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Draft country programme document**

Papua New Guinea

Summary

The draft country programme document (CPD) for Papua New Guinea is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$9,400,000 from regular resources, subject to the availability of funds, and \$90,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2024 to 2028.

* [E/ICEF/2023/24](#).

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 13 June to 3 July 2023. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2023 second regular session and in the other designated languages four weeks in advance.

Programme rationale

1. Papua New Guinea is among the most ethnolinguistically diverse countries, with more than 800 languages spoken among its estimated population of 10.1 million.¹ Forty-three per cent of the population are children; 14 per cent are aged 0 to 4 years and 17 per cent are aged 10 to 17 years. Some 80 per cent of people live in rural areas, dispersed across a mountainous and archipelagic geography with limited infrastructure. Papua New Guinea is a lower-middle-income country characterized by various types of inequality. Forty-two per cent of rural people and 29 per cent of urban people live below an extreme poverty line.² Women are more likely to live in poverty than men, contributing to a low gender equality score of 0.72 out of 1.00 and a ranking of 169 out of 191 countries on the Gender Inequality Index.³

2. Underresourcing and understaffing hinder the implementation of the well-developed health-care governance framework. In 2020, the under-5 mortality rate was 44 per 1,000 live births, with a neonatal mortality rate of 22.⁴ Mortality is highest among rural and lower wealth quintile households. Endemic and vaccine-preventable infections cause 82 per cent of under-5 mortality. Maternal mortality estimates range from 145 to 215 per 100,000 live births. Only 49 per cent of women receive four antenatal care visits, 55 per cent give birth at home, and adolescents account for 12 per cent of births. Mental illness accounts for 10 per cent of the total disease burden for children aged 10 to 19 years, according to modelled estimates.

3. Routine immunization coverage fell from 60 per cent to 37 per cent between 2013 and 2017. Thirty-three per cent of rural children compared with 49 per cent of urban children received all basic vaccinations. Children in the Highlands region are least likely to receive all basic vaccinations. Despite efforts including resilient cold chains, 48 per cent of children younger than 1 year of age are not vaccinated with a first dose of pentavalent vaccine and 65 per cent are not vaccinated against measles.⁵

4. According to the Household Income and Expenditure Survey (2009–2010), 48 per cent of children under the age of 5 years are stunted, with higher rates in the Highlands (58 per cent) and poorest wealth quintiles (55 per cent) and lowest rates in the wealthiest quintile (36 per cent).⁶ Child wasting and severe wasting affect 16 per cent and 6 per cent of children, respectively, with no significant differences between girls and boys.⁷ Micronutrient deficiencies, including anaemia in children and women of reproductive age, are prevalent. Undernutrition is caused by factors including poor diet, inadequate hygiene and frequent illnesses. There is low access to accurate information and services that are nutrition-specific and nutrition-sensitive.

5. The education governance framework comprises reformed structure and curricula, a national plan, tuition fee subsidy and special education policy, but faces challenges in budget allocations and universal implementation. Enrolment in early childhood education, including mandatory preschool preparatory and optional

¹ United Nations Department of Economic and Social Affairs, Population Division, *World Population Prospects 2022*.

² UNICEF, “How Many Children Live in Poverty?” Available at **Error! Hyperlink reference not valid.** <https://data.unicef.org/how-many/how-many-children-live-in-poverty/>.

³ United Nations Development Programme, *Human Development Report 2021/2022* (New York, 2022).

⁴ United Nations Inter-agency Group for Mortality Estimation, “Papua New Guinea: Under-Five Mortality Rate”. Available at https://www.education.gov.pg/quicklinks/statistics_bulletin/2019_education_bulletin_final.pdf.

⁵ Government of Papua New Guinea, Ministry of Health, Health Management Information System, 2021.

⁶ Papua New Guinea National Statistical Office, “2009–2010 Papua New Guinea Household Income and Expenditure Survey: Summary tables” (2013).

⁷ Reanalysed UNICEF estimate (based on reference 6). Available at <https://data.unicef.org/>.

kindergarten, is growing. Poor investments in teacher training, learning resources and quality assurance impede learning and development. Long distances to centres from homes and traditions of keeping young children at home discourage demand.

6. Transition rates between school levels and school completion are low. Net enrolment rates for 2019 were 85 per cent for elementary; 58 per cent for primary; and 20 per cent for secondary.⁸ The transition rate from the last grade of primary education to the first grade of secondary education is only 64 per cent. Delayed enrolment and repetition are common. The student gender parity ratio declined from 101 girls per 100 boys in preschool and elementary to 96 girls in primary and 75 girls in secondary school. In 2021, 34 per cent of Grade 5 children lacked minimum reading proficiency, while 27 per cent lacked minimum numeracy proficiency, with no gender differences.⁹ There are 23 specialized centres for children with disabilities, but no data are available on those in or out of regular schools. Challenges include insufficient quality of teaching, lack of safe and conducive learning environments, and inadequate resilience to crises.

7. Alternative learning pathways exist to support children and adolescents who are out of the formal education system to catch up with Grades 7–12. The capacity is limited, however, with almost no services available in rural areas. Important skills for self-protection, violence prevention, respect and gender equality are not adequately taught, while gendered social norms and patriarchal traditions pose barriers to adolescent participation and civic engagement.

8. Violence, gender discrimination and other harmful practices are prevalent and socially normalized. The Demographic Health Survey 2016–2018 reported that 27 per cent of girls were married before the age of 18 and 75 per cent of children experienced physical violence. Eighty-five per cent of fathers reported beating their children. Out of all partnered females aged 15 years and older, 26 per cent reported physical, sexual or psychological violence by a current or former intimate partner. Families and other duty bearers need opportunities to increase understanding and skills on alternatives to violence and harmful practices. Reach, scope and quality of protective services need to be expanded.

9. Protection from violence and securing the rights of children in all settings is challenging due to harmful social norms and inadequate laws, policies and budgets. The minimum age of criminal responsibility (10 years) is not aligned with the Convention on the Rights of the Child (14 years). Children receive punishment, including physical discipline and detention, for minor offenses. Data on violence against children and women and case management are inadequate, unreliable and inaccessible. The prevalence and condoning of violence against children is also reflected in inadequate social workforce, weaknesses in law enforcement and judicial authorities, and insufficient funding for victims.

10. Birth registration is key to the right to identity and needs acceleration. The Demographic Health Survey 2016–2018 reported that 13 per cent of children under the age of 5 years were registered and 7 per cent had a certificate. Most registered births are in urban and high wealth quintile families. Home births are the least registered, but hospital births are also under-registered. A civil registration and vital statistics costed action plan is needed, including making health and civil registration systems fully accessible, digitized and interoperable.

⁸ Government of Papua New Guinea, Department of Education, “Education Statistics Bulletin 2019”. Available at https://www.education.gov.pg/quicklinks/statistics_bulletin/2019_education_bulletin_final.pdf.

⁹ Pacific Community, Pacific Islands Literacy and Numeracy Assessment, Papua New Guinea Report (2021). Available at <https://www.spc.int/resource-centre/publications/2021-pacific-islands-literacy-and-numeracy-assessment-pilna-online>.

11. Forty-five per cent of people (39 per cent of rural and 86 per cent of urban residents) in 2020 had basic water services. Most rural residents rely on unimproved facilities or surface water.¹⁰ A range of affordable options are required due to diversity of topography and water sources and the need for resilience to climate change and disasters. Increasing demand is aggravating conflict over water sources. Institutional roles and responsibilities are fragmented and uncoordinated, including monitoring, testing, and compliance with standards.

12. Access to basic sanitation is the lowest in the region, with 20 per cent access in urban areas and 15 per cent in rural areas. An estimated 74 per cent of people living in rural areas use unimproved sanitation such as open pit latrines, which are unsafe and unhealthy. Open defecation has increased to 16 per cent (1.6 million people) in 2022 from 13 per cent in 2000, leading to poor health, safety risks, and compromising dignity. Many government budgets omit sanitation and hygiene. Girls and women have disproportionate responsibility for maintaining toilets and environments. Climate and geophysical hazards also threaten sanitation services.

13. Less than half of primary schools have basic water supply services, and less than 12 per cent have handwashing facilities with water and soap. This affects students and teachers, particularly menstruating girls and women. Data on water, sanitation, and hygiene (WASH) coverage in health-care facilities is lacking. Health and education authorities have limited capacity to coordinate, plan, install and maintain facilities. Responsibility for operating and maintaining WASH facilities in schools and health facilities is often not well understood or accepted. These services are also vulnerable to disasters. Clear responsibilities, resources and capacity are needed for institutional WASH services.

14. Papua New Guinea has high fragility scores¹¹ for economic, environmental and societal indicators, and is rated high risk for natural disasters¹² and climate change.¹³ Risks include earthquakes, volcanic eruptions, tsunamis, coastal flooding, heatwaves, landslides and epidemics. Most institutions, infrastructure and families have little resilience to these shocks. Girls, women and families living far from climate-resilient and disaster-proof services are the most vulnerable. Standards, policies and practices need updating for resilience, environmental sustainability and climate change adaptation. The draft National Adaptation Plan and Nationally Determined Contributions reference actions for children that need to be implemented.¹⁴

15. While many social policies are well developed, there are gaps and incomplete implementation. Social expenditure is below international benchmarks, at 4.8 per cent of the government budget for education, 8.8 per cent for health, and 2.8 per cent of the gross domestic product for social assistance.¹⁵ The National Policy on Social Protection 2015–2020 needs updating, accompanied by a comprehensive, integrated

¹⁰ Unless otherwise stated, statistics on water and sanitation are from World Health Organization and UNICEF, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2020: Five Years into the SDGs* (Geneva, 2021).

¹¹ Organisation for Economic Development and Co-operation, *States of Fragility 2022*. Available at <https://www.oecd.org/dac/states-of-fragility-fa5a6770-en.htm>.

¹² European Commission, “INFORM Country Risk Profile for Papua New Guinea” (2022). Available at <https://drmke.jrc.ec.europa.eu/inform-index/INFORM-Risk/Country-Risk-Profile>.

¹³ UNICEF, *The Climate Crisis is a Child Rights Crisis: Introducing the Children’s Climate Risk Index* (New York, 2021). Available at <https://www.unicef.org/reports/climate-crisis-child-rights-crisis>.

¹⁴ UNICEF, “Making Climate and Environment Policies for and with Children and Young People”, Climate and Environment Discussion Paper (October 2021). Available at <https://www.unicef.org/media/109701/file/Making-Climate-Policies-for-and-with-Children-and-Young-People.pdf>.

¹⁵ International Monetary Fund, IMF Country Report no. 22/305 (2022). Available at <https://www.elibrary.imf.org/view/journals/002/2022/305/article-A000-en.xml>.

programme. Current fragmented approaches exclude a high percentage of children living in income poverty with multiple deprivations. National surveys and a census are overdue, limiting reliability of data analysis and effectiveness of planning and targeting.

16. United Nations, government, bilateral, multilateral, civil society, academic and business partners were consulted on priorities and strategies based on evidence and lessons learned, including from the United Nations Development Assistance Framework and the UNICEF Parenting for Child Development programme. Two key lessons learned are: (a) while gaps in policies, laws and strategies remain, the main challenges are quality governance and sufficient financing for scaling up equitable implementation at subnational levels, and (b) increased investment in mixed modalities is needed to change social norms and practices that are harmful to children and women.

Programme priorities and partnerships

17. The goal of the 2024–2028 country programme of cooperation is to support all five outcomes of the United Nations Sustainable Development Cooperation Framework for Papua New Guinea. It contributes to the Medium-Term Development Plan IV and provincial plans to accelerate progress towards Sustainable Development Goals that fulfil the rights of all children to health, nutrition, learning and skills, WASH protection and participation, in a safe, climate change-adaptive and sustainable environment.

18. The country programme is based on the Convention on the Rights of the Child and concluding observations of the Committee, as well as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. It incorporates the principles, strategies, goals and enablers in the UNICEF Strategic Plan, 2022–2025 and Gender Action Plan, 2022–2025.

19. The theory of change plans to accomplish three priorities across all programming areas: (a) reducing violence, abuse and exploitation of children and women; (b) systemic strengthening of basic, quality social services and building public trust and use of the services; and (c) strengthening resilience and reducing the risks of children and families to disasters and crises.

20. Assumptions include successful leveraged partnerships with shared commitments to equity-driven policies and adequate public resource allocations at national and provincial levels. Risks include large-scale, macroeconomic shocks, severe humanitarian situations and underfunding. Mitigation measures include integrating disaster preparedness and other resilience-building and crisis risk reduction measures across all programme components.

21. Based on the burden of child rights deprivations, the strategic, comparative advantages of UNICEF and lessons learned, the country programme will include five components: survive and thrive; learning and skills; ending violence, abuse and exploitation of children and women; WASH, climate and environment; and programme effectiveness.

22. Programme implementation will be synergized through the following cross-cutting strategies:

(a) Convergent programming in geographic areas characterized by persistent low achievement on multiple child rights indicators;

(b) A life course approach that focuses on early childhood and adolescence;

- (c) Strengthening systems and institutions, particularly at subnational levels, to operationalize proven, sustainable and scalable models;
- (d) Gender-responsive and transformative multisectoral programming with a focus on addressing discriminatory norms;
- (e) Using knowledge of people, culture and cost-effective approaches to engage duty bearers and rights holders in social and behavioural changes;
- (f) Increasing public understanding of child rights, and positioning children, especially girls, at the centre of the development agenda and enhancing their meaningful participation in decision-making;
- (g) Leveraging public, business and other partners' engagement and resources;
- (h) Building shock-responsive, resilient systems and communities by applying multi-hazard risk analysis and linking development, humanitarian and peace-building programme interventions; and
- (i) Innovating to enhance programme effectiveness, including more access by girls and rural children to digital technology to reduce the digital divide.

Survive and thrive

23. The programme, in alignment with United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes 1 and 3, is aimed at equitable, improved demand for and access to quality, promotive, preventive and curative health and nutrition services for pregnant women, newborns, young children and adolescents. Partners include national and subnational governments, civil society organizations, United Nations agencies, bilateral and multilateral partners and the private sector. UNICEF will support the realization of three priority areas in the National Health Plan 2021–2030: reproductive, maternal, neonatal, child and adolescent health; immunization; and nutrition, including in humanitarian situations. Lessons learned will be applied from successful initiatives in nutrition, newborn care, use of village health assistants, vaccine cold chain and responses to the coronavirus disease 2019 (COVID-19) pandemic.

24. The programme will support the expansion and strengthening of quality, essential primary health-care services available in both normal and emergency situations. This includes treatment and counselling for victims of gender-based abuse, prevention and treatment of paediatric HIV and AIDS and mental health services. This also includes advocating for disaster and climate resilience, adaptive capacity, and low-carbon development for health system infrastructures. UNICEF support will include planning based on data analysis, scale-up of safe birth delivery, newborn care, holistic early childhood development, a geographic information system, and improved health and nutrition supply management.

25. UNICEF will focus on children with zero doses in geographic areas with lowest immunization coverage and advocate for increased resources for staffing, demand generation, infrastructure and integrated service delivery. Technical support will develop competencies in resilient vaccine management, including digital real-time monitoring that triggers problem-solving actions. UNICEF will guide analysis of immunization data and costed annual implementation plans that prioritize low performing areas. The programme will use research findings on norms, behaviour and barriers to vaccinations to mobilize and actualize demand.

26. UNICEF will lead advocacy for increased multisector investments, improvements in coordination mechanisms, and required policy updates. This advocacy will aim to include malnutrition prevention within the developing national

social protection programme and spur policy updates, such as on nutrition delivery platforms and adolescent nutrition. UNICEF will support the delivery of quality nutrition-specific and nutrition-sensitive interventions in health-care facilities, communities and schools, including in emergency situations. Special emphasis will be placed on effective social and behaviour change approaches to improve diet quality, especially among young children, as well as reaching children with life-saving treatment for severe wasting.

Learning and skills

27. The programme, in alignment with UNSDCF outcomes 1 and 3, is aimed at improving access, and quality and safe learning at early childhood education and basic education, in support of national goals for implementing the “1-6-6” education system and improving timely enrolment, retention, completion and learning outcomes. The programme aims to build resilient education systems with reduced risks to learning disruption due to natural, climate-related and other humanitarian crises. Key partners are the Department of Education and other government departments at national and provincial levels, education commissions, institutes, the National Council of Churches, the National Youth Development Authority, bilateral and multilateral organizations and other United Nations agencies.

28. UNICEF will support expansion of early childhood education that adheres to quality standards. The programme will support strategy development, curricula and resources that are age-appropriate and inclusive of children with disabilities, within a safe environment for learning and development. A social behavioural change strategy will target mainly parents of young children to increase enrolment in early childhood education and to improve parenting skills and practices.

29. UNICEF will increase the capacity of the basic education system to foster twenty-first-century skills, focusing on foundational literacy and numeracy, and on transferable, green and digital skills, so that girls and boys become more agile, adaptive learners and citizens equipped to navigate personal, academic, social and economic challenges. UNICEF will support improved school quality standards, teaching capacity and the creation of safe, healthy school environments that prevent and respond to violence, particularly gender-based violence. Education sector analysis and planning will be supported to make them more resilient, gender-responsive and equity-focused. The programme will mobilize local leaders and parental involvement in improving learning and in creating safe, violence-free learning environments, especially for girls. UNICEF will advocate and support the Department of Education to expand emergency preparedness, climate resilience and disaster risk reduction planning and response efforts in collaboration with adolescents, young people and their communities.

Ending violence, abuse and exploitation of children and women

30. The programme, in alignment with UNSDCF outcomes 1, 2 and 3, aims to achieve an inclusive, gender-responsive and enabling policy and legislative environment; quality prevention and response services to address exploitation, abuse, neglect and violence against children; and changes in behaviours to reduce gender-based violence and other harmful practices. Community-level social and behaviour change interventions will be aimed at accelerating social change to end violence against children and women and instil community and school cultures that are non-violent, gender-responsive, positive and inclusive. The programme will coordinate across multiple government partners and collaborate with United Nations agencies, civil society and bilateral partners, in both development and humanitarian situations.

31. UNICEF will advocate for and support localized, evidence-based and culturally sensitive plans to eliminate abuse, violence, exploitation, neglect of children and harmful practices. UNICEF will support a confidential child protection information management system that generates data on violence against children and women. Prevention and response approaches will be evidence-based and relatable to different communities of men, women and children. Interventions will include strong referral and response mechanisms. UNICEF will provide technical support towards an evidence-based alternative care policy and regulations.

32. UNICEF will support systemic expansion of inclusive, gender-responsive prevention and response services in welfare, justice and law enforcement sectors, including the social service workforce. Gender-inclusive child protection norms will be included in training curricula for health workers, police, judges, teachers and other duty bearers. An expanded parenting programme will inform duty bearers about child rights and reduce violence against children and women. National and subnational governments will be supported with planning, budgeting, coordination and monitoring of enforcement of legal frameworks aligned with the Convention on the Rights of the Child. Priorities include modification of the criminal code and legislation to raise the minimum age of criminal responsibility to 14 years, criminalization of corporal punishment, strengthening diversionary and restorative juvenile systems, increasing the minimum age of marriage to 18 years, and updating the Civil Registration Act. UNICEF will support the decentralization of child protection systems and contribute to digitalization of civil registration and birth registration both in and outside health facilities. UNICEF will also support development of a framework to empower children to advance climate and environmental justice.

Water, sanitation, hygiene, climate and environment

33. The programme, in alignment with UNSDCF outcomes 1, 3 and 5, is aimed at equitable access and use of safely managed, climate-resilient water and sanitation facilities, services and practices in communities and at schools and health facilities in sustainable environments. Key partners in development and humanitarian situations are national and provincial government departments in multiple sectors, the Climate Change and Development Authority, district development authorities, United Nations agencies, non-governmental organizations and the private sector.

34. The programme has four priorities: communities; school and health facilities; climate change adaptation and environmental sustainability; and emergency preparedness, response and recovery. Capacity of subnational governments and civil society will be developed to expand access for rural communities and at their schools and health facilities, to safe sanitation, menstrual health management, and safe and accessible water. UNICEF will support community mobilization for sustained, open defecation-free communities, with good hygiene practices. UNICEF will support disaster and climate risk assessments that guide resilience-building of water and sanitation services.

35. The programme will develop capacities for multisectoral planning, coordination and monitoring to enhance resilience to the impacts of disasters and climate change, reduce environmental degradation and promote low-carbon development and environmental sustainability. This includes conservation of water and other natural resources, pollution-free and resilient energy use, maintaining facilities and sustainable community environments. The programme will support climate-smart systems and services. The programme will promote and model child-centred and gender-responsive approaches, including participation by children and young people.

Local people and groups will be involved in disaster risk training and other preparedness and response measures.

Programme effectiveness

36. This component aims at strategic, results-based planning and effective management of the country programme. It will also support all programme components with generation and use of research, data and evidence on child poverty for policy and public finance, and advocacy for an integrated social protection system adapted to development and humanitarian situations.

37. All programme components will be supported to strengthen the use of multi-hazard and climate risk analysis, to fulfil the Core Commitments for Children in Humanitarian Action, and to link development, humanitarian and peace-building interventions. Programme effectiveness also includes external communication and advocacy; fostering innovation, participation, and social and behaviour change; and oversight of a gender action plan, evaluation and partnership management. The programme will ensure efficient, quality-assured supply and financial operations.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survive and thrive	1 750	29 700	31 450
Learning and skills	750	12 600	13 350
Ending violence, abuse and exploitation of children and women	2 000	9 900	11 990
WASH, climate and environment	750	24 300	25 050
Programme effectiveness	4 150	13 500	17 650
Total	9 400	90 000	99 400

Programme and risk management

38. The country programme document summarizes UNICEF contributions to the UNSDCF, Papua New Guinea Medium-Term Development Plan IV, the Sustainable Development Goals, and serves as the primary unit of accountability to the Executive Board for results achievement and resources assigned to the programme. Accountabilities of managers at the country, regional and headquarters levels to country programmes are prescribed in the organization's programme and operations policies and procedures.

39. The country programme operates under the aegis of government departments designated by the Prime Minister and Cabinet. UNICEF will develop capacity for effective programme and risk management among sectoral and intersectional partners at national and subnational levels. This includes planning, monitoring, and reporting on cash, supplies and progress.

40. UNICEF is a member of United Nations programme and operations management teams, leads the inclusive human development outcome group and contributes to all outcome groups. UNICEF will mobilize and leverage resources from bilateral and multilateral partners, foundations, the private sector and UNICEF

national committees. The resource mobilization and partnership strategy will diversify and increase funding opportunities and expand a leveraged network for advocacy and actions.

41. The programme assumes that economic growth combined with equity-based public investments will accelerate progress towards the Sustainable Development Goals. There is a risk of budget cutbacks caused by economic challenges and public revenue deficits. Uneven governance capacities and low shock resilience are risks being mitigated by programme strategies. UNICEF will build the capacity of partners to manage fiduciary, supply and ethical risks. UNICEF, with United Nations partners, will maintain mechanisms to prevent sexual exploitation and abuse. Risk management modalities include training, harmonized approach to cash transfers, field monitoring, spot checks, helplines, reviews and audits.

42. Natural or anthropogenic hazards, including climate change, conflicts and public health emergencies, pose risks to achieving planned results. UNICEF co-leads sectoral humanitarian partner clusters and supports the disaster management authorities at national and subnational levels. UNICEF has integrated resilience-building, climate change adaptation and disaster risk reduction approaches into all programmes.

Monitoring, learning and evaluation

43. UNICEF will strengthen national and provincial capacities for child rights monitoring and evaluation. Regular joint field monitoring, analysis of administrative and survey data and periodic reviews will assess progress and lessons learned, and inform adjustments to workplans so that planned results are achieved. Disaggregated indicators, including UNICEF and UNSDCF standard indicators related to national priorities and Sustainable Development Goals, will be reported on annually. UNICEF will apply learning and recommendations, including from strategic evaluations in the costed evaluation plan. Partners include United Nations and civil society organizations and national, provincial and district planning and statistics departments.

Annex

Results and resources framework

Papua New Guinea – UNICEF country programme of cooperation, 2024–2028

<p>Convention on the Rights of the Child: Articles 2, 3, 5, 6, 7, 12, 17, 19, 20, 23–29, 32, 34</p> <p>National priorities: Medium-Term Development Plan IV</p> <p>Related Sustainable Development Goals: 2–6, 10, 13, 16, 17</p>
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</p> <p>Outcome 1: By 2028, women and girls in Papua New Guinea, especially the most marginalized and vulnerable, exercise their rights and agency and live a life free from all forms of discrimination and violence.</p> <p>Outcome 2: By 2028, people in Papua New Guinea, especially the most marginalized and vulnerable, participate in and benefit from more accountable, gender-responsive, inclusive and transparent governance that promotes peace, security, equality and social cohesion.</p> <p>Outcome 3: By 2028, people in Papua New Guinea, especially the most marginalized, benefit from gender-sensitive, shock-responsive, rights-based and quality basic and social services, and equitably realize and unleash their full potential to meaningfully contribute to Papua New Guinea’s development.</p> <p>Outcome 4: By 2028, people in Papua New Guinea, especially the most vulnerable and marginalized, benefit from improved and sustainable livelihoods and expanded access to diversified economic opportunities that deliver inclusive and green growth.</p> <p>Outcome 5: By 2028, people in Papua New Guinea, especially the most marginalized and vulnerable, benefit from equitable and participatory access to climate-resilient services that improve livelihoods and protect natural resources.</p>
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
1 and 3	<p>Survive and thrive:</p> <p>By the end of 2028, more children, adolescent girls and women of reproductive age, including those affected by climate</p>	<p>Proportion of live births delivered in health facilities</p> <p>B: 30% (2022) T: 60%</p> <p>Percentage of pregnant women who receive iron folate supplementation</p> <p>B: 40% (2022) T: 80%</p>	<p>National Health Information System</p> <p>Surveys</p>	<p>By 2028:</p> <p>1.1. Health-care institutions and workforces have increased capacities to deliver quality, reproductive, maternal, neonatal, child and adolescent</p>	<p>Departments of Health and Education</p> <p>United Nations and other multilateral organizations</p> <p>Gavi, the Vaccine Alliance</p>	1 750	29 700	31 450

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
	change and humanitarian crises, have equitable access to, and use, high-impact and quality health and nutrition services and practice healthy behaviour.	<p>Proportion of infants aged 0–5 months old who are exclusively breastfed</p> <p>B: 62% (2022) T: 67%</p> <hr/> <p>Proportion of infants who received (a) first dose and (b) three doses of diphtheria, tetanus and pertussis (DTP) containing vaccine*</p> <p>B: (a) 52%; (b) 37% (2021) T: (a) 80%; (b) 60%</p>		<p>health services, and to increase demand for services and good health practices.</p> <p>1.2. The health system has increased capacity to deliver quality immunization services and generate demand, with focus on zero-dose and other most vulnerable children.</p> <p>1.3. Children adolescents and women of childbearing age access proven high-impact nutrition services and have knowledge and practices for improved nutritional status.</p> <p>1.4. Health and nutrition service providers and families with children have reduced risks and enhanced capacities to</p>	<p>Bilateral partners</p> <p>Faith-based and civil society organizations</p> <p>Private sector and foundations</p> <p>Medical associations</p>			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
				manage climate change, disasters and other shocks.				
1 and 3	<p>Learning and skills:</p> <p>By 2028, more children and adolescents, especially girls, children with disabilities and those in rural areas, equitably access quality, safe learning and skills development opportunities including in humanitarian situations.</p>	<p>Proportion of students by sex, achieving at least a minimum proficiency level at Year 5 in (i) reading and (ii) numeracy</p> <p>B: (i) 66%; (ii) 77% (2021) T: (i) 73%; (ii) 80%</p>	<p>Pacific Islands Literacy and Numeracy Assessments</p>	<p>2.1. Young girls and boys, especially in rural areas and those with disabilities, participate in quality, inclusive and gender-responsive early childhood education.</p> <p>2.2. The most vulnerable school-age children, especially in rural areas and those with disabilities, access quality education for improved learning outcomes, retention and transition to learning pathways.</p>	<p>Departments of Education; Higher Education; Research, Science and Technology</p> <p>Teaching Service Commission, Education Institute</p> <p>Council of Churches</p> <p>Youth Development Authority</p> <p>United Nations, bilateral and civil society partners</p> <p>Education Cannot Wait</p> <p>Global Partnership on Education</p>	750	12 600	13 350
<p>Completion rate at two levels of education (by sex)*</p> <p>(a) primary B: 58.8% (2021) (Female (F): 63.2%; Male (M): 54.4%) T: 62.4%</p> <p>(b) lower secondary B: 30.10% (2021) (F: 33.7%; M: 26.7%) T: 36.3%</p>		<p>United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Statistics</p> <p>Administrative data</p>						
<p>Extent to which the education system is inclusive and gender equitable for access to learning opportunities</p> <p>B: Level 2 (2021) T: Level 3</p>								
<p>Level of institutionalization of holistic skills development to support learning, personal enablement, environmental</p>		<p>Sector reviews</p>	<p>2.3. Adolescents, especially girls, have improved transferrable skills through</p>					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		sustainability, active citizenship, social cohesion and/or employability and entrepreneurship B: Level 2 (2021) T: Level 3		co-created innovative and flexible solutions, partnerships and cross-sectoral collaboration. 2.4. Education stakeholders have increased capacity for disaster risk management and are able to support learning continuity during emergency situations.				
1, 2 and 3	Ending violence, exploitation and abuse of children and women: By 2028, more children and adolescents, including the most vulnerable social groups and those affected by humanitarian situations and	Extent of development of specialized systems for justice for children B: Level 1 (2022) T: Level 3 Phase of maturity of the child protection systems* B: Phase 1 (2022) T: Phase 2	Juvenile justice law Guidelines and protocols for police and courts Periodic reviews Child protection information management system	3.1. Government capacities and budgets are enhanced for equitable, protective and inclusive child protection laws, policies and programmes. 3.2. Child protection systems are establishing, coordinating	Office of Child and Family Services Department of Justice Attorney General's Office Juvenile Justice Committee Civil and Identity Registry	2 000	9 900	11 900

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
	climate change, are protected from violence, abuse, neglect, exploitation and harmful social norms.	Percentage of health facilities with interoperability between the health system and civil registration system to facilitate birth registration at the service delivery point B: 26% (2021) T: 50%	Government annual reports	and expanding preventive and responsive services, including birth registration. 3.3. Capacities are strengthened to change gender-inequality social norms and apply positive parenting practices.	Child and Family Services Council Family and Sexual Violence Units Family support centres Council for Social Work Education Civil society and faith-based organizations			
		Percentage of referred cases of sexual and gender-based violence against women and children that are investigated and sentenced* B: 1.6% (2021) T: 5%	Police reports	3.4. Resilient and coordinated services protect children and women from gender-based violence and other protection risks during emergency situations.	United Nations and bilateral partners Royal Constabulary			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
1, 3 and 5	<p>WASH, climate and environment:</p> <p>By 2028, more vulnerable, at-risk children, including adolescents, access safe, equitable and climate-resilient WASH services, and live in a safer and healthier environment.</p>	<p>Proportion of population using*:</p> <p>(a) At least basic drinking water services Baseline: 45% Target: 50%</p> <p>(b) At least basic sanitation services Baseline: 19% Target: 24 %</p> <p>(c) Basic hygiene services Baseline: 30% Target: 35%</p>	WHO/UNICEF Joint Monitoring Programme	<p>4.1. Strengthened governance systems and budgets are delivering child-friendly, gender-responsive, inclusive, climate-resilient WASH services and social and behavioural change.</p> <p>4.2. Health and education authorities have increased capacity to deliver and maintain safe, gender-responsive, inclusive and climate-resilient WASH services in schools and health-care facilities.</p>	<p>Departments of Planning and Monitoring; Health; Education; Environment and Conservation</p> <p>Climate Change and Development Authority</p> <p>District Development Authorities</p> <p>Civil society and faith-based organizations</p> <p>United Nations and bilateral partners</p> <p>Private sector businesses and foundations</p>	750	24 300	25 050
		<p>Extent to which child-sensitive programmes enhance climate and disaster resilience of children, reduce environmental degradation and promote low-carbon development and environmental sustainability with UNICEF support</p>	Intersectional reviews	<p>4.3. Health and social sectors are enhancing the resilience of children to climate change, reducing environmental degradation and promoting low-carbon</p>				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		B: Level 10 (2022) T: Level 20		development and environmental sustainability. 4.4. Health and social sector duty bearers have capacity for emergency preparedness, response and resilient recovery to climate- and non-climate-related disasters.				
Outcomes 1–5	Programme effectiveness: Country programme is efficiently planned, coordinated, and managed to meet quality standards and achieve results for children, including for humanitarian preparedness and response.	Percentage of key five performance indicators meeting benchmarks B: 86% (2022) T: 90%	UNICEF systems	5.1. Guidance, tools and resources are provided to effectively design and manage programmes. 5.2. Evaluation research and data inform inclusive and equitable child-focused policies, plans and budgets. 5.3. Government and key stakeholders have increased capacities for	Departments of Planning and Development and Statistics United Nations and other multilateral organizations Research organizations	4 150	13 500	17 650
		Extent to which social sector budgets have been strengthened with UNICEF support, for greater and better investments in children, including in humanitarian and fragile contexts B: Level 5 (2022) T: Level 7	Sector analytical reviews					

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
				disaster risk reduction and responses.				
	Total resources					9 400	90 000	99 400

* Outcome indicator aligned with the UNSDCF indicator.