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**UNITED NATIONS POPULATION FUND**

**Country programme outline for Papua New Guinea\***

Proposed UNFPA assistance: \$5 million, \$3.5 million from regular resources and \$1.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2003-2007)

Cycle of assistance: Third

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.0	1.0	3.0
Population and development strategies	1.0	0.5	1.5
Programme coordination and assistance	0.5	-	0.5
Total	3.5	1.5	5.0

\* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

## I. Situation analysis

1. The population of Papua New Guinea reached 5.1 million in 2000. The estimated annual growth rate is 2.7 per cent. Key population indicators fall well below the goals of the International Conference on Population and Development (ICPD) and the five-year review of ICPD. Meeting ICPD thresholds and the Millennium Development Goals (MDGs) will be a major challenge. A concerted effort will be required to reduce poverty levels and improve the delivery of basic social services, particularly in remote villages characterized by rough terrain, inadequate infrastructure and deteriorating quality of health-service delivery.

2. Health services are provided through a network of governmental and non-governmental facilities. The proportion of the population that lacks access to primary health care ranges from 5 to 35 per cent in the highlands provinces and up to 61 per cent in the hinterlands. Since 1998, 18 per cent of rural aid posts have been closed due to lack of resources, deteriorating infrastructure and law and order problems. Providing reproductive health services to a growing population of adolescents and youth will present a major challenge to the public health care system over the next decade.

3. The maternal mortality ratio is 370 per 100,000 live births nationwide, but is considerably higher (625 per 100,000 live births) in the highlands provinces. Approximately 700 women die of childbirth or pregnancy-related causes each year. Trained health personnel supervise only 50 per cent of births. Facilities for obstetric complications are poor and generally inaccessible to the widely dispersed rural population.

4. The total fertility rate is 4.8. Only 20 per cent of currently married women are using modern methods of contraception. Limited access to contraceptives and inconsistent

supplies, especially in rural areas, are major logistical issues. Unmet need among currently married women is estimated at 29 per cent for all women and 47 per cent for women aged 40-44. Lack of knowledge and fear of side effects are the main reasons women are reluctant to use contraception.

5. HIV/AIDS has emerged in recent years as a formidable public health problem. While the adult prevalence rate remains below 1 per cent, the epidemic is spreading rapidly, with young women particularly at risk. The high rate of other sexually transmitted infections (STIs) highlights the need to increase awareness and medical services, especially for adolescents and youth.

6. Gender equality and equity are far from being achieved. Female life expectancy, educational achievement and income are below that of males. Women have fewer opportunities to earn income or participate in political decision-making. The female adult literacy rate in 1990 was 40 per cent compared to 50 per cent for males. The estimated incidence of gender-based violence is high at 67 per cent and demands urgent attention.

7. The national population policy (2000-2010) reflects the ICPD Programme of Action and underscores the wide regional variations that exist and the need for implementation at the provincial and district levels. Implementation has fallen behind schedule due to weak institutional support and difficulties in disseminating the policy throughout the country.

## II. Past cooperation and lessons learned

8. A midterm review conducted in 2000 and a subsequent programme review in 2002 highlighted some of the achievements of the programme and the lessons learned. Important advances have been made in capacity-building and in institutionalizing several projects. A number of project implementers have witnessed

positive responses from the public served by their projects.

9. Under the reproductive health subprogramme, a population education curriculum, complemented by a teacher training and sensitization programme, was designed with the assistance of the population-education-in-schools project and subsequently adopted by the Department of Education. It has been implemented on a pilot basis in primary schools in six provinces. HIV/AIDS education will be incorporated in the school curriculum using population education strategies and project-trained personnel.

10. The concepts of reproductive health and safe motherhood have been institutionalized throughout the health system through the reproductive health services project. Doctors, nurses and other health workers have been trained in reproductive health, including surgical procedures and emergency obstetric care. Vasectomy has gained popular acceptance among male clients through health workers trained under the project.

11. Peer educators at the University of Papua New Guinea have received training under the auspices of the adolescent sexuality and reproductive health project. Churches have supported parent education under the same project. This project has demonstrated that religious leaders are prepared to play a key role in adolescent sexual and reproductive health education.

12. Under the women's empowerment project, approximately 20,000 high school students received gender sensitization training using gender role models. The capacity of three NGOs in promoting gender equality and women's empowerment was also enhanced.

13. Utilization of technical assistance, combined with effective counterpart arrangements, has proven to be the most effective strategy for capacity-building.

14. UNFPA is the only donor agency in Papua New Guinea addressing adolescent sexual and reproductive health issues in schools and family life education for parents and clergy. With the support of trained counterparts, UNFPA has gained valuable experience and established networks in adolescent sexual and reproductive health. The unique position of UNFPA gives it a comparative advantage in this field. This expertise could be useful for other reproductive health programmes and could provide leverage for cost sharing with other donors in the health sector.

15. Building project management capacity through national execution has posed a serious challenge to UNFPA, especially in relation to non-governmental organizations (NGOs). The capacity of NGOs is limited and, as a result, NGO execution modalities will be modified in the next country programme.

16. The population and development strategies subprogramme has recorded a number of achievements: (a) completion of the national population policy and a range of information, education and communication materials; (b) creation of a network of population focal points to support the implementation of the policy; (c) increased awareness of population issues among policy makers and planners; (d) preparation of population projections for each province, to assist planners in integrating population into development plans and strategies; and (e) ensuring successful data processing of the 2000 census.

17. One of the principal lessons learned during the second country programme was that the implementation of population policies and the integration of population issues in development planning required strong institutional arrangements. The downsizing of government bodies could compromise past achievements and weaken current commitment.

### III. Proposed Programme

18. Within the objectives identified by the draft United Nations Development Assistance Framework (UNDAF), the proposed UNFPA programme will give priority to factors within the health delivery system that affect access to and quality of reproductive health services, particularly in rural areas. A number of training strategies aimed at strengthening the capacity and efficiency of different levels of health facilities will be employed. The subprogrammes in reproductive health and population and development strategies will contribute to the achievement of the UNDAF objectives.

#### *Reproductive health subprogramme*

19. The proposed outcome of the reproductive health subprogramme is to increase access to and improve the quality of reproductive health information, education and services. The outputs address the quality of reproductive health service delivery, including safe motherhood, HIV/AIDS and counselling for gender-based violence; provision of contraceptive supplies; gender advocacy, including advocacy for gender-based violence; and population education.

20. The training curriculum for health workers will include early detection of complications in pregnancy and counselling skills in various reproductive and sexual health issues, including STIs, HIV/AIDS and gender-based violence. The training will emphasize family planning and the dual protection of condoms.

21. The existing system of support from provincial hospitals to rural health centres and aid posts will be enhanced by utilizing specialists in obstetrics and gynaecology to train and oversee lower-level health workers.

22. To improve access to contraceptives, community-based distribution and social marketing outlets will be explored.

Negotiations will continue with the Ministry of Health to improve the supply and management of contraceptives to all levels of health facilities, especially aid posts. Specific training in methods of estimating and managing contraceptives will form part of the training curriculum for health workers. Co-financing modalities for the procurement of contraceptives will be negotiated, taking advantage of the comparative advantage of UNFPA in this area.

23. Improving access to reproductive health services is a function of the knowledge, attitudes and practices of clients. Advocacy, information, education and communication programmes will be better focused, both in content and in reach. Target groups will include selected vulnerable groups. In rural communities, awareness-raising strategies and materials to improve knowledge, use and access to contraceptives for couples, families and young adults will be employed.

24. Existing family life education programmes targeting parents and young adults will be expanded to provinces through a network of churches. Experienced trainers will provide additional training.

25. The institutionalization of population education through formal educational institutions will be extended to 14 other provinces. Population education topics will be introduced in the curriculum of higher grades at the secondary school level. Existing peer education programmes will be expanded to other higher educational institutions and youth groups.

26. Gender-based violence will be addressed through advocacy, information, education and communication strategies that support rights and the enforcement of laws and conventions, including the Convention on the Elimination of All Forms of Discrimination against Women. The work of the national family violence action committee will also be supported. Gender

sensitization and human rights education for service providers dealing with victims and perpetrators is necessary. Advocacy materials that will be developed will also be used for planners and policy makers.

*Population and development strategies subprogramme*

27. The proposed outcome of the subprogramme will address, in terms of population and development policies and strategies, the UNDAF objective that relates to improved leadership and participation in the planning, management and implementation of economic and social development policies and strategies. Institutional capacity-building and the need to mainstream integrated population and development planning in government institutions is a priority. UNFPA will continue to provide training to national and provincial planners.

28. The outputs of the subprogramme in population and development strategies are: (a) strengthened institutional capacity to manage and implement the national population policy; (b) increased awareness of population issues among policy makers, planners and community leaders; (c) enhanced technical knowledge and analytical skills among planners on linkages between population and development processes; (d) increased national capacity to undertake policy-relevant research to support programme implementation and policy formulation; and (e) enhanced national capacity to monitor progress towards the achievement of ICPD, MDG and national development goals.

29. A separate advocacy, information, education and communication strategy will be formulated to mobilize political support and resources for population programmes and to raise awareness at national, provincial and local levels. Advocacy materials will be developed on the basis of scientifically sound assessments and with the involvement of civil society, NGOs, and church and youth groups.

#### **IV. Programme management, monitoring and evaluation**

30. Governmental, non-governmental and church agencies at the national level will implement the proposed country programme. Where possible, province-based agencies will be engaged as counterparts. UNFPA and the implementing agencies will monitor the programme using results-based management and the logical framework approach. Progress will be monitored on the basis of programme indicators in accordance with UNDAF. Annual programme reviews, midterm reviews and a final programme evaluation will be conducted. The UNFPA Country Technical Services Team in Suva, Fiji, will provide technical support.

31. Management and technical capacities, especially of NGOs, are of concern in connection with nationally executed projects. Limiting NGOs to project implementation and utilizing national project personnel may help to address some of the technical and managerial issues highlighted in the recent programme review. United Nations agency execution will continue as necessary.

32. Deficiencies in the availability of baseline data to monitor and evaluate programmes remain a problem. Specific indicators to measure performance and the efficacy of various advocacy, information, education and communication strategies will be formulated. Pre- and post-evaluations of training activities will be conducted. Follow-up monitoring visits will track progress and provide support to trained personnel. The demographic and health survey scheduled for 2005 will provide data to measure progress on some of the ICPD, MDG and development indicators. Province and facility-specific reproductive health data will be obtained through the health management information system.

33. The Government of Papua New Guinea has approved the piloting of a sector-wide approach in the health sector: the Health Sector

Improvement Programme (HSIP). HSIP will pool resources from various donors, including the Asian Development Bank, the New Zealand Official Development Assistance Programme and the Australian Agency for International Development (AusAID). An indicator framework for monitoring and reporting is being developed with assistance from AusAID.

34. The proposed programme is based on the availability of resources. Country-level resource mobilization efforts will focus on donor countries that have been most active in providing assistance to Papua New Guinea.

**ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR PAPUA NEW GUINEA**

<b>UNDAF Objective:</b> Improved access, quality and delivery of basic services				
<b>UNFPA Goal</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Outputs and Key Indicators</b>	<b>Resources</b>
Improvement in the reproductive health of the population of Papua New Guinea	<i>[Reproductive health subprogramme]</i>  Improved access, quality and delivery of basic reproductive health services, information and education	<ul style="list-style-type: none"> <li>• Decreased MMR from 370 to 260</li> <li>• Increased proportion of supervised/assisted deliveries from 50% to 70%</li> <li>• Increased CPR from 20% to 40%</li> <li>• Reduced IMR from 77 to 53 per 1,000 live births</li> <li>• No increase in rates of HIV/AIDS and STIs</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier and safer motherhood through increased antenatal care from 76% to 90%; emergency obstetric care available at health centres and a 20% increase in trained midwives at health centres</li> <li>• Improve availability of contraceptives through a minimum of three contraceptives at all health facilities and a 20% increase in contraceptive distribution outlets</li> <li>• Population education curriculum implemented nationwide and peer education available in five educational institutions</li> <li>• Increased access to quality services to prevent and control the spread of HIV/AIDS and STIs</li> </ul>	\$ Total for reproductive health subprogramme: \$3 million
	Improved status of women in health, families, education, economic participation and decision-making	<ul style="list-style-type: none"> <li>• Reduced incidence of gender-based violence from 67% to 45%</li> <li>• Increased participation of women in the workforce from 18% to 40% and in decision-making positions from 2% to 10%</li> </ul>	<ul style="list-style-type: none"> <li>• Increased availability, accessibility to and quality of appropriate information, counselling, health and support services for victims of gender-based violence</li> <li>• Improved reporting of gender-based violence and greater protection against gender-based violence</li> <li>• Implementation of CEDAW</li> </ul>	

<b>UNDAF Objective:</b> Improved leadership and participation in the planning, management and implementation of economic and social development policies and strategies				
<b>UNFPA Goal</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Outputs and Key Indicators</b>	<b>Resources</b>
Enhancement of the leadership and management of the population programme of the Government	<p><i>[Population and development strategies subprogramme]</i></p> <p>Integrated population issues into development planning processes and strategies</p> <p>Improved implementation of the national population policy to achieve ICPD Goals</p>	<ul style="list-style-type: none"> <li>Better utilization of population and gender indicators in development planning by national and provincial planners</li> <li>Increased awareness among policy makers and civil society of population issues and increased support for population programmes</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened institutional capacity to manage and implement the national population policy (2000-2010); high implementation rate for policy</li> <li>Increased awareness of population issues among policy makers, planners and community leaders</li> <li>Enhanced technical knowledge and analytical skills among planners concerning the linkages between population and development processes</li> <li>Increased national capacity to undertake policy-relevant research for the formulation of evidence-based policies and programmes, and operational research to support programme implementation</li> <li>Enhanced national capacity to monitor progress towards the achievement of ICPD, MDG and national development goals; ICPD and MDG indicators available and used in MDG and other reports</li> </ul>	Total for population and development strategies subprogramme: \$1.5 million