re-prioritise government programs with the
objective of promoting reconciliation, resilience, unity and hope[2]. High among the key government priorities are fast-tracking the tuition-fee free policy for all students up to grade 10 and 75 per cent free for grades 11 and 12, providing free primary healthcare and subsidised specialist-care, and developing a national health insurance policy.

The economy grew by 9.2 per cent, lower than the 11.1 per cent in 2011. Real growth is expected to slow down through 2014 but anticipated to bounce back by 2015 when the country’s Liquefied Natural Gas project commences full production. In order to implement the priorities the government identified[3], education received a 41 per cent increase from last year’s allocation, including extending the tuition-fee free education policy to grades 11 and 12. The health sector received a 64.3 per cent increase including free primary health care.

Although PNG progressed[4] in some areas it is not on track to meet any of the Millennium Development Goals (MDGs). UNICEF’s equity study reveals that this is largely due to continuing and enormous gender, spatial and geographic, and other disparities, and a highly limited capacity of government systems to deliver basic social services. The Household Income and Expenditure Survey (2009-2010) launched in 2012 provides latest data on family demography, education, health, employment and consumption at regional levels, which helped identify the most disadvantaged.

Over 86 per cent of the population lives in remote rural areas, 93 per cent of the poor live in rural areas while 41 per cent of rural inhabitants, compared to 16 per cent of urban dwellers, live in poverty.

Over 48 per cent of children aged five or younger are stunted and at 50 per cent, this is worse in rural areas: 27 per cent are underweight (and it is higher in rural populations at 28.3 per cent), and 16 per cent are wasted (mostly those aged between 24 – 60 months at a high 48.2 per cent).

Net enrolment rates at basic education level (Preparatory to Grade 8) have increased from 53 per cent in 2007 to 75 per cent in 2010. However, female net enrolments continue to lag behind males (73 per cent to 77 per cent in 2010). At provincial levels gender disparities are larger. The Highlands region showed 85 girls in primary school to every 100 boys. Inherent gender discrimination has been identified as a key impediment to increased female access and completion at all levels of education (2011 Country Gender Assessment by AusAID). The implementation of the tuition-fee free policy resulted in an influx of children in school that impacts the quality of education due to inadequate facilities and number of teachers. The enrolment of over-age children poses an increase in behaviour and protection issues.

For most provinces, more boys than girls are enrolled at every level of education. The drop-out rates for girls are higher than those for boys. In secondary, only 67 girls are enrolled for every 100 boys and in college and university, this drops to 63 women per 100 men.

With the highest Under-Five Mortality Rate (U5MR) in the Pacific Region of 74 per thousand live births, one in 13 children die before their fifth birthday. Rural children are twice as likely to die before their fifth year as urban ones. The post-neonatal mortality rate for rural infants is three times higher than urban infants. The provincial U5MR ranges from a high 157 per thousand live births in West Sepik to a low 27 per thousand live births in the National Capital District.

The Maternal Mortality Ratio (MMR) of 733 per 100,000 live births, is the second highest in the world. Over 88 per cent of urban mothers deliver their babies attended by skilled health personnel compared to the 50 per cent of rural mothers. Only half the pregnant women received the four government-recommended Antenatal Care (ANC) visits; 16 per cent of births received none at all.

The national HIV prevalence rate among the adult population aged 15-49 years is estimated at 0.8 per cent[5]. Of the new infections reported in 2010, 4 per cent were among children aged 14 years and younger and 8 per cent were among adolescents aged 15-19 years. The prevalence rate amongst ANC attendees is 0.5 per cent.

Only 40 per cent of the population has access to clean water and 45 per cent have access to sanitation. The
disparity between urban and rural areas is huge: Only 10 per cent of rural and 70 per cent of urban households have access to piped water. Only two per cent of rural and 47 per cent of urban households use improved sanitation.

Less than 10 per cent of children are registered at birth. Progress on birth registration is slow due to a highly centralized system, limited funding and human resource capacity. UNICEF is advocating for the revitalization of birth registration.

In PNG, three in four children witness and experience violence at home based on 2005 Global Study on Violence Against Children (VAC). Anecdotal evidence show that the situation has not improved. Social norms and traditional beliefs and practices contribute to this situation. An updated study is urgently needed to understand the magnitude of VAC and provide sufficient evidence to develop relevant policies and strategies.

[1] The 2011 Census preliminary results
[3] PNG 2013 Budget Speech

Country Programme Analytical Overview

This is the first year as a self-starter of UN Delivering-as-One (DAO) of the second joint, four-year United Nations Development Assistance Framework (UNDAF) Action Plan (2012-2015). The Plan intensifies support to the government for the achievement of MDG-related outcomes and the government's Medium-Term Development Plan. UNICEF chairs two - Education and Child Protection - of 10 interagency task teams, as well as contributes substantially to Health, Gender, HIV/AIDS, and MDG.

The scale of inequity in PNG reinforces the need to accelerate efforts to achieve the MDGs with equity. The office established a process of learning among staff on the Monitoring of Results for Equity System (MORES) and applied bottleneck analysis against an initial set of Intermediate Results (IR).

UNICEF successfully introduced the concept of equity-focused programming within the UN and to the government to build partnerships on equity. Recent global agreements to incorporate MORES into a United Nations Development Group (UNDG) standard operating procedures provided a foundation for integrating the approach into UN-wide planning and monitoring processes. All task team chairs were oriented on bottleneck analysis with the aim for them to apply it during Annual Work Plan processes.

UNICEF also introduced bottleneck analysis to the partners identifying corrective actions in reaching disadvantaged children with services. Government partners in Health, Education and Child Protection expressed interest in strengthening equity-based programming and monitoring to better link subnational data with national systems.

The process identified a number of technical and strategic issues, of which some warrant whole-office strategies. Data quality is a critical barrier across all sectors. The capacity of partners at central and local level to collect, interpret and use data is limited. Other common bottlenecks across all levels include: low public sector capacity to manage and deliver services; inadequate budget allocations for some sectors; limited human resources; public insecurity; and some traditional practices unfavourable to children and women.

The 2013 Annual Work Plans (AWPs) reflect support to address the identified bottlenecks together with subnational monitoring to assess progress and to inform policies and programmes in: Applying a convergence
approach to improve planning, data analysis and the coordination and linkage of subnational and national levels in health, nutrition Prevention of Parent to Child Transmission of HIV (PPTCT), education, Early Childhood Care and Development (ECCD), and child protection in the Highlands and Momase regions; piloting integration of MORES approach in the United Nations Development Program (UNDP) MDG Acceleration Framework supported Kairuku district and West Sipik (the province with worst social indicators); supporting the National Statistics Office (NSO) further analysing the Census and Household Income and Expenditure Survey (HIES) datasets from an equity lens; supporting the Department of Education (DOE) on a baseline survey to assess the age range of children with different types of disabilities attending mainstream education in eight selected provinces; reaching Every District strategy in low performing districts to improve immunization coverage; capacity building on Communication For Development (C4D) and development of communication strategy to address the negative societal acceptance of violence; and supplementary sources of data include reports from field monitoring which included in all AWPs, SMS among health workers to report on PPTCT services.

Given the priority needed to address the very low level of birth registration, it is proposed to have one separate IR on Birth Registration under Child Protection Programme. Humanitarian assistance is not applicable.

Effective Advocacy

Mostly met benchmarks

The majority of PNG’s population has yet to benefit from the country’s economic performance over the past decade despite a significant resources boom in the extractive energy sector where the Gross Domestic Product (GDP) increased from 5.5 to 7 per cent in 2009-2010. Despite promising signs of increased budgetary allocation for social sectors such as Education and Health, the government has yet to put in place a systematic, evidence-based, and equity-focused public financing policy framework. UNICEF is engaged with the Ministry of Finance, Treasury and Planning to address this gap and has held a series of consultations already.

The study, "Narrowing the Gaps to Meet the Millennium Development Goals," presenting the equity situation of 22 provinces in the country with clear recommendations for the way forward, will be used by the Department of National Planning and Monitoring for the next budgeting exercise. In partnership with UNICEF, the Department will also lead a process to advocate the equity issues with parliamentarians, sectoral policy makers and other key stakeholders. In this context, the timing was right for a high-level delegation to participate in the Vietnam conference in September called "East Asia and Pacific Conference on Public Finance, Social Policies and Children.” The delegation included the Ministers and Secretaries for Education, Finance, and Community Development who attended the conference with the UNICEF Representative. This paved the way for partnerships to be strengthened and for investments to be fairly distributed towards nation building through annual child-sensitive budgeting and programs. This partnership allows UNICEF to provide technical support that will help the government formulate a future policy framework to provide directions on how to best invest in the future of PNG children. The policy will provide short term measures as well as a long term vision and interventions that are much needed in health, education and child welfare for a secure future. One of the key recommendations made by the high level delegation includes the integration of the Ministers for Education, Health and Community Development as permanent members to the Ministerial Budget and Economic Committee to ensure participation in finalizing annual budgets for considerations by the National Executive Council, which is the highest fiscal policy making body in the country.

In 2012, UNICEF identified nutrition and birth registration as two priority areas for advocacy. High-level advocacy based on the importance of nutrition using the evidence of the high malnutrition rates from the recent survey along with the Health Minister and Secretary resulted in escalating the profile of nutrition programme at the National Department of Health (NDOH) and an increase in staffing level. UNICEF will continue to advocate the revitalization of birth registration system and in 2013 will provide technical support to review the Civil Registry Act that will enable decentralization and also develop a strategy to roll out birth registration in provinces.
Capacity Development

Mostly met benchmarks

Low capacity of the public sector of delivery of services is one of the key bottlenecks across all sectors. UNICEF continues to support the capacity development in health, education, HIV and child protection sectors. Capacity assessment on nutrition will be carried out in 2013 to address the gaps in the sector.

Low capacity in monitoring and data utilisation is a cross-cutting challenge for a majority of the programmes in PNG. For the PPTCT/PAIDS programme, the country falls short of the minimum global requirements. Capacity building in monitoring and evaluation system-strengthening is on going in an attempt to update and standardize the Maternal and Child Health (MCH) and HIV/AIDS monitoring tools. Programme officers and Monitoring and Evaluation (M & E) staff will be trained on how to use the revised tools and these in turn will disseminate the tools and train provinces to improve data quality, reporting and utilisation of data at source.

In the roll out of the implementation of the Child Welfare and Protection Act, UNICEF provided technical support to the National Child Protection Office in the design and development of training manuals that implemented the Act. Three out of 22 provinces completed all required training for community development officers, child protection officers, other government sectors (e.g. health and education), community child protection volunteers, and faith-based organization staff. This will enable appropriate responses to child protection cases at all levels.

During the annual review and planning, the implementing partners identified two common areas that need UNICEF support for capacity building across all programmes in 2013. These are C4D,, and emergency preparedness and disaster risk management.

Communication for Development

Partially met benchmarks

The C4D interventions in 2012 supported programme delivery and events-based programme advocacy. Programme delivery based C4D initiatives focused on two office priorities - Supplementary Immunization Activity (SIA) and Safe Motherhood (SM) initiatives. The events based advocacy such as World Breastfeeding Week (WBW), Global Handwashing Day, World Toilet Day and World AIDS Day (WAD) generated much needed opportunities for strategic upstream advocacy and media mobilization.

The two SIA rounds and Safe Motherhood initiatives promoted the benefits of immunizing children, girls and women, and safe birth practices. With the NDOH, Church Health Services (CHS), NGOs and the National Broadcasting Corporation, a state owned radio station, UNICEF conceptualized and facilitated the implementation of a C4D framework for SIA.

Health workers remained the key source of Information dissemination. Future communication strategies will need continued emphasis on interpersonal communication planning and skill building for health workers and volunteers. Building the confidence and communication skills of health workers is key to promoting high tetanus vaccine coverage and addressing rumours that the tetanus vaccine promotes infertility. Preliminary findings of the first round of the SIA campaign indicate that 88 per cent of under-five children were reached with the measles doses. Rapid assessments conducted during the two SIA rounds along with independent findings indicate weak systematic micro planning at sub-national levels, which impacted social mobilization activities.

The NDOH, CBOs and NGOs, who were mobilized for the first-ever national cerebration of the WBW, focused on promoting and protecting exclusive breastfeeding (feeding only breast milk to babies, including colostrum, up to six months). UNICEF supported stakeholders developed and disseminated communication messages targeting pregnant and lactating mothers and the general population. The Department has included breastfeeding advocacy in their annual work plan with a commitment to increase coverage of exclusive breastfeeding messages though CBO and NGO networks throughout the country in 2013.
Substantive communication support was provided for the design and dissemination of a study to gauge the Knowledge, Attitude and Practice (KAP) on Parent to Child Transmission of HIV/AIDS and male involvement in antenatal care. A dissemination seminar on the KAP study to mark the WAD, brought together participants from the government, NGOs, academia, think tank institutions and representatives of Positive People’s networks. The recommendations from the seminar will feed into the design of a UNICEF supported interventions on male involvement in antenatal care and treatment, and also a peer-to-peer initiative by HIV positive mothers.

As communication is generally a weak area across the board, in 2013, UNICEF will provide technical support on capacity building on C4D to programme partners in Education, Health, HIV and Child Protection.

### Service Delivery

*Partially met benchmarks*

### Strategic Partnerships

*Mostly met benchmarks*

UNICEF in partnership with WHO and AusAID supported the NDOH in the planning, implementation and monitoring of the April 2012 National SIA towards the elimination of Measles and commencement of the MNTE campaign. Support continued with the current second round of the Tetanus Toxoid (TT) SIA.


UNICEF has established a partnership with a faith-based organization to pilot and document innovative approaches for male involvement in PPTCT and the use of mother mentors to provide peer education and support to new mothers. The six-month old pilot program has established an active network with other organizations supporting similar approaches, and will share experiences in designing the implementation.

UNICEF further strengthened other NGO partnerships in education, child protection and emergency. In education, UNICEF supported the training of staff in 17 special education resource centres to address early intervention on special learning needs of children. The training taught staff to practice care, safety and protection for children who are particularly vulnerable due to disability.

A collaborative partnership was established with the government, Institute of National Affairs, Save the Children, CIMC and the government who are committed to playing a vital role in undertaking a thematic consultation on child protection and ECCD which will feed into the main report of the country dialogue process for the post 2015 MDG consultation. This process started in 2012 and will continue into the early part of 2013.

In emergency, UNICEF enjoyed increased collaboration with the National Disaster Center (NDC) through disaster management teams meetings and emergency simulations. NCD welcomed UNICEF’s initiative in procuring education emergency supplies that are prepositioned for 13 provinces that are most vulnerable to disasters.

### Knowledge Management

*Partially met benchmarks*

In order to make government statistics readily available to the public, government and academic institutions, UNICEF supported NSO and Department of National Planning and Monitoring (DNPM) to develop a central database using the DevInfo technology, designed to facilitate monitoring of MDG indicators and human development at sectoral and provincial levels. So far five departments of health, education, community
development, agriculture and livestock, and environment, and five provinces are using DevInfo software. This year, a second University adapted the course to enable graduate students understand MDGs and human development and use the software to analyse and represent statistics. In 2013, UNICEF will provide support to make the database available online for easy update and access.

Human Rights Based Approach to Cooperation

*Mostly met benchmarks*

The scale of inequity in PNG reinforces the need to accelerate efforts to achieve the MDGs with equity. UNICEF successfully introduced the concept of equity-focused monitoring and programming within the UN and to the government to build partnerships on equity. Recent global agreements to incorporate MORES into United Nations Development Group (UNDG) standard operating procedures provided a critical foundation for integrating the approach into UN-wide planning and monitoring processes. This resulted in the orientation of all task team chairs on bottleneck analysis with the aim for them to apply it during Annual Work Plan processes.

UNICEF also introduced bottleneck-analysis to the partners identifying corrective actions in reaching disadvantaged children with services. Government partners in Health, Education and Child Protection expressed interest in strengthening equity-based programming and monitoring to better link subnational data with national systems.

UNICEF has prioritized the support to the provinces that are identified as most deprived. For example, the support on PPTCT is focused in five provinces with a high prevalence of HIV. Implementation of Reaching Every District Strategy Strategy (REDS) is increasing the immunisation coverage in the 20 low performing districts with highest number of unimmunised children.

UNICEF will continue to support the government in the submission of the pending country report to the Convention of the Rights of a Child (CRC) committee.

Gender Equality

*Mostly met benchmarks*

The results from the 2010 HIES show a high level of gender disparity, both at the enrolment and primary school completion levels especially in Highlands provinces. In 2013, UNICEF will also support a qualitative assessment in this region on why girls do not enroll in schools and drop out of primary school, which will help DOE to identify effective interventions. UNICEF will collaborate with UN Women on a gender audit in the education sector and will help develop the gender-training manual. DOE staff and provincial education advisors in three provinces will be trained to mainstream gender in education and facilitate implementation of the department gender policy.

Men have a critical role to play in PPTCT despite this fact only 1 per cent of male partners of pregnant women come to ANC to receive HIV and AIDS education and services. A study was conducted on barriers to male involvement in PPTCT to provide baseline information for a pilot project on male action-taking in PPTCT and inform design of a communication strategy.

The office plans to carry out a gender mainstreaming training for staff and key implementing partners in 2013.

Environmental Sustainability

*Partially met benchmarks*
### South-South and Triangular Cooperation

UNICEF supported the participation of PNG in the regional conference on Public Finance and Social Policies for children to facilitate dialogue on addressing child poverty and disparities between the Ministries of Finance, Treasury and Planning and counterparts from Planning and Budgeting Departments within the Ministries of Health, Education and Social Welfare. This also promoted learning from the knowledge and experiences of other countries in the region to improve the quality of investments in children. The participants included the Ministers for Health and Education and the Secretary for Finance, who recommended to the cabinet that the Ministers of Health, Education and Social Welfare become permanent members to the Ministerial Budget and Economic Committee and participate in finalizing the annual government budget. This will enhance funding to the social sector.

In 2013, UNICEF plans to participate in the Pacific Forum to enhance partnerships.
**Narrative Analysis by Programme Component Results and Intermediate Results**

**Papua New Guinea - 6490**

### PC 1 - Young child survival and development

#### On-track

**PCR** 6490/A0/04/001 By 2015, the capacities of the Government and relevant stakeholders are strengthened to improve quality, access and utilization, and maternal, newborn, child and adolescent health services, which include sexual and reproductive health.

**Progress:** High maternal and child mortality reflect the country’s limited ability to provide basic quality maternal, newborn and child care services. The health system remains weak with limited human resource as the major bottlenecks. Challenging geographical barriers and high cost of doing business worsens this situation. In 2012, PNG committed to improving the health and wellbeing of children by signing the pledge “A Promise Renewed.” This led to increasing advocacy for commitment from all sectors to accelerate a reduction in preventable deaths focusing on newborns.

To improve health outcomes of women and children, UNICEF together with WHO and United Nations Population Fund (UNFPA) supported the review and development of the following policies and strategies in the health sector: reproductive health policy, adolescent health policy, maternal neonatal tetanus elimination strategy and neonatal health strategic plan. In 2013, the 1995 national nutrition policy will be reviewed, and a nutrition strategic action plan developed andcosted.

UNICEF advocacy resulted in progressing the nutrition agenda, elevating the programme profile and considering the high levels of stunting leveraged support to increase staffing at NDOH. In order to achieve elimination of maternal and neonatal tetanus by 2015, UNICEF together with WHO is advocating with the government and development partners to leverage funds to cover the very high cost of immunisation campaigns.

UNICEF supported two rounds of the 2012 immunisation in order to reach all children and women with immunization. REDS was introduced in 10 low performing districts to address prevailing inequalities and improve immunisation services. UNICEF supported communication and social mobilisation for the immunisation campaigns by mobilising different stakeholders to raise public awareness on the importance of vaccination and its safety, and to increase uptake. In 2013, communication will be expanded to help improve maternal, newborn, child health, and nutrition at the community level in partnership with local NGOs, the church and the Asia Development Bank funded Rural Health Project.

In 2013, the capacity assessment on nutrition will be conducted to identify capacity needs for provincial and district health personnel in line with health human resource policy. Together with WHO and UNFPA, a database on trained health workers in maternal and child health will be developed to better understand the capacity needs of the sector. The provincial health offices will be supported to develop and integrate health plans and budgeting into provincial plans in the context of decentralized planning and budgeting.

#### On-track

**IR** 6490/A0/04/001/001 By 2015, health facilities and communities have the capacity to implement Integrated Management of Childhood Illnesses (IMCI) strategy and provide immunization services for children under five.

**Progress:** In order to eliminate maternal neonatal tetanus and measles, the government launched the first round of immunization campaign. Of targeted children 88 per cent received Measles vaccines, 84 per cent Polio vaccines, 73 per cent deworming and 84 per cent Vitamin A. Seventy-seven per cent of child-bearing age women received the first dose of TT. The campaign also boosted routine vaccines coverage. UNICEF provided 56 per cent of campaign measles vaccines and all TT vaccines, and supported social mobilisation that involved other NGOs, government, church and private sectors. UNICEF and WHO provided technical support while AusAID supported with the implementation cost.
Due to significant funding constraints on operational cost, NDOH opted to change the second round strategy from campaign to routine integrated Maternal-Child-Health outreach mode, anticipating provincial funding for outreach. However, communication from national to provincial administration was ineffective, making it difficult to access funds. Rumours evolved linking TT vaccine to infertility. Accurate information was provided to health workers and the general public limiting the negative impact. The second round is unlikely to meet the target given these challenges. UNICEF is advocating with NDOH and development partners to leverage funding to revert the third round to campaign mode to reach more women and children.

UNICEF with WHO supported the implementation of REDS in 10 out of the targeted 23 districts with the highest number of unimmunized children to improve routine immunisation in disadvantaged areas.

Based on the assessment of 2012 campaigns, UNICEF will support basic immunisation training of health workers to improve capacity in selected provinces for the third round and scaling-up routine immunisation. Assessment will be conducted for vaccine storage and transportation to identify gaps and required action to improve effective vaccine delivery to children.

Health workers at district level will be trained on guidelines for Integrated Management of Childhood Illnesses to ensure common illnesses in children are effectively managed.

**On-track**

**IR 6490/A0/04/001/002** Promote exclusive breastfeeding, complementary feeding for children under five and increased access for mothers and children to micronutrient supplementation.

**Progress:** Despite a high rate of stunting, 48 per cent of children below 5 years according to the 2009-2010 survey, nutrition remained a low priority over time due to significant capacity limitation in the health sector. This was exacerbated by low public awareness on nutrition and its contribution to optimum child development and learning.

Following high level advocacy by UNICEF with the Health Minister and Secretary on the importance of nutrition, the profile of the nutrition programme at the NDOH was elevated with an increase in staffing level.

UNICEF is supporting NDOH to revitalise and scale up the National Nutrition programme. This support includes reviewing the 1995 PNG National Nutrition Policy, and developing a Strategy and an Action Plan with costing in 2013. The infant and young child feeding policy currently being developed will be integrated into the above Policy. A capacity needs assessment will be conducted in coordination with development partners towards improving human resource capacity. All these will guide the health and related government sectors and non-government partners in working towards improving the nutrition status of the population, particularly women and children in provinces with high malnutrition rates. A priority in 2013 will be to increase the knowledge of policy-makers, technical personnel and the general public.

Together with NDOH and NGO partners, 5,000 mothers and parents in three provinces received information on the benefits of exclusive-breastfeeding during WBW. In 2013, UNICEF will increase its collaboration with NGO partners by providing technical assistance to support breastfeeding activities at community levels as part of the key family practices for health promotion. At health facilities, the Baby Friendly Hospital Initiative will be revitalised starting with the development of guidelines. UNICEF will provide support to improve the partners’ capacity in preparedness and response for nutrition emergency.

**On-track**

**IR 6490/A0/04/001/003** The government has the capacity to provide essential obstetric care (antenatal, supervised deliveries and postnatal) including quality services, support and quality assurance.

**Progress:** Much effort has been put in improving child health and reducing maternal mortality but the newborn care component is not comprehensively addressed in policy guidelines, standard protocols and training packages. The majority of mothers do not receive the health services required – 65 per cent attended antenatal care at least once and as of 2011, a skilled birth attendant only conducted 35 per cent of deliveries. In 2012, UNICEF together with WHO supported the development of a Maternal Neonatal Tetanus Elimination strategy, its implementation during the immunization campaign and guidelines for Maternal Child
Health Outreach Activities; and initiated a Neonatal strategic plan, to improve provision of services.

To address limited availability of quality data on maternal deaths, and obstetric and perinatal mortality, UNICEF, WHO and UNFPA introduced a methodology for Maternal Death Review (MDR) to NDOH in 12 provinces. MDR committees were then established at the national level and in four provinces to monitor maternal deaths. UNICEF supported the annual obstetrics symposium that discussed maternal and perinatal data for eight out of 20 provincial hospitals to establish monthly death audits in those hospitals to improve services.

UNICEF partnered with the state owned radio station, National Broadcasting Corporation, to broadcast safe-motherhood radio programmes in all provinces and outside broadcasting in public places in 10 provinces. These programmes provided accurate information on Tetanus Toxoid Vaccines to delimit negative rumours surrounding the vaccine during the immunization campaign to increase women’s care-seeking behaviour and generate support from men, families and communities for safe childbirth.

In 2013, UNICEF, UNFPA and WHO will contribute to an Emergency Obstetric and Neonatal Care Survey to provide a clearer situation of health facilities’ capacity to provide care for pregnant women and newborns. UNICEF will partner with NGO and church health services to increase knowledge, self-help initiatives and health-seeking behaviour at community levels.

### PC 2 - Basic education and gender equality

**On-track**

PCR 6490/A0/04/002 By 2015, sufficient capacity exists within the DOE and the Department of Community Development. Together the departments and provincial divisions of education and community development work to formulate and implement policies and programmes to achieve inclusive universal basic education, holistic early childhood care and development, and alternative patterns of learning.

**Progress:** Net enrolment rates at the basic education level (Preparatory to Grade 8) have increased from 53 per cent in 2007 to 75 per cent in 2010. However, female net enrolments continue to lag behind males (73 to 77 per cent in 2010). At provincial levels gender disparities are larger. The Highlands region showed 85 girls in primary school to every 100 boys. Inherent gender discrimination has been identified as a key impediment to increase female access and completion at all levels of the education system (*PNG 2011 Country Gender Assessment by AusAID)*.

To implement the Universal Basic Education Plan (UBE), the government fast tracked the tuition-fee free policy for all students up to grade 10 and 75 per cent free for grades 11 and 12. This led to an increasing number of over-aged students enrolling in primary schools, which has given rise to behaviour and protection issues. UNICEF supported the training of over 300 teachers in primary schools in five provinces to empower teachers and school counsellors with behaviour management and counselling skills and to maintain protective environments inside and outside the classroom as part of the Child Friendly School concept.

With UNICEF support, DOE is the first sector to have a policy on education in emergencies and disaster risk management followed by the pre-positioning of essential non-food items for 13 vulnerable provinces as part of emergency preparedness. By conducting the national school census and building the capacity of provincial and district education officials on the Education Management Information System, the sector is able to generate relevant data that will enable effective advocacy. With support from United Nations Educational, Scientific and Cultural Organization (UNESCO) and M & E, research officers will gain skills to perform monitoring and evaluation functions and produce reports.

To address gender disparity, the Accelerating Gender Equity in Education (AGE) committee has been revived and is proposed to be a part of one of the technical working groups for the Education Sector Improvement Programme (ESIP), which is set up within the framework of a Sector Wide Approach.

To address low completion rates at the primary level, UNICEF is advocating for ECCD to ensure school readiness and right-age enrolment. The DOE included ECCD in the National Education Policy for 2014 implementation. AusAID is supporting human resource development on ECCD.
UNICEF supported capacity building of teachers on the learning needs of children with disabilities and will advocate for increased budget allocation and human resources for special education programmes.

**IR 6490/A0/04/002/001 Enhanced Capacity of the Department of Education to efficiently and effectively implement the Universal Basic Education Plan.**

**Progress:** In pursuit of achieving UBE, the government declared a tuition fee free education policy up to grade 10. As a result of this policy, there is a reported influx of students in schools including over-aged children. UNICEF supports the DOE to update the Education Management Information System (EMIS) and school census. These help to monitor the progress of the UBE plan by addressing issues of access, retention, quality and equity based on the Performance Assessment Framework (PAF).

Education officers at the district level have also acquired the skills to set up EMIS databases. This facilitates DOE to understand education trends from 2007 to 2011 and make informed decisions in relation to the UBE plan. For instance, the pupil to teacher ratio in 2011 was 44.4 to one teacher compared to 36.7 in 2007; instead of decreasing it has increased in the past four years, whereas the target is 32 students to one teacher. DOE is strategizing to address such issues effectively during the Strategic Planning and Monitoring (SPM) forum with national education planners and all provincial education planners in 2013.

With UNICEF’s continued support, the school management and financial management skills acquired by different levels of management at the school, provincial and national levels will contribute to an improvement in the quality of education in primary and secondary schools in coming years. All 89 District education administrators will also be capable of monitoring and reporting on equity aspects. Monitoring will be undertaken down to the school level where head teachers will carry out school self-assessments that will take care of quality and equity issues.

**On-track**

**IR 6490/A0/04/002/002 Enhanced Capacity of Department of Education and Cognate Departments to Effectively and Efficiently Mainstream Gender in Education.**

**Progress:** The results from the 2010 HIES, show a high level of gender disparity, both at the enrolment and primary school completion levels especially in the Highlands region. Only 60 per cent of girls enrolled compared to 73 per cent boys. The reason of ‘family did not allow’ was given for never attending school for 20 per cent of girls never enrolled, compared to 12 per cent of boys. An AusAID supported 2011 Country Gender Assessment also reveals similar findings.

UNICEF supported the government to train gender focal points in highlands communities to raise awareness of the importance of girls going to school. In 2013, UNICEF will also support a qualitative assessment in this region on why girls do not enroll in schools and drop out of primary school. These findings will help DOE to introduce effective interventions. The AGE National Steering Committee to support the work of Gender Focal Points for DOE and provinces has been revived. To maintain focus on gender equity in the education sector, the AGE Committee from 2013 will be one of the technical working groups of the ESIP, which is within the framework of the Sector Wide Approach (SWAP).

The country has a Gender Equity in Education Policy and a Gender Equity and Strategic Plan (2009-2014). However, the capacity for its coordination, implementation and monitoring is limited. The recruitment of a Gender Officer in DOE has been delayed which slowed down implementation at the national level. In 2013, DOE will recruit a gender focal person.

UNICEF will collaborate with UN Women on a gender audit and will help develop the gender-training manual. DOE staff and provincial education advisors in three provinces will be trained to mainstream gender in education and facilitate implementation of policy.

**On-track**

**IR 6490/A0/04/002/003 Improved Capacity of the DOE, the Department of Community Development and the Department of Community Development and Livelihoods to harmonize their roles and strategies to support UBE implementation.**
respective provincial divisions to implement and monitor the program on Literacy and Non-Formal Education and other policies.

**Progress:** In the 15-24 year age group, only 70 per cent of men and 65 per cent of women are literate. This is far below the average rate compared to the Pacific region, which is 91 and 92 per cent for girls and boys respectively (*Papua New Guinea: 2011 Country Gender Assessment*). In the Household Income and Expenditure Survey 2010, 69 per cent of men compared to 57 per cent of women consider themselves literate (the ability to read and write). Significant regional variations are found with women quite close to literacy parity in the Island region but are very far behind in the Highlands region.

Non-formal education programs and opportunities for second chance education are limited, with no linkages into the formal education system. The demand for literacy is not there and neither are services available to address the literacy needs in the country.

The overall implementation of UNICEF supported activities was stalled due to delayed liquidation issues in DOE. UNICEF facilitated the raising of awareness on the importance of improved literacy in children’s education during the National Literacy week, which started on the International Literacy Day. In 2013, UNICEF will support the National Literacy and Awareness Secretariat in the DOE to review and revise the National Literacy Policy.

- **On-track**

**IR 6490/A0/04/002/004** The DOE and Provincial Divisions of Education have strengthened capacity to effectively manage disaster preparedness in the National Education System.

**Progress:** The launch of the Education in Emergency and Disaster Risk Management Policy, supported by UNICEF, resulted in sensitization of all provincial education advisors on the importance of developing individual provincial emergency plans. Half of the 22 provinces have already developed provincial emergency plans, with the remaining half planned for 2013.

Education officers and teachers still lack the capacity to implement the policy. All provincial emergency education focal points will be established in 2013, followed by earthquake mock drills, awareness on non-structural hazards and first aid training done in 15 selected schools.

UNICEF is the first UN agency to support the government in pre-positioning non-food items as part of emergency preparedness. UNICEF procured 100 schools in a tent, 330 schools in a box, 2,500 emergency family kits and 1,000 blankets for DOE for 13 vulnerable provinces. One school tent, which can accommodate around 30 students, can replace a damaged classroom to help children continue with their schooling and bring an element of normalcy to their lives during an emergency. One school in a box contains teaching and learning materials for 40 children that can be used in two shifts for 80 children. Since this is the first time the government is managing such an initiative, the provisions were procured on a small scale and will increase later. Effective management and distribution of these items to schools needs to be emphasized.

UNICEF supported the development of the Riskland game, a fun and educational board game that conveys messages to help children understand how some actions can reduce the impact of disasters while others can increase vulnerability. The game was initially distributed to 21 provincial education advisors and 15 primary schools. Distribution to the remaining schools will be completed in 2013. This will help to educate children on disaster risk reduction and prepare them for emergencies.

- **On-track**

**IR 6490/A0/04/002/005** Enhanced institutional capacity of the DOE to mainstream child friendly schools in the national education system.

**Progress:** The Child Friendly School (CFS) concept addresses access issues for deprived and marginalised children to quality education to support the implementation of the UBE Policy. With UNICEF support, more than 160 primary school head teachers (40 per cent females) in five provinces were trained in the CFS concept. As a result, around 63,000 elementary and primary school students are benefitting from child-centered learning, understanding personal safety and hygiene, engaging with the community, improving their morale and ethics, learning social skills and participating in extra-curricular activities. A training of teachers
on behaviour management resulted in over 24,000 primary school children in the Highlands region receiving
guidance on how to achieve their learning goals, manage conflict amongst them and address their personal
problems.

Support of CFS is being aligned with DOE’s initiative on School Learning and Improvement project (SLIP),
which mainly addresses child-centred learning and school governance aspects. Fifty-one female and 70 male
teachers from primary and secondary schools at the provincial level, and 26 DOE officers are proficient in
school based counselling. Consequently, more students will become self-reliant and motivated to continue
schooling.

A recently conducted CFS assessment confirms that different CFS components are currently being
implemented in different schools across several provinces instead of being consolidated in the same schools.
In 2013 UNICEF will strategize to ensure that minimum standards of this concept are executed as a package
in a school.

The Global Partnership for Education (GPE) supports the Reading Education Project for which UNICEF is the
Coordinating Agency and the World Bank is the Supervising Entity. Aimed at increasing the availability
of books and learning materials to promote reading and to undertake Early Grade Reading Assessment, this
project is improving education quality as primary school children are increasingly becoming skilled in reading.

**Irrelevant Text: On-track

**IR 6490/A0/04/002/006 Early Childhood Care and Development is Established as an integral component of
Department of Community Development and Cognate Departments’ Programming for the rights of children.

**Progress:** With UNICEF support, the Department of Community Development (DFCD) is taking the lead to
undertake a baseline survey on ECCD in all 22 provinces, and is in the process of reviewing the
national ECCD policy in 2013. The current policy does not indicate clear roles for ECCD in departments like
there are no personnel in place for ECCD. The inter-sectoral working group will be revived to help improve
coordination amongst ECCD stakeholders

DOE has included ECCD in the National Education Plan to be implemented in 2014 and is reviewing the
introduction of Early Childhood Care and Education (ECCE) as part of basic education.

An increased interest in the government in ECCD is the result of UNICEF’s continued advocacy since the 2010
national consultation identified ECCD roles of relevant departments. The PNG Education Advocacy Network
(PEAN) also advocates for ECCD to be a national priority. World Vision, World Bank and Save the Children are
also interested to extend their support in this area.

There are no nationally validated Early Learning Development Standards (ELDS) in place. The University of
Goroka initiated the use of standards in its pilot ECCD centre. In 2013, UNICEF will support the government
to develop indicators based on ELDS that was validated for East Asia and the Pacific region with the help of
the University of Hong Kong and Asia Regional Network on Early Childhood.

There are many private early learning centres in urban areas. The demand for such centres in rural areas is
absent since parents are not aware of the benefits. Once the ELDS and indicators are in place, ECCD centres
will be established in rural settings in selected provinces in 2013, before going to scale.

**Irrelevant Text: On-track

**IR 6490/A0/04/002/007 Enhanced National Education System capacity to increase access for children with
various forms of challenges and improve the quality of inclusive education services.

**Progress:** With UNICEF support, 17 of the 26 special education resource centres (SERC) trained a staff (20
females, 16 males) to address early intervention on special learning needs of children. These are inclusive
centres in remote areas for children aged 4–6 years. SERC staff was trained to perform ear and eye
screening in schools, initial centre-based rehabilitation responses for those screened, and to make referrals
as required. SERC staff are learning to practice care, safety and protection for children who are particularly
vulnerable due to disability. With support provided to the Applied Diploma course on special needs education focusing on hearing impairment, there will be an increased number of teachers for children with learning challenges. Education officers are becoming sensitized on the need for more inclusive schools.

National curriculum and training materials are adapted for children with disabilities. A baseline survey will be undertaken in 2013 to assess the age range of children with different types of disabilities attending mainstream education and SERCs in eight selected provinces to introduce strategic interventions. The limited number of staff with knowledge and skill on special educational needs in DOE is hampering effective programme implementation. The DOE relies on a faith-based organization, Callan Services National Unit, to provide training, and related teaching and learning materials. UNICEF is partnering with AusAID, who support special education at elementary level and capacity building of DOE staff.

Parents are unaware of the benefits of sending children with special needs to schools and are concerned about children being harmed by others. The government needs to improve coordination and allocate sufficient funds to include special education services, inclusive infrastructure, and specialist training. UNICEF will support DOE in raising awareness among people at large and policy makers, establish a network, and review the existing policy on Special Education to include the special education need of children.

### PC 3 - HIV and AIDS

#### PCR 6490/A0/04/003

**On-track**

By 2015, the government has strengthened national capacity to deliver on the goals and strategic priorities of the National AIDS Strategy.

**Progress:** The government has made efforts to put updated policies and guidelines in place to support the integration of HIV related services with mainstream services; however access to quality services needs improvement. By December 2011, 185 (26 per cent) ANC facilities were providing HIV counselling and testing compared to 45 ANC sites in 2009. About 62 per cent of eligible adults and children received antiretroviral therapy (ART), however, only 24 per cent of children were reached. Although 11 per cent of hospitals and health centres have capacity to provide pediatric ART, very few children are enrolled in treatment. Only five per cent of ANC facilities (mostly situated in urban areas) provide PPTCT services. Consequently, only 12 per cent of HIV infected pregnant women receive Anti Retrovirals (ARVs) for PPTCT, showing no progress from 2009. While the screening and treatment of syphilis during pregnancy is important in eliminating congenital syphilis, only nine per cent of pregnant women test for syphilis, a decline from 12 per cent in 2009.

There is limited funding for PPTCT. Only one per cent of the National HIV expenditure, all of which is donor funded, goes to PPTCT as per the National AIDS Spending Assessment 2009/2010. UNICEF supports the government in the implementation of National PPTCT Operational Plan. Together with Clinton Health Access Initiative (CHAI), UNICEF advocates for the elimination of pediatric HIV and congenital syphilis by 2015. Most provincial health sectors have not integrated PPTCT in their work plans, therefore they receive no funds from the national and provincial governments to support implementation.

UNICEF supports the implementation of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to leverage resources to scale up quality PPTCT services through which a coordination unit has been established and funds provided to train and mentor health workers. To address chronic issue of ARVs stock out, UNICEF together with WHO, Joint United Nations Programme on HIV/AIDS (UNAIDS), CHAI and AusAID provided technical support to strengthen stock management and imported emergency ARVs.

UNICEF focus is on five provinces with a high burden of HIV to ensure equitable access to preventive and curative services, while the focus in the low prevalence provinces is on prevention. Support is also towards the development of guidelines, standard protocols, and strengthening programme monitoring. In 2013 UNICEF will continue to build capacity of provinces to integrate PPTCT in maternal and child health services and increase access to PPTCT services from 32 to 70 ANC sites as well as increase syphilis testing coverage from nine to 30 per cent.
IR 6490/A0/04/003/001 By 2015 PPTCT and pediatric HIV services are integrated with mainstream MCH programmes with an emphasis on five high HIV-burden provinces.

Progress: The government of PNG has made slow progress in integrating PPTCT in maternal and child health services. Most provincial health sectors have not integrated PPTCT in their work plan; therefore they receive no funds from the national and provincial governments to support implementation. With UNICEF advocacy and leveraging funding from GFATM round 10, a coordination team was recruited at national and regional levels in December 2012 to support NDOH scale-up PPTCT. In 2013, UNICEF will continue to strengthen coordination and management at the national level and support provinces in equity-based planning for PPTCT to be integrated in MCH.

With UNICEF support, health workers were trained to enhance their capacity to integrate PPTCT and pediatric HIV care in maternal and child health. Monitoring tools, including new report forms, are currently being developed to improve the collection of HIV care data on women and children. These tools are based on results of an assessment recently conducted on the quality of PPTCT and MCH data collection and management. UNICEF advocates for the use of more effective ARVs and lifelong ARV therapy in PPTCT to promote the elimination of pediatric HIV in the country. UNICEF will support the implementation of the new ART guidelines and support five high HIV-burden provinces to increase access to PPTCT.

To address HIV positive women who do not continue using PPTCT services, “Mentor Mothers“ are trained to provide peer education and psychosocial support to new mothers and HIV infected women to help them adhere to HIV treatment and care. Only one per cent of male partners participate in PPTCT despite its added importance of supporting women to access PPTCT services. Research supported in 2012 on male involvement in ANC and PPTCT provides information on key actions that will address barriers to male participation in 2013.

PC 4 - Child protection

On-track

PCR 6490/A0/04/004 By 2015, children at risk of violence, exploitation and abuse will have increased access to prevention and intervention services for protection and justice, to allow them to access their rights and allow them to be supported by protective legislation and policy framework.

Progress:

In PNG, three in four children witness and experience violence at home according to the 2005 Global Study on Violence against Children (VAC). Anecdotal evidence shows that the situation has not changed much. An updated study is urgently needed to understand the magnitude of VAC. This will provide sufficient evidence to develop relevant policies and strategies to reduce VAC. Communication and awareness will be supported to address the negative societal acceptance of violence, which will require a long-term behaviour change strategy.

The government, with UNICEF support, is in the process of building a child protection system. The Child Protection Act 2009 is under review to address barriers to its effective implementation. The passing of the reviewed Act in 2013 will enable the establishment of Children Courts and National Child Welfare Council. The reviewed Act will be accompanied with a child protection budget using national government funding, that proposes increasing staff at the National Child Protection Office in DFCD and child protection officers in all provinces and districts, and allowances for Community Child Protection Volunteers in Districts to fully implement the Act at all levels. UNICEF will enhance DFCD’s capacity in using evidence for advocating and negotiating with the Departments of Planning, Treasury and Finance in getting the required budget allocation.

With most children’s birth not registered, birth registration becomes high priority. UNICEF will provide technical support to the Civil Registry Office to review Civil Registry Act that will enable decentralization of services to provinces and districts in 2013.

To ensure that rights of children are respected in justice system, support continues for the National Juvenile Justice Committee to monitor the implementation of Juvenile Justice Act. UNICEF works with government and NGOs in providing support to children who come in contact with the law. UNICEF is supporting pre- and in-
service training for police on child friendly procedures. UNICEF is building the capacity of Village Court on child rights to support traditional justice to better address the children issues.

To support the services delivery for victims of violence against children and women, UNICEF in collaboration with other development partners, supports the National Department of Health and the Family & Sexual Violence Action Committee (FSVAC) to establish the Family Support Centres (FSC), a hospital-based, ‘one-stop shop’ for survivors of violence in 11 provinces. UNICEF will move away from supporting FSC construction to increased capacity building and outreach programmes to raise awareness.

**IR 6490/A0/04/004/001** By 2015, the child welfare sector has the capacity to manage and improve national and community child protection systems.

**Progress:** In 2012, UNICEF supported the assessment of the implementation of the 2009 Child Welfare and Protection Act. The assessment revealed inadequacies in the current set-up, staffing and funding at national and provincial levels to effectively implement the Act. The Child Protection Office in the DFCD is leading the review of the 2009 Child Welfare and Protection Act to clarify the validity of children courts and enable the establishment of the National Child Welfare Council, the body charged to monitor the implementation of the Act, and gazette notification of existing Community Development Officers (CDOs) as Child Protection Officers at provincial and district levels. It will be passed by Parliament in 2013 together with a child protection budget.

With UNICEF support, DFCD developed guidelines, standards and training manuals to implement the Act. Three provinces completed all required training for CDOs, other government sectors, community child protection volunteers, and faith-based organization staff. This will enable appropriate responses to child protection cases.

UNICEF supported DFCD to develop a child protection checklist that is being used by Incentive Fund (an AusAID-funded health and education infrastructure development project). This checklist is used to guide funding proposals. Incentive Fund also institutionalized child protection as an entry point among other options for agencies applying for funding that they must have child protection policy in their institutions. Sixteen of 20 projects funded since mid-2011, selected child protection as their entry point.

Less than 10 per cent of children have their births registered. Progress on birth registration is slow due to a highly centralized system, limited funding and human resource capacity. UNICEF is advocating the revitalization of birth registration and will support a review of the Civil Registry Act, development of birth registration strategy and partnership with health, education, planning and magisterial services to increase birth registration of children.

**IR 6490/A0/04/004/002** By 2015, civil society organizations, the FSC Programme and psychosocial support networks have the increased capacity to provide preventative and tertiary protection services to children and women vulnerable to violence, abuse and exploitation.

**Progress:** To support victims of violence against children and women, hospital-based FSCs provide a ‘one-stop shop’ for coordinated medical, paralegal, psychosocial, case management support and referral services. The Provincial Health Authorities are integrating FSC establishment and operations into their planning and budget as directed by the NDOH.

Together with other development partners, UNICEF supported the FSC construction and training of staff and community child protection advocates in 13 centres, which served over 17,000 women and children. UNICEF’s support will shift from construction to solely providing soft components, but also advocate with the government, development partners and private sector to support construction. Coordination among different partners supporting FSCs will be enhanced to achieve better results with increased leadership from the government.
One FSC reported that 50 per cent of cases received were sexual violence cases, of which 75 per cent were under 18 years of age. UNICEF will support a pilot community-based response to address issues in communities with a high sexual violence prevalence. Challenges remain in data reporting on violence against children, which needs to be systematically addressed. UNICEF will support the government in conducting a *Violence against Children* study in 2013.

With a weak police and justice system, communities use traditional practices of mediation processes and pay compensations out of court to resolve family and sexual violence issues to maintain peace. This allows perpetrators to continue reoffending and get away with the offence. UNICEF will support partners to develop a communication strategy to address the issues of violence against children and strengthen child protection system.

Faith-based organizations (FBOs) are incorporating child protection curriculum into their chaplaincy training. FBOs in two provinces are working with communities to develop community-based child protection plans and committees. UNICEF will expand its support to FBOs to include children affected by HIV and AIDS.

**On-track**

**IR 6490/A0/04/004/003** By 2015, the Law and Justice sector has the capacity to improve children’s access to justice, as survivors, witnesses and officials.

**Progress:** UNICEF is a member of the National Juvenile Justice Committee (NJJC) that brings together agencies that implement juvenile justice reform. The Provincial Juvenile Justice Working Groups (PJJWGs) are the replica at a provincial level. Volunteer Juvenile Court Officers (VJCOs) in the PJJWGs support children in conflict with the law throughout the court processes and ensure a fair treatment in justice processes. UNICEF supported seven PJJWGs by training VJCOs and raising awareness on juvenile justice. This prompted collective support from the Police, Correction Services, Courts and other stakeholders to use diversion options for young offenders. In 2011, 96 children out of 387 cases in five provinces were diverted.

Police are usually the first point of contact for children in conflict with law. UNICEF is supporting the police to develop and implement curricula for pre-service and in-service training to strengthen police capacity on police juvenile protocols.

Salvation Army, a faith-based organization working with the National Court in the capital, provides social support services to child victims and witnesses before, during and after the trial. UNICEF supports the replication of similar programs in two other cities. YWCA is supported to prevent in-school and out-of-school children from coming in contact with the law through awareness and a peer-to-peer protection network in three communities in the capital.

Village Courts is the single largest government service to deliver restorative justice that reaches every community. UNICEF supported the National Village Courts Secretariat to enhance the capacity of Village Courts in five provinces to understand human and child rights. Four provinces institutionalized Village Court provincial technical advisor positions, initially funded by UNICEF. Village court magistrates are increasingly discussing rights and protection. This is a meaningful change in a culture that previously did not recognize women’s’ or children’s rights.

### PC 5 - Policy advocacy and partnerships for children

**On-track**

**PCR 6490/A0/04/005** By 2015, relevant government bodies undertake participatory evidence-based and equity-sensitive policy-making, planning and budgeting to achieve the Millennium Development Goals.

**Progress:** Up-to-date statistics in PNG are not readily available from routine or survey sources, posing one of the major challenges to planning and policy-making. UNICEF works together with other UN agencies and development partners to support the NSO and the DNPM to enhance data generation and use. With support from AusAID, World Bank and UNICEF, the National Statistical Office completed the 2009-2010 HIES. This survey provides the latest population statistics including health and education related indicators at regional level, and is providing basis for planning, budgeting and policy direction.
The National Statistics Office also completed the 2011 census. Preliminary results of the head count were launched providing the most up-to-date national population statistics. The Census analytical reports are to follow after the analysis is complete. UNICEF will support NSO the further analysis of these datasets to provide more insight into the magnitude of prevailing disparities in order to generate appropriate responses.

To facilitate dialogue between the Ministries of Finance, Treasury and Planning and counterparts from Planning and Budgeting Departments within the Ministries of Health, Education and Social Welfare, on addressing child poverty and disparities, UNICEF supported the participation of PNG in the regional conference on Public Finance and Social Policies for children. This also promoted learning from knowledge and experiences of other countries in the region by the government to improve the quality of investments in children. The participants included the Ministers for Health and Education and the Secretary for Finance who recommended to cabinet that the Ministers of Health, Education and Social Welfare become permanent members to the Ministerial Budget and Economic Committee and participate in finalizing the annual government budget. This will enhance funding to the social sector.

**On-track**

**IR 6490/A0/04/005/001** Relevant government institutions have the capacity to coordinate, collect and analyse disaggregated social and development data for use in planning, policy formulation and monitoring of progress at national and subnational levels.

**Progress:** UNICEF supported a desk review of the equity situation related to the MDGs and children. The report, "Narrowing the gaps to meet the MDGs: Advocating an equity-based agenda for children in PNG," was based on government statistics and available data to paint a picture of the prevailing situation on disparities across different dimensions; namely geography, rural-urban, gender and rich-poor divide. Recommendations from the review are being considered by the DNPM to inform national and sub-national budget planning and allocation for 2013.

In order to make government statistics readily available to the public, government and academic institutions, UNICEF supported NSO and DNPM to develop a central database using the DevInfo technology, designed to facilitate monitoring of MDG indicators and human development at sectoral and provincial level. So far, five departments of health, education, community development, agriculture and livestock, and environment; and five provinces are using DevInfo software. This year, a second University adapted the course to enable graduate students understand MDGs and human development and use the software to analyse and represent statistics. In 2013, UNICEF will provide support to make the database available online for easy update and access.

To enhance capacity of the government and other partners’ to perform monitoring and evaluation activities and results-based management, UNICEF will support DNPM to train respective social sector departments in these areas.

**PC 800 - Cross-sectoral costs**

**On-track**

**PCR 6490/A0/04/006** Cross Sectoral Operations, Communications, and Monitoring and Evaluation.

**Progress:** The implementation of the country programme was supported by appropriate advocacy, availability of necessary data and information and operations and logistical support.

Action for equity requires information and knowledge about the most deprived children and populations groups, and reasons underlying their exclusion. The report “Narrowing the Gap to Meet Papua New Guinea’s MDGs with Equity” found significant disparities based on income, geography, age and sex. Children of the poorest quintiles and from rural and remote areas are more likely to die before their fifth birthday, to be stunted or malnourished, and excluded from essential services. UNICEF and the Department of Planning have initiated discussion on equity-focused advocacy based on a study finding of 22 provinces indicating the ones lagging behind.
UNICEF successfully introduced the concept of equity-focused monitoring and programming within the UN and to the government to build partnerships on equity. Recent global agreements to incorporate MORES into UNDG standard operating procedures provided a critical foundation for integrating the approach into UN-wide planning and monitoring processes. This resulted in the orientation of all task team chairs on bottleneck-analysis with the aim for them to apply it during Annual Work Plan processes.

UNICEF also introduced bottleneck-analysis to the partners identifying corrective actions in reaching disadvantaged children with services. Government partners in Health, Education and Child Protection expressed interest in strengthening equity-based programming and monitoring to better link subnational data with national systems.

In line with the objectives and the priorities set in the biennial Work Plan 2012-2013 and summarized in the Annual Management Plan, the office went into a series of improvement actions covering the main governance areas. Thus, communication with all staff was made to ensure a better understanding of the office priorities for a more informed involvement of all staff in supporting the programme implementation.

-On-track

IR 6490/A0/04/006/001 The country program has appropriate mechanisms in place for measuring progress on the situation of children and women with a specific emphasis on equity; to inform planning, implementation and enhance learning.

Progress:

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-On-track

IR 6490/A0/04/006/002 Stakeholders at the national and provincial levels have mechanisms in place and have the capability to advocate for women and children's issues with an equity lens.

Progress: Action for equity requires information and knowledge about the most deprived children and populations groups and the reasons underlying their exclusion. The report "Narrowing the Gap to Meet Papua New Guinea's MDGs with Equity," found significant disparities based on income, geography, age and sex. Children of the poorest quintiles and from rural and remote areas are more likely to die before their fifth birthday, to be stunted or malnourished, and excluded from essential services. UNICEF and the Department of Planning have initiated discussion on equity-focused advocacy based on a study finding of 22 provinces...
The office actively supported the government implementing partners in the areas of HACT as part of the implementation, performance, staffing, and efficiency during the CMT and the PCM meetings. The audit conducted between 21 May-8 June 2012 was another opportunity for the office to focus on those areas systematized the periodic reporting on the program implementation in terms of funding, inputs, adequacy and control mechanisms. Risk management including the emergency component was given further importance through the introduction of Emergency Response Preparedness as part of each program components and update of the office Early Warning and Early Action. The office also systematized the periodic reporting on the program implementation in terms of funding, inputs, implementation, performance, staffing and efficiency during the CMT and the PCM meetings. The audit conducted between 21 May-8 June 2012 was another opportunity for the office to focus on those areas identified as in need for some improvement like field monitoring visits, cash advances to the implementing partners and office asset management.

The office actively supported the government implementing partners in the areas of Harmonized Approach to Cash Transfer (HACT) as part of the office’s capacity building strategy through constant interactions and training sessions for all. As a result of the above actions, the office fully utilized the support budget allocated for this PCR in the amount of USD$ 635,700, including local staff salaries. The remaining budget portion of USD$ 1,089,487 to cover the international staff salaries and related entitlements, was managed at the Headquarters’ level.

**IR 6490/A0/04/006/003 By 2015, office operations and budget management foster smooth program implementation.**

**Progress:** In line with the objectives and the priorities set in the biennial Work Plan 2012-2013 and summarized in the Annual Management Plan, the office went into a series of improvement actions covering the main governance areas. Thus, communication with all staff was made to ensure a better understanding of the office priorities for a more informed involvement of all staff in supporting the programme implementation. Furthermore, the office’s oversight structures like the Country Management Team (CMT), the Program Coordination Committee (PCM), the Contract Review Committee (CRC), the Property Survey Board (PSB), and the Central Review Body (CRB) were enhanced to adequately assist as coordination and control mechanisms. Risk management including the emergency component was given further importance through the introduction of Emergency Response Preparedness as part of each program components and update of the office Early Warning and Early Action. The office also systematized the periodic reporting on the program implementation in terms of funding, inputs, implementation, performance, staffing and efficiency during the CMT and the PCM meetings. The audit conducted between 21 May-8 June 2012 was another opportunity for the office to focus on those areas identified as in need for some improvement like field monitoring visits, cash advances to the implementing partners and office asset management.

The office actively supported the government implementing partners in the areas of HACT as part of the
office’s capacity building strategy through constant interactions and training sessions for all. As a result of the above actions, the office fully utilized the support budget allocated for this PCR in the amount of USD$ 635,700, including local staff salaries. The remaining budget portion of USD$ 1,089,487 to cover the international staff salaries and related entitlements, was managed at the Headquarters’ level.

- **On-track**

**IR 6490/A0/04/800/001 Governance and Systems.**

**Progress:** The office has put in a governance structure. CMT met on a monthly basis to provide oversight on program implementation, review progress on the office activities using stipulated key performance indicators and address high-risk areas. The Program implementation team also met on a monthly basis together with the operations team to review and monitor program implementation and assess efficiency of the coordination mechanism between program and operations.

Joint Consultation Committee (JCC) met on a quarterly basis to discuss the staff-related issues. A General staff meeting is regularly convened to inform and discuss the outcomes of JCC, CMT, RMT and other office priorities. Senior Management has a weekly meeting to ensure smooth implementation of office and programme priorities.

The 2012 audit of the PNG office concluded that the governance, risk-management and control processes were adequately established and functioned well during the period covered by the audit. Twelve recommendations were made with three high priority recommendations on asset management, management of cash transfer to government, and the high cost of doing business in PNG. Four recommendations were already closed.

The office managed to cover most of the requirements as per the available funding. Local staff salaries for 2012 were fully covered within the budget allocation of USD$ 227,598 as well as the international staff salaries for a total budget of USD$ 1,089,487. An amount of USD$ 32,000 was allocated for communications consumption. The budget used to cover the travel of core staff falling in this IR, amounted to USD$ 33,647. In the field of travel, the office successfully offshored ticketing since the transactions cost was reduced by 25 per cent.

- **On-track**

**IR 6490/A0/04/800/002 Financial Resources and Stewardship.**

**Progress:** The office management reviewed the status of all fund contributions on a monthly basis with a specific focus on donor contributions that were expiring within the year. The CMT followed standard benchmarks to measure progress in this area, highlighted quarterly targets, and committed to full expenditure. This resulted in 100 per cent utilization of all contributions that expired in 2012.

Perhaps for the first time, the office has made vigorous efforts in bringing the outstanding Direct Cash Transfers (DCT) more than nine months to nil, which has enabled the partners to receive funds for implementing the planned activities.

The office took measures to improve budget and financial controls, and bank reconciliations. For the use of funds deposited in the bank, the office maintained a coherent practice between the replenished amounts and the expense volume, keeping the monthly bank balance to an acceptable level. Further to the audit recommendation, the bank reconciliation exercises have been further improved and the reconciling items have been cleared within a maximum of two months. UNICEF made its contributions to the UN common services in a timely manner.

The areas focused on in this IR were mainly staff salaries that do not fall in IR one, rent, common services, and vehicle maintenance. The budget allocated to this IR was USD$ 387,142. It contributed to partly covering the expenses requirements and was also complemented through the cross sectoral components. The reason for this is due to an unprecedented high cost of doing business in PNG exacerbated by the Liquified Natural Gas (LNG) project impact on the local market (demand higher than offer). Moreover, the strength of the local currency (Kina). This has significantly amplified the high costs. As a result, the
situation led to an increased concern within the UN system and at UNICEF in particular, which had to adopt mitigating measures to ensure cost sustainability and a high-level of programme delivery. The office has embarked on several cost-saving measures to improve the office efficiency.

**On-track**

IR 6490/A0/04/800/003 Human Capacity.

**Progress:** The office Human Resource Development Team developed the 2012 Learning Plan and oversaw the implementation of the plan. The impact of this initiative has proved positive in terms of handling staff issues mainly between supervisors and supervisees. Two staff members were also selected and participated in the Management Development Programme through completion of online courses and related face-to-face sessions.

The staff and their supervisors engage in periodic and honest performance related discussions and assessments. The completion rate was 100 per cent. The office also held one coaching training session while the second session is planned for early 2013.

Due to budget constraints and organizational requirements within the office, the use of this IR was mainly focused on staff costs, recruitment related expenses (advertisements, entry medical expenses, etc.) and payment of some of the staff security costs. Compared to the IRs one and two, the amount pledged to cater for these expenses was much lower as it amounted to only USD$ 93,355. The training component under this IR could not be achieved for the reasons mentioned above. However, the office is confident that in 2013, the scope of the Human Resources Management will further improve to cover more areas of intervention.
Effective Governance Structure

The office objectives and priorities for 2012 were defined with the participation of all staff during the 2011 Annual Management Review after which the Annual Management Plan was developed. The Management and staff discussed prevailing matters in the office that affected program implementation in light of the new phase of engagement with the government for the period 2012-2015. Five office-wide priorities were defined that included: Supporting government with the government’s immunisation campaign to boost coverage and protection of children from vaccine preventable diseases; use of VISION the organization’s new financial and management system; undergoing internal audit; supporting the government to address barriers to birth registration; and specific focus on early childhood care and development. Besides these, each of the five major programmes as well as the operations section identified two to three priority areas.

The office reviewed its risk profile, highlighting areas that needed specific attention. The Country environment in relation to security and the existence of governance systems, limited capacity of staff in government to implement programs and the 2012 elections posed high-risk challenges. The action plan for mitigating these risks was biannually reported to the CMT. This risk profile informed the establishment and strengthening of oversight structures. Office Committees were updated in consultation with staff to ensure that potential risks were properly addressed. The Office workflow processes were also reviewed and staff roles matched with the requirement of VISION.

The CMT met on a monthly basis to provide oversight on program implementation, review progress on the office activities using stipulated key performance indicators and address high-risk areas. The Program implementation team also met on a monthly basis together with the operations team to review and monitor program implementation and assess efficiency of the coordination mechanism between the program and operations.

Management reviewed monthly reports to ascertain whether the required funds were available to undertake planned activities, how the funds were used and accounted for by government partners and whether the office processes were expedient to achieving results.

The UNICEF Office of Internal Audit and Investigation conducted an audit of the PNG office and concluded that the governance, risk-management and control processes were adequately established and functioned well during the period covered by the audit, except for three high priority recommendations on asset management, management of cash transfer to government, and the high cost of doing business in PNG. The risk rating of the remaining 9 recommendations made was medium. Four recommendations have been closed and the rest are still work in progress.

Strategic Risk Management

This year marked the start of the implementation of the new country programme (2012-2015). The office, therefore updated its Enterprise Risk Management and Risk and Control Self-Assessment (ERM/RCSA) mechanism to identify and manage risks and opportunities. The risk dimension has been reinforced in the office work plans since the audit to mitigate risks in program implementation. As a result of this, the office updated the existing work processes and developed new ones according to needs.

The office updated the risk profile twice in 2012, which helped assess the effectiveness of controls put in place. The Terms of Reference for existing standing committees will be reviewed in early 2013 to accommodate the risk informed aspects. These committees include the Project Cooperation Agreement Review Committee that reviews and endorses agreements with partners; the Contracts Review Committee that oversees procurement of goods and services of a given magnitude; the Property Survey Board that provides oversight over the office inventory and the Central Review Body that reviews the selection and appointment of national staff.

The office developed an emergency preparedness and response plan and uploaded it on to the online early warning early action system. Support to emergency preparedness interventions was incorporated in the annual work plans of education, health and child protection programmes. In this light, the policy on
education in emergencies and disaster risk management was approved and launched; items urgently required during any emergency in education were procured and prepositioned for 13 provinces for a total investment of about USD$ 375,636.

The Business Continuity Plan (BCP) clearly outlines the mechanisms to be acted upon in case of changes in the internal and external environment to ensure smooth implementation of emergency activities. It was updated in early 2012 to capture processes to be undertaken and responsible staff for different processes when the situation changes. A training and simulation exercise of the BCP will be undertaken in 2013. The Information Communication Technology (ICT) component, in particular, has brought to the Information Technology Division of Support Services (ITSSD) requirements levels in terms of installation and upgrades of applications and servers. This implied replacement by new equipment and order of additional hardware for optimized efficiency with the support of East Asia Pacific Regional Office (EAPRO) and New York HQs. Likewise, a Disaster Recovery Plan and a three-year ICT Strategic Plan have been developed last May to complement the BCP.

### Evaluation

The office developed the annual integrate monitoring and evaluation plan (IMEP) as part of the annual management plan. The IMEP collated different data generation and used points identified in the different annual work plans so as to have in one place an oversight of data and resources. The office has a clear structure guiding the conduct of evaluation following on the global evaluation policy and standards. As a standard, to ensure objectivity and impartiality, evaluations are managed by the monitoring and evaluation specialist with support from respective program specialists. The terms of reference for evaluators are developed in consultation with the regional evaluation advisor, informed by global best practices and standards made readily available from the organization intranet.

Evaluation capacity in PNG is limited. It is also challenging to get consultants due to high travel costs into the Country and daily subsistence costs. The office initiated an engagement with the PNG Association of Professional Evaluators Inc., a volunteer network of professionals involved in monitoring and evaluation, as one of the platforms to enhance in-country capacity.

The need to embed utilisation of evaluation findings is highlighted at the inception time of the evaluation. The office will use the CMT meetings as a platform to monitor the use of the evaluation findings and recommendations in 2013.

### Effective Use of Information and Communication Technology

UNICEF shares its VSAT facilities with UNDP, UNFPA, UNAIDS, United Nations Department of Security Services (UNDSS), Office of Coordination for Humanitarian Affairs (OCHA) and other smaller agencies in the spirit of UN reform. The use of UN ICT Common Services is limited to a minimum for back-up in case of emergency.

Remote access to the office network resources is available to all staff on laptops in connected areas. This ensures no interruption even when staff is away in field visits. As per the BCP, the Office Senior Management is accessible 24 hours via mobile and satellite phones as well as Internet. The Country Representative’s residence is designated as the alternate office where a computer and necessary equipment are set up for emergency purposes and in accordance with the BCP requirements. In case of emergency, critical staff will have remote access to the core systems.

In 2012, the office continued using the existing global Long Term Arrangements (LTAs) with offshore suppliers and procured ICT equipment worth about USD$ 40,000 for replacement purposes and increase of the office hardware capacity.

Further to the acquisition of new equipment, the office managed through the inventory process, to dispose old equipment either by donation to partners or, for outdated ones, by auction sale to local vendors.
The office upgraded its ICT shared resources software to keep in synch with its partners both locally and globally. A backup system is in place for data recovery purpose in case of disaster and as part of the business continuity service. On the same token, a wireless system is operational to ensure continuous office work.

As part of efforts to reduce operational costs, offshore calls were exclusively made through Voice over IP (VoIP) and the newly introduced Skype service. Moreover, the office negotiated a cost effective package with a reliable local provider for calls among office mobile phones and to an extent, certain local and international calls.

**Fund-raising and Donor Relations**

The Representative and the CMT provided support for an enhanced resource mobilization exercise. Fundraising is already a standing agenda in CMT meetings.

Taking into consideration the actual funding level received by the country office, the country office managed to raise USD$ 12,930,544, which was higher than the annual approved amount of USD$ 11,700,000. Education received the highest allocation of USD$ 7,076,643 followed by Young Child Survival and Development (YCSD) which was allocated USD$ 2,989,366. The child protection program received the next highest allocation with USD$ 2,243,144 followed by HIV/AIDS with USD$ 1,337,693. The lowest allocation in 2012 was given to the Policy and Advocacy component of the UNICEF Country Programme with only USD$ 2,243,144.

While in 2012 the resource mobilization target exceeded its limit, most of the funding sources will expire in 2013 leaving 2014 and 2015 with substantial funding gaps. AusAID and NZAID mainly supported the PNG UN Country Fund as part of UN Delivering as One in PNG.

Some of the key challenges faced in 2012 were the late disbursement of the funding from key funding sources and expiring PBAs. Human resources planning and mobilization was also affected by the uncertainty of the funding allocations in support of the programme implementation plans.

**Management of Financial and Other Assets**

As per the 2012 audit findings, the governance, risk-management and control processes in the area of Operations were adequately established and functioned well during the period covered by the audit.

The resources allocated specifically to run the offices in 2012 were fully utilized which provided the necessary logistical support for the office including office rental payments. Up to 84 per cent of Regular Resources earmarked for program implementation were used to support the planned results of the country programme and partially cover operational costs particularly rent and security of premises and staff. The office management reviewed the status of all fund contributions on a monthly basis with a specific focus on donor contributions that were expiring within the year. The CMT followed standard benchmarks to measure progress in this area, highlighted quarterly targets and committed to full expenditure.
utilization of all contributions that expired in 2012. To maintain control over budget and funds utilisation, funds allocation and commitment were only executed based on a minimum criteria set by the office.

The office took these steps to improve, budget and financial controls, bank reconciliations, accounting and liquidation of cash assistance. The staff reimbursed the organization for all private telephone calls made from office phones and for use of the car park. The overtime-cost incidence for the reporting period has been minor. For the use of funds deposited in the bank, the office maintained a coherent practice between the replenished amounts and the expenses volume, keeping the monthly bank balance to an acceptable level. Further to the audit recommendation, the bank reconciliation exercises have been further improved and the reconciling items have been cleared within a maximum of two months. UNICEF made its contributions to the UN common services in a timely manner and for the first time in so long, the government accounted for funds disbursed over nine months and more bringing the outstanding balance to zero. The funds that remained unaccounted for over six months as of 31 December 2012 was only USD$ 24,923, which will be liquidated in January 2013.

### Supply Management

The office supply function supported program implementation and achievement of results by providing the necessary goods and services. This year’s volume of procurement totalled USD$ 834,850, of which goods worth USD$ 162,691 were procured from in-country (including printing for USD$ 136,993) and USD$ 660,777 from offshore (including measles vaccines and prepositioning of emergencies). UNICEF HQs provided the in-kind assistance of 2.2 million doses of tetanus toxoid vaccines in support of the immunization campaign. In addition, UNICEF facilitated the government with procurement services for pentavalent vaccines and ARVs.

With strategic sourcing from regional and Copenhagen offices, the office procured emergency kits, family kits, school-in-a-box and tents for a total value of USD$ 375,636 and got them pre-positioned by the National Department of Education for 13 provinces. Distribution to the provinces will be done in 2013.

In August, the office requested the Philippines office for technical support to conduct a market survey, which assessed the local market capacity and updated the suppliers’ profiles in the database. Another support mission from East Timor office last October focused on interacting with printers/graphic designers (top one supplies of the office) and clearing agents, basic orientation of programme staff on supply plan, training of Program Assistants to strengthen their VISION skills for supply transactions in accordance with the office intent to have an in-house emergency surge capacity and bridging LTA discussions with other UN agencies.

UNICEF PNG does not have any in-country warehouses so monitoring of supplies was not required. However, from 2013, the office will have to follow up on the pre-positioning of the emergency supplies mentioned above received only in December. In the absence of a warehouse, in-country logistics and delivery to end-users were done through the use of local forwarding companies by counterparts and in some cases, suppliers requested to supply and deliver straight to the end-users.

In 2013, the office will enhance the monitoring of supplies to ensure good receipt by the end-users and proper payment upon confirmation of receipt by the same users.

The office received all support requested from Supply Division in a timely manner. In April, the Supply Officer attended training at Supply Division on international procurement principles and strategies, evaluation of bidders, evaluation of suppliers, competitive bidding process, contracting (including LTAs), quality assurance and ethics and compliance.

In the area of partner’s capacity building experience, the office assisted counterparts in procurement services and clearance of equipment. Interaction on how to proceed proved helpful for partners without supply staff.
Human Resources

As the implementation of the new four-year period country programme started this year, a staffing review was undertaken to match the objectives set in the program cycle. The UNICEF regional office approved a proposal by the Country Office to re-establish the position of an international professional Chief of Young Child Survival Development to provide much needed technical support to government. In addition, the posts of an International Nutrition Specialist together with a national Nutrition Officer and an HIV officer were also approved to boost the technical support to government in those areas. With these new posts, the staffing configuration will be commensurate with the office’s ambition to efficiently meet the challenges ahead.

In terms of gender balance, the office workforce is composed of 62 per cent of staff female and 38 per cent of male staff. The office took note of this and ensured potential male candidates were adequately shortlisted.

Staff members are appraised at least twice a year to assess progress against set annual objectives, through the performance management cycle as part of the PNG office culture. Staff and their supervisors engage in periodic and honest performance related discussions and assessments. The completion rate was 100 per cent. The office also held one coaching training session while the second session is planned for early 2013. The impact of this initiative has proved positive in terms of handling staff issues mainly between supervisors and supervisees. Two staff members were also selected and participated in the Management Development Programme through completion of online courses and then related face-to-face sessions.

The office has in place one male and one female Peer Support Volunteer. One United Nations Population Fund (UNFPA) female colleague - a medical doctor - volunteered to serve as the UN local stress counsellor. All staff is aware of these counselling resources and are encouraged to seek help as and when necessary. As an integrated mechanism to the office management, the local Staff Association set up three different committees - “Social Committee”, “Fundraising Committee” and “Working Environment Committee”- each with its own activities. A general assembly took place in December during the office Annual Management Review to elect new Executive Committee members for the next two years.

The Office is committed to UN Cares and has implemented the 10 minimum standards on HIV in the workplace. Awareness materials were distributed to staff and their families.

The Office identified office efficiency and staff development as the two areas of critical improvement from the results 2011 global staff survey results. With the leadership of the Staff Association, an action plan was development to improve in these areas.

Efficiency Gains and Cost Savings

The office made significant gains in cost efficiency with the high cost of doing business in PNG in the following ways since January 2012. The closing of two zone offices was justified, as the current structure of zone offices with limited technical staff did not yield optimal results on substantive programmatic dialogue, influence and follow-up with provincial partners at both provincial administration executives and provincial sectoral programmes partners in the context of decentralization in the past one year. Closing zone offices will save USD$ 221,000 on average per year attributed to other operational cost, USD$ 139,000 staff cost and USD$ 82,000 non-staff cost for the rental, security, electricity and other costs of the two zone offices. All these savings will go to programmes.

The estimated cost savings from Goods & Services Tax (GST) refund from Office Operational Costs of USD$ 81,000 and USD$ 110,000 from GST refund from funds disbursed to governments estimate is based on 23 per cent for accommodation and 13 per cent for domestic airfare out of the total volume of and anticipated.

Estimated cost savings from improving the office efficiency of USD$ 15,000 included savings in paper consumption average of 11 reams/month in 2011 to eight reams/month, on communications, on fuel and vehicle maintenance the 15 per cent reduction amounting, Courier to10 per cent reduction amounting and anticipate.
The Outsourcing procurement of tickets for international travel from overseas resulted in savings of about USD$ 35,000, considering the 25-30 per cent difference if procured locally. It is also anticipated that the office will save more from outsourcing printing services from overseas to the tune of 26 per cent of total printing volume.

Finally, in early 2012, the Country Office vacated a second floor of office space (8th floor) and moved all staff to only one floor (14th floor). A saving of USD$ 150,000 per year was made as a result of this.

**Changes in AMP & CPMP**

There are several changes envisaged in the 2013 Annual Management Plan. Following the closure of UNICEF sub-offices, the Office will reinforce its partnership with the subnational and provincial administration and locally active NGOs in different provinces, and also institute the field monitoring visits to the provinces to ensure timely support and response to the needs of the local situation of children and women. The Office will also reinforce its technical capacity with the addition of the following program positions: an international Nutrition specialist, a national Nutrition officer and a national HIV/AIDS officer as approved in the PBR in May 2012. For the first time, the office will formulate the four-year integrated budget for 2014-2017 and there will be increased support for interim salary survey for local staff salaries. The systematization of risk management in the program and management implementation and the training of staff on emergency risk management and early response capacities in line with CCCs and Business Continuity are both planned changes. The final change includes the reinforcement of UN Common Services (LTAs for travel, office supplies, vehicle maintenance, etc.).

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AGE</td>
<td>Accelerating Gender Equity in Education</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AMP</td>
<td>Annual Management Plan</td>
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<td>AMR</td>
<td>Annual Management Review</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>CCCs</td>
<td>Core Commitment for Children</td>
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<td>CDO</td>
<td>Community Development Officers</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<td>CHAI</td>
<td>Clinton Health Access Initiative</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>DfCD</td>
<td>Department for Community Development</td>
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<td>DNPM</td>
<td>Department of National Planning and Monitoring</td>
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<td>DoE</td>
<td>Department of Education</td>
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<td>EAPRO</td>
<td>East Asia Pacific Regional Office</td>
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<td>ECCD</td>
<td>Early Childhood Care and Development</td>
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<tr>
<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<td>ELDS</td>
<td>Early Learning Development Standards</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>ERM/RCSA</td>
<td>Enterprise Risk Management and Risk and Control Self-Assessment</td>
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<td>ESIP</td>
<td>Education Sector Improvement Programme</td>
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<td>ESIP</td>
<td>Education Sector Improvement Programme</td>
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<td>FBo</td>
<td>Faith Based Organizations</td>
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<td>FSC</td>
<td>Family Support Centre</td>
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<td>Acronym</td>
<td>Abbreviation</td>
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<tr>
<td>FSVAC</td>
<td>Family &amp; Sexual Violence Action Committee</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<tr>
<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICT</td>
<td>Information Communication Technology</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<td>IMEP</td>
<td>Integrate Monitoring and Evaluation Plan</td>
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<td>ITSSD</td>
<td>Information Technology Division of Support Services</td>
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<td>Long Term Arrangements</td>
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<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MDR</td>
<td>Maternal Death Review</td>
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<td>MNCH</td>
<td>Maternal Neonatal Child Health</td>
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<td>NDOH</td>
<td>National Department of Health</td>
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<td>NGO</td>
<td>Non-Governmental Organizations’</td>
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<td>NJJC</td>
<td>National Juvenile Justice Committee</td>
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<td>NSO</td>
<td>National Statistics Office</td>
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<td>OCHA</td>
<td>Office of Coordination for Humanitarian Affairs</td>
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<td>OR</td>
<td>Other Resources</td>
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<tr>
<td>PAF</td>
<td>Performance Assessment Framework</td>
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<td>PARMO</td>
<td>Public-Sector Alliances and Resource Mobilization Office</td>
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<td>PEAN</td>
<td>PNG Education Advocacy Network</td>
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<td>PJJWG</td>
<td>Provincial Juvenile Justice Working Groups</td>
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<tr>
<td>PNG</td>
<td>Papua New Guinea</td>
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<tr>
<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission of HIV</td>
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<tr>
<td>RED</td>
<td>Reaching Every District</td>
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<tr>
<td>SERC</td>
<td>Special Education Resource Centers</td>
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<td>SLIP</td>
<td>School Learning and Improvement project</td>
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<td>SPM</td>
<td>Strategic Planning and Monitoring</td>
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<td>SWAp</td>
<td>Sector Wide Approach</td>
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<td>TT</td>
<td>Tetanus Toxoid</td>
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<tr>
<td>UBE</td>
<td>Universal Basic Education</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDSS</td>
<td>United Nations Department of Security Services</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>VAC</td>
<td>Violence against Children</td>
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<td>VJCO</td>
<td>Volunteer Juvenile Court Officers</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>YCSDF</td>
<td>Young Child Survival and Development</td>
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<td>YWCA</td>
<td>Young Women’s Christian Association</td>
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