Executive Summary

Achievements
High level advocacy contributed to the development of a multi-sectoral National Nutrition Policy and Strategic Plan to improve nutrition in Papua New Guinea (PNG). A capacity assessment on nutrition was conducted to identify capacity needs for provincial and district health personnel in line with the health human resource policy. Based on strong advocacy, the Government will introduce a system to detect and treat severe acute malnutrition in 2014. Progress towards “A Promise Renewed” was advanced with the Government committing to implement an accountability framework to coordinate sectoral efforts to accelerate the reduction of preventable deaths.

UNICEF’s systematic advocacy contributed to the Government agreeing to integrate early childhood education as part of the education system. UNICEF supported the Government to explore options for introducing an alternate basic education programme for out-of-school children, the majority of whom are girls.

UNICEF advocacy to strengthen a decentralized birth registration system resulted in the Civil Registration Office agreeing to pilot a health facility based registration system to address supply side barriers related to birth registration.

Targeted technical support helped to strengthen access to quality supplies and services. UNICEF capacity support contributed to 1.5 million women of child bearing age receiving Maternal and Neonatal Tetanus Elimination (MNTE) services in 3 consecutive supplementary immunisation activity/tetanus toxoid (SIA/TT) rounds. The rollout of Prevention of Parent to Child Transmission of HIV (PPTCT) activities in district health facilities contributed to 40 per cent of HIV-infected pregnant women, and 38 per cent of infected children receiving antiretroviral therapy (ART), up from 12 per cent and 26 per cent respectively, in 2011.

UNICEF continued efforts to strengthen the evidence base by analysing patterns and causes of inequity. Research on male involvement in antenatal care (ANC) and PPTCT contributed to increased awareness on gender inequalities affecting access to HIV care services. Data is being used to pilot innovative approaches to increase male involvement in PPTCT.

Collaborative partnerships were forged with the National Economic and Fiscal Commission (NEFC) in the area of decentralized budgeting, the Department of Community Development and the World Bank on implementing child-sensitive social protection and the Division of Rural Development on strengthening service delivery. A public private partnership established with the Department of Health and Digicel Foundation will test the of use mobile phones to facilitate PPTCT service delivery and improve retention. UNICEF’s partnership with the Department of National Planning and Monitoring (DNPM) to lead the Violence against Children study helped to secure resources for follow-up actions.

Shortfalls
Limited funding and lack of human resources remain critical bottlenecks to advancing results in maternal health, neonatal health and gender mainstreaming. Perennial issues relating to low public sector capacity to manage and deliver services, inadequate budget allocations for some sectors, fragmented coordination and delayed acquittals continued to hamper programme implementation. The Office successfully implemented direct
implementation and direct payment modalities to address bottlenecks related to delayed acquittals. Data quality remains a critical barrier. The capacity of partners at central and local level to collect, interpret and use data is limited.

The high cost of doing business and growing insecurity add to these challenges. UNICEF continues to face significant funding challenges with health, nutrition, HIV/AIDS, child protection and Planning, Monitoring and Evaluation (PME) critically under-resourced.

**Country Situation as Affecting Children & Women**

Despite progress, Papua New Guinea is not on track to meet any of the Millennium Development Goals (MDGs). This is largely due to continuing gender, spatial and geographic, and other disparities. Social norms, insufficient budget allocations to critical social sectors, poor coordination within and across government and limited capacity to deliver basic social services remain barriers to improving development indicators in PNG.

PNG's economy and policy environment continued to evolve, buoyed by growth in the natural resource sector. Aggregate GDP is anticipated to rise by 20 to 25 per cent with first production from liquefied natural gas in late 2014 and early 2015[1]. The Government increased funding to sectors including health and education. Funding to districts and local-level governments increased from less than PGK 200 million in 2012 to PGK 1.5 billion in 2013[2].

With an annual population growth rate of 2.3 per cent, the population is projected to reach nine million by 2020. About 40 per cent of the population lives on less than US $1 per day and 75 per cent of households depend on subsistence agriculture. Forty-one per cent of rural inhabitants compared to 16 per cent of urban dwellers live in poverty and are harder to reach with services.

PNG has the highest under-five mortality rate (U5MR) in the Pacific region. Seventy five per thousand live births – one in 13 children – die before their fifth birthday, with huge geographic disparities. The U5MR ranges from a high of 157/1000 live births in West Sepik to a low of 27/1000 live births in the National Capital District. Rural children are twice as likely to die before their fifth year as urban ones and the post-neonatal mortality rate for rural infants is three times higher than urban infants. Malnutrition is a silent emergency in PNG and a significant underlying factor to morbidity and mortality. Over 48 per cent of children age five or younger are stunted, 16 per cent are wasted or acutely malnourished, and 28 per cent are underweight, with higher levels of both in rural areas.[3] Several provinces have wasting and stunting rates above the WHO emergency threshold. Despite this, PNG does not have a comprehensive protocol to manage severe acute malnutrition and many health practitioners are not familiar with therapeutic feeding protocols.

The maternal mortality ratio (MMR) of 700 maternal deaths per 100,000 live births is the second highest in the world, with the highest MMR registered in rural areas. Less than half of all births are attended by a skilled health worker. This is largely attributed to the shortage of skilled health personnel in rural areas. When coupled with limited contraceptive provision and a high level of teenage pregnancy, childbirth is extremely dangerous for many women. Addressing supply side barriers to health care, the National Executive Committee (NEC) passed PNG’s free primary health care and subsidized specialist services policy in August 2013, and revised hospital charges accordingly. The
policy will help ensure free access to basic primary health care, including free outpatient consultations, access to drugs and birth delivery.

The national HIV prevalence rate among the adult population aged 15-49 years reduced from 0.8 per cent to an estimated 0.5 per cent. While service delivery to increase access to major HIV prevention and treatment interventions has improved, gaps remain. 40 per cent of estimated HIV-infected pregnant women had received ART for PPTCT (an increase from 12 per cent in 2011) and 38 per cent of HIV-infected children had initiated HIV treatment by December 2012.

Only 40 per cent of the population have access to clean water and 45 per cent have access to improved sanitation services, with large disparities between urban and rural areas, while only 2 per cent of rural and 47 per cent of urban households use improved sanitation.

Almost one-third of PNG’s population are school aged, out of whom 71 per cent were enrolled in school. Over 600,000 children (29 per cent) are out-of-school. While elementary and primary school enrolment increased with the introduction of Tuition Fee Free education in 2012, girl’s education continues to lag behind. Only 48 per cent of elementary school aged girls were enrolled in 2012, falling to 44 per cent for primary school. In 2014, the Government will introduce Compulsory Education up to grade 12 in a phased approach.

PNG ranks in the bottom 10 countries of the Gender Inequality Index. Women and girls have substantially less access to health care and education services than males. Violence against women and gender-based violence is high, with an estimated two out of three women having experienced it. While reliable and rigorous nationally representative data is limited, available small scale studies indicate that up to three-fourths of children experience physical abuse, with even more experiencing verbal abuse [4].

Access to justice for women and children is limited. With a weak police and justice system, communities use traditional practices of mediation and pay compensation out of court to resolve family and sexual violence issues. This allows perpetrators to continue reoffending with impunity. Birth registration is an important protection mechanism and critical to ensuring children and families access health, education and protections services. However, 90 per cent of the population are not registered [5].

The Government is actively trying to address these challenges through new policies and initiatives. In September 2013, Parliament unanimously passed the Family Protection Act (2013), which makes domestic violence a criminal offence and strengthens protection orders in PNG. The Catholic Bishop’s Conference announced that it would prioritize child protection in church-run initiatives throughout PNG. UNICEF will provide capacity support in this regard in the future.

Social media is beginning to serve as a powerful tool for mobilizing social action on key issues. Mobile telecommunication has increased rapidly over the past six years, enabling broader dialogue and information exchange on a range of issues. Facebook and blogs have been used to address socio-cultural issues such as sorcery, and violence against women and children.

[1] World Bank, 2013-1. "Papua New Guinea Economic Briefing: From the last days of the boom to lasting improvements in
living standards. [2]


Country Programme Analytical Overview

As per the Alotau Accord, the Government has been divesting responsibility and resources to provincial and district levels in an effort to strengthen service delivery. Funding to provincial, district and local-level governments increased by 400 per cent in 2013, with earmarks of 20 per cent for the health and education sector, although there are no allocations for child protection [1]. Government support to decentralization and increased investments to health and education provide an entry-point to advocate for targeted programmes and resources to advance results for children. Resources are needed for child protection.

As such, 2014 will see greater focus for UNICEF on working at the provincial level and with provincial authorities to build their capacity to extend quality services. Attention will be given to strengthening public finance and local governance to ensure that agreed laws and public policies are supported with the necessary allocations and that budget allocations are implemented at the right level, at the right time with the right impact for children. New partnerships will be forged to provide technical support to strengthen decentralized planning and budgeting, improve national monitoring and evaluation structures, enhance transparency and strengthen service delivery.

The geographic and programmatic convergence approach initiated in 2013 will be strengthened to improve planning, data analysis and coordination and link sectoral interventions at the subnational and national level. Through the reaching every district initiative, UNICEF will strengthen access to quality services at the provincial level, targeting the most vulnerable communities. The Monitoring of Results for Equity System (MoRES) will continue to serve as a critical frame for equity-focused programming. Determinants analyses have been initiated with partners during all Annual Reviews, with specific indicators and courses of action identified to monitor and address critical barriers and bottlenecks at the national and subnational level.

In 2014, UNICEF will continue to provide technical advice and advocacy, focusing on persistent inequalities; support pilot activities and innovations that inform national policy; and leverage domestic resources to promote children’s rights. UNICEF will:

- Apply a geographic and programmatic convergence approach in five provinces to improve planning, data analysis and coordination and link subnational and national levels in health, nutrition, PPTCT, education, Early Childhood Care and Development (ECCD), and child protection;
- Build strategic partnerships with parliament to target district and local level government development funds to address children’s issues in their constituencies;
- Support partners to analyse Census data from an equity perspective, using DevInfo;
- Support the DNPM, NEFC, Division of Rural Development (DIRD) and the Department of Provincial and Local Government Affairs to strengthen data collection processes and analysis at national and subnational levels for more efficient budgeting and service delivery;
- Strengthen capacity building on Communication for Development (C4D) and development of communication strategies in different programme areas to address the negative societal acceptance of violence against children and women, and promote nutrition and ECCD;
- Develop innovative monitoring tools to collect and report data from the field (e.g. Digicel SMS initiative);
• Support the Department of Community Development (DfCD) in rolling out child-sensitive social protection;
• Enhance capacity of provincial and district partners to provide quality services, and;
• Strengthen gender- and risk-informed (resilience) programming and implementation.
Effective Advocacy

Fully met benchmarks

Strong and continuous advocacy by UNICEF in 2013 contributed to better positioning of children’s issues in the Government’s agenda. For example, as a result of UNICEF advocacy, the National Department of Health (NDoH) and the national hospitals agreed to review the national protocol for detecting and managing severe acute malnutrition (SAM) at facility and community levels. Actions to address SAM will be progressively rolled-out to provincial hospitals, health facilities and communities. The process for developing the national nutrition policy engaged multiple sectors (Health, Agriculture, Education, and Community Development), helping to pave the way for a more coordinated response to high rates of stunting in the country. UNICEF will continue advocating at the highest level to establish a multi-sectoral coordination mechanism within the Prime Minister’s Office to coordinate the national nutrition policy. UNICEF advocacy contributed to the UN Country Team (UNCT) adopting nutrition and violence against children as a UNCT priority.

UNICEF successfully advocated for the country to adopt the 2013 World Health Organisation (WHO) guidelines on HIV prevention, care and treatment. Lifelong antiretroviral HIV treatment (Option B+) is the recommended mode of management of pregnant and breastfeeding HIV-infected mothers. UNICEF is supporting NDoH to implement the Option B+.

UNICEF’s continued advocacy in child protection resulted in the establishment of 14 provincial Juvenile Justice Committees and employment of 20 Juvenile Court officers in 20 provinces, thus strengthening the juvenile justice sector. UNICEF’s policy dialogue with the Civil Registration Office was pivotal in getting the Government to agree on a model for health facility-based registration systems and assignment of designated civil registration coordinators in selected provincial and district hospitals.

UNICEF advocacy with the Department of Education (DoE) and with the Outcome-Based Education Exit Committee contributed to greater awareness of the importance of ECCE. The Government integrated ECCE as part of the new education structure and preparations are underway to develop curriculum and minimum operating standards with support from UNICEF. Strategic advocacy on children with disabilities helped to ensure that children’s issues, and in particular inclusive education, was included in PNG’s revised disability policy.

Persistent advocacy with the DfCD and the World Bank on the need to include child-sensitive social protection as part of PNG’s proposed social protection system – now only covering social pension and persons with disability – led to UNICEF being one of only a few agencies asked to provide technical support in this area. Together with the World Bank, UNICEF will lead a costing of options for rolling out child sensitive protection in 2014.

Capacity Development

Mostly met benchmarks

Capacity was strengthened at the operational level to deliver immunizations and vaccines. Learning from the failure of the training of trainer approach to build the capacity of health
workers, UNICEF provided direct technical support to carry out in-service training for health workers in routine immunisation (basic expanded programme of immunisation/EPI, cold chain and vaccine management) and in PPTCT interventions. On-the-job mentoring and supervision was conducted to support implementation. Together with the Health Promotion Branch and UNICEF, more than 200 national and provincial service providers were trained in communication aspects of the Tetanus Toxoid (TT) immunisation Round 3.

UNICEF's support helped to strengthen capacities in performing bottlenecks analysis and micro plan corrective solutions at the provincial and district level. Efforts will be expanded in 2014 through provincial and district quarterly monitoring of interventions. At the national level, UNICEF helped to strengthen the capacity of the NDoH through training and skills building of PPTCT national and regional coordination teams, contributing to greater ownership, planning and implementation of PPTCT services at national and subnational levels.

UNICEF's support to developing training curriculum and mainstreaming of pre and in-service training programmes was critical to strengthening capacity in the child protection sector – traditionally the most under-resourced sector. With UNICEF support, 16 provincial Community Development Justice and Civil Society Organization Officers completed mandatory training on the Child Protection Act as well as a certified Competency-Based Training as facilitators to equip them with the skills and competencies needed to roll out trainings in their respective provinces. UNICEF supported the police sector to develop and implement curricula for pre-service and in-service training on police protocols for child suspects, child victims and witnesses of crime. Support was also provided to the Magisterial Service to develop and pre-test training manuals for Juvenile Court Magistrates. These efforts will help to ensure that the law and justice sector implement appropriate protocols for young offenders.

A first for the country, with support from UNICEF, the education sector conducted earthquake mock drills for 4,600 school children and trained primary school teachers, and staff from fire service, medical service, maritime college, special education centres on structural and non-structural hazards and on first aid. Teachers developed disaster preparedness and response plans for their schools. A training of trainers will be conducted for selected teachers in 2014 to build capacity in other provinces. Officials have also been trained to implement the National Policy on Education in Emergencies and Disaster Risk Management, increasing the capacity of the education sector in emergency preparedness and response plans.

UNICEF continued to work with national partners to strengthen monitoring and evaluations systems, and link data to national plans and policies. UNICEF held a DevInfo User Interface training workshop for the Department of National Planning and Monitoring to familiarize national and provincial planners on the use and capability of the DevInfo tool. The training equipped participants with the skills needed to navigate and effectively use the DevInfo development system. Discussions are ongoing with the National Statistics Office and Planning on analysing and presenting data with an equity-lens.

**Communication for Development**

*Mostly met benchmarks*
The Communication for Development (C4D) interventions in 2013 supported programme delivery and events-based programme advocacy. UNICEF facilitated the revitalization of the PNG Coalition on Children's Rights, comprising Government, national and international non-governmental organisations (NGOs) and Faith-Based Organizations (FBOs) and led by the Family Sexual Violence Action Committee. The Coalition undertook a yearlong #End violence against children campaign under the theme “Violence against children can never be justified: not by culture, tradition or religion” and organized an International Children's Day event under the same theme. Messages were developed to target social and cultural norms that perpetuate violence against children including issues relating to stigma and discrimination that put children at greater risk to violence and abuse, and prevent them from accessing critical life-saving services and care.

The major thrust of C4D interventions focused on developing a communication strategy and implementation plan to strengthen behaviour change activities at the provincial and district levels using EPI as an entry point. An EPI Communication Strategy was revised to enhance advocacy, social mobilization and communication for behaviour change actions. A TT communication implementation framework was informed by separate briefings and orientations with NGOs, the private sector and the media. Ideas were generated on how each group could contribute to health promotion and communication for TT Round 3. With the specific users and their needs in mind, four key materials were developed, pre-tested and implemented. Local health staff were encouraged to monitor the implementation of planned health promotion and communication activities to determine the efficacy of the intervention towards achieving the target coverage for children and women. These efforts helped to reach thousands of children with regular routine vaccines and at least 420,000 women of child bearing aged with TT vaccines. Many more received appropriate messages on child survival and maternal health through social mobilisation.

**Service Delivery**

*Mostly met benchmarks*

While UNICEF is engaged in upstream policy, service delivery continues to be a critical component of UNICEF's work in PNG. UNICEF and WHO continued to support the implementation of the "Reach Every District" (RED) / “Reach Every Child (REC) strategy in twelve of 23 districts to improve routine immunization in disadvantaged areas. The RED/REC strategy was scaled up to cover 26 additional districts in PNG. In 2014, the strategy will include systematic micro planning of outreach activities and quarterly monitoring of interventions in beneficiary districts to increase routine EPI, and ensuring that all children have access to immunization services.

UNICEF provided direct technical and financial support to decentralized PPTCT service delivery at the provincial and district level. As a result, more HIV+ pregnant women are being enrolled into ARV treatment under option B+. UNICEF’s efforts focused on 5 selected high HIV prevalence provinces, which will be expanded in 2014. UNICEF continued to support implementation of the GFATM Round 10 to scale up PPTCT and HIV prevention and treatment services in eight provinces with a high burden of HIV. With 170 health facilities providing PPTCT (up from 32 in December 2012), communities have greater access to PPTCT services. UNICEF supported the development of comprehensive monitoring and reporting tools to strengthen quality of data collection, management and reporting for PPTCT, HIV care and treatment and MCH services.
In the area of child protection, access to coordinated legal, medical, psychosocial support and referral services for women and children victims of violence have increased with the inauguration of the 11th UNICEF supported Hospital Based Family Support Centre in Buka, Autonomous Region of Bougainville. Outreach programmes for awareness-raising on violence against women and children, and identification and referral of cases have been rolled out through training of 157 community advocates, 346 volunteers and 30 chiefs. As a result, more women and children victims of violence are receiving services through Family support Centres. As a result of this success, the National Department of Health directed provincial authorities to integrate the establishment of Family Support Centres in their annual plan and budget.

With support from UNICEF, the Salvation Army, a FBO working with police and courts, continued to provide social support services to child victims and witnesses before, during and after trials in three provinces. An estimated eight child victims of violence are supported on a daily basis in the three provinces as a result of these programmes.

Partnership were also strengthened with NGOs to roll-out interventions relating to Child Friendly Schools (CFS) and ECCD. UNICEF expanded its support to the educational inspection system at the provincial and district level therefore improving the supervision and monitoring of schools.

**Strategic Partnerships**

*Mostly met benchmarks*

Strategic partnerships were advanced with Government, UN agencies, civil society, international financial institutions and the private sector in the core areas of UNICEF’s work. New partnerships were forged with the DNPD relating to violence against children and in strengthening data analysis and monitoring; NEFC and DIRD on decentralized social budgeting; DFCD and the World Bank on social protection; and the Olympic Committee and corporate partners in support of the Queen’s Baton Relay (QBR). UNICEF’s support of the 2013 QBR opened opportunities for partnerships in the area of sports for development.

UNICEF strategically became active members of two committees on Budget Review and Education housed within the Consultative Implementation and Monitoring Council (CIMC) and established by the NEC. The CIMC committees provided a platform to discuss development policies amongst a range of stakeholders. Various recommendations have been proposed to the NEC through the Minister of Planning and Monitoring who serves as chair.

A public private partnership was initiated between NDoH, UNICEF and Digicel Foundation, the largest telecom company in PNG, to use mobile phones to facilitate PPTCT service delivery and monitor and improve overall retention of clients in HIV care.

UNICEF successfully encouraged the revitalisation of the PNG Coalition on Child Rights, which brings together Government counterparts, key international and local NGOs as well as faith based and civil society organizations to address issues affecting children and women in PNG.

UNICEF worked in partnership with international NGOs working on children’s issues. For
example, UNICEF partnered with Child Fund Australia to rollout various programmes in Central province, including on CFS focusing on remote primary schools and communities; implementing a SIA/TT campaign and training of health workers on basic EPI; and supporting the piloting of a pull-up banner with messages targeting violence against children.

In emergency, UNICEF strengthened collaboration with the National Disaster Centre (NDC) through disaster management teams meetings and emergency simulations. NDC expressed support for UNICEF’s initiative in procuring education emergency supplies which were prepositioned in 13 provinces that are most vulnerable to disasters.

UNICEF advocated through the health donors and partners coordination mechanism, health sector partnership committee and health partners national forum for better harmonization of partner actions with a clear mapping of interventions in the country. Partners agreed to strengthen collaboration and streamline efforts to avoid duplication and maximize efficiency. At the operational level, partnerships were advanced with NGOs to support health facility-based and community-based service delivery to reduce inequities in health care delivery. UNICEF’s collaboration with WHO on HIV and AIDS and nutrition resulted in expanded PPTCT partnerships for meeting elimination goals, and the strengthening of nutrition as a priority for improving maternal and young child health.

In 2014, greater attention will be given to strengthening partnerships with parliament to address children's issues in their constituencies. UNICEF will also aim to revive partnerships with youth groups to facilitate the participation of adolescents and young people in the development of youth policies, strategies and plans.

**Knowledge Management**

*Mostly met benchmarks*

Several initiatives were launched in 2013 to strengthen the knowledge base in key areas. UNICEF provided technical and financial support to the publication “Promoting Male Involvement in Antenatal Care and PPTCT: Knowledge, Attitudes and Practices Study for the Haus Man-Sambai Long Ol Mama Project in Papua New Guinea” to address the critical challenge of male engagement in PPTCT and HIV-related care. Similarly, after PNG adopted Option B+ (i.e., lifelong HIV treatment) as a mode of care for HIV-infected pregnant and breastfeeding women, a national stakeholder consultation, which included provincial partners, was held to guide implementation.

Strengthening the evidence-base on child protection remains a challenge. Following UNICEF advocacy, the DNPM is leading multi-sectoral efforts to undertake a national survey of violence against children to provide the evidence for developing policies and strategies to address critical child protection issues. Once completed, the study will provide important baseline information on all forms of violence against children and contribute to improved police and programmatic response.

UNICEF supported two studies analysing the extractive industries sector as part of an UNRISD and UNICEF collaborative study aimed at mobilizing revenues from extractive industries to promote and protect children’s rights and wellbeing in resource-rich countries. Evidence will be used to advocate for increased investments for children, particularly in the area of child protection. UNICEF will also support efforts to establish
information systems for documenting programmatic responses, with a focus on family support centres and police.

One of the most pressing challenges remains the limited Government capacity to collect and analyse data. A framework for data collection, processing, analysis, dissemination and utilization at all levels does not yet exist. Population based surveys are often costly and conducted infrequently to inform planning processes (e.g., the 2011 Census data has yet to be released). In order to make Government statistics more readily accessible, UNICEF supported DNPM to purchase a server to host PNGInfo, which will serve as a one-stop shop for data analysis and processing. Two universities have developed graduate courses to train students to use PNGInfo to analyse and present development statistics. An equity-focused situation analysis is planned for 2014 as part of the mid-term review process. Data from the situation analysis will be used to advance policies in key areas and guide the development of the new country programme.

Greater attention will be given to strengthening the evaluation function and developing national evaluation capacity to undertake quality evaluations as a key strategy for learning and development. Focus will also be on analysing, evaluating and showcasing (through blogs, video, the UNICEF intranet, the internet, etc.) innovative strategies and processes to accelerate results for children in PNG.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

UNICEF continued to promote rights-based programming to address the scale of inequity in PNG. The protection programme supported initiatives aimed to enhance the capacity of a multi-disciplinary team including health, welfare, and law and justice sectors to protect and respect the rights of children who come in contact with the law as suspects, victims or witnesses. Interventions were launched to improve access to justice and basic services through advocacy, training and capacity building.

UNICEF supported the police sector to develop and implement curricula for pre-service and in-service training on police protocols for child suspects, as well as police protocols and training manuals to support child victims and witnesses of crime. Similar support was provided to the Magisterial Service to develop training manuals for Juvenile Court Magistrates. These efforts will help to ensure that the law and justice sector implement appropriate protocols with regards to young offenders.

In all sectors, programme interventions target the most vulnerable communities. In health, UNICEF supported the restructuring of outreach activities to reach the most vulnerable communities, using the RED approach. UNICEF supported the Department of Education to launch an early childhood development scales assessment for 3-5 year olds in the most deprived provinces. Findings from the study will help establish early learning opportunities for children in rural and remote communities.

To address violence against women and children, UN agencies, Government and civil society organization launched 20 days of activism on human rights through a number of events organized at national and sub national level to address the rights of various stakeholder groups. The International Universal Children’s Day was celebrated under the theme “no violence against children is justifiable: not by culture, tradition or religion”.
Messages targeted social and cultural norms that perpetuate violence against children including issues relating to stigma and discrimination.

UNICEF successfully introduced the concept of equity-focused monitoring and programming within annual review and work plan processes, providing a sustainable pathway to rights-based programming. The Office will further strengthen human rights-based approach capacity and understanding through a Programme, Policy and Procedure training scheduled for February 2014. UNICEF continued to engage the Government to meet its obligations under the Convention on the Rights of the Child (CRC), including CRC reporting which is overdue (the last report was in 2000). Discussions are underway with the corporate sector on advancing child rights under the ‘Safe Cities’ frame. These efforts will continue in 2014.

UNICEF provided technical inputs to inform the development of a Terms of Reference to conduct a Peace and Development Analysis (PDA) in the Autonomous Region of Bougainville (ARB) as a first step to developing a Peace Building Fund (PBF) for ARB. UNICEF support helped to ensure the inclusion of children and basic social services in the process. UNICEF became active members of technical committee of PBF to review the PDA, which will lead to the development of the Peacebuilding Priority Plan in 2014.

**Gender Equality**

*Mostly met benchmarks*

UNICEF made clear gains in 2013 in building the evidence-base on gender issues, supporting gender-based programming and strengthening partnerships. Together with the DNPM, UNICEF supported the initial phase of gender-sensitive research on violence against children, which will include disaggregated evidence on the vulnerability of boys and girls to all forms of violence. The study will be rolled out in 2014.

Efforts were taken to strengthen Government capacity to address gender issues in education, particularly issues relating to low girl enrolment. Due in part to UNICEF advocacy, the DoE filled the long vacant gender officer post and initiated a process to train school teachers and provincial authorities on the Gender Equity in Education Policy. With UNICEF support, a Human Resources and Organisation Development team of DoE was trained to guide provinces to identify and address gender-related barriers, and in particular undertake activities linked to school-related gender-based violence (GBV).

The Accelerating Gender Equity in Education National Steering Committee was revived to support the work of Gender Focal Points for DoE and provinces. An assessment of low girl primary school enrolment and high drop rates in the Highlands will be expanded to include other provinces with low enrolment, including Morobe and Sandaun. The University of Goroka will undertake the study in 2014, in collaboration with DoE and support from UNICEF.

In the area of PPTCT services, the “Men Taking Action” approach launched with Catholic HIV and AIDS Services aims to increase male involvement and compliance to treatment. The expansion of this approach through partnership with NGOs in several provinces will help to increase gender equality in the area of PPTCT in PNG.

The Office regularly ensured the inclusion of gender issues in press statements, speeches
and research studies where feasible. Keynote speeches delivered during the International Universal Children's Day, International Day of the Girl Child, Family Sexual Violence Action Committee, and nutrition included a gender focus. The Country Management Team had a running agenda item to review progress against Annual Work Plans and MoRES priorities, which included a review of progress on gender and gender mainstreaming. The Office actively participated in the UN gender task team, and through this mechanism, further shaped UNICEF's focus on gender. Gender markers of each outputs were reviewed according to the UNICEF guidelines.

Gender mainstreaming will continue to be a focus in 2014. Together with UN Women, UNICEF will undertake a gender audit of the education sector and develop a gender training manual in 2014. 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.

A gender analysis of UNICEF programming is planned for 2014 as part of the Mid-Term Review (MTR) process. A Policy, Programme and Procedure workshop is scheduled for 2014, which will address gender concepts and issues. UNICEF will continue to work with partners to expand the evidence base on gender dimensions.

**Environmental Sustainability**

*Initiating action to meet benchmarks*

Access to quality water and sanitation is a critical issue across the country. Only 10 per cent of rural and 70 per cent of urban households have access to piped water, with only 2 per cent of rural and 47 per cent of urban households with access to improved sanitation [1]. Open defecation remains a challenge. Based on 2006 DHS, an estimated 18 per cent of the population practiced open defecation, contributing to illness and disease and to poor nutrition outcomes for children. Access to improved water and sanitation remains poor in schools and health facilities.

Papua New Guinea is also highly vulnerable to the impacts of climate change as it encompasses more than 17,000 km of coastline and 600 islands -- most of which are low lying -- and is heavily reliant on the natural resource sector for subsistence agriculture and economic growth.[2] PNG is the world’s ninth-largest greenhouse gas emitter primarily resulting from deforestation and forest degradation. Much of PNG’s land has been modified by erosion and land clearing resulting from subsistence as well commercial agriculture, mining and logging. Environmental degradation is compounded by high population density in some areas, accelerated coastal development and shoreline erosion. Weak environmental governance, particularly in the resource extraction sector, and traditional land tenure system further constrain sustainable natural resource management and planning.

Strengthening resilience and adapting to the effects of climate will be critical to sustaining PNG economically, politically and socially. The Government developed the Office of Climate Change and Development to coordinate related policies and actions, and is in the process of finalizing the Second National Communication on Climate Change.

As children are often the most vulnerable to the impacts of climate change and environmental degradation, UNICEF will support the Government and partners to advance national climate change, disaster risk reduction and environmental sustainability goals,
using the education sector as a critical entry-point. UNICEF will support the mainstreaming of climate change adaptation and resilience in national curriculum, and the scaling-up of the use of the education game ‘Riskland’ and disaster preparedness training in schools.


**South-South and Triangular Cooperation**

South-South cooperation continues to form a key strategy for national capacity development in PNG. Participation of the Deputy Minister for Education and officials from Department of Education in the second High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific in Delhi created an avenue for further dialogue and cooperation among ministries on early childhood care and education. Thirty three countries from South and South East Asia and the Pacific participated.

Facilitated by Indonesia’s Ministry of Planning, the Department of Education will be undertaking a study tour in 2014 to learn about Indonesia’s early childhood care and education system, and specifically how early childhood development can reach the most deprived and vulnerable children including children with disabilities. The DoE is also discussing the possibility of a study visit to Sri Lanka to learn more about implementing tuition fee free and compulsory education policies.

South-South cooperation was used to strengthen capacities and provide technical support. In the area of monitoring and evaluation, Timor-Leste’s M&E and DevInfo Specialist provided critical technical and facilitation support during a week-long DevInfo workshop held in December 2013 for Government counterparts. Collaboration is ongoing with the Timor-Leste office to strengthen monitoring and evaluation capacity in PNG, with a study tour of Government officials planned for 2014. High-level meetings and study tours provide an opportunity for Government to exchange latest knowledge and best practices, and develop policy on key issues affecting children.
Narrative Analysis by Programme Component Results and Intermediate Results
Papua New Guinea - 6490

PC 1 - Young child survival and development

**Constrained**

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

**Progress:**

Maternal and child mortality remains a serious threat for women and children, due in part to limited capacity to provide basic quality maternal, child and new-born care services. Limited human resources and funding remain key bottlenecks. The situation is worsened by challenging geographical barriers and high operational costs.

Progress towards “A Promise Renewed” was advanced with the Government committing to put in place an accountability framework to coordinate sectoral efforts to accelerate the reduction of preventable deaths, focusing on newborns.

UNICEF, together with WHO and UNFPA, supported the review and development of relevant policies to improve health outcomes of women and children, including on nutrition, infant and young child feeding, newborn care and integrated management of childhood illness. UNICEF also supported the development of a maternal neonatal tetanus elimination strategy and neonatal health strategic plan.

With stunting among children under-five at 45.2 per cent (HIES 2010), attention was given to revising the 1995 national nutrition policy and drafting a nutrition strategic action plan. A capacity assessment on nutrition was conducted to identify capacity needs for provincial and district health personnel in line with the health human resource policy. Based on strong advocacy, the Government will introduce a system to detect and treat severe acute malnutrition in 2014.

To achieve elimination of maternal and neonatal tetanus by 2015, UNICEF, together with WHO and other development partners, supported the third round of supplementary immunization activity/tetanus toxoid (SIA/TT). UNICEF supported communication and social mobilization for SIA and the development of communication strategy on MNCH and nutrition. Although the country implemented three consecutive SIA/TT campaigns, several provinces did not reach the required coverage levels (80 per cent).

In 2013, UNICEF contributed to the expanded programme on immunization (EPI) review. Evidence from the review showed little improvement since 2002 when the last review was conducted. To reach all children and women with immunization and ensure rapid roll-out of the new pneumococcal vaccines, UNICEF supported decentralized in-service training of health workers on EPI, cold chain / vaccine management and cold chain maintenance and repair, going beyond the traditional training of trainers approach to train health workers at the operational level. The Department of Health agreed to scale-up training to all provinces by 2014.

Collaboration with UN agencies improved in 2013, particularly in the area of EPI and newborn care. Lack of funding continues to challenge the full implementation of programmes needed to advance results for children in PNG.

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

**Progress:**

To address capacity gaps, UNICEF supported the Government to implement three consecutive rounds of tetanus toxoid (TT) immunization campaigns coupled with other routine antigens to eliminate maternal and neonatal tetanus and measles. The first immunization campaign held in 2012 reached 88 per cent of targeted children with the measles vaccine and 77 per cent of women of child bearing age with TT. The second and the third rounds held in 2013 were less effective due to funding and operational constraints associated with the Government’s decision to shift from a "campaign" to a "routine integrated maternal and child health outreach" mode. The second and third rounds achieved only 60 per cent TT coverage. Due to late disbursement of funds to the provincial level, several provinces did not fully implement the SIA/TT. Only one of 89 districts achieved more
than 80 per cent coverage during the three rounds of SIA/TT. Social mobilization activities supported by UNICEF during SIA/TT have shown to be crucial in achieving positive results of more than 80 per cent coverage in National Capital District. In 2014, mop-up activities will be conducted to reach unimmunized children.

UNICEF and WHO supported the implementation of the "Reach Every District" (RED) / "Reach Every Child (REC) strategy in 12 of 23 districts to improve routine immunization in disadvantaged areas. The RED/REC strategy was scaled up to cover 26 additional districts. In 2014, the strategy will include systematic micro planning of outreach activities and quarterly monitoring of interventions in beneficiary districts to increase routine expanded programme on immunization and ensure that all children have access to immunization services.

On IMCI, the national policy was revised and submitted for approval. A new malaria control strategic plan (2014-2018) is under development. IMCI will be a key strategy to increase access to malaria treatment to vulnerable and hard to reach areas.

IR 6490/A0/04/001/001/002 By 2015, health workers, mothers and families have the skills and knowledge needed to improve young infant, child and maternal nutrition outcomes for optimum health and development.

Progress:
Despite high rates of stunting at 48.2 per cent amongst children under 5, nutrition remains a low priority due to lack of clear policy guidance, low capacity in the health sector and low public awareness on nutrition and its contribution to optimum child development and learning.

UNICEF supported the National Department of Health (NDoH) to revitalize and scale up the National Nutrition Programme. This included revision of the 1995 National Nutrition Policy and development of a costed strategy and action plan. UNICEF will continue advocating for a high-level coordination mechanism at the Office of Prime Minister to support the implementation of the National Nutrition Policy using a multi-sectoral approach. The infant and young child feeding policy was approved and actions launched in priority districts with high rates of stunting. These policy efforts will provide guidance to national and district authorities to manage nutrition interventions and better target resources. UNICEF is supporting the government to address maternal malnutrition and to empower women and girls to make positive health-related decisions.

A 2013 capacity needs assessment revealed supply side bottlenecks in limited capacity and insufficient funding. The revised nutrition policy will address these challenges by increasing human and financial resources. A nutrition investment case will be launched in 2014 to strengthen the argument for additional resources.

Media campaigns and strategic partnerships with NGOs contributed to greater understanding of the benefits of exclusive breastfeeding and helped to scale up community-based promotion of exclusive breastfeeding. NDoH reaffirmed its commitment to the baby-friendly hospital concept, to be implemented in 2014. As a result of UNICEF advocacy, NDoH launched an in-service training system to strengthen capacity in performing systematic case detection of severe acute malnutrition using recommended anthropometric indicators. NDoH agreed to review the national protocol for detecting and managing severe acute malnutrition at the facility and community level.

IR 6490/A0/04/001/003 In 2015, NDoH has the capacity to provide essential obstetric care (antenatal, supervised deliveries and postnatal), including quality services, support and quality assurance, to all women, especially the most vulnerable.

Progress:
Little progress was made towards maternal, neonatal and child health (MNCH) interventions. Only 35 per cent of pregnant women attended four antenatal care visits and 40 per cent of deliveries were assisted by skilled birth attendants.

UNICEF, WHO and UNFPA introduced a methodology for Maternal Death Review (MDR) to address limited availability of quality data on maternal deaths, obstetric and perinatal mortality. MDR committees were established in all provinces and 17 provincial hospitals are now monitoring and reporting maternal deaths, while 19 health facilities are reporting maternal and perinatal interventions. UNICEF supported an annual obstetrics symposium to disseminate data and information on maternal health, maternal death audits and perinatal reporting covering 8 of 20 provincial hospitals. Five additional provinces were visited by the national MDR audit task force in 2013. 17 of 22 provinces have been briefed on the maternal death audit process. Few provinces
have put in place maternal death audit committees to investigate and report maternal deaths. Additional efforts are needed to roll-out the system to all provinces.

To address demand side bottlenecks, UNICEF partnered with the National Broadcasting Corporation to broadcast safe-motherhood radio programmes in all provinces to empower women and increase care-seeking behaviour and generate support from men, families and communities for safe child birth. Data will be collected in 2014 to assess the effectiveness of this approach. An Emergency Obstetric and Neonatal Care Survey and a survey of essential supplies were undertaken to provide information on health facility capacity to provide care for pregnant women and newborns. A newborn care national policy was finalized and submitted for approval and a strategic plan was drafted to provide better insight for newborn care interventions.

Limited funding and lack of capacity remain critical bottlenecks to results. UNICEF is working with Government to increase human and financial resources to implement critical MNCH interventions.

**PC 2 - Basic education and gender equality**

**Constrained**

**PCR 6490/A0/04/002** By 2015, policies and programmes to achieve inclusive universal basic education, holistic ECCD and alternative pathways to learning are in place and effectively implemented by Department of Education and Department of Community Development.

**Progress:**
Progress was made towards building Government capacity to implement policies targeting inclusive basic education, early childhood education (ECCE) and alternative pathways to learning. The rollout of the tuition fee free education policy led to increased enrolment in primary and secondary education. However, 24 per cent of the school age population out of school. Providing access to alternate ways of learning is critical to reaching these populations. With support from UNICEF, DoE is exploring options to introduce an alternate basic education programme for out of school children and young people. In 2013, UNICEF supported the DoE to revise the Literacy Policy, which will be completed in 2014. The revised policy will include provisions for non-formal education and creating an equivalent programme for out of school children and young adults.

The Government is progressively strengthening the enabling environment for early childhood development and inclusive education. Policies on early childhood development and inclusive education will be reviewed in 2014 with technical and financial assistance provided by UNICEF. The Government will introduce compulsory education up to grade 12 in 2014.

In 2013, the DoE prioritized the rollout of the Prime Minister's directive to eliminate Outcome-Based Education and introduce English as a medium of instruction. Curriculum reform was initiated with focus on introducing vernacular as a subject and restructuring the education system to implement the Universal Basic Education Plan (2010-2019). UNICEF's advocacy with DoE, the Outcome-Based Education Exit Committee and Education Development Partner's Coordination Committee successfully led to the Government including ECCE as a pillar of the new Education System, which was recently approved by the National Executive Council. UNICEF and partners such as the Australian Government, JICA, European Aid, church agencies and non-governmental organizations are supporting the Government to advance education policies.

Gender remains a key barrier to education. A majority of out of school children are girls. Girl enrolment at the elementary level remains low at 48 per cent (2012). Girl enrolment at the primary level has remained stagnant since 2011; enrolment at secondary level is just 39 per cent (2012). UNICEF will continue to advocate for greater focus on girl's education in the Government’s revised education policies.

Delayed liquidations hampered programme implementation with several outputs constrained as funds could not be released to DoE after liquidation exceeded 6 months. UNICEF addressed process bottlenecks by providing Direct Cash Transfers (DCT) directly to relevant divisions and provincial authorities. Close follow-up on this arrangement will be a priority in 2014.

**Constrained**

**IR 6490/A0/04/002/001** By 2015, the Department of Education has the skills and knowledge to efficiently and effectively implement the Universal Basic Education (UBE) Plan.

**Progress:**
Despite challenges related to delayed acquittals of funds, significant progress was made in strengthening capacity to implement the Government’s Universal Basic Education plan. The UBE plan focuses on eliminating
supply side and demand side barriers that contribute to low enrolment and retention (e.g. fees, inadequate capacity, low availability of schools, violence and lack of parental support). All children are expected to enter school by age 6, complete elementary and primary education, and reach a minimum standard of literacy and numeracy at the end of nine years of education. A survey on early childhood development scale initiated in 2013 will provide the evidence base to target interventions to ensure children enrol in school at the right age.

UNICEF support to PNG’s education management information system and school census, together with support provided by the Australian Government, helped to generate rich administrative data to inform the implementation of UBE plans and interventions. UNICEF training to statistics officers on DevInfo helped develop capacity to generate more visual and effective reports using EMIS data.

Training to provincial officers on monitoring results for equity led to better monitoring and reporting of challenges implementing the UBE plan, as well as demand and supply-side barriers that hinder access to education which are being addressed in outputs (e.g. CFS, girl’s education). Data from equity monitoring is helping to better target interventions at the provincial level. The UBE communication strategy developed with support from UNICEF will be implemented in 2014 to generate awareness of UBE.

Efforts to strengthen inclusive policies and UBE progressed with the restructuring of the Education System and removal of the elementary system of education. The DoE is reforming the curriculum to include content based learning. Efforts to strengthen capacity to implement UBE and other policy reforms will continue in 2014.

By 2015, the Department of Education and cognate departments have the capacity to effectively and efficiently mainstream gender in education.

Progress:
Progress towards mainstreaming gender in education has stalled and gender disparities persist at all levels of education. Cultural norms favouring boy’s education over girls persist. Of the 383,657 primary school children out of school, 205,737 are girls. Young girls are not supported to pursue to higher education due to cultural obligations. The number of female teachers is also low, especially in rural and remote areas where female role models are critical for girls and their families.

Many of the girls who go to school are in danger of experiencing violence. Papua New Guinea has high prevalence of gender-based violence (GBV) in schools, the risk of which increased with the enrolment of over-aged boys in schools as a result of the introduction of tuition fee free policy.

Efforts were taken to strengthen Government capacity to address gender issues. DoE filled the long vacant gender officer post and initiated a process to train school teachers and provincial authorities on the Gender Equity in Education Policy. With UNICEF support, DoE staff were trained to guide provinces to identify and address gender-related barriers, and undertake activities linked to school related GBV.

The Accelerating Gender Equity in Education National Steering Committee was revived to support the work of Gender Focal Points for DoE and provinces. An assessment of low girl primary school enrolment and high drop rates in the Highlands will be expanded to include other provinces with low enrolment. The University of Goroka will undertake the study in 2014, together with DoE and UNICEF.

Dedicated funding for gender programmes and sensitization of DoE to promote gender-related interventions to address critical barriers is needed to advance progress towards this result.

By 2015, provincial departments within the Department of Education and Department of Community Development have the skills and knowledge to implement and monitor policies and programmes relating to literacy and non-formal education.

Progress:
Delays in clearing earlier expenditures and lack of sufficient human resource to undertake the task have contributed to delays in achieving this result. Nonetheless, the result remains on track with significant efforts underway to improve literacy and non-formal education in Papua New Guinea.

Non-formal education (NFE) in Papua New Guinea has been confined to adult literacy which is not considered an integral part of the Department of Education (DoE) and has not received due recognition and support from the
DoE. However, greater support from DoE is expected in 2014 as discussions to expand the scope of NFE to provide access to education to out-of-school children, especially those in rural and remote areas, takes shape.

Over 600,000 school-aged children are not in school. The NFE policy aims to provide equivalency in non-formal education to out-of-school children and young people to strengthen their life and livelihood skills and provide an opportunity to catch up with their peers. In 2014, UNICEF will support the DoE to undertake an Alternate Basic Education Programme for out-of-school children, especially those who are over-aged, and incorporate it in the revised Literacy Policy. This will assist the Government to implement the Compulsory Education Policy in 2014.

A review report on literacy and non-formal education policy framework was produced and discussed with key stakeholders, with support from UNESCO. The review will inform the development of PNG’s Literacy Policy, which will be revised in 2014 to include out-of-school children and engage DoE funding and support.

**On-track**

**IR 6490/A0/04/002/004** By 2015, the Department of Education and Provincial Divisions of Education have the capacity to effectively manage disaster preparedness in the national education system.

**Progress:**
Emergency preparedness is a priority for Papua New Guinea given the country’s exposure to earthquakes, flooding and volcanoes. Special attention has been given to strengthening emergency preparedness within the education sector.

To strengthen awareness and increase resilience in schools, training in emergency preparedness and response was piloted in five vulnerable provinces. School teachers from 25 primary schools, including from special education resource centres, Red Cross, the Maritime College, medical service and fire service participated. Earthquake mock drills were undertaken by 4,600 primary school students as well as by students with special learning needs, and disaster preparedness and response plans were developed by all 25 schools as well as by the special education resource centres, medical and fire services and Red Cross in those provinces. A training of trainers will be conducted in four regions in 2014, after which trainings will be scaled up to all primary school teachers and students.

UNICEF also provided support to DoE officials to implement the National Policy on Education in Emergencies and Disaster Risk Management, thereby increasing capacity of the education sector in emergency preparedness and response. Riskland games developed by UNICEF will be used in 2014 to teach school children in 13 high risk provinces about disaster risk, and help strengthen emergency preparedness. Riskland is an educational game used to teach children about risk, and specifically factors that can increase or reduce vulnerability and the impact of disasters.

An Education Cluster team comprising Government sectors, multi-national agencies, NGOs, and other stakeholders was formalised with terms of reference finalised under the co-Chairpersonship of DoE and UNICEF. The Disaster Management Team agreed to have five clusters to strengthen and improve humanitarian coordination mechanisms. In 2014, UNICEF and DoE will work with local NGOs to incorporate climate change and disaster risk reduction in primary schools.

**Constrained**

**IR 6490/A0/04/002/005** By 2015, officers within the Department of Education have the knowledge and skills to mainstream Child Friendly Schools in the National Education System.

**Progress:**
A 2012 UNICEF-supported review of Child Friendly Schools (CFS) revealed that none of the schools assessed had set standards and indicators against which to measure the achievement of a CFS school. Schools were implementing only some components of CFS while overlooking other critical dimensions. Teachers were unaware of the principles of CFS and how to integrate it in schools. Based on these findings, UNICEF supported the development of an in-service training manual on Child Friendly Schools, to strengthen the supply of CFS-qualified schools in Papua New Guinea. A concept framework was developed for CFS to complement a School Learning and Improvement Project (SLIP) led by DoE. The SLIP project analyses options for strengthening school and student improvement across all levels of education. Integrating CFS within SLIP will ensure a holistic approach to learning.

School teachers, officers from the Department of Education (DoE) and Department of Health, and NGOs developed indicators and rubric to measure CFS, as well as minimum standards for making a school child friendly. As a result of previous training, teachers in select schools in Central province were able to implement
the CFS concept using minimum standards, taking into consideration the views of school children. Learning from these schools will contribute to further improvements in implementing the minimum standards.

Delays in processing acquittals and lack of staff within the DoE to implement CFS programmes affected overall implementation. However, UNICEF provided critical inputs in the revision of a school-based counselling training manual which will be used to train school teachers in 2014.

As part of CFS, UNICEF is supporting the Government to strengthen water, sanitation and hygiene through the development of a National Water, Sanitation and Hygiene Education policy. Together with partners, UNICEF is advocating for the inclusion of hygiene and sanitation facilities in all schools to address barriers to girl’s education.

IR 6490/A0/04/002/006 By 2015, officers within the Department of Education and Department of Community Development have the knowledge and skills to implement policies supporting Early Childhood Care and Development.

Progress:
Although the Government approved the National Early Childhood Care and Development Policy in 2007, early childhood development (ECCD) has received little attention. There is limited knowledge of the importance of ECCD amongst families. The quality of early childhood education provided by centres varies and centres are poorly monitored and supervised. While the Department of Community Development (DFCD), Department of Health (NDoH) and Department of Education (DoE) are tasked to implement ECCD programmes, there was a lack of coordination across the departments.

UNICEF advocacy on ECCD resulted in the DoE taking the lead in implementing the country’s ECCD programme, shifting overall responsibility from DFCD. The Government is also considering increasing investments to ECCD. Following participation of the Deputy Minister for Education and official from DoE in the second high level meeting on South-South Cooperation for Child Rights in Asia and the Pacific in Delhi, DoE will undertake a study tour to Indonesia to learn about Indonesia’s early childhood care and education system.

With technical and financial assistance from the University of Hong Kong and UNICEF, DoE is taking the lead in implementing the Early Child Development Scales Assessment for 1,800 3-5 year old children and their parents/guardians in nine provinces. DoE is also implementing a Facility Survey of ECCD centres. The survey and assessment will help improve minimum operational standards of ECCD centres and curriculum for early learning for 3-5 year olds.

DoE is leading the review of the ECCD policy with the aim to integrate ECCD into the education system. In 2014, UNICEF will partner with the University of Goroka to undertake trainings on good parenting skills for prospective parents and caregivers of 0 to 3 year old children, and other members of the community. This will contribute to the holistic development of children and strengthen the ECCD component.

IR 6490/A0/04/002/007 By 2015, the Department of Education has the knowledge and skills to support interventions that increase access to education for children with various forms of learning challenges.

Progress:
At the launch of the 2013 State of the World’s Children, UNICEF advocated for the inclusion of children in the revision of the 2005 National Policy on Disability, which prioritizes adults and the elderly. The Government welcomed the idea and invited UNICEF to support sectors in developing tools and training materials on disability and children, using education as an entry-point.

While the policy environment improved, stigma and discrimination persist with parents often refusing to send children with disabilities to school. The lack of supportive services for children with special needs further denies their right to education. UNICEF is supporting awareness campaigns to encourage parents to use early detection services and interventions for children with special needs.

UNICEF has helped the Government address supply side barriers by providing supplies and services for children with special needs. With support from UNICEF, Callan Services National Institute was equipped with Braille and early detection tools to provide access to education to more than 600 visually impaired students. Curriculum was developed in Braille and teaching materials were prepared benefitting more than 7,000 students in special education resource centres of whom approximately 43 per cent are girls.
A main barrier to inclusive education is the lack of an identification and referral system to target support. UNICEF supported trainings to equip teachers with the knowledge and skills to identify children with special needs. As a result, teachers were able to provide children with disabilities in select elementary schools with needed support and refer children to appropriate special education resource centres to receive dedicated support.

UNICEF will continue to work with partners to increase DoE’s capacity to provide special education services and strengthen access to education for children with visual and other impairments.

### PC 3 - HIV and AIDS

<table>
<thead>
<tr>
<th>On-track</th>
</tr>
</thead>
</table>

**PCR 6490/A0/04/003** By 2015, the Government has strengthened national capacity to deliver on the goals and strategic priorities of the National HIV and AIDS Strategy.

**Progress:**
Papua New Guinea has made progress towards achieving the goals of the National HIV and AIDS Strategy (2011 – 2015) i.e. achieving zero new HIV infections, zero new HIV related deaths, and zero stigma and discrimination by 2015. Between 2010 and 2012, the HIV prevalence reduced from 0.8 percent to 0.52 percent in the population aged 15 – 49 years. Significant progress was made in scaling up clinical services for example HIV testing, antiretroviral therapy and Prevention of Parent to Child Transmission of HIV (PPTCT) with support from GFATM, Australian Government and the United Nations agencies.

Thirty eight per cent (281/741) of antenatal clinics were providing HIV testing compared to five per cent in 2009; 74 percent of eligible adults and children combined were receiving antiretroviral treatment while 40 per cent of HIV infected pregnant women receive antiretroviral drugs for PPTCT compared to 12 per cent in 2011. However there is a high unmet need for antiretroviral therapy among children where only 38.7 percent of eligible children are receiving treatment compared to 78 percent of adults.

While national capacity to implement HIV and AIDS interventions increased, more effort is needed to achieve the ambitious targets of reducing sexual transmission of HIV, eliminating paediatric HIV infections, reducing TB related deaths among PLHIV, eliminating gender inequalities and reducing HIV related stigma and discrimination by 2015. Weak monitoring systems limit Government ability to measure results achieved. UNICEF supported the Department of Health to revise the monitoring frameworks and develop standardised data collection and reporting forms which will be rolled out from 2014.

Funding remains a critical barrier to implementing and ensuring access to life saving interventions. UNICEF supported the Government to mobilise and leverage international funding for HIV interventions. Through advocacy, domestic funding for HIV and AIDS has increased and the Government procured antiretroviral drugs and other HIV supplies solely using public funds.

Cultural norms and gender roles are critical determinants of access to HIV services. Inherent cultural and traditional practices limit males to seek sexual and reproductive health services with their partners. Infrastructure and staffing at antenatal care sites is not male-friendly, and a majority of health workers are not trained on couple counselling. UNICEF supported NGOs to pilot and share lessons learned from innovative approaches for increasing male involvement. Research was initiated to analyse and address HIV vulnerability, gender inequality and violence against women and girls.

<table>
<thead>
<tr>
<th>On-track</th>
</tr>
</thead>
</table>

**IR 6490/A0/04/003/001** By 2015, PPTCT and Paediatric HIV services are integrated within mainstream MCH programmes, with an emphasis on 5 high HIV burden provinces.

**Progress:**
2013 marked the first year of implementation of the new National HIV care and treatment guidelines. Actions focused on capacity building at subnational level to integrate Prevention of Parent to Child Transmission of HIV (PPTCT) in *maternal, newborn and child health*, roll out lifelong antiretroviral (ARV) treatment for pregnant and breastfeeding women (i.e. Option B+), and developing a robust monitoring and evaluation system.

UNICEF helped to train 112 health workers on PPTCT and provided supervision to health facilities in 5 out of 20 provinces, increasing access to PPTCT services from 5 per cent (32/741) health facilities implementing PPTCT in 2012 to 20 per cent (170/741) facilities in 2013.
Actions to address social and financial barriers affecting demand for services and retention of mothers and children in HIV care were implemented in the roll-out of life-long ARV treatment to pregnant women. Research on male involvement in antenatal care and PPTCT increased awareness on gender inequalities affecting access to HIV care services and prioritization of couple HIV counselling and testing. The mother mentor programme and the Men Taking Action project both supported by UNICEF, the Australian Government and Catholic HIV and AIDS Services helped to improve utilisation of PPTCT services and the retention of mothers in HIV care in four provinces.

UNICEF is a third party procurement agent for HIV supplies and supported the country to procure more effective ARV regimens at reduced cost. Stock outs of HIV supplies declined but more is needed to improve the distribution of supplies to health facilities. UNICEF supported the design of a mobile phone-based health project which will be launched in 2014 in a public private partnership with the National Department of Health and Digicel Foundation (telecom company) to facilitate PPTCT service delivery and monitoring and improve overall retention of clients in HIV care.

**PC 4 - Child protection**

**On-track**

PCR 6490/A0/04/004 By 2015, children at risk of violence, exploitation and abuse have increased access to prevention and intervention services for protection and justice.

**Progress:**
The Government has progressed in building a national child protection system to prevent and respond to all forms of violence against children, in collaboration with UNICEF and other key stakeholders. The Child Protection Act (2009), or Lukautim Pikinini Act, was one of the most significant achievements for children in the country. The Act prioritizes the prevention of child abuse and neglect through the strengthening of community child protection mechanisms. The National Mourning (Haus Kri) campaign on violence against women and children organized by FBOs helped break the silence on family violence in the society and contributed to significant legal protection gains with the passage of the Family Protection Act and the repeal of the Sorcery Act which was used to justify acts of violence against women and children accused of sorcery.

Access to coordinated legal, medical, psychosocial support and referral services for women and children victims of violence slowly increased. In 2013, 14 of 32 hospitals had Family Support Centres (FSC) to provide one-stop medical, legal and psychosocial services for survivors. The number of women and children accessing available protection services through FSC increased by 13 per cent in 2012 as compared to 2011. Still, a significant number of survivors are not being reached. Alternative models are needed to improve access to services at all levels.

Strengthening the evidence-base on child protection remains a challenge. Following UNICEF advocacy, the Department of National Planning and Monitoring is leading multi-sectoral efforts to undertake a national survey of violence against children to provide the evidence for developing policies to address critical child protection issues. UNICEF will support the development of integrated information system on core child protection services in 2014.

Access to justice for children improved with the Government gazetting juvenile courts in all district courts and designating juvenile court officers at all provincial Community Based Correction facilities. UNICEF provided technical support to police, magistrates and village courts to ensure that the rights of children are respected by the justice system. UNICEF worked with the Australian Government to integrate child rights and protection in their training support to the law and justice sector.

UNICEF advocacy to strengthen a decentralized birth registration system resulted in the Civil Registration Office agreeing to pilot a health facility-based registration system in selected provincial and district hospitals to address supply side barriers related to birth registration. The Child Welfare sector remains critically under-resourced, representing a major barrier to programme implementation. The extent of child welfare issues requires sustained technical and financial resources both from the Government, UNICEF and other partners.

**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:**
UNICEF’s technical support was critical for strengthening local capacity. Efforts in 2013 focused on strengthening the capacity of provincial Community Development Offices, faith based organizations and village courts to implement the Child Protection Act (2009), with training provided to focal points in 11 of 22 provinces. Focal points received Certified Competency Based Training as facilitators to equip them with the skills necessary for rolling out trainings in their respective provinces. A total of 157 community advocates and 346 volunteers were trained. Community advocates are playing a critical role in community outreach, awareness raising and identification and referral of women and children victims of violence to Family Support Centres.

Internal disputes in the Department of Community Development (DfCD) have delayed the review of the Child Protection Act and development of implementation regulations to address gaps identified in a 2012 assessment of the Act. UNICEF advocated for the development of a broader child sensitive social protection policy and strategy. DfCD expressed commitment to include children in a social protection scheme which currently focuses on the elderly and people with disabilities as outlined in 2012 Alotau Accord.

UNICEF advocated for strengthening the birth registration system as an integral to the National electronic Identification Card System. UNICEF advocacy contributed to the Government implementing a decentralized birth registration system and piloting health facility based birth registration.

In 2014, UNICEF will support efforts to establish a national child protection council as stipulated in the Child Protection Act and will advocate with the central and provincial Government to establish a child care fund and child protection officer positions at district level.

IR 6490/A0/04/004/002 By 2015, civil society organizations, Family Support Centres and psychosocial support networks have strengthened capacity to provide preventative and tertiary protection services to children and women vulnerable to violence, abuse and exploitation.

Progress:
Violence, particularly sexual violence, disproportionately affects women and girls than men, and is chronic in PNG. UNICEF continued to support the Government and other stakeholders (e.g. Family Sexual Violence Action Committee (FSVAC) and Salvation Army) to address gender inequities and violence, though progress is slow.

UNICEF supported the development of hospital-based FSCs to support victims of violence with a ‘one-stop shop’ for coordinated medical, paralegal, psychosocial, case management support and referral services. Access to protection services increased in 2013 following the inauguration of the Buka FSC and training of nurses and hospital administrators. 14 of 32 hospitals have the capacity to provide comprehensive medical, legal and psychosocial support services, while 23 hospitals have the capacity to provide clinical care. Community leaders, FBOs and youth groups in eighteen districts were trained in child protection and psychosocial counselling to strengthen access to services.

The lack of capacity in child protection remains a critical barrier. UNICEF will continue to support alternative models for strengthening capacity and scaling up the delivery of comprehensive services for victims of violence at health facility level. UNICEF will support the establishment of a database and reporting on family violence cases to strengthen information management.

UNICEF facilitated the revitalization of the Coalition on Children’s Rights, led by the FSVAC, to galvanize national action to protect children. The Coalition organized an international Children’s Day event under the theme “Violence against children can never be justified: not by culture, tradition or religion” and will undertake a yearlong #End violence against children campaign with the same theme in 2014. Messages were developed to target social and cultural norms that perpetuate violence against children including stigma and discrimination that put children at greater risk to violence and abuse, and prevent them from accessing critical life-saving services and care.

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 offenders.

Progress:
Significant efforts have been made in PNG to improve coordination across law and justice agencies; advance access to legal remedies for violent crimes; strengthen prosecution of family and sexual violence; and strengthen diversion options for young offenders. Yet, challenges remain. Traditional systems of compensation continue to be used as a form of conflict resolution. Social and cultural norms contribute to a belief that children who come in
contact with the law must be treated as adults. Diversion options are considered as too soft to rehabilitate juvenile offenders.

To address these barriers, UNICEF supported the Government to strengthen the capacity of the law and justice sector to provide services to victims of violence and strengthen juvenile justice. Advocacy and capacity support through the National Juvenile Justice Committee resulted in the Government recruiting 20 Juvenile Court Officers covering 20 of 22 provinces. Fourteen Provincial Juvenile Justice Committees were established to strengthen coordination of provincial level juvenile justice programmes.

UNICEF supported the police sector to develop and implement curricula for pre-service and in-service training on police protocols for child suspects, as well as police protocols and training manuals to support child victims and witnesses of crime. As a result, the number of courts providing diversion increased from 9 to 14. The Department of Justice and Attorney General is collecting evidence on the effectiveness of diversion programmes.

UNICEF also supported the Magisterial Service to develop and pre-test training manuals for Juvenile Court Magistrates. These efforts will help to ensure that the law and justice sector implement appropriate protocols for young offenders.

UNICEF supported efforts to strengthen access to counselling for child survivors and witnesses of crime through the Salvation Army. It is providing care to child victims and witnesses during court process in three provinces. These efforts will continue in 2014.

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

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

**Progress:**
Papua New Guinea's (PNG) economy and policy environment continued to evolve, buoyed by growth in the natural resource sector. Aggregate GDP will rise by 20 to 25 percent with first production from liquefied natural gas in late 2014 and early 2015[1]. In anticipation of new funding, the Government increased funding to key sectors including health and education. The allocation for the Department of Education and for education through Provincial governments increased from PGK 1.49 billion in 2012 to PNG 1.65 billion in 2013, largely to fund tuition fee subsidies [2].

The Government is also reprioritizing programmes with greater responsibility – and resources – being divested to provincial and district levels to strengthen institutional capacity to deliver services as per the Alotau Accord. Funding to districts and local-level governments increased from less-than PGK 200 million in 2012 to PGK 1.5 billion in 2013[3]. While decentralization can be beneficial, there are risks given PNG’s limited capacity in public financial management.

Government support to decentralization and increased investments to health and education provides an entry-point to advocate for stronger institutional capacity to advance results and safeguard children’s and women’s rights. Together with other partners, UNICEF is supporting the Government to bring a child focus to these initiatives. New partnerships are being forged with the National Economic and Fiscal Commission and Department of Implementation and Rural Development to provide technical support to strengthen decentralized planning and budgeting, improve national monitoring and evaluation structures to provide reliable data for monitoring development goals, develop integrated information systems (especially financial systems) across all levels, enhance transparency and accountability and strengthen service delivery. UNICEF is also working with the Department of Community Development and the World Bank to develop options for including child-sensitive social protection as part of PNG’s proposed social protection system – now only covering social pension and persons with disability.

Greater attention will be given to strengthening public finance and local governance to ensure resources are adequately invested in children and that agreed laws and public policies are supported with the necessary allocations. UNICEF will support line Ministries and local governments to develop budgets and arguments to secure resources for children, with focus on the most vulnerable.

IR 6490/A0/04/005/001 By 2015, relevant Government institutions have the capacity to coordinate, collect and analyse disaggregated and equity-sensitive data for use in planning, budgeting and policy formulation at national and subnational levels.

**Progress:**

One of the most pressing challenges continues to be low Government capacity to collect and analyse data. To address this barrier, UNICEF supported the Department of National Planning and Monitoring (DNPM) to expand the use of PNGInfo to serve as a one-stop shop for data management and processing. A PNGInfo User Interface training workshop was held to familiarize national and provincial planners on the use and capability of the DevInfo tool. University graduate courses were developed to train students on how to use PNGInfo to analyse and present development statistics. UNICEF will continue to work with DNPM and the National Statistics Office to analyse datasets from an equity perspective, using PNGInfo as a management and communication platform.

UNICEF continued efforts to strengthen the evidence base by analysing patterns and causes of inequity particularly in the area of male involvement in antenatal care and PPTCT, and girl’s enrolment in primary school. An equity-focused situation analysis will be undertaken in 2014 together with DNPM to further strengthen the evidence base and advance policies in key areas.

As part of UNICEF’s equity strategy, bottleneck and barrier analyses were conducted with partners during the Annual Review process, with specific indicators and courses of action identified to monitor and address barriers and bottlenecks at the national and subnational level.

In 2014, UNICEF will support the Government to strengthen data collection processes and analysis for more efficient budgeting and service delivery, pilot innovative social monitoring tools to track bottlenecks and strengthen accountability, and rollout child sensitive social protection targeting the most vulnerable children.

UNICEF will support DNPM in developing National Development Statistics Strategy to strengthen data coordination across sectors and levels of Government. Special focus will be given to strengthening the collection of data on traditionally under-reported indicators violence against children and child protection indicators.

**PC 800 - Cross-sectoral costs**

**Progress:**

The Office reported improvement in meeting benchmarks for applying both normative principles and cross-cutting programme strategies; however more work is needed to strengthen gender equality and gender mainstreaming into programmes. A gender analysis is planned for 2014 to inform the development of the next Country Programme.

Recognizing the importance of quality information for decision-making and programme design, the Office strengthened the performance management system to measure UNICEF contributions to results and identify entry-points for improvement. Quality assurance processes were developed to strengthen the results focus of workplans and reporting processes. Targeted trainings to Government partners reinforced the importance of results based management to effective programme implementation. Support was also provided to partners on strengthening real-time monitoring of results, with focus on removing barriers and bottlenecks faced by the most disadvantaged. In 2014, greater attention will be given to strengthening the evaluation function to contribute to performance improvement.

In 2013, UNICEF initiated a geographic and programmatic convergence approach in five key provinces to improve planning, data analysis and coordination and link sectoral interventions at the subnational and national level. The Office launched an initiative to track UNICEF and partner interventions using DevInfo, to strengthen synergies, enable multi-sectoral planning and action, and improve targeting to reach the most vulnerable populations. Efforts are underway to strengthen access to quality services at the provincial level, targeting the most vulnerable communities. Greater attention will be given to piloting innovative strategies to reach the most
vulnerable children, for example through mobile technology. The Health project with Digicel Foundation and the National Department of Health promised to facilitate PPTCT service delivery and monitoring is one such innovation.

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

Communications support was provided to a number of initiatives including support to the post-2015 agenda, launch of a year-long campaign on Ending Violence Against Children and support to revision of the nutrition policy. Human interest stories, photos and videos helped to generate awareness on a range of topics. Donor toolkits are being developed to generate funding for programmes that are critical for children in Papua New Guinea.

IR 6490/A0/04/006/001 By 2015, the country programme has appropriate mechanisms in place for measuring progress on the situation of children and women with a specific emphasis on equity to inform planning, implementation and enhance learning.

**Progress:**
The Office continued to respond to changes in UNICEF’s global programme processes and the external environment. Trainings were held to orient staff on changes relating the development and rollout of the 2014-2017 Strategic Plan, Monitoring Results for Equity approach and post-2015 agenda.

Support to sections on end-of-year processes (Annual Report and results/progress reporting; work plans) helped to ensure that Office reports were submitted on time and per global guidelines. Special attention was given to strengthening the implementation of programme principles and strategic approaches across all sectors, and to identifying entry-points for greater efficiency and effectiveness.

Technical support was provided to the review and development of a Violence Against Children survey, to be rolled out in 2014, and to the development the review of preliminary Census data. Trainings on results based management and barrier and bottleneck analysis were conducted for all partners during the Annual Review process, helping to ensure better alignment of results structures to address development changes and equity issues in country.

The Office also reviewed and updated the annual integrated monitoring and evaluation plan as part of the annual management plan process. Discussions were initiated with the PNG Association of Professional Evaluators to strengthen national evaluation capacity. Greater attention will be given to strengthening the evaluation function and developing national evaluation capacity to undertake quality evaluations as a key strategy for learning and development.

Preparations were made to undertake a mid-term review (MTR) of the 2012-2015 Common Country Programme, scheduled for 2014. The MTR will commence at the same as the UN system will begin the process for developing a new UNDAF and Common Country Programme. Results will inform programme implementation for the remainder of the programme cycle and the development of the next Country Programme.

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:**
Strategic advocacy contributed to concrete policy achievements in core areas of UNICEF’s work. As a result of UNICEF advocacy, essential nutrition actions were inserted into health department plans. PNG was selected by the UN for post-2015 consultations. UNICEF, together with the Government, Family Sexual Violence Action Committee (FSVAC) and Save the Children, led stakeholder consultations on child protection issues. This resulted in the inclusion of violence against children as a separate Sustainable Development Goal in the PNG consolidated report on the post-2015 agenda, which was submitted to the UN Secretariat. The strategic launching of the State of the World’s Children 2013 at the National Disability Policy Review meeting, in partnership with the Department of Community Development (DfCD), helped to gain commitment from policymakers to include children in the revised disability policy.
New partnerships were forged with the revitalization of the PNG Coalition on Children’s Rights, comprising Government, national and international NGOs and Faith Based Organizations and led by FSVAC. The Coalition undertook a yearlong #End violence against children campaign and organized an international children’s day event under the same theme. UNICEF’s sponsorship of the 2013 Queen’s Baton Relay opened opportunities for partnership with the Olympic Committee and corporate partners in the area of sports for development.

2013 saw several powerful examples of the successful use of new media including Facebook and blogs to address political and socio-cultural issues such as sorcery and violence against women. Communication for Development interventions helped to reach thousands of children with life-saving vaccines. Communication packages on TT were distributed to Members of Parliament. As a result of strong advocacy, the Minister for Health made a speech in Parliament on the benefits of TT vaccination. New and traditional communication technologies are needed to bridge geographical distances and reach wider audiences, including from disadvantaged communities.

IR 6490/A0/04/006/003 Capacity Development.

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

PCR 6490/A0/04/800 Programme Support

**Progress:**
All staff helped to define country priorities and Annual Management Plan during the 2012 Annual Management Review. Country priorities were advanced, with most key performance indicators achieved for 2013.

The office closed seven of twelve recommendations from the 2012 internal audit, with actions implemented to address the remaining five recommendations. A rapid assessment was conducted of the long-term sustainability of UNICEF operations in PNG. Recommendations were shared with the Regional Office for action.

Through strategic procurement, use of long-term agreements and staff exchange, the Office implemented steps to reduce cost and increase the effectiveness and efficiency of UNICEF operations. UNICEF successfully used the technical roster to bolster capacities in key. Exchanges between UNICEF Cambodia (finance), Philippines (supply, child protection), Timor-Leste (supply and M&E) and Viet Nam (education) helped to fill critical capacity gaps due to high turn-over of national staff.

UNICEF contributed to disaster preparedness within the Office and with partners. The Office updated the Risk and Control Library, and updated the emergency preparedness and response plan through the online early warning action system. Support to emergency preparedness interventions were incorporated in the annual work plans of education, health and child protection programmes. All staff were trained on Core Commitments for Children, emergency preparedness and response and participated in a mock emergency drill as part of 2013 Office learning plan. UNICEF’s Business Continuity Plan was updated and a simulation exercise held to test the ICT system.

The Office is functioning at nearly full capacity with the arrival of two section chiefs (Health and Child Protection) and PME Specialist, enabling the Office to effectively engage in core areas of UNICEF’s mandate. A Team Building Workshop was held to strengthen relationships between supervisors and supervisees. Follow-up actions to improve Office culture were identified and implementation plans developed for rollout in 2014.

The Office supported the Joint UN Harmonized Approach to Cash Transfer (HACT) Team in building capacity of implementing partners. Training sessions were carried out by the Joint UN HACT team and UNICEF and a HACT work plan was developed and agreed to by UNICEF, UNDP and UNFPA. A macro-assessment was completed in 2013. Micro-assessments will be conducted in 2014. UNICEF successfully implemented direct implementation and direct payment modalities to address bottlenecks in programme implementation related to delayed acquittals. UNICEF was able to claim Goods and Services Tax resulting in savings to the organization.

- On-track
IR 6490/A0/04/800/001 Staff Costs

**Progress:** A 2012 audit of the Office concluded that the governance, risk-management and control processes were adequately established and well-functioning. The Country Management Team (CMT) met every two months to provide oversight on programme implementation, review progress on Office activities and address high risk areas. A Programme Coordination Team met on a monthly basis together with the Operations team to monitor programme implementation and identify opportunities to strengthen coordination mechanism between programme and operations. Weekly Section Chief Meetings chaired by the Deputy Representative were held to monitor programme achievement and address outstanding issues including those related to acquittals of Direct Cash Transfers.

The Joint Consultative Committee (JCC) met regularly on a quarterly basis to discuss staff related issues. General staff meetings were regularly convened to inform and discuss the outcomes of JCC, CMT, Regional Management Team and other Office priorities. A weekly Senior Management Team was held to monitor results and raise issues for action and course correction.

The Office updated the Risk and Control Library and Enterprise Risk Management actions were included as a standing CMT agenda item to ensure regular monitoring and implementation. A risk checklist was developed to incorporate risk aspects into annual work plans, work processes and the functioning of Office committees. UNICEF’s Business Continuity Plan was updated in January 2013.

Travel expenses were monitored and advice provided on fares to attain cost savings while maintaining satisfactory service delivery. ICT upgrades and implementation of a Bring Your Own Device policy enabled greater and more efficient access to the UNICEF network.

The UN Country Team met regularly to discuss ways to strengthen UN functioning and implementation based on agency comparative advantage. The UN Programme Coordination Committee and Operations Committee met monthly to agree on recommendations on joint programming, common services and actions associated with HACT.

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

**Progress:**
The Country Management Team followed standard benchmarks to measure progress in the area of financial management, with focus on meeting quarterly targets and achieving full expenditure. This resulted in full utilization of all contributions that expired in 2013. 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. Close monitoring and action by the entire Office helped to ensure that outstanding Direct Cash Transfer (DCT) for more than 9 months remained at zero, as per DCT guidelines.

The Office implemented measures to improve budget and financial controls. Work processes were reviewed to include risk elements. The Office maintained a coherent practice to track fund requirements, for example by forecasting fund expenditure against replenished amounts on a monthly basis, and keeping the monthly bank balance to an acceptable level. Bank reconciliation exercises were performed in a timely manner, with all reconciled items cleared within one month.

UNICEF provided critical support to partners to increase access to essential supplies and commodities for the most disadvantaged and excluded children. The total value of procurement through purchase orders in 2013 was US$ 4,791,321 including Procurement Services consisting mainly of vaccines (US$ 3,839,565), local procurement (US$ 132,380) and offshore procurement (US$ 819,376).

The high cost of doing business in PNG continued to be a challenge. To ensure cost sustainability and a high level of programme delivery, UNICEF reinforced the mitigating measures adopted in 2012, including the review of requirements related to common services and security of premises, using long-term agreements and offshoring air ticketing for international travel. To improve efficiency and effectiveness in VISION/SAP, certain roles were consolidated while others were expanded. Efforts have been made to use alternative solutions such as Skype, video-conferencing and Webex.
IR 6490/A0/04/800/003 Human Capacity

Progress: For the first time in over a year, the Office is functioning at nearly full capacity with the arrival of two section chiefs (Health and Child Protection) and Monitoring and Evaluation specialist, enabling the Office to effectively engage in core areas of UNICEF’s mandate.

In line with the 2011 global staff survey, the Office identified efficiency and staff development as two areas for improvement. With support from Human Resources Development Team (HRDT), trainings were held to build capacity in these areas. A Team Building Workshop was held to strengthen the working environment and relationships between supervisors and supervisees. Follow-up actions to improve office culture and efficiency were identified and implementation plans developed for rollout in 2014.

HRDT developed and supported the implementation of the 2013 learning plan. Two staff members applied for the Leadership Development Programme were identified for interviews with one successful.

The Office has a gender ratio of 65 per cent female staff and 35 per cent male staff. To strengthen the gender balance, the Office ensured that potential male candidates were adequately shortlisted during the recruitment processes.

The Office’s two Peer Support Volunteers have left and are yet to be replaced. There is one Counsellor for UN staff to serve as the UN local stress counsellor. All staff are aware of counselling resources and are encouraged to seek help as and when necessary. During the 3rd quarter all staff participated in the UN care training conducted by UN Resident Coordinators Office for all UN agencies.

The Performance Evaluation Review (PER) completion rate was 95 per cent. Through the PER process, staff and their supervisors engaged in periodic and honest performance related discussions and assessments. Areas for improvement were identified and jointly monitored throughout the year. Staff members were encouraged to discuss individual learning needs as part of their annual PER discussions.
Effective Governance Structure

The Office consolidated processes initiated in 2012 to strengthen overall management and governance. Objectives and priorities for 2013 were defined with the participation of all staff during 2012 Annual Management Review and an Annual Management Plan was developed. The priorities- A Promise Renewed”, nutrition, birth registration, ECCD, Business Continuity Plan and fundraising, as well as HACT, follow-up on audit recommendations and management risk assessment - were monitored and reported on a bi-monthly basis.

The CMT met every two months to provide oversight on programme implementation, review progress on Office priorities and address high risk areas. The programme team also met on a monthly basis together with the Operations team to review and monitor programme implementation and identify opportunities to strengthen coordination between programme and operations. As part of this process, the Office reviewed funds availability to undertake planned activities, the extent to which funds were used and accounted for by Government and partners and the effectiveness and efficiency of processes and interventions in achieving results. The Office prepared two submissions to the UNICEF regional Programme and Budget Review committee to strengthen the Office structure.

The Joint Consultative Committee (JCC) met regularly on a quarterly basis to discuss staff-related issues. General staff meetings were regularly convened to inform and discuss the outcomes of JCC, CMT, Regional Management Team and other Office priorities. A weekly Senior Management Team was held to monitor results and raise issues for action and course correction.

The UN Country Team met monthly to discuss ways to strengthen UN functioning and implementation based on agency comparative advantage. The UN Programme Coordination Committee (PCC) and UN Task Teams met bi-monthly to follow up on delivery of results defined in the UNDAF and agree on recommendations on joint programming. The UN Operations Committee met monthly on common services and actions associated with the Harmonised Approach to Cash Transfers (HACT). UNICEF co-chaired the PCC and served as the chairs of the Education and Child Protection Task Teams.

The Office closed seven of twelve recommendations from the internal audit conducted in June 2012. The Office of Internal Audit and Investigation (OIAI) was provided information on actions taken for three recommendations while the remaining recommendations were addressed by the UNICEF Regional Office and Headquarters. Feedback from OIAI on the closure of the outstanding recommendations is expected by early 2014.

As requested by OIAI, the Office conducted a rapid assessment of the overall long-term sustainability of UNICEF operations in PNG. Recommendations were shared with the Regional Office for follow up. The Office took concrete steps (e.g. strategic procurement, off-shoring for purchasing international air ticket, use of Long-Term Arrangements (LTAs), staff exchange) to reduce cost and increase the effectiveness and efficiency of UNICEF operations in PNG.
Strategic Risk Management

The Office established an Enterprise Risk Management (ERM) committee led by the Deputy Representative and supported by the Chief of Operations, PME Specialist and Emergency Focal point. The committee was mandated to ensure that ERM is systematically embedded in the Office’s day-to-day processes and activities. The Office updated the Risk and Control Library taking into consideration the risk profile of the country and planned interventions. ERM actions were included as a standing CMT agenda item to ensure regular monitoring and implementation. A risk checklist was developed to incorporate risk aspects into annual work plans, work processes and the functioning of Office committees/teams.

The Terms of Reference for existing standing committees were reviewed to accommodate risk mitigation measures. Committees included the Contracts Review Committee which oversaw the procurement of goods and services of high value, the Property Survey Board which provided oversight over the office assets management, the Central Review Body which reviewed the selection and appointment of national staff. Work-flow processes were also reviewed and updated and staff roles adjusted as per VISION requirements.

UNICEF continued to contribute to disaster preparedness under the leadership of the UN Resident Coordinator/Humanitarian Coordinator and supported by the Office for the Coordination of Humanitarian Affairs (OCHA). The country programme Disaster Risk Reduction Plan reflects UNICEF’s accountabilities, addressing Core Commitments for Children particularly in education, nutrition and child protection. UNICEF was a member of the Disaster Risk Management task team and led the Education Cluster.

The Office regularly updated the emergency preparedness and response plan through the online Early Warning Early Action system. Support to emergency preparedness interventions were incorporated in the annual work plans of education, health and child protection programmes. UNICEF’s Business Continuity Plan (BCP), which outlines mechanisms to be implemented in the case of changes to the internal and external environment to ensure smooth implementation of emergency activities, was updated in January 2013. A simulation exercise focusing on testing the Information and Communication Technology (ICT) system was undertaken and a backup office established at the Representative’s residence. As part of 2013 office learning plan, UNICEF’s Regional Emergency Adviser provided Emergency Preparedness and Response Management training to all staff in April/May 2013. All staff participated in a mock earthquake drill to identify gaps and strengthen preparedness and response. A more comprehensive simulation is planned for 2014. A Disaster Recovery Plan and 3-year ICT Strategic Plan were updated to complement the BCP. A contingency planning exercise was conducted together with OCHA.

Evaluation

Due to time constraints and cost, the Office did not conduct any evaluations in 2013. Noting the importance of evaluation for learning, management and accountability, the Office reaffirmed its commitment to strengthen the evaluation function. The importance of the evaluation function was communicated to all staff and partners during 2013 annual review and work plan processes. The Office is in the process of developing an evaluation strategy, which will include a focus on strengthening national evaluation capacity. Discussions were initiated with the PNG Association of Professional Evaluators Inc., a volunteer network of professionals involved in monitoring and evaluation, as an entry-
point to enhance in-country capacity.

The Office regularly reviewed and updated the annual integrated monitoring and evaluation plan (IMEP) as part of the annual management plan process. The Office will use Country Management Team meetings as a platform to monitor the use of the evaluation findings and recommendations in 2014. A training will be held in February 2014 for all staff to strengthen understanding of the mandate and accountability of the evaluation function in PNG.

### Effective Use of Information and Communication Technology

Considerable attention was given to strengthening ICT in the Office. By January 2014, UNICEF will have individual VSAT facilities as UNDP and other UN agencies migrate to another service provider. VSAT equipment was purchased in August 2013 to ensure continuity of business processes. The use of UN ICT Common Services will be utilized as back-up in case of emergencies.

Remote access to the office network via Citrix is now available through office laptops. A Bring Your Own Device policy was initiated to enable easier access to Lotus Notes using personal devices.

As per the BCP, UNICEF senior management is accessible via mobile and satellite phones. The Representative’s residence was designated as an alternate office site. Laptops and other equipment were set up for emergency purposes and in accordance with BCP requirements. In case of emergency, critical staff have remote access to core systems and applications.

In 2013, the office used various global LTAs with offshore suppliers to procure ICT equipment at cheaper cost to replace existing equipment. Upgrades were regularly performed to remain compliant with organisational standards. Backup software is in place for incremental and full data backup purposes on a daily and weekly basis in case of disaster and as part of the business continuity service. A wireless network system is fully operational to ensure continuous access to the internet.

As part of efforts to reduce operational costs, offshore calls were exclusively made through VoIP as well as Skype and through WebEx meetings. The Office included additional sim cards to the Closed User Group package to reduce the cost of mobile calls and increase overall effectiveness.

With the expansion of ICT and social media in PNG, more attention will be given to improving digital engagement with children and to rolling out ICT to identify bottlenecks, facilitate accountability, and improve planning and decision-making in key areas. UNICEF is supporting the design of a mobile phone-based health project which will be launched in 2014 in partnership with Digicel Foundation and NDoH to facilitate PPTCT service delivery and monitoring and improve overall retention of clients in HIV care. Other entry-points for using ICT for social change will be explored in 2014.

### Fund-raising and Donor Relations

The Representative and CMT provided support for enhanced resource mobilization in 2013. Fundraising was a standing agenda at the CMT meetings and an Office priority in
The Country Programme Other Resources (OR) ceiling for 2012-2015 is US$ 38,440,000. In 2012-2013, the Office successfully mobilized US$ 15,811,306 to support programming for children in PNG (about 41 per cent of the OR ceiling and on track for the four year programme). The Education, Young Child Survival and Development (YCSD), Child Protection and HIV/AIDS programmes mobilized an additional 40-45 per cent funds while Policy and Advocacy and Cross-Sectoral programmes continued to be under-resourced. OR allocations are mainly from the Thematic Funds and the carried-over Multi Donor Trust Funds for the PNG UN Country Fund as part of UN Delivering as One. No new funds were received through PNG UN Country Fund in 2013. Funding from UNICEF National Committees is still limited.

Based on the success of raising thematic contributions from the “Schools for Asia” initiative, donor toolkits for health and nutrition, child protection and HIV/AIDS are being developed. PNG was selected by Educate A Child for a multi-country programme to address barriers to primary education out-of-school children.

UNICEF received GFATM funding for Phase 1 to cover one year salary of the PPTCT Specialist position (P3 level). Phase 2 funding will cover an additional year of salary. In 2013, UNICEF PNG received funding from 7 per cent set aside fund on EPI; child protection and resilience; ECCD and end violence against children initiative; and global thematic fund for PPTCT and YCSD.

UNICEF engaged a consultant to review the Office’s fundraising strategy and develop a fundraising package. The package included a mapping of major potential donors, customized outreach strategy per donor type and revised implementation strategy. A private sector fundraising framework and advocacy approach on Children’s Rights and Business Principles are in development to target the growing business sector. The Office is developing donor toolkits for Health/Nutrition, Child Protection and PPTCT. A professional photographer was commissioned to take photographs and to produce short video clips on different thematic issues. These videos and photos are being used for fundraising efforts to better diversify funding sources.

Other resource mobilization commitments for 2014 included a funding proposal of AUD$ 3 million for 3 years (2014-2016) addressing ECCD submitted to the Australian Government. Funding is expected to be received in January 2014 through the One UN fund. The Australian Government also requested UNICEF to prepare a proposal on child protection of AUD$ 3 million for discussion in March 2014. The Australian Government is in the process of preparing its strategy on nutrition and requested UNICEF to share PNG’s draft nutrition policy. There is potential to resume discussions with Australia on an earlier funding proposal of AUD$ 3 million to support nutrition programmes in PNG. A proposal of US$ 300,000 to support PPTCT was approved and funding is expected to be released in early 2014.

Management of Financial and Other Assets

The Office governance, risk-management and control processes were found to be adequately established and functioned well during the period covered by the audit in 2012.
The Annual Work Plans was developed in consultation with implementing partners based on planned results and resources needed to achieve results as outlined in the UNDAF.

UNICEF PNG spent 94 per cent of RR of the total 2013 allotment of US$2,026,000. All expiring PBAs were fully utilized before expiry. There were no outstanding DCTs over 9 months. The bi-monthly CMT and monthly PCM monitored the programme fund implementation, expiring PBAs, DCTs > 6 months, as well as donor report schedules as standing agenda items. Programme sections developed fund utilization plans for expiring PBAs and reported implementation status of implementation in monthly PCM meetings.

Delayed liquidations hampered programme implementation with several outputs constrained or delayed, as funds could not be released to implementing partners when liquidation exceeded 6 months. Forecasting DCT > 6 months every two months enabled the Office to address pending DCT before reaching 6 months. UNICEF PNG also addressed process bottlenecks by providing DCT directly to relevant divisions in departments and provincial authorities. Direct payment and direct implementation modalities were applied to avoid delays in implementation. Close follow-up on these measures will be a priority in 2014.

Timely monthly and year-end closures of accounts were implemented, including bank reconciliation statements. Well-established procedures continued to ensure security of financial documents, vouchers and unused cheques.

The 2013 local Support Budget expenditure of US$ 295,537 accounted for 94 per cent of the total allotment of US$ 314,822. Efficiency and cost-savings in operation were achieved through off-shore procurement of supplies and air ticketing for international travel. Direct payment and direct implementation enabled the Office to obtain GST resulting in significant savings. The Office strategically used staff exchange to fill in human resource gaps to reduce overall costs.

UNICEF is an active member in the Joint UN HACT group. A HACT work plan was developed and agreed to by UNICEF, UNDP and UNFPA. Two HACT trainings were conducted by the Joint UN HACT for implementing partners. UNICEF also conducted refresher HACT trainings for staff with technical support from UNICEF Cambodia (finance division). HACT sessions were held for partners in all Annual Review meetings. A macro assessment was completed in compliance with HACT guidelines. Micro-assessments of priority implementing partners could not be carried out due to delays in UNDP procurement for contractual services. The assessments will be undertaken in 2014 followed by the development of UN HACT assurance activity plan. In 2013, UNICEF carried out two spot checks to NDOH on a trial basis. The findings will contribute to UN joint spot checks in 2014.

**Supply Management**

UNICEF provided critical support to partners to increase access to essential supplies and commodities for the most disadvantaged and excluded children. The total value of procurement through purchase orders in 2013 was US$ 4,791,321 including Procurement Services consisting mainly of vaccines (US$ 3,839,565), local procurement (US$ 132,380) and offshore procurement (US$ 819,376). Procurement services provided strategic and essential supplies including cold chain tool kit sets to train provincial health officers to repair cold chain equipment. UNICEF also facilitated the procurement of vaccines.
UNICEF employed a ‘strategic sourcing approach’ to procure goods and services at lower cost and improve overall quality. Through this approach, goods and services were procured locally or offshore based on cost and capacity to deliver items within a specified timeframe. For instance, the Violence Against Children Calendar 2014 was procured offshore from the Regional Office at a cheaper cost, contributing to a savings of approximately US$ 150,000. A market survey conducted in 2012 of local goods and services was used to guide local procurement in 2013. Most in-country procurement involved printing services. Due to high operating costs, only competitive goods have been provided locally.

Goods procured offshore have been delivered on time and in good quality and condition. No goods have been found to be defective and returned to the supplier. UNICEF PNG does not maintain an in-country warehouse. All procured goods are delivered directly to the implementing partner, or pre-positioned at alternate locations as done with emergency education supplies in 2013.

UNICEF HQ and offices in Thailand, China and the Philippines provided support to various kinds of procurement, resulting in significant savings. UNICEF did not supply in-kind assistance to other UN agencies in the area of supply or logistics. LTAs have yet to be finalized in core areas including office supplies, travel and vehicle maintenance.

The Office supported the capacity building of partners on procurement processes and clearance of equipment, and enhanced the monitoring of supplies delivery via remittance of original acknowledged receipts from end users.

The new Supply Officer recruited in August 2013 benefitted from a three-week intensive training provided by the Philippines office in Manila. Topics included procurement principles and strategies, evaluation of bidders, evaluation of suppliers, competitive bidding process, contracting (including LTAs), quality assurance, ethics and compliance.

### Human Resources

For the first time in over a year, the Office is functioning at nearly full capacity with the arrival of two section chiefs (Health and Child Protection) and Monitoring and Evaluation Specialist, enabling the Office to effectively engage in core areas of UNICEF’s mandate.

In line with the 2011 Global Staff Survey, the Office identified efficiency and staff development as two areas for improvement. With support from Human Resources Development Team (HRDT), trainings were held to build capacity in these areas. A local staff survey was developed based on the 2011 Global Staff Survey. Findings from the survey served as the basis for a Team Building Workshop held in November to strengthen the working environment and relationships between supervisors and supervisees. Key themes addressed during the workshop included work-life balance, time management, improving communication skills, efficiency and effectiveness and security. Follow-up actions to improve office culture and efficiency were identified and implementation plans developed for rollout in 2014.

The HRDT developed and supported the implementation of the 2013 learning plan. Two staff members applied for the Leadership Development Programme were identified for interviews and one was selected.
In terms of gender balance, 65 per cent of staff are female and 35 per cent are male. To strengthen the gender balance, the Office ensured that potential male candidates were adequately shortlisted during the recruitment process.

The Office’s two Peer Support Volunteers have left and are yet to be replaced. There is one Counsellor for UN staff to serve as the UN local stress counsellor. All staff are aware of counselling resources and are encouraged to seek help as and when necessary. During the third quarter all staff participated in the UN care training conducted by UN Resident Coordinators Office for all UN.

The staff Performance Appraisal System (PAS) completion rate was 95 per cent. Through the PAS process, staff and their supervisors engaged in periodic and honest performance related discussions and assessments. Areas for improvement were identified and jointly monitored throughout the year. Staff members were encouraged to discuss individual learning needs as part of their annual PAS discussions.

**Efficiency Gains and Cost Savings**

The Office undertook specific actions to reduce costs and increase the effectiveness and efficiency of UNICEF operations in PNG, including the use of off-shore arrangements for procurement and for air ticketing for international travel. This resulted in cost savings of US$ 160,000 from offshore procurement and 20-25 per cent savings in international air travel costs.

The Office successfully used the technical roster for staff exchanges to effectively and efficiently bolster capacities in key areas and strengthen South-South Cooperation. UNICEF Cambodia agreed to a three month secondment of their Finance Officer to PNG to fill critical gaps. PNG’s Supply Officer was seconded to the Philippines for three weeks to learn about UNICEF supply processes, while two Supply Officers, one from Philippines and one from Timor-Leste subsequently supported the PNG Office with market surveys and capacity building between July-August. To support the Office on critical programmatic issues, an Education Specialist from Vietnam and Justice for Children Specialist from the Philippines Office were seconded for a month. The Office will continue to use staff exchange as an effective way to build staff capacity and confidence, while reducing overall cost.

**Changes in AMP & CPMP**

An Annual Management Review retreat will be held in January 2014. No major changes to the AMP and CPMP are envisioned.

**Summary Notes and Acronyms**

- **AMP** – Annual Management Plan
- **ANC** – Antenatal Care
- **ARB** - Autonomous Region of Bougainville
- **ART** – Antiretroviral Therapy
- **AWP** - Annual Work Plan
- **BSP** - Business Continuity Plan
- **CEDAW** - Convention to Eliminate All Forms of Discrimination
CFS - Child Friendly Schools
CHASI - Catholic HIV and AIDS Services
CIMC - Consultative Implementation and Monitoring Council
C4D – Communication for Development
CMT – Country Management Team
CRB - Central Review Body
CRC - Contracts Review Committee
CRC – Convention on the Rights of Children
DevInfo – Development Information system
DCT – Direct Cash Transfer
DfCD - Department of Community Development
D1RD - Division of Rural Development
DHS – Demographic and Health Survey
DNPM - Department of National Planning and Monitoring
DoE – Department of Education
DRM - Disaster Risk Management
EAC - Educate A Child
ECCD – Early Childhood Care and Development
ECCE – Early Childhood Education
EiE - Education in Emergencies
EPI - Expanded Program on Immunization
ERM – Enterprise Risk Management
FBO - Faith Based Organization
FSC - Family Support Centre
FSVAC - Family Sexual Violence Action Committee
GBV – Gender Based Violence
GDP -Gross Domestic Product
GFATM - The Global Fund to Fight AIDS, Tuberculosis and Ma
HACT – Harmonized Approach to Cash Transfers
HRBA – Human Rights-Based Approach
HRDT - Human Resources Development Team
HQ - Headquarters
ICT – Information Communication Technology
IMEP - Integrated Monitoring and Evaluation Plan
JCC – Joint Consultative Committee
MCH – Maternal and Child Health
MDG - Millennium Development Goals
MDR – Maternal Death Review
MMR - Maternal mortality ratio
MoRES - Monitoring Results for Equity System
MNTE – Maternal and Neonatal Tetanus Elimination
MTR – Mid-Term Review
NDC - National Disaster Centre
NDoH – National Department of Health
NEC - National Executive Committee
NEFC - National Economic and Fiscal Commission
NFE – Non-formal Education
NGO – Non-governmental Organization
OCHA - Office for the Coordination of Humanitarian Affairs
OIAI – Office of Internal Audit and Investigation (UNICEF)
OR - Other Resources
PBF - Peace Building Fund
PCC – Programme Coordination Committee
PCM - Programme Coordination Meeting
PGK - Papua New Guinea Kina
PME – Planning, Monitoring and Evaluation
PNG - Papua New Guinea
PPTCT – Prevention of Parent to Child Transmission of HIV
RED - “Reach Every District”
REC - Reach Every Child
SIA/TT - supplementary immunization activity/tetanus toxoid
SLIP – School Learning Improvement Project
U5MR - Under-five mortality rate
UNCT – United Nations Country Team
UNICEF – United Nations Children’s Fund
UNRISD – United Nations Research Institute for Social Development
QBR - Queen’s Baton Relay
SAM – Severe Acute Malnutrition
UBE – Universal Basic Education
VAC - Violence Against Children
WB – World Bank
WHO - World Health Organization
YCSD – Young Child Survival and Development
### Other Publications

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Promoting Male Involvement in Antenatal Care and PPTCT: Knowledge, Attitudes and Practices Study for the Haus Man-Sambai Long Ol Mama Project in Papua New Guinea</td>
</tr>
</tbody>
</table>

### Lessons Learned

<table>
<thead>
<tr>
<th>Title</th>
<th>Document Type/Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Applying systematically a mass-campaign mode approach to achieve the MNTE agenda in PNG</td>
<td>Lesson Learned</td>
</tr>
</tbody>
</table>