

Papua New Guinea

Update on the context and situation of children

This has been a tumultuous year for Papua New Guinea (PNG). As with many countries, the COVID-19 pandemic hit the country hard. PNG is a low-middle-income country and remains one of the poorest performing in the East Asia and Pacific region, with an estimated 40% of people living below the poverty line. The country has the lowest ranking on the Human Development Index in the region (#156). The pandemic has made significant demands on the already strained economic situation, fluid political context and inadequately resourced social sectors. This has negatively impacted the existing poor situation for children in PNG, contributing to an already complex operating environment.

Pre-COVID-19, the well-being of children was a significant concern because of the following key issues:

- The under-five mortality rate is 49 per 1,000 live births,[1] one of the highest rates in the East Asia and Pacific region.
- The maternal mortality ratio, at 171 per 100,000 live births,[2] is significantly higher than the average for the East Asia and Pacific region (59 per 100,000 live births)[3] and the Pacific Islands Small States (75 per 100,000 live births).[4]
- Almost half of all children under 5 years of age are stunted, the fourth highest globally.[5]
- One in four children aged 6–18 years is not in school and nearly half of all adolescents aged 10–19 years have no formal education.
- Only one out of every two people in PNG has access to improved water sources (46.9%) and less than one third of people has access to improved sanitation facilities (30.1%).[1]
- Three out of every four children experience some form of violence during their childhood, often perpetrated within the home environment and 43% of women aged 15–19 years have experienced physical and/or sexual violence.

Despite the challenging development context and chronic resource shortage, the Government has been responding to the COVID-19 pandemic. PNG confirmed its first COVID-19 case on 20 March 2020 in Morobe Province and the Government declared a state of emergency (SOE) three days later. National restrictions were imposed, including limitations on travel and the closure of schools, non-essential businesses and services.

The Government developed its Emergency Response Plan, known as ‘Niupela Pasin’ or New Normal, which seeks to embed basic hygiene and physical distancing as part of a new way of living. It champions behaviour change to reduce the transmission of COVID-19 and other infectious diseases and stresses individuals’ responsibility for their own and their families’ health. A Risk Communications and Community Engagement plan has also been drafted to guide this critical element of the response.

After the COVID-19 outbreak, the situation for children remains bleak. Although research focusing on children is not yet available, a socio-economic impact study commissioned by the World Bank suggests that the situation is worsening.[6] Since the pandemic began in March, more than half of households indicate that the number of children attending school has dropped, particularly among younger heads

of households (aged 18–25) and in the Islands. There is limited evidence that COVID-19 is preventing people from accessing the health care system. Financial reasons were reported as the biggest barriers, while 80% of respondents said they could access care if necessary.

Before the pandemic, domestic violence was widespread in both rural and urban areas of PNG, but in recent months the situation has worsened, with the survey indicating that youth in rural areas reported that social relations within the community have deteriorated, including intimidation and violence by police and domestic abuse).

In a rapid assessment conducted by UNICEF PNG in June 2020, over a quarter of respondents (27%) said that there had been an increase in domestic violence in their communities during the SOE, specifically physical (45%), emotional (36%) and sexual violence (11%) against women and children. Similarly, 37% of respondents answered that there had been an increase in physical discipline during the SOE. More women and girls cited an increase in domestic violence during the SOE than men and boys (m: 20%; f: 33%).

Although faced with these challenges, the COVID-19 response has brought about substantive changes for some sectors, including:

- **Health and nutrition:** The country's limited health system resources have been channelled into the response. COVID-19 has provided a space for health system advocates to champion equitable access to quality services and a stronger health system as the response is implemented across all 22 provinces. For example, COVID-19 has been an opportunity to mobilise resources to address critical gaps in nutrition service delivery, while the vaccine roll-out is an opportunity to strengthen the vaccine cold chain system.
- **Education:** The National Education Emergency Response and Recovery Plan was endorsed to sustain learning and inclusion during and after the pandemic through safe remote learning and the safe return of teachers, as well as ensuring that students remain safe and are able to learn, and that the education system becomes more resilient. With US\$22,440,360 required, a total of US\$12 million was made available to implement the plan, leaving only US\$10 million to be funded.
- **Water, sanitation and hygiene (WASH):** The COVID-19 pandemic has provided a unique opportunity to strengthen the WASH sector. As hygiene advocacy received unprecedented attention and priority from all sectors, new funding was made available and new partnerships established to improve hygiene services in schools, health care facilities, homes and communities.
- **Child Protection:** The National Executive Council approved the National Child Protection in Emergency Preparedness and Response Strategy, paving the way for a strengthened operational framework for the protection of the lives and well-being of children during the current COVID-19 pandemic and beyond, with emergency preparedness for child protection.

These developments demonstrate the small but available and growing space to advance the well-being and advocate for the rights of all youth in PNG.

[1] NSO [Papua New Guinea] and ICF, Papua New Guinea Demographic and Health Survey 2016–18, NSO and ICF, Port Moresby, Papua New Guinea, and Rockville, Maryland, USA, 2019.

[2] Ibid.

[3] <https://data.unicef.org/>

[4] Ibid.

[5] NSO, 2011.

[6] <https://openknowledge.worldbank.org/handle/10986/34907>.

Major contributions and drivers of results

In 2020, UNICEF PNG made notable progress in improving programme relevance, influence and strategic contributions to equitable results for children, while adapting to a volatile external environment. The pandemic provided new opportunities for UNICEF's high-level advocacy for child-centred policies and systems strengthening at the national level and the need for integrated replicable service delivery models at the sub-national level and timely humanitarian response nationwide.

UNICEF PNG continued as a 'partner of choice' as reflected in the significant expansion of the partnership base (e.g. UNICEF PNG as an Administrative Agency for the Global Partnership for Education; as an Implementing Agency for the Government–World Bank Financing Facility for COVID-19 response; partnerships with UNICEF National Committees; and private sector partnerships) and the UN joint programmes for peacebuilding efforts and humanitarian response. Key UNICEF donors responded promptly to the humanitarian action for children appeal, enabling UNICEF PNG to support the Government in its response to the COVID-19 emergency.

UNICEF PNG re-prioritized programming to deliver workplan interventions towards system strengthening, enhancing/continuing access to services and contributing to the Government's efforts to deliver the COVID-19 response. Highlights and key achievements through critical partnerships with Government, civil society organizations (CSOs), faith-based organizations, international financial institutions, academia and the private sector include:

- 1.3 million children aged 0–5 years received the polio vaccine (90% coverage)
- 91% of children aged 6–59 months received a dose of vitamin A supplementation
- 193,000+ newborn babies and their mothers received essential early newborn care
- 510 newborns were resuscitated
- 80% of children admitted with severe acute malnutrition were cured
- 300,000+ students continued their education remotely
- 92,934 students have access to clean water and practise daily group handwashing in schools
- 43,470 more people gained access to basic sanitation
- 5,000+ parents/caregivers received care strategies and messages
- 2,600+ children who have experienced or are at risk of violence received support
- Nearly 6 million people received 171,000+ information, education and communication materials and critical messages to promote healthy behaviours, including prevention of COVID-19 and of violence against women and children
- 5,000+ frontline workers were protected in 750 health facilities

- 3,200+ service providers/duty bearers developed capacities to advance children’s well-being
- 500+ volunteers supported the delivery of critical programmes and promoted essential services
- 2 million+ critical materials and equipment were procured
- 1,200+ health, education and justice institutions were supported to provide essential services for children and women.

UNICEF PNG intensified efforts to trigger new partnerships and capitalize on new financing mechanisms (e.g. World Bank) to advance development programming, the basis for reimagining and rebuilding systems, as well as the immediate pandemic response. This led to increased Other Resources for UNICEF PNG regular programming of US\$107.8 million for 2018–2022, an increase of US\$41 million. Other Resources contributions for the COVID-19 response amount to approximately US\$26 million.

DEVELOPMENT PROGRAMMING

Amidst volatility, UNICEF PNG contributed significantly to enriching the enabling environment to reduce child disparities with child-centred policies, key normative and strategic frameworks and enhancing demand for and access to improved services. Technical and financial contributions enabled the finalization and adoption of numerous policies and plans: the Inclusive Education Policy; National Literacy Policy; the Rehabilitation and Reintegration Policy for Children in Conflict with the Law; a National Out-of-School Children Strategy; National Child Protection in Emergency Preparedness and Response Strategy; and the national costed implementation plan for Maternal, Newborn, Child and Adolescent Health.

Significant progress was made towards the country's reporting on human rights conventions with the establishment of a Government Taskforce on Convention on the Rights of the Child reporting. Led by the Office for Child and Family Services, the Taskforce was adopted by the National Executive Council. The Government’s commitment to CRC reporting is a major accomplishment considering the last report was made 16 years ago.

Further, the PNG policy framework continues to be closely aligned to international standards. For example, the updated ODF verification protocols, approved by the Government, led 102 communities to verify their ODF status against the updated criteria. In addition, the domestication of the international Code on Marketing of Breastmilk Substitutes Act was finalized.

Similar progress was seen in the sub-national policy space with increased domestic planning, financing and the delivery of services for children. In the nutrition sector, six provinces^[1] included nutrition-specific services in their provincial plans. This is in line with the National Nutrition Action Plan, which now has a nationally allocated budget and government-procured supplies for severe acute malnutrition and micronutrient deficiencies.

Similar achievements have been seen in the child protection sector with costed plans for Provincial Juvenile Justice Committees in Manus and West New Britain, a critical step in the implementation of the National Juvenile Justice Action Plan 2018–2022. Additionally, in the WASH sector, the District Development Authorities of Goroka, Nawaeb, Hagen Central and Central Bougainville rolled out four WASH service delivery arrangements. Noting the significance, stakeholders in Goroka and Nawaeb

planned their own investments to meet their targets.

As COVID-19 brought the world to a seeming pause, UNICEF PNG worked with duty bearers and communities to ensure essential services continued. More than 1 million children received the polio vaccine (90% coverage) and 91% of children aged 6–59 months received a dose of vitamin A supplementation, sustaining the battle against preventable diseases. More than 193,000 newborn babies and their mothers received high-impact early essential newborn care (EENC) packages of interventions, as UNICEF PNG scaled up the Saving Lives, Spreading Smiles programme. This enabled nearly 70% of all health facilities to provide critical EENC services.

Further, UNICEF PNG demonstrated its responsiveness, from supporting the education sector adoption of online learning to delivering a total of 486,000 personal protective equipment (PPE) items to schools. This ensured 300,000 students (45% girls) continued learning, including more than 100,000 Grade 8, 10 and 12 students (48% girls) who sat final examinations safely.

The continuation of essential services was only possible through reinforcing national capacities to expand the number of duty bearers. UNICEF PNG continued efforts to adopt sustainable capacity development initiatives. For example, 18 Seventh Day Adventist Church members were appointed as Volunteer Juvenile Justice Officers by the Juvenile Justice Officers Director, after they had participated in UNICEF training that used the handbooks for juvenile volunteer court officers and the case management handbook and standards. Recognizing the benefits, the Church, justice intuitions and the Government's training institute signed MOUs to ensure the integration of the material into existing training programmes and expand the minimal child protection workforce.

UNICEF PNG has also continued to strengthen rights holders through community engagement, with notable advancements in development engagement strategies, capacity strengthening of community members, and mechanisms for community organization. UNICEF PNG invested significantly in developing frameworks to institutionalize community engagement to promote behaviour change and generate demand for services. The first ever National Immunization Advocacy Communication and Social Mobilization plan and the first National WASH Advocacy and Communication Strategy were both endorsed. With this work, 1.3 million children aged 0–5 (90% coverage) were vaccinated against polio and a total of 115,968 schoolchildren (48% girls) in 250 schools received information on improved hygiene practices.

UNICEF PNG continued to work with community members to alleviate the strain of limited services and providers across the country. To promote the uptake of lifesaving interventions, trained community volunteers were critical to disseminating health, hygiene and positive parenting messages. Community members are active on school boards of management and lead on community mobilization for early childhood education. A total of 169 village health volunteers (VHVs) in five rural districts[2] supported 1,501 women to have supervised births in health facilities, provided EENC and kangaroo care to 1,478 newborns and conducted more than 1,000 post-delivery home visits after participating in UNICEF training, where they received VHV and kangaroo care kits.

Similarly, 159 active social mobilizers triggered 318 communities to end open defecation practices and 141 communities to self-declare ODF status, benefitting 43,470 people. After taking part in UNICEF-led training, 83 community mobilizers became members of district WASH committees, with 87 government and CSO functionaries. So far, they have verified the ODF status of 102 communities per the approved ODF Definition (2019) and certified 34 ODF communities.

UNICEF PNG also supported creating community platforms to demand accountability and drive progress for children. With support from 92 UNICEF-trained VHVs (76% females), 30 new mother support groups in WHP, EHP and Western provinces were established, in addition to the 60 existing groups. These groups provide critical platforms for pregnant and breastfeeding women to support each

other on childcare and feeding issues.

Likewise, the established 230 school hygiene clubs support a total of 92,934 students in 142 schools to practise daily group handwashing by promoting good hygiene and quality maintenance of gender sensitive WASH facilities.

Another youth engagement mechanism is U-Report. As part of the Spotlight Initiative, U-Report has been a crucial element of UNICEF PNG's flagship gender-responsive programme. By the end of 2020, 6,000 U-Reporters initiated dialogues with young people on issues related to violence, gender and social norms to create a social movement that embraces positive cultural norms, attitudes and beliefs that do not condone violence against women and girls. U-Reporters informed the outcomes of the first national summit on GBV.

U-Report is also part of UNICEF PNG's repository of mobile technology. RapidPro and KoboToolbox are used for real-time monitoring. And taking advantage of the increasing online presence (e.g. meetings, trainings/workshops), UNICEF PNG recently expanded its use of the online space to conduct a virtual field visit with donors to continue programme and operational support during the pandemic.

UNICEF PNG advanced strengthening administrative data to identify the children at greatest risk and in greatest need. The WASH management information system expanded to 357 communities, 662 schools and 114 health care facilities in 12 districts across seven provinces. In the health sector, UNICEF PNG supported the Immunization Coverage and Equity Analysis based on administrative health system data. This led to the development of the equity focused micro-plan to complete an immunization catch-up in two districts that had less than 4% routine vaccination coverage. Similarly, with successful advocacy, the State Solicitor provided legal clearance to roll out the national child protection case management system, using Primero/CPIMS+. A national case management curriculum was developed supported by UNICEF and the Pacific Institute for Leadership and Governance.

UNICEF PNG played a key role in the UN Cooperation Framework 2023–2028. UNICEF led the drafting of the Common Country Analysis, and its integration with the Situation Analysis on Women and Children and the WHO Common Country Strategy with WHO and the National Research Institute, a new strategic partner. Also, UNICEF led the UNCT Operations Management Team in the development and adoption of the UNCT Business Operations Strategy for efficient joint operations.

HUMANITARIAN/EMERGENCY PROGRAMMING

As communities protected themselves from coronavirus, UNICEF PNG ensured a steady pipeline of 1+ million lifesaving supplies to communities in need; reached over 5 million people with information and tools to stay safe; and protected more than 5,000 frontline workers and responders in 750 health facilities across the country. UNICEF PNG joined other actors, led by the Controller of the PNG COVID-19 National Pandemic Response, to develop the National Response Strategy and the National Coordinating Centre Blueprint. To strengthen the evidence base for the response, UNICEF PNG partnered with the World Bank on a socio-economic impact study with a focus on children. A qualitative study on COVID-19 hygiene and risk perception is ongoing.

UNICEF PNG delivered risk communication and community engagement (RCCE), health and nutrition, education, water and sanitation, and child protection interventions to families, communities and duty bearers. Reaching more than 5 million people with messages reiterating the well-being of children and critical life-saving messages on COVID-19 was only possible with the partnership of 16 media companies. This enabled more than 1,443 television spots on three stations, 1,968 spots on four radio stations, and 56 COVID-19 messages in two newspaper and the only Tok-Pisin newspaper, *Wantok Niuspepa*. And through a partnership with the National Capital District Authority, an estimated

100,000 people in Port Moresby were exposed to COVID-19 outdoor advertising.

Health and nutrition

As demands on the health system surged, UNICEF PNG ensured a supply of 700,000 items of PPE, 130,000 infection prevention and control (IPC) materials, 150,000 IEC materials and 74 pre-triage tents to protect frontline workers. And faced with new skill requirements, 740 health workers participated in 35 batches of UNICEF training for 50 districts in 13 provinces on IPC, clinical management, surveillance and RCCE. In addition, 21 ICU staff from five provincial hospitals were trained on ventilator usage for critically ill COVID-19 patients after 10 ventilators, 20 sets of ventilator accessories and 20 oxygen concentrators were procured and distributed by UNICEF. A total of 62 VHVs and 43 health care workers (22 females) were trained. These capacity-building efforts ensured a total of 2,053 traced contacts in National Capital District, Central, Morobe, Eastern Highland, Enga, Hela and West New Britain and the distribution of more than 4 million nutrition promotion messages.

Education

As schools were shut down, UNICEF PNG found new ways to support remote learning – through nationwide daily television and radio broadcasts – reaching more than 300,000 children (45% girls). With new partners, 102 teachers are able to educate children on the COVID-19 context after participating in UNICEF training. And more than 100,000 Grade 8, 10 and 12 students (48% girls) took their final examinations safely through the provision of 486,000 PPE items, including masks. A total of 725 young children (49% girls) and their teachers continued to safely access early childhood education services in 29 centres, which included UNICEF-installed water tanks and handwashing facilities.

Water and sanitation

As communities tried to protect themselves by practising good hygiene, UNICEF PNG provided clean water and handwashing facilities for 73,808 students (48% girls) in 57 schools. To support schools in implementing new COVID-19 mitigation measures, 102 teachers participated in training and 57 student hygiene clubs were established, reaching 115,986 schoolchildren. Additionally, 30,000 more people were reached with information products and 6,000 family hygiene kits; and 15,500 more people participated in community engagement initiatives after 56 health workers, 22 pastors and 21 market committee representatives (45% female) were trained to facilitate community awareness on mitigating the effects of COVID-19.

Child protection

As more families face increasing burdens, 3,300+ children and adults received MHPSS and 840 child/adolescent victims of violence or those at risk received referrals through the ChildFund telephone helpline, the only national MHPSS mechanism. After partnering with UNICEF, the helpline became fully functional 24 hours, seven days a week and 10 counsellors attained new MHPSS skills required during COVID-19. Finally, to raise awareness on COVID-19 among children, an eight-episode radio play based on the *My Hero Is You* children's book was produced and broadcast on the main radio stations. The book was also translated in Tok-Pisin and disseminated as part of UNICEF WASH hygiene kits, reaching an estimated 18,000 children.

[1] SHP/WHP/Simbu/EHP/NCD

[2] Pomio, East New Britain Province; Koroba-Kopiago and Tari Pori, Hela Province, and; Ialibu, Southern Highlands Province.

UN Collaboration and Other Partnerships

The achievements towards addressing the increasing multiple vulnerabilities of children are only possible with the support of the Government, donors, the private sector, faith-based organizations and CSOs in both development and humanitarian contexts. This is demonstrated by the examples below.

DEVELOPMENT

Spotlight Initiative (UNWOMEN, UNDP AND UNFPA): UNICEF supported the adoption of a system approach that promotes the protection of women and children from violence, abuse and neglect. Under this initiative, National Department of Education finalised the Behaviour Management Policy school guide to eliminate violence against women and girls in schools and communities. Also, the first national GBV summit was held, which established a Special Parliamentary Committee on GBV with a focus on violence against women and children.

Acceleration of routine immunization: Under the WHO and PNG Partnership Fund/PATH (joint platform of Gavi, DFAT and MFAT), the ongoing partnership between UNICEF and Gavi has been further expanded (US\$4.5 million grant) to strengthen immunization supply chain management and accelerate routine immunization and demand generation.

Highlands Peacebuilding Joint Programme: The 2020–2022 programme has been established with seven UN agencies, building upon UNICEF activities including immunization (Gavi), Vitamin A supplementation (French NatCom), nutrition (Consolidated NatComs Funds), and capacity-building of village courts (DFAT).

One UN coordination leadership: Throughout the year, the UNICEF Head of Office acted as the UN Resident Coordinator. In addition, UNICEF is the chair of the People Priority Working Group, an UNDAF coordination group, as well as the Operations Management Team, along with two sub-groups, HR and Finance.

Alliance for Early Childhood Development: This platform, co-chaired by the Office of the Prime Minister, National Executive Council and National Office of Child and Family Services, continues to contribute to results for children. The Alliance is revising the 2007 early childhood care and development policy to meet international ECD standards and set up integrated education, health, nutrition, and protection services for children.

HUMANITARIAN/EMERGENCY:

Secretary-General's COVID-19 Response Fund: Together with NDoH, Western Provincial Health Authority, Catholic Church Health Services, IOM and UNFPA, 62 VHVs and 43 health care workers (51% female) are now providing nutrition services after participating in UNICEF training (treatment of SAM, micronutrient supplementation and IYCF promotion).

COVID-19 and the World Bank: UNICEF PNG is implementing response activities (US\$8,294,910.77) under a signed agreement with NDoH, financed by the World Bank. Activities include infection prevention control and risk communications and community engagement. Additionally, UNICEF PNG, the World Bank and Digicel are conducting a socio-economic impact

study with a focus on children.

Private sector/media: The expansive COVID-19 RCCE reach was only possible by working with 16 service providers, including TV and radio broadcasts, publishing, outdoor advertising, creative and mobile operators' services.

Cluster leadership: UNICEF continued as the Child Protection Sub-Cluster lead and the co-lead for the WASH and Education clusters. In this role, UNICEF coordinated more than 40 organizations to ensure coherence and standardization of the response.

Data/evidence: Seventeen rapid polls/assessments for handwashing and child protection and a chatbot reached more than 5,252 respondents; this informed the joint UN COVID-19 socio-economic impact assessment.

Lessons Learned and Innovations

Through UNICEF PNG's ongoing monitoring work, such as meetings, reports and other documentation, numerous lessons have been identified in all areas of work. A synopsis of these lessons learned is captured below.

PROGRAMME EFFECTIVENESS

- **COVID-19 as an opportunity:** Faced with implementing the polio vaccine with the already stretched health system, UNICEF PNG combined COVID-19 RCCE and the polio campaign in Eastern Highlands.
- **Matrix management:** UNICEF PNG has already been implementing matrix management. For example, the multi-country evaluation specialist is currently supporting both PNG and Fiji Offices.
- **Extended benefits of local partnerships:** Local partnerships continue to have wide-reaching positive effects; not only through strengthening local civil society, but also through programme efficiencies. For example, Ginigoada, a local partner, negotiated with a local hardware store to reduce the cost of materials for community-built water tanks and handwashing facilities.
- **Virtual field visits:** The innovative use of virtual field visits opens new and exciting ways to engage with donors to promote advocacy opportunities.
- **Remote monitoring:** Due to COVID-19 restrictions, regular monitoring was not possible. Instead, UNICEF PNG uses U-Report/RapidPro and KoboToolbox (including COVID-19 response) and has launched the Partner Reporting Portal on eTools. For example, implementing partners collected data on early childhood education using KoboToolbox on tablets and telephones. This innovative way to collect data is paperless and allows for real-time monitoring and analysis of the IECD project.
- **Regional/global partnership frameworks with other key development actors (i.e. NFIs):** There is a need for partnership frameworks with other key development actors to facilitate partnerships at the national level. Negotiating the World Bank Partnership took unexpected effort. As this partnership was so unique, the partnership and legal frameworks as well as the payment were all new to UNICEF and required consultation across several different regional

and HQ UNICEF offices to gain approval (legal, partnership, statistics), all while concurrently being progressed through the World Bank mechanisms.

- **Limited space for qualitative initiatives:** COVID-19 restrictions had a considerable negative impact on data and evidence initiatives. Although UNICEF PNG was able to transition to remote data collection (i.e. Kobo Toolbox and U-Report), this meant limited space for qualitative initiatives to directly engage with participants/communities.
- **Integrating the situation analysis as part of the Common Country Assessment:** As the Chair for the Inter-Agency People Priority Working Group, UNICEF PNG led the integration of the UNSDF Common Country Assessment and the Situation Analysis along with WHO's Country Cooperation Strategy. Through this integration, the different agencies can further streamline and complement programming with the same analysis.
- **Inter-agency implementation vs. programme design:** One challenge of joint programming is the coherence of implementation. Although the programme uses the UNDAF/UNSDCF results framework, there is divergence at the inter-agency implementation level. For example, limited field visits were coordinated for implementation or monitoring.

SECTORAL

- **Cross-sectoral opportunities:** A cross-sectoral hygiene kit was developed to improve hygiene practices and disseminate social messages on GBV to rural communities. PNG has some of the highest rates of violence against children and women. The hygiene kits were locally procured, making them more cost-effective and with a lower CO2 emission footprint, compared to the kits available at Supply Division.
- **Expanding mental health psychosocial support with U-Report:** In a country with limited MHPSS during a time where the need is increasing, UNICEF PNG expanded the only national MPHSS response service in PNG, the ChildFund telephone hotline using U-Report.
- **Training duty bearers vs. external suppliers:** As UNICEF PNG continues to support the health system, the installation of new cold chain equipment will now be done by national and provincial biomedical technicians after they complete a UNICEF-supported training programme. This is more cost-effective than engaging a supplier that provides a service bundle, including supervision, and will support COVID vaccine cold chain needs.
- **Cold Chain Monitoring:** To ensure no break to the cold chain for vaccines, temperature alarms and continuous temperature monitoring systems are being installed across the country, this will support the COVID-19 vaccinations.
- **Value-for-money process in supplies:** In the WASH sector, value-for-money processes led to the establishment of local long-term arrangements for supplying hygiene kits, which reduced costs and ensured timely availability during the COVID-19 response. A total of 6,000 hygiene kits were procured at US\$53.58 per kit, including delivery at distribution points.
- **WASH sub-national investment:** The UNICEF-supported WASH service delivery arrangement endorsement meetings in focus districts were successful. Stakeholders in Goroka and Nawaeb planned their own investments to meet WASH plan targets.
- **WASH ODF external verification teams:** Now that the teams have been endorsed by district WASH committees, the rate of ODF verification has greatly improved. In Goroka, the total number of ODF-verified communities increased from 9 to 35 in less than two weeks.

One key lesson to highlight has been community engagement to support communities/rights holders to become duty bearers. UNICEF PNG continues to emphasize that the involvement of community members is critical for expanding access to and increasing demand for quality services with appropriate administration, capacity development and supervision. In each sector, community members are supported to be meaningfully engaged in mechanisms – from joining education boards of management to WASH community mobilizers participating on district administration teams.

This approach continues to yield long-lasting results in the health sector. In the very remote Koroba Kopiago district, VHVs saw for themselves that women who live two or three days' walk from the nearest health facility were giving birth along the way. Following UNICEF training, the VHVs led an initiative to build three maternity waiting homes where women who live at a distance from health facilities can stay to await the birth of their child. The local community contributed cash and in-kind donations and built the homes, which are managed by the VHVs and the community.

Oil Search Foundation demonstrated their commitment by partnering with the community and VHVs to upgrade and build a modern maternity waiting home and a maternity ward in their health facility. This will greatly improve access to maternal, newborn and child health services in this very remote district.