

UNFPA PAPUA NEW GUINEA
Country Programme Evaluation
Sixth Programme Cycle, 2018 - 2022

Evaluation Report

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MAP 1: PAPUA NEW GUINEA COUNTRY MAP



MAP 2: PAPUA NEW GUINEA POLITICAL MAP



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We hope that the present evaluation report will contribute to the further development of the UNFPA programme in Papua New Guinea, in particular to the design of the next programme cycle. This for the benefit of women and girls, men and boys of Papua New Guinea, contributing to reaching objectives as identified in the 2030 Agenda for Sustainable Development and the International Conference on Population and Development, in all parts of the country.

Please mind that the viewpoints expressed in this report are those of the evaluators and do not necessarily reflect the opinion of UNFPA, Government of Papua New Guinea partners and any other partners and stakeholders.

Evaluation Team, July 2022.

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ABBREVIATIONS AND ACRONYMS

ADB.....	Asian Development Bank
ANC.....	Ante Natal Care
APRO	Asia Pacific Regional Office (UNFPA)
ARoB.....	Autonomous Region of Bougainville
ASRH(R)	Adolescent Sexual and Reproductive Health (and Rights)
AWP.....	Annual Work Plan
AY	Adolescents and Youth
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEO.....	Chief Executive Officer
CERF	Central Emergency Response Fund
CIP	Costed Implementation Plan
CIMC	Consultative Implementation & Monitoring Council
CO.....	Country Office
COAR	Country Office Annual Report
COVID-19.....	Corona Virus Disease 2019
CP	Country Programme
CPD.....	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate (mCPR – with modern methods)
CSE.....	Comprehensive Sexuality Education
CSO.....	Civil Society Organization
DaO.....	Delivering as One UN
DFAT	Department of Foreign Affairs and Trade (Australia)
DHS.....	Demographic and Health Survey
DNPM	Department of National Planning and Monitoring
DOE	Department of Education
ECA	Economic Commission for Africa
EHP.....	Eastern Highlands Province
EmO(N)C.....	Emergency Obstetric (Neonatal) Care
ERG.....	Evaluation Reference Group
ESCAP	Economic Social Commission Asia Pacific
EU	European Union
FAO.....	Food and Agriculture Organization
FHA.....	Family Health Association
FP.....	Family Planning
FSC.....	Family Support Centre
FSVAC	Family Sexual Violence Action Committee
GAVI	Global Vaccine Alliance
GBV.....	Gender Based Violence
GDP.....	Gross Domestic Product
GESI	Gender Equity and Social Inclusion
GEWE.....	Gender Equality and Women’s Empowerment
GNI	Gross National Income
GYPI.....	Gender and Youth Promotion Initiative (UN)
HDR	Human Development Report

HIV/AIDS.....	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HR	Human Resources
ICPD (PoA)	International Conference on Population and Development (Plan of Action)
IEC	Information, Education and Communication
IMF	International Monetary Fund
IOM	International Organization for Migration
IPPF.....	International Planned Parenthood Federation
IUD.....	Intra Uterine Device
KM	Kilometre
LARC	Long-Acting Reversible Contraceptive
LGBTQI.....	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LMIS.....	Logistics Management Information System
MBP	Milne Bay Province
MCH.....	Maternal and Child Health
MDSR.....	Maternal Deaths Surveillance and Response
MIC	Middle Income Country
MISP	Minimum Initial Service Package
MNH	Maternal and Neonatal Health
MPTF	Multi-Partner Trust Fund
MTDP.....	Medium Term Development Plan
M&E	Monitoring and Evaluation
NDOH	National Department of Health
NGO	Non-Governmental Organization
NPP.....	National Population Policy
NSO	National Statistics Office
NSV.....	Non-Scalpel Vasectomy
PD	Population and Development (also Population Dynamics)
PHA.....	Provincial Health Authority
PNC.....	Post Natal Care
PNG	Papua New Guinea
PPE	Personal Protective Equipment
PSI.....	Population Services International
RH.....	Reproductive Health
SDG.....	Sustainable Development Goal
SIS.....	Strategic Information System
SMT	Senior Management Team
SRH(R)	Sexual and Reproductive Health (and Rights)
STI.....	Sexually Transmitted Infection
TOC.....	Theory of Change
TOR.....	Terms of Reference
TOT	Training of Trainers
UBRAF	Unified Budget, Results and Accountability Framework
UN	United Nations
UNAIDS.....	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF.....	United Nations Development Assistance Framework

UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNRC	United Nations Resident Coordinator
UN Women.....	United Nations Entity for Gender Equality and the Empowerment of Women
USD.....	United States Dollar
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YWCA.....	Young Women Christian Association

TABLE 1: KEY FACTS OF PAPUA NEW GUINEA

Population	
Total Population, 2022 ²	9.3 million
Urban/Rural Population, percent ¹³	13.4 / 86.6
Life expectancy at birth (Total / Man / Women)	Total: 64.5 years, Man: 63.3 years, Women: 65.8 years
Population under 15 years of age, percent, 2021 ²	34.8
Population aged 10-24, per cent, 2021 ²	30.7
Population aged of 15-64, percent ²	61.5
Population aged 65 and older, percent ²	3.7
Birth rate ¹¹	23.7 births/1,000 Population (2017 est.)
Death rate ¹¹	6.6 deaths/1000 Population (2017 est.)
Total fertility rate, per woman, 2022 ²	3.4
Economic indicators	
Population with income below poverty line, percent, HIES 2010 data	39.9
Population living on less than USD 3.50 per day, percentage, 2019	64
GDP growth rate ³	1.3% (2021 forecast)
GDP per capita (2021) ¹	2,915 (USD)
Reproductive health and Family Planning	
Maternal mortality ratio, deaths per 100,000 live births, 2017 ⁷	171 (Confidence interval range from 95 – 247)
Under-5 mortality, deaths per 1000 live births ⁷	49
Births attended by skilled health personnel, per cent, 2014-2019 ⁷	56.4
Antenatal care coverage, percent ⁷	76.1
Children aged 12-23 months covered by national vaccination programme all basic vaccinations (vaccination card and mother's report), percent ⁷	35.3%
Current use of contraception all women 15-49 years of age, any method ⁷	26.8
Current use of contraception all women 15-49 years of age, modern methods ⁷	22.3
Current use of contraception currently married women 15-49 years of age ⁷	36.7
Current use of contraception currently sexually active unmarried women 15-49 years of age ⁷	18.2
People living with HIV (Children estimates were not available at the time of publication) ¹⁰	55,000
People living with HIV on treatment (Children estimates were not available at the time of publication) ¹⁰	36,000
Health expenditure to GDP, per cent of GDP, 2018 ¹⁵	2.367
Midwifery	
Estimated need for staff working in MNH met, percent 2021	49
Midwifery graduates employed in MNH within one year, percent ¹²	95
Legislation exists recognizing midwifery as an autonomous profession	No
Number of EmONC basic signal functions that midwives are allowed to practise (out of a possible 7)	7
Midwives allowed to provide injectable contraceptives/intra-uterine devices	Yes / yes

Continuation of Table 1

Adolescents and young people	
Adolescent birth rate per 1,000 girls aged 15-19, 2003-2018 ⁵	68
Child marriage by age 18, percent, 2005-2019	27
Total net enrolment rate, primary education, percent, 2010-2020	93
Total net enrolment rate, lower secondary education, percent, 2010-2019	86
Total net enrolment rate, upper secondary education, percent, 2009-2019:	54
National education expenditure to GDP, percent of GDP, 2018 ¹⁴	1.875
Comprehensive knowledge of HIV, 15-24 years old, % ⁸	79% (Women) 87.2% (Men)
Gender equality and women's empowerment	
Intimate partner violence, past 12 months, percent, 2000-2019 ⁵	48
Proportion of women in National Congress	0.1
Proportion of women in Managerial positions, percent, 2010 ¹	18.1
Sex ratio at birth, males per 100 females, 2020	104.32

¹ <https://sdd.spc.int/pg>.² <https://www.unfpa.org/data/world-population/PG>.³ <https://www.adb.org/countries/papua-new-guinea/economy>.⁴ <https://www.unfpa.org/family-planning>.⁵ <https://www.unfpa.org/data/PG>.⁶ <https://www.nso.gov.pg/census-surveys/national-population-housing-census/>.⁷ <https://dhsprogram.com/pubs/pdf/FR364/FR364.pdf>.⁸ <https://dhsprogram.com/pubs/pdf/FR364/FR364.pdf> (Page:268)⁹ <https://www.nso.gov.pg/census-surveys/demographic-and-health-survey/>¹⁰ <https://www.unaids.org/en/regionscountries/countries/papuanewguinea>.¹¹ <https://www.economy.com/papua-new-guinea/indicators>.¹² <https://www.unfpa.org/data/sowmy/P>¹³ www.statista.com¹⁴ <https://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS?locations=PG>¹⁵ <https://knoema.com/atlas/Papua-New-Guinea/topics/Demographics/Population/Male-to-female-ratio>

Executive Summary

Introduction

- i. The United Nations Population Fund (UNFPA) is the lead United Nations (UN) agency for achievement of the three transformative results: ending the unmet need for family planning; ending preventable maternal deaths; and ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage; and for the accelerated implementation of the Programme of Action of the International Conference on Population and Development (ICPD). UNFPA seeks to ensure that in reaching these results, no one is left behind, and calls for protecting and promoting human rights for all, particularly for the most vulnerable and marginalized groups. UNFPA has been providing support to the Independent State of Papua New Guinea (PNG) since 1996 and is currently implementing its sixth country programme cycle (CP6), which runs from 2018-2022, to assist the Government of PNG in achieving its population and sustainable development goals.
- ii. Towards the end of 2021 and in the first half of 2022, an external and independent Country Programme Evaluation (CPE) was conducted, in line with the requirements of the UNFPA Evaluation Policy. The evaluation served as a means to demonstrate accountability of performance of the programme to stakeholders, contributing to greater transparency of the organization. It aimed to support learning through broadening the evidence-base of achievements and to inform the design of the next programme cycle through the provision of actionable recommendations. Main audiences for the results of the evaluation included the UNFPA country office and government partners as well as UNFPA Asia Pacific Regional Office (APRO) and headquarters, sister UN agencies and other implementing partners. The evaluation results, moreover, fed into the evaluation of the PNG United Nations Development Assistance Framework (UNDAF), which was conducted at the same time.
- iii. In line with the Terms of Reference (TOR), the evaluation made use of the criteria of relevance, coherence, effectiveness, efficiency, sustainability, coverage and connectedness, with the latter two criteria referring to humanitarian support, in line with UNFPA guidelines. The review covered all three programme outcome areas, including Sexual and Reproductive Health and Rights (SRHR), Gender Equality and Women's Empowerment (GEWE) and Population Dynamics (PD), including concerns regarding Adolescents and Youth (AY) mainstreamed across the programme. The evaluation covered initiatives at national as well as sub-national levels, implemented by partners as well as UNFPA directly during the period 2018-2022, funded through UNFPA core as well as through other resources and covering both development and humanitarian support.
- iv. The review made use of theory-, evidence- and results-based approaches, with the assessment of achievements guided by the programme results framework and Theory of Change (TOC). The evaluation used mixed methods for qualitative and quantitative data gathering, the latter primarily through secondary data. Use was made of a participatory approach, including a wide range of stakeholders in the evaluation process. The use of mixed methods and a participatory approach allowed triangulation of data across methods and respondents, while stakeholder engagement enhanced ownership of the evaluation process and its results. A six-week field phase was used for primary data gathering at national level and in sampled provinces. Due to the on-going COVID-19 pandemic, meetings were conducted using a hybrid setup of in-person and online participation. A total of 125 persons were interviewed or participated in focus group discussions (53 percent women; 58 percent participants at sub-national level). The ethical code of conduct of the UN Evaluation Group (UNEG) and UNFPA guidelines were adhered to and UNEG standards and norms for evaluation in the UN system were applied in all phases of the process.
- v. Main constraint to the evaluation concerned the COVID-19 pandemic and its effects on the health system in PNG as well as its consequences on the implementation of the programme and the evaluation, which was mitigated through inclusion of such effects as part of the assessments at national and sub-national levels and the use of online participation to meetings whenever required.

Conclusions based on Findings of the Evaluation

- 1) The UNFPA programme has been relevant in a context of high levels of needs on all aspects of UNFPA's mandate.

Relevance of the programme has been ascertained from a variety of perspectives, including PNG Government policies and plans, to some of which the country office contributed in this and earlier programme cycles, and to some of which it provided support in terms of implementation at the sub-national level. The programme has also been in line with UNFPA's strategic plan and the UNDAF, in particular its poverty, peace and prosperity pillars. The programme has especially targeted women and girls and adolescents and youth, with the focus on people with disabilities limited primarily to the design stage of interventions. There has been less focus on other particularly vulnerable groups. At sub-national level, UNFPA has aimed support at five priority provinces, with high levels of needs and keenness of provincial stakeholders to cooperate.

- 2) In terms of coherence, UN agencies have been complementing each other in Joint UN programmes. There do not appear to have been main concerns in terms of overlap of UNFPA support with that of other development partners. However, coherence of UNFPA support with these partners was usually not made explicit in designs and coordination of development support at provincial level was often lacking.

UNFPA has participated in several Joint UN programmes, in which contributions of each of the UN agencies was clearly specified and made explicit in design documents. What has been less explicit is how joint UN and UNFPA support was coherent with that of other development partners. Though the fear of overlap with other stakeholders is not an immediate concern given the high level of needs, it would be useful to make aspects of coherence explicit in future programme design. This is of particular importance at the sub-national level, where coordination of development support often proved limited. In particular in the priority provinces, UNFPA could support this in its mandate areas.

- 3) Results have been achieved in each of the outcome areas in a challenging country context with programming increasingly informed through situation analysis and other assessments, though results reached have lagged behind expectations concerned in various parts of the programme.

Results at output level have been achieved in each of the outcome areas of the programme and UNFPA has been implementing support in several remote locations with results realized under challenging contextual circumstances. Nevertheless, results have lagged behind the targets set in the Country Programme Document (CPD). Limitations of output level results have affected outcome level changes, which have remained limited and at times difficult to assess with data on indicators unavailable. Main constraint in reaching of results concerned substantial gaps in the human resources of the programme, including SMT, programmatic as well as programme support staff positions. Moreover, capacities in government partners have been a constraining factor, including staff capacities as well as systems in place. The COVID-19 pandemic as well as other infectious disease outbreaks limited government staff availability for programme implementation. The pandemic and lockdowns to reduce the spread of the disease affected the entire health system in the country. UNFPA responded both in terms of adapting its development programming as well as providing humanitarian support. Logistical issues remained a main constraint in the context of Papua New Guinea, with a very limited road network and with much transport of people and goods depending on water and costly air transport. UNFPA conducted a variety of assessments in order to inform UNFPA's policy engagement with government, which enlarged the evidence base on SRHR, GEWE, PD and adolescent and youth issues and has started to inform government planning. Though gender was mainstreamed across the programme, less attention was paid to engagement of men and boys in the various outcome areas of the programme, while this has been increasingly recognized as an opportunity and need.

- 4) The use of a Training of Trainers (TOT) approach for training regarding maternal and neonatal health (MNH) and family planning (FP) has provided provinces with a cadre of trainers that can further develop human resource capacities. In order for

the approach to result in enhanced quality services at the local level, there is a need to support follow up and address additional constraints.

The use of TOT in training on maternal health and family planning has started to provide results in terms of groups of trainers available within provinces concerned that can provide step down training. Limitations to the approach concerned the lack of sufficient monitoring and follow-up in terms of results at the facility level, where often other requirements for quality health support were lacking. There is a need for Government and partners to work on these additional local context specific constraints in order to provide a conducive environment required for the provision of SRH services.

- 5) The UNFPA programme has sought to combine national and sub-national level support, with the latter based on a common rather than a province specific, tailor-made approach. Provincial level assessments that were conducted regarding family planning could provide important inputs in this respect though would need to be combined with information on other SRHR, GEWE and PD needs to inform integrated provincial level UNFPA support plans.

While sub-national level training made use of the same kind of training in each of the provinces concerned, assessment at the level of the provinces and their health facilities indicated that in order to address improvement of access and use of quality MNH, FP and Gender Based Violence (GBV) related services, increasingly a tailored approach to the situation in the various provinces is required. The FP assessments conducted in Eastern Highlands and Milne Bay Provinces proved important steps in this respect. Rather than opting for single issue plans, assessments would need to inform development of coherent holistic plans covering all aspects of UNFPA's support within a province.

- 6) While in general government ownership of results was high, sustainability of results was mostly constrained by lack of government funding to continue the realization of results, remaining gaps in staff capacities and the lack of other systemic capacities required to maintain results.

Sustainability of results overall proved limited, notwithstanding relatively high levels of ownership of results, due to lack of sufficient government funding to maintain results and limitations in terms of sufficiency of capacities built so far, both at the individual and the systemic level.

- 7) UNFPA Staffing has proved a main constraint with substantial periods in which international, national, senior management as well as programmatic and support staff positions remained unfilled, which negatively affected country office leadership as well as programme implementation and reaching of results.

UNFPA Senior management team positions and key programmatic positions as well as support staff positions have been vacant for prolonged periods of time, resulting in limitations in terms of leadership and programme management capacities, negatively affecting results. While part of these constraints can be understood within the limitations of the labor market in the country, part appears related to tedious HR procedures. With the arrival of the new UNFPA Representative in October 2020 and the recently appointed Deputy Representative, the leadership of the country office has been enhanced. For some technical posts, international staff positions may be a more viable solution in the coming programme period, provided that such positions could be filled in a timely manner.

- 8) Resource mobilization has been successful in terms of GEWE, peace building related support and parts of the population dynamics programme, but has proved more challenging for SRHR programming and the implementation of the Census; given this discrepancy, there is a need to ensure a balance in the UNFPA programme across the various mandate areas of the organization and alignment of the staffing structure with resource availability.

The country office has been successful in rallying support to selected parts of the programme through mobilization of other resources as well as increasing the regular resources of the programme. Nevertheless, there remains a need for sustained focus on mobilization of resources for the census as

well as for the SRHR component of the programme. Regarding the latter, linking SRHR with the Demographic Dividend¹ and reaching of the SDGs will be important.

- 9) Monitoring has been conducted through the corporate Strategic Information System (SIS) as well as on a project basis and together with sister UN agencies in Joint UN programmes. Evaluation of project level activities has been limited as was monitoring and evaluation of humanitarian action.

While monitoring has been conducted through the regular UNFPA SIS corporate and UN Info Systems, this was not informed by a UNFPA PNG monitoring plan. Though an evaluation plan existed, the conduct of evaluations has been limited. There is a need for UNFPA to practice results-based management in both development and humanitarian programming, informed by a monitoring and evaluation plan that details requirements concerned, including staffing and finances.

- 10) UNFPA responded in emergency situations, including the earthquake in the highland provinces, conflicts in the highlands and in Bougainville, preparedness to La Nina extreme weather effects and to the COVID-19 pandemic, the latter in particular focused on Western Province and adaptations made to the development programme.

UNFPA has adequately responded to several emergencies that occurred during the period under review with support focused on the use of the Minimum Initial Service Package (MISP) for SRH and international standards for GBV in emergencies, which enhanced health staff capacities. However, use of these standards in national and sub-national level emergency preparedness planning was less clear.

- 11) UNFPA played an important role in UN coordination in emergencies, in particular exemplified by the role of the agency in the establishment and leading of the sub-clusters of SRHR and GBV as part of the health and protection clusters respectively, in this way enabling parts of UNFPA's mandate to be explicitly managed and coordinated across stakeholders during emergencies.

In addition to UNFPA's contribution to the management of three of the four UNDAF pillars, the country office has played an important role in the coordination of emergency response. Through the establishment of two sub-clusters in line with UNFPA mandate areas, the focus on SRHR and GBV issues could be enhanced in the health and protection clusters respectively. The realization of such attention will need UNFPA's ongoing support, including through a designated staff position.

- 12) The Demographic Dividend has been supported as an important way to link the various mandate areas of the UNFPA programme to the process of sustainable development in PNG. SRHR, GEWE and the needs of adolescents and youth have been related to the economic development opportunities within the broader perspective of peace and security and with a focus on the need for development of human capital.

The demographic dividend has provided the opportunity to link UNFPA mandate areas to the prospect of economic development through contribution to the development of human capital, in particular of adolescents and youth, making use of the youth bulge to enhance peace and security as well as economic growth as part of the sustainable development process. The demographic dividend could enable UNFPA to link the mandate areas of the organization to the wider development process by highlighting the economic importance of investment in adolescent and youth's health, including their sexual and reproductive health, making use of population data and analysis. This would need to be part of a concerted effort to support the sustainable development process, led by PNG Government, together with other UN agencies and development partners.

Lessons Learned

¹ The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older) (Source: <http://www.unfpa.org/demographic-dividend>).

Lesson 1: TOT training can provide a useful approach to capacity development at provincial level but in order for this approach to result in SHR improvements to women and girls there is a need for a strong monitoring component. This in order to assess the results of follow up trainings provided and the ability for trainees to enhance their performance in line with learnings from the training, and improve access to quality SRH services.

Lesson 2: In a lower middle-income country, where much of the focus of government is on enhancing economic development, it is essential to make the connection between social and economic aspects of development and in particular in terms of the opportunities of a demographic dividend of a large youthful population, ensuring that this human capital, if properly supported in terms of their health, education and income generating needs, can be a source to generate peace and prosperity for all.

Lesson 3: Peace building has proven to be an important entry point for UNFPA support in relation to its mandate areas in PNG, in particular enabling support to women and youth empowerment and addressing gender-based physical and psychological violence.

Recommendations (abridged, for full version see the main report)

Strategic Recommendations

1. For UNFPA PNG in the next programme cycle to orient its approach to its mandate areas through a focus on the development of human capital as a requirement for reaping of a demographic dividend and reinforce the sustainable development process of Papua New Guinea in an integrated way, in close cooperation with DNPM, NDOH and together with other UN agencies as part of the UN Sustainable Development Partnership Framework in the country and in coordination with other development partners at national and provincial levels.
2. For UNFPA PNG, in order to enhance the human resource capacity of the country office, to review the staffing structure of the organization in Papua New Guinea and aim to include a PD leadership position in the staffing structure as well as M&E and Humanitarian Action regular staff positions.
3. For UNFPA PNG, in resource mobilization for in particular SRHR and PD related programming, to make use of the need for human capital development as a requirement to reap the Demographic Dividend as part of the human right to development.

Programmatic Recommendations

4. For UNFPA PNG in the next programme cycle, in close cooperation with DNPM, NDOH and sub-national government agencies, to make use of situation analysis and assessments at provincial level to develop tailor made provincial level UNFPA plans in support of Provincial Health Authorities and Provincial Planning Departments, coherent with ongoing government planning and support from other development partners, civil society and faith-based organizations and provide UNFPA provincial point persons to coordinate UNFPA support, enhancing in this way a targeted and integrated approach at sub-national level, ensuring inclusion of vulnerable and marginalized groups.
5. For UNFPA PNG to enhance gender mainstreaming in all aspects of the programme through increased attention to the role of men and boys and their access to relevant SRHR and GEWE related information and knowledge, addressing their attitudes towards use of family planning and the incidence of GBV, and the prevalence of HIV/STIs, in this way contributing to a gender transformative approach.
6. For UNFPA PNG, together with the DNPM, NDOH and other key stakeholders, to provide an explicit rationale for the use of priority provinces at the sub-national level and their selection and to agree on a way in which experiences and learnings from initiatives implemented in a priority province will be used to inform developments in other provinces of the same region and across regions, including ways to address the SDG principle of Leaving no one behind.
7. For UNFPA PNG to enhance its ability for results-based management in development and humanitarian programming by developing and implementing a monitoring and evaluation plan, which includes the identification of key projects and initiatives that need to be evaluated and preparing for portfolio reviews and evaluations informed by the results of a robust monitoring system, in cooperation with other UN agencies in case of joint programming and other relevant actors in other initiatives.
8. For UNFPA PNG in cooperation with Government partners in their support to humanitarian action, ensure that the sub-cluster working groups get operational and in emergency preparedness enable for MISP and GBV in Emergencies training to result in the incorporation of related standards in national, provincial and district level emergency preparedness plans.

1. Introduction

1. The United Nations Population Fund (UNFPA) is the lead United Nations (UN) agency for achievement of the three transformative results: ending the unmet need for family planning; ending preventable maternal deaths; and ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage, and for the accelerated implementation of the Programme of Action of the International Conference on Population and Development (ICPD). UNFPA seeks to ensure that no one is left behind, and calls for protection and promotion of human rights for all. It recognizes the need to transform unequal gender power structures in societies in order to accelerate the achievement of the ICPD Programme of Action and to achieve universal access to sexual and reproductive health and reproductive rights, particularly for those left behind. The three transformative results are to be achieved through working effectively and coherently within the overall framework of a reformed United Nations development system. UNFPA in this respect contributes to the achievement of the Sustainable Development Goals (SDGs) by 2030.
2. UNFPA has been providing support to the Independent State of Papua New Guinea (PNG) since 1996. UNFPA is currently implementing the fifth year of its sixth country programme cycle (CP6) to assist the Government of Papua New Guinea in achieving its population and development goals. The sixth programme cycle runs from 2018-2022 and was extended till mid-2023, in line with the country's United Nations Development Assistance Framework (UNDAF). Towards the end of 2021 and in the first half of 2022, the present Country Programme Evaluation (CPE) was conducted.

1) Purpose and Objectives of the Country Programme Evaluation

3. The purpose of the CPE combined accountability and learning objectives, contributing to greater transparency of the organization. The conduct of the evaluation was in line with the requirement of the UNFPA Evaluation Policy.² The evaluation was a means to demonstrate accountability of performance of the sixth country programme to stakeholders in terms of contribution of the programme to the results identified in the Country Programme Document (CPD)³ and other programmatic documents. It aimed to support learning through broadening the evidence-base of achievements within the organization and to inform the design of the next, seventh, programme cycle of UNFPA, in line with national needs and UNFPA corporate strategies. The evaluation took stock of performance and actual achievements and provides actionable recommendations to enhance programming both in strategic and programmatic aspects. The evaluation generated lessons learned in the process of implementation of the country programme and in this way contributes to the knowledge base of the organization, in support of evidence-based programming. The evaluation results, moreover, feed into the evaluation of the Papua New Guinea UNDAF, which was conducted at the same time.
4. The main audience and primary intended users of the evaluation included: UNFPA Country Office (CO) i.e. the commissioner of the evaluation; the counterparts of the programme in the Government; implementing partners of the programme; rights holders involved in or affected by UNFPA interventions and the organizations that represent them (in particular concerning women, adolescents and youth); the sister agencies of the United Nations Country Team (UNCT) including International Organisation for Migration (IOM), UNAIDS, United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and World Health Organisation (WHO); the UNFPA Asia Pacific Regional Office (APRO); and donors to the various parts of the programme, including Australian Government and the European Union. The evaluation results would also be of interest to a wider group of stakeholders and secondary users, including: the UNFPA Executive Board; Programme and other divisions, branches and offices at UNFPA headquarters, international, national and local level civil society organizations and academia.

² UNFPA, UNFPA Evaluation Policy, New York, 2019.

³ United Nations Population Fund, Country programme document for Papua New Guinea, Sixth Cycle 2018-2022, 3 July 2017.

The evaluation results were expected to be disseminated and made available as appropriate to the various primary and secondary stakeholders, using traditional as well as digital and internet-based channels of communication.

5. In line with the Terms of Reference (TOR), the overall objectives of the CPE were (i) to provide the UNFPA CO, national stakeholders and rights-holders, UNFPA APRO and Headquarters with an independent assessment of the UNFPA CP6 (2018-2022), and (ii) to broaden the evidence-base in relation to programme performance and identify lessons concerned to inform the design of the next programme cycle.
6. The specific objectives of the CPE included:
 1. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency, sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme and of coverage and connectedness in terms of the humanitarian assistance part of the programme;
 2. To provide an assessment of the strategic role played by the UNFPA CO in the coordination mechanisms of the UNCT, including national as well as development partners, with a view to enhancing the United Nations collective contribution to national development results and its ability to respond to national priority needs, while adding value to country development results;
 3. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the design of the next programme cycle, in light of the 2030 Agenda for Sustainable Development.

2) Scope of the Country Programme Evaluation

7. The evaluation covered the period from 01 January 2018 till 01 January 2022 (i.e., a period of 48 months) and included all three development outcome areas of the sixth country programme cycle of UNFPA in Papua New Guinea: Sexual and Reproductive Health and Rights (SRHR), Gender Equality and Women's Empowerment (GEWE) and Population Dynamics (PD). The evaluation also included the cross-cutting areas of partnership, resource mobilization and communication and advocacy interventions, as well as the theme of adolescents and youth, which was mainstreamed throughout the country programme. In geographical terms it focused on initiatives at the national as well as the sub-national level, including provincial, district and community level. At sub-national level, focus was on the five selected priority provinces of the programme, including Autonomous Region of Bougainville (ARoB), Central Province, Eastern Highland Province (EHP), Morobe Province and Milne Bay Province (MBP). Moreover, the evaluation included humanitarian and peace building projects as well as individual interventions implemented in specific geographical locations in other provinces. This included, among others, projects covering parts of Southern Highlands, Hela, East New Britain and Western provinces.
8. The CPE covered assistance funded both from UNFPA core resources as well as non-core resources and UNFPA's use of resources jointly mobilized by the UNCT. It focused on the work implemented through UNFPA's governmental and non-governmental implementing partners, as well as on policy engagement and advocacy interventions, carried out by the UNFPA CO directly. It assessed the strategic approaches that underpin the programme in each of the outcome areas covered, as well as the implementation processes and the enabling human resources and financial and programmatic management and monitoring systems, and the extent to which these systems were supportive to reaching results. This included the financial, administrative, human resource, procurement and results-based programme management systems and structures of the country office. The application of a human rights-based and gender sensitive approach were, moreover, part of the evaluation. Besides the assessment of the intended effects of the programme, the CPE identified unintended effects of the programme, including positive changes as well as any negative effects of interventions.

3) Methodology and Process

9. In line with the TOR, the evaluation focused on the assessment of seven evaluation criteria, with in particular the latter two focused on humanitarian support:

i. Relevance	iii. Effectiveness	v. Sustainability	vii. Connectedness
ii. Coherence	iv. Efficiency	vi. Coverage	
10. For each of the evaluation criteria one or more evaluation questions were included in the TOR, resulting in a total of 10 questions, which are presented in Annex 9. For each of the ten evaluation questions, a set of assumptions was identified as part of the evaluation matrix, which were used in the assessment by the evaluation team. Aspects of the use of a human rights, gender sensitive and disability inclusive approach were added in the evaluation matrix under several of the evaluation questions in order to assess mainstreaming of these approaches across the programme. The evaluation matrix guided data gathering, analysis and reporting in the various phases of the evaluation process
11. The evaluation made use of a theory-based approach, using the results framework of the CPD and the Country Programme Theory of Change (TOC) which was slightly reorganized (see annex 7) as well as the UNFPA global results framework⁴ in order to assess the causal linkages amongst output and outcome level changes. The evaluation methodology covered qualitative and quantitative methods and tools, including desk review, semi-structured interviews, focus group discussions and field observations. Quantitative data concerned secondary programmatic and financial data. Where available, use was made of disaggregated data along gender and other vulnerability criteria. The evaluation made use of a participatory approach, including as much as possible a wide range and variety of stakeholders in the various stages of the evaluation process. The use of mixed methods and inclusion of multiple stakeholders allowed triangulation of data across the various methods and respondents and in this way enhanced validation of findings. This approach, together with a validation meeting in which draft findings, conclusions and recommendations were discussed with UNFPA staff and ERG members, enabled ownership of the evaluation process and enhanced the likeliness of use of the evaluation recommendations (stakeholder map is presented in annex 14).
12. The evaluation made use of appreciative inquiry rather than a problem-oriented approach. In this way the focus was turned away from finding solutions to problems towards a more positive approach, focusing on what worked and how this could be reinforced within the programme and the country office. What did not work was assessed through inquiring what participants would wish to be different in their organisation, and ways in which initiatives were implemented, in order to enhance results.
13. The evaluation included attention to the use of a rights-based approach in terms of programme design and implementation. Focus was on rights and responsibilities of stakeholders concerned and capacities of rights holders as well as duty bearers. The evaluation assessed the extent to which the programme made use of a normative approach, based on a human rights perspective, as reflected in the ICPD POA and in UN Conventions and agreements. This was supplemented by a gendered approach, assessing the results of the gender equality and women's empowerment component of the programme, as well as mainstreaming of gender assessment in each of the other programme components and attention to the Agenda 2030 principle of Leaving no one behind. The latter allowed for a focus on aspects of vulnerability, including the rights of people with disabilities.
14. With UNFPA in Papua New Guinea working within the 'Delivering as One' UN approach, joint programming was an important modality in terms of parts of the programme. Therefore, aspects of joint programming were included in the various parts of the evaluation matrix, managers of joint programmes were included as stakeholders for interviews and aspects of joint programming and UNFPA's role in these programmes included as part of the evaluation.
15. A six week in-country data gathering process was part of the evaluation process. Data were gathered at national and sub-national levels, making use of the stakeholder analysis conducted as part of the design

⁴ United Nations Population Fund, The UNFPA Strategic Plan, 2018-2021, Annex 1, Integrated results and resources framework.

phase. Sampling took place at two levels, the national and the sub-national level. At national level the evaluation team was able to connect with stakeholders from all relevant types of agencies, as identified in annex 14. This included national Ministries and Departments, sister UN Agencies, national CSOs and Academia as well as the UNFPA CO senior management and staff, former staff and UNFPA APRO technical support staff. At sub-national level three of the five UNFPA priority provinces were selected for fieldwork, including ARoB, Eastern Highlands and Morobe province.

16. For selection of sub-national areas use was made of an overview of all country programme supported initiatives at the sub-national level and their coverage, with inclusion of provinces that were regarded as very successful as well as those that were considered as less successful in terms of programme implementation (see annex 6). Moreover, National Capital District, Western and East New Britain Province were selected for more focused analysis of Youth related initiatives, COVID-19 related emergency response and the Spotlight initiative respectively (for sampling strategy details see annex 9).
17. For data analysis a variety of methods was used, including qualitative content analysis, context analysis, analysis of the TOC and results chain of the programme, SWOT analysis, timeline and policy analysis. The evaluation team abided by the ethical code of conduct for UNEG/UNFPA evaluations, the UNEG Standards and Norms for Evaluation in the UN System as well as UNEG guidance on gender- and human rights-responsive and disability inclusive evaluations as well as UN and UNFPA specific guidelines on conducting evaluations during the COVID-19 pandemic and inclusion of disability (details in annex 9).
18. Given the on-going COVID-19 pandemic and the identification of the Omicron variant in the country towards the end of 2021, the evaluation team made use of a hybrid setup of meetings, at national as well as sub-national levels. This consisted of a combination of selected national evaluators participating in person with the Team Leader and other national evaluators participating online through an Internet connection.⁵ This approach protected UNFPA staff, Government agency and other partner staff and beneficiaries as well as CPE team members as much as possible from possible risk of infection and reduced the risk of contributing to the spread of the virus. The COVID-19 pandemic concerned the greatest risk to the conduct of the evaluation and the use of a hybrid mode of meetings and the strict implementation of COVID-19 protocols mitigated risks concerned.
19. The pandemic and the measures to prevent its spread, moreover, affected the health system in PNG and the ability of the programme to reach the results identified in the CPD and its results framework. This limitation was mitigated through the inclusion of the direct and indirect effects of the pandemic on the health system, health facilities and the health seeking behaviour of women and girls as an aspect of the assessment. Notwithstanding the pandemic, limited data gathering at facility and local level could be included, with attention paid to persons of vulnerable groups. The lack of a Country Programme Action Plan, which used to outline more in detail the outcome areas of the programme and ways in which results were to be achieved and measured, was mitigated by the use of the UNFPA PNG CP6 Implementation Milestones and Delivery Strategy and TOC that the country office had developed to guide the programme. It proved challenging to get all the relevant secondary data from the country office, which took time to get sufficiently realized.
20. A total of 125 persons were interviewed or participated in focus group discussions, with 53 percent women and 58 % of participants at sub-national level. For a list of persons met by the team see annex 2, while for references of documents consulted see annex 3, for the workplan refer to annex 13.

⁵ At the time of the field work, international consultants were not allowed to travel to PNG based on UNFPA APRO regulations, which resulted in the team leader providing support online rather than in-person to the data gathering process.

2. Country Context

1) Introduction

22. Papua New Guinea is a developing Island State in Oceania comprising the eastern half of the island of New Guinea and its offshore islands in Melanesia. The country is ranked as lower-middle income economy in the World Bank classification (GNI per capita from USD 1,046 – USD 4,095). Its capital is Port Moresby, located along its southeastern coast. It is the largest country in the Pacific region in terms of population size and land mass, with a population of close to 9 million in 2020 and comprising a total of about 600 islands with a total land size of 462,840 square km, of which about 94% is customarily owned.
23. The physical topography is comprised of rugged mountainous terrain, swamps and large rivers. The country is endowed with natural resources and contains the third largest rainforest in the world. The country is culturally very diverse with more than 800 languages and over 1,000 tribes with unique traditional practices and which used to have their own political systems. The country is vulnerable to natural disasters including earth quakes and vulnerable to climate change risks.⁶
24. On the UN Human Development Index, Papua New Guinea moved slightly from low human development in 2019 to middle human development in 2020, with increases in life expectancy at birth to 64.5 years, expected years of schooling to 10.2 years and GNI per capita at 4,301 USD up from 3,686 USD. More significant change can be observed in the Index over the past three decades, with the value of 0.555 on the index for 2020 representing a significant change compared to 1990, when the value stood at 0.377. On the inequality adjusted ranking, the country remained in the same position.⁷
25. Papua New Guinea became independent in 1975 with the Constitution of the same year providing the legal basis for an inclusive, equitable and just development process. In addition to national sovereignty and self-reliance, the Constitution includes the goals of integral human development, equality and participation for all citizens, conservation and use of natural resources and environment for the collective benefit of all, including the benefit of future generations and the use of forms of social, political and economic organization specific to the country in the pursuit of development.⁸
26. As a member of the UN, Papua New Guinea is a signatory to numerous UN conventions and treaties since independence. Through enacting legislations and public policy frameworks, successive national governments have made progress in responding to UN Conventions including the ICPD, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention of the Rights of the Child, United Nations Convention on the Rights of Persons with Disabilities, Framework Convention on Climate Change, the Millennium Development Goals and the 2030 Agenda for Sustainable development, including the Sustainable Development Goals (SDGs).

2) Development Challenges and National Strategies

27. Since its independence, the country has been grappling with social, economic and political challenges, including dealing with the varying contexts and needs of the 22 provinces in the country and the differences between urban and rural areas. About 85 percent of the population live in rural areas as subsistence farming households and derive their livelihood and cash earnings from agriculture and fishery sectors. Although progress has been made in infrastructure development in health and education as well as in terms of the transportation network by road, water and air, many of these

⁶ Government of Papua New Guinea, Papua New Guinea's Voluntary National Review 2020, Progress of Implementing the Sustainable development goals, Port Moresby, July 2020.

⁷ Coefficient of human inequality stands at 29.6, which is slightly higher than the coefficient for medium human development counties in 2019 at 25.9. UNDP, Human Development Report 2019, Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century, New York, 2019; UNDP, Human Development Report 2020, The next frontier, Human development and the Anthropocene, New York, 2020.

⁸ Constitution of the Independent State of Papua New Guinea, Preamble, 1975.

structures have dilapidated over the years in both rural and urban areas. With a limited road network, important modes of transportation are by boat as well as by air, with the latter being very costly.

28. Inexorably, the bulk of the population continues to have limited access to quality health care including sexual and reproductive health services, educational services as well as entrepreneurial and employment opportunities for sustainable livelihoods and obtaining a reasonable standard of living, with in 2010, 40 per cent of the population living below the poverty line.⁹
29. In 2009, the country launched its Vision 2050, followed by the Papua New Guinea Development Strategy 2010-2030 in 2010. Vision 2050 aims at reaching very high human development by 2050, including as one of the seven key pillars of development human capital development, gender, youth and people empowerment and with one of the eight critical enablers including healthy, educated and skilled citizens. The development strategy 2010-2030 aims at a high quality of life for all Papua New Guineans and foresees Papua New Guinea to be a prosperous middle-income country by 2030.¹⁰
30. In 2014 the Responsible Sustainable Development Strategy framework was launched followed in 2016 by the Papua New Guinea Planning and Monitoring Responsibility Act, which provided for a national planning and service delivery framework, as well as a national budget framework for reaching the SDGs. It, moreover, established the Medium-Term Development Plan and its monitoring and evaluation framework and linked the annual budget to this plan. The Plan also outlined responsibilities and obligations concerning the development process and empowered the Department of National Planning and Monitoring (DNPM) in ensuring accountability in terms of results. The Medium-Term Development Plan III, covering the period 2018-2022, is the first to follow a five-year cycle.¹¹
31. Decentralization has been a critical part of the development agenda, though it has been evolving over time. With the Provincial Health Authority (PHA) Act passed in 2007, with further amendments in 2013, some responsibilities for public health were transferred from the national to the sub-national level. Milne Bay Province was selected as the first pilot province to implement the act in the period 2010-2011, followed by Eastern Highlands Province. The other 20 provinces became fully operationalized in 2018 under the act.
32. Other more recent legislation concerns the National Pandemic Act, 2020, which established the legal framework for COVID-19 national emergency protocols. The National Procurement Act of 2018 provides for national and provincial procurement guidelines of goods and services by the national government as well as the private sector guidelines for the procurement of goods and services. The Public Health (Amendment) Act, 2020 includes a focus on infectious diseases. Other relevant policies relate to gender, adolescents and youth reproductive health and family planning, mental health, HIV/AIDS, disability and the National Gender Based Violence Strategy of 2016.
33. Situated on the Pacific Ring of Fire, Papua New Guinea is facing regular natural disasters including earthquakes, volcanic eruptions and tsunamis. The country is, moreover, prone to cyclones, river and coastal flooding, landslides and drought. Papua New Guinea figures ninth on the World Natural Risk Index of 2021 and is part of the 15 countries in the world with the highest disaster risk to natural events, including sea level rise. The country combines high levels of vulnerability and susceptibility with limited coping and adaptive capacities.¹² In the period under review, the country experienced a severe earthquake in February of 2018 with a magnitude of 7.5 in the Southern Highlands and Hela provinces.

⁹ HIES 2010 data. No household Income and Expenditure Survey was conducted since. VNR report of 2020 mentions 39 percent for 2017 without references.

¹⁰ The aim of Vision 2050 includes ranking of Papua New Guinea in the top 50 of the UN Human Development Index by 2050 with the ultimate goal to be a Smart, Wise, Fair and Happy Society by 2050. Independent State of Papua New Guinea, National Strategic Plan Taskforce, Papua New Guinea Vision 2050, 2009; Department of National Planning and Monitoring, Papua New Guinea Development Strategic Plan, 2010-2030, "Our guide to success", Port Moresby, March 2010.

¹¹ Papua New Guinea Medium Term Development Plan III 2018-2022, "Securing our future through inclusive sustainable economic growth", Volume One, Development Planning Framework and Strategic Priorities. Port Moresby, September 2018.

¹² RUB, IFHV, WorldRiskReport 2021. Inter-Agency Standing Committee and the European Commission, INFORM Report 2021; Shared evidence for managing crises and disasters, EUR 30754 EN, Publications Office of the European Union, 2021.

Moreover, there have been volcanic eruptions in East New Britain and on Manam and Kadovar Islands in 2018 and 2019.

34. Violent conflict has been pervasive in Papua New Guinea, in particular in parts of the highlands and in AROB. Conflict has been endemic in the populous Southern Highlands and Hela Provinces over the past 30 years. As of the end of 2017, there were reportedly 40 separate ongoing conflicts across Hela province while violent conflicts were also endemic to Southern Highlands Province, i.e. the neighbouring province that Hela split off from in 2012. These violent conflicts have resulted in extensive human rights abuses - including gender-based violence in relation to accusations of sorcery. This has been reported to have caused more than 300 deaths and displaced an estimated 100,000 people over this period.¹³
35. In Bougainville, conflict has been linked to divergences regarding the use of local mineral resources and the desire of the mainstay of the population for increased autonomy of Bougainville. It resulted in a multi-layered armed conflict from 1988 till 1998 which ended after a ceasefire and the agreement to form the Autonomous Region of Bougainville as one of the major pillars of the Bougainville Peace Agreement of 2001. Under the Peace Building Fund, the UN supported the voting process of the referendum that was part of the agreement and conducted in November-December 2019, in which 98% of the voters opted for independence.¹⁴

Progress on Achievement of Sustainable Development Goals

36. The implementation of the 17 SDGs has been slow. The United Nations provided the technical and financial support to the localization process of the 17 SDGs from 2016 to 2018.¹⁵ The uptake of SDGs as well as the MTDP objectives is mandatory for all public agencies as stipulated in the Planning Act. The Provincial Local Level Government Services Monitoring Authority is in charge of coordination of service delivery at national and sub-national level and is addressing the issue of monitoring of results achieved.
37. Civil society organizations (CSO), including private foundations and churches, play an important role in the development process and the Government has developed the Development Cooperation Policy, Civil Society Partnership policy and the Church-State Partnership Programme in this respect. Moreover, private sector organizations play a significant role, in particular in infrastructure development and social service provision within their enclave areas.¹⁶
38. Results to date on achieving the SDGs in Papua New Guinea are lagging behind expectations, with the achievement of many goals stagnating or falling behind. Significant challenges remain in the goals that align with the UNFPA mandate areas, including SDG 3 on Good health and well-being, SDG 5 on Gender equality and SDG 10 on Reduced inequalities, though for the latter goal data on indicators are not sufficiently available. An exception concerns Goal 13 on Climate Action, on which significant progress has been achieved. Notwithstanding the challenges in reaching the goals, the country's performance is overall slightly above the regional average for Oceania and has improved over time.¹⁷
39. The global COVID-19 pandemic' has affected government delivery on health, education and other social and economic services and fundamentally affected the economic livelihoods of the population, since the virus was identified in Papua New Guinea and the resulting emergency lock down of March 2020. Inevitably the effect of COVID-19 pandemic is an impediment to progress towards the implementation

¹³ Robertson, Dr. Lawrence, Dr. Pamela Kamyia and Mr. Lyndel Toidalema, Gender and Youth Promotion Initiative: PBF/IRF-255: Strengthening the role of Women and Youth as Peace Builders to improve Development in the Highlands of Papua New Guinea, End of Project Evaluation, Final Report, August 2021.

¹⁴ <https://www.abg.gov.pg/peace-agreement>; <http://bougainville-referendum.org/brc-says-farewell-with-handover-of-final-report/index.html>

¹⁵ Government of Papua New Guinea, Papua New Guinea's Voluntary National Review 2020, Progress of Implementing the Sustainable development goals, Port Moresby, July 2020.

¹⁶ Ibid.

¹⁷ Sachs et. al., The Decade of Action for the Sustainable Development Goals. Sustainable Development Report 2021. Cambridge: Cambridge University Press, 2021 (<https://dashboards.sdgindex.org/profiles/papua-new-guinea>).

and achievement of the SDGs. Significant setbacks have been reported in the fights against HIV, tuberculosis and malaria.¹⁸ Vaccination rates have been amongst the lowest in the world.

40. Below details for each of the outcome areas are presented, with additional details provided in annex 8.

Sexual and Reproductive Health

41. Sexual and reproductive health and maternal health remain facing substantial challenges. Though access to and use of contraceptives has slightly increased over the past few decades, it remains relatively low, with unmet need for family planning high, in particular among young women and marginalized groups. The situation in HIV and AIDS improved in the first one and a half decade of the present century, but has since worsened. Provision of HIV and AIDS services have increased since 2004 beyond the capital of Port Moresby to include 120 facilities around the country, allowing 66 percent of people living with HIV to access antiretroviral services.¹⁹ At the time of the evaluation, HIV/AIDS services in a few of the priority provinces were in the transition of being integrated with the sexual reproductive health services.
42. Though the reported numbers on maternal mortality ratio have gone down, access to antenatal care and delivery attended by a skilled health provider remains low. Maternal mortality audits have been initiated in some hospitals, however, these do not include deaths that occur at the community level as those are not recorded or reported.²⁰ The main causes of maternal deaths are attributed to post-partum hemorrhage, eclampsia and unsafe abortions. Antenatal care services by mothers have slightly improved, with coverage at 76 percent as have births occurring at health centres or hospitals, delivered by a skilled health worker, which though remains low at 56 percent.
43. The healthcare system in the country remains challenged by several factors, including chronic shortage of cadres of health workers, inefficient and ill-practiced procurement systems and supply chain issues.
44. High levels of inequities persist in the achievement of SRHR related development results. Compounding challenges keep affecting women and girls from realizing their reproductive health and rights. These include cultural practices and religious beliefs, geographical conditions, economical constraints, lack of transportation and the physical infrastructure of health facilities, with many of them lacking in terms of medical resources as well as running water and sanitation.²¹
45. The National Sexual Reproductive Health Policy of the National Department of Health (NDOH) of 2014 aims to foster improvement in the quality of life of all Papua New Guineans and thus contribute to decreased morbidity and mortality among the sexually active target population.²²

Gender Equality and Women's Empowerment

46. Papua New Guinea has a diversity in social, ethnic, and linguistic groups, including a complexity of social attributes and opportunities associated with being male and female and the way in which societal expectations of women, men, girls, and boys are being defined. Most of these, however, continue to limit the realization of gender equality. Papua New Guinea continues to rank in the lowest category of the Gender Inequality Index of UNDP, in 2021 ranking 160 out of 161 countries. The continuous low ranking is associated with the slow progress in recognition of the rights of women and girls.²³

¹⁸ Mc Call, Chris, Disrupted care in Papua New Guinea: the harms of COVID-19, in *The Lancet* Vol 399, January 15, 2022.

¹⁹ UNAIDS data referred to in VNR Report, 2021.

²⁰ Asia Pacific Observatory on Health Systems and Policies. Independent State of Papua New Guinea Health System Review in Transition, Vol 9.1, 2019.

²¹ UNFPA Papua New Guinea, *Your Rights, Our Mission: 6th Country Program 2018 – 2022*; Asia Pacific Observation on Health Systems and Policies (2019); Independent State of Papua New Guinea Health System Review; Papua New Guinea National Department of Health – UNFPA Pacific Sub-Regional Office Health Systems in Transition; UNFPA, *Family Planning and Reproductive Health Commodity Needs Assessment*.

²² National Department of Health, *National Sexual Reproductive Health Policy*, 2014; National Department of Health, *National Youth and Adolescent Health Policy*, 2014.

²³ UNDP HDR 2021.

47. In Papua New Guinea women face stark cultural and systemic obstacles for participation in decision making in all spheres of life, including at the highest levels of decision making in political spheres. The number of women in key leadership and decision-making roles in senior management and executive positions remains low. This leaves women vulnerable to various forms of discrimination and violence as men control most of the resources and women are expected to conform to the various societal rules and norms that often deny them their basic rights.²⁴
48. Women in Papua New Guinea face high rates of gender, family, and sexual violence from an intimate partner. Of women who have ever experienced physical or sexual violence, 35 percent have sought help, through informal support structures, such as family, kinship or community networks, community leaders, and village courts rather than through formal service providers, while 13% have never sought help but have told someone about the violence.²⁵ The high rates of GBV in PNG is symptomatic of the large power imbalance that exists between men and women in the society, accepting that men should have power over women.
49. The Constitution of Papua New Guinea overall calls for gender equality and equal rights for all. The Government has ratified international legal instruments, including the CEDAW and the Beijing Platform for Action, in order to take active steps in closing the gender parity gap that exists in the country. However, there are still gaps into domesticating the international legal instruments through effective national policy and legislations to ensure gender equality and women's empowerment barriers are addressed and to hold the Government accountable for their execution. Various international conventions related to gender equality, which have been ratified, as well as the National Policy for Women and Gender Equality from 2011-2015 still remain largely to be implemented in practice.
50. The Government of PNG through National Strategy to Prevent and Respond to GBV (2016-2025) aims to take a multisectoral approach in its support to addressing the high rates of violence against women and women's empowerment. The Gender Equity and Social Inclusion (GESI) Policy was introduced and is currently reviewed with a greater focus on disability inclusion in the country's workforce. To ensure women's social protection, the Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025 was introduced.

Population Dynamics

51. The total population of Papua New Guinea stood at 7.3 million in 2011²⁶ and has increased to 9.3 million in 2022.²⁷ The population is projected to further increase to about 13 million by 2030.²⁸ The life expectancy at birth for women stands at 64 years compared to men at 63 years. The infant mortality rate of 33 per 1,000 live births, under 5 mortality rate of 48 per 1,000 live births and the total fertility rate (TFR) of 4.2 per women (2018)²⁹ and 3.4 (2022)³⁰ are relatively high compared to averages of middle-income countries. The high TFR is considerably above replacement level which inevitably will perpetuate rapid population growth beyond 2030 as a result of the in-built demographic momentum created by continued high fertility and declining mortality rates. The country has a 'youth bulge', a large young population that has the ability to be harnessed as a 'demographic dividend' in order to contribute to accelerated sustainable economic growth towards 2030 and beyond.
52. The National Statistical Office (NSO) under the National Statistical Act is the statutory government entity that is responsible for the conduct, analysis, and publications of the official national population census, DHS, Household and Income Expenditure surveys and to cater to other government statistical data needs and requirements. NSO has conducted a census every 10 years since 1980. The 2010 census was

²⁴ Ibid.

²⁵ DHS 2016/18.

²⁶ NSO, 2011 National Census Final Report, 2013, Port Moresby, Papua New Guinea.

²⁷ <https://www.unfpa.org/data/world-population/PG>.

²⁸ Ibid.

²⁹ National Statistical Office Papua New Guinea and ICF, 2019.

³⁰ <https://www.unfpa.org/data/world-population/PG>.

deferred to 2011 due lack of timely funding by the national government. The 2020 national census was deferred due to COVID-19, with further delay caused by the national election held in 2022. The actual date is yet to be confirmed by the government. NSO expects pre-census activities to be conducted in 2023 with the census enumeration to take place in July 2024.

53. The first DHS was conducted in 1996 followed by 2006 and the most recent one conducted in 2016-2018 with the data analysis and publication of the DHS full report in 2019. Capacity building and sustainable funding has remained a challenge faced by NSO over the past decades. Noteworthy is a very high staff turnover at the senior management level at NSO. Invariably, UNFPA and Government of Australia have supported NSO over time in terms of technical and financial support.
54. The first integrated NPP was launched in 1992. The second comprehensive NPP covered the period 2000-2010 and was approved by the National Executive Council upon the recommendation of the National Population Council. The third NPP covers the period 2015-2024. The first Volume was launched in 2015 while the second Volume is still pending. The NPP is currently under review by the DNPM with technical support from UNFPA. The national government views the present rapid population increase as an impediment to economic growth and responsible sustainable development.³¹ The MTDP III 2018-2022 provides the most recent information in terms of population issues with the inclusion of Key Result Area # 8 on Sustainable Population, the main goal of which is to achieve a manageable population growth that results in a healthy and productive population

Adolescents and Youth

55. Young people under the age of 25 make up about 60 per cent of the total population of Papua New Guinea, which equates to about 5.46 million inhabitants. The situation is more pronounced in the highlands region, where in some areas it is estimated that 67 per cent of people are under the age of 18.³² The group of young people is expected to continue to grow rapidly in the near future, given the high total fertility rate in the country.
56. About 12 percent of young women in the age group between 15 to 19 years had begun childbearing with 10 per cent having had a live birth and 3 percent pregnant with their first child. This percentage has remained more or less the same over the past decade. The proportion of teenagers who begun childbearing rises rapidly with age, from 3 per cent at age 15, to 27 per cent at age 19. Rural teenagers are more likely to have started childbearing compared to their urban peers at 13 versus 10 per cent. Moreover, those teenagers with less education and in lower income quintiles are more likely to have started childbearing than those with higher education and in higher income quintiles.³³
57. Though the 'youth bulge'³⁴ provides important socio-economic opportunities, known as demographic dividend, a multitude of social and economic challenges prevent the country's youth and adolescents from flourishing and positively contributing to society. Important in this respect is their limited access to SRH information, services and commodities and the limited adaptation of health services to the needs of adolescents and youth. Another important challenge concerns education. Presently, access to CSE in the regular schooling system is limited, with a larger focus of development programs in terms of sexuality education focused on out-of-school youth through organizations such as Family Health

³¹ Government of Papua New Guinea, Department of National Planning and Monitoring, National Population Policy 2015-2024, Port Moresby, 2015; GoPNG, Strategy on Responsible Sustainable Development, Department of National Planning and Monitoring, 2016.

³² Source: <https://png.unfpa.org/en/news/unfpa-launches-bilum-campaign-harnessing-png-traditional-culture-advance-gender-equality-and-0>; ABC News Article at https://www.abc.net.au/news/2019-11-09/teens-rule-parts-of-png-as-population-booms/11663844?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web.

³³ National Statistical Office Papua New Guinea & ICF, 2019, <https://png.unfpa.org/en/topics/young-people-8>.

³⁴ There is no universally agreed international definition of the youth age group. For statistical purposes the United Nations defines 'youth' as persons between the ages of 15 and 24 years (<https://www.un.org/en/global-issues/youth>). In Papua New Guinea the statistical definition of youth includes the population age bracket from 12- to 38-year-olds, while this is often reduced to 12-30 years olds based on practical concerns in managing the youth sector. Papua New Guinea, National Youth Policy 2020-2030, Bringing young people to the center of sustainable development maximising benefits, Port Moresby, December 2019.

Association (FHA). Complete rollout of CSE in the country is yet to be established. The recently started UNFPA supported Spotlight project, includes development of CSE as part of the secondary school curriculum.³⁵

58. Youth employment is of concern, though relatively higher for young men in the age group of 25-29 years of age with 65.9 percent being employed in the past 12 months compared to the average of 63.7 for men overall. For male youth it is predominantly the group of 15-19 years of age which are less employed at 45.2 percent. This, however, is still above the average employment rate for women, whose employment situation is more concerning. In the same period employment for women stood overall at 35.8 per cent, with young women between 28.4 and 33.4 percent employed.³⁶
59. Safety issues are another concern that impedes development and realization of the demographic dividend. Children and youths in Papua New Guinea are exposed to the highest rate of violence in the East Asia and Pacific Region
60. The National Youth Policy 2020-2030 aims to improve the well-being of young people through greater and meaningful participation in all levels of society and government. This is further detailed in terms of youth mainstreaming in governance and institutional development, young people's engagement in community and environment, education and employment opportunities and engagement in healthy lifestyles, sports and culture. The policy also highlights young people's responsibilities and identifies the National youth development authority as the agency to support youth development and monitoring the implementation of National Youth Development Plans at the Provincial, District and local levels of government.³⁷

3) The Role of External Assistance

61. Official development assistance (ODA) plays an important role in the social and economic development of Papua New Guinea. The net official development assistance received in 2018 was 17.5% of government expenses, an increased from 2017 when it was at 15.6%.³⁸ Main development partners include the Australian Government, the World Bank (WB), Japan, the European Union and Asian Development Bank (ADB). About one fifth of support focused on health and population with one third of development aid focused on other social infrastructure and services. One fifth is spend on economic infrastructure and services while 13 percent is multi-sectoral support. Eight and five percent of support are aimed at education and production respectively with two percent provided as humanitarian aid.³⁹
62. The Covid-19 pandemic and related global economic slowdown, the need to fund health preparedness and response measures as well as to cater for revenue shortfalls and the need for a large economic stimulus package are expected to increase the share of development assistance in the near future. All major development partners are expected to deliver COVID-19 support through a combination of ongoing projects and new initiatives. Multilateral agencies that have provided loans include the World Bank, Asian Development Bank (ADB) and in 2020 the International Monetary Fund (IMF) through its Rapid Credit Facility in support of the COVID-19 response at the request of the government. The IMF in addition conducted an economic surveillance and provided technical assistance.
63. Other development partners include the United States, New Zealand, People's Republic of China and several United Nations agencies. This is complemented by other health partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; Oil Search Foundation; and GAVI Alliance.

³⁵ Key informant interviews.

³⁶ National Statistical Office Papua New Guinea and ICF, 2019.

³⁷ National Youth Development Authority, Papua New Guinea National Youth Policy 2020-2030, Bringing young people to the center of sustainable development, maximising benefits, Port Moresby, December 2019.

³⁸ <https://www.adb.org/sites/default/files/institutional-document/644281/cps-png-2021-2025.pdf>

³⁹ OECD DAC: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>

3. UNFPA Strategic Response and Programme

1) UNFPA Strategic Response

64. With the present CPE covering the programme timeframe of 2018-2022, both the UNFPA strategic plan for the period 2018-2021 and the new strategy for the period 2022 to 2025 are relevant, with the latter particularly important to inform the forward-looking analysis of the evaluation.
65. Informed by the results of an organization wide evaluation, the Strategic Plan for the period 2018-2021 presented the main goal and objectives of the organization in a Theory of Change (TOC) model, in which the components of SRHR, Adolescents and Youth and Gender and Women's Empowerment were reflected in terms of addressing supply and demand elements, while the population and development component was included as the foundation to inform these outcome areas. The TOC, moreover, included a number of principles, like protection and promotion of human rights, leaving no one behind (an important principle of the 2030 Agenda for Sustainable Development), and building resilience and improving accountability, transparency and efficiency.⁴⁰
66. Each of these strategic plans included an organizational business model to guide the implementation of the strategic plan. For the period 2018-2021 the business model included a country classification based on two criteria: remaining needs for support from UNFPA and country capacity to finance change concerned. The resulting four tier classification was, moreover, linked to the types of support to be provided by UNFPA, including service delivery, capacity development, partnerships and coordination (including South-South Cooperation), knowledge management and policy engagement. With Papua New Guinea classified as an 'orange' country, all modes of engagement were optional with the exclusion of service delivery in development programming.⁴¹ In terms of capacity development, all three levels of capacity building were optional, including individual, institutional and enabling environment (or societal) levels.
67. The recently developed UNFPA Strategy for the period 2022-2025, focuses on acceleration of progress towards the achievement of the three UNFPA transformative results: (a) ending unmet need for family planning and modern contraceptives; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, such as child marriage and female genital mutilation. The latest UNFPA strategic plan is explicitly aligned with the 2030 Agenda and the SDGs. The organizational goal is basically the same as in the previous strategy. Difference is the clear identification of the SDGs to which the programme contributes, identified as Goal 3 on Good Health and Well-being; Goal 5 on Gender Equality; Goal 10 on Reduced Inequalities, Goal 13 on Climate Action, Goal 16 on Peace, Justice and Strong Institutions and Goal 17 on Partnerships for the Goals.⁴²
68. The latest business model classifies the 119 global programme countries in three tiers, Tier 1 consisting of countries in which all three of the transformative results have not yet been achieved; Tier 2 including countries where two of these results have not yet been achieved and Tier 3 where only one of the results is yet to be achieved. Based on the assessed achievement levels of Papua New Guinea so far, the country is part of Tier 1 with all three transformative results not yet achieved. For details see table 2 below.
69. The business model of the new strategy identifies the same modes of engagement as the business model of the previous strategy and additionally identifies six accelerators for the achievement of results (see box 1 below). All of the UNFPA country programmes can employ all modes of engagement and make use of all accelerators identified, which are expected to be customized to the national context and local settings in order to bring about bold, innovative, enduring and tailored solutions within the overall

⁴⁰ United Nations Population Fund, UNFPA Strategic Plan, 2018-2021.

⁴¹ United Nations Population Fund, UNFPA Strategic Plan, 2018-2021, Annex 4, Business Model.

⁴² Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund, the UNFPA strategic plan, 2022-2025, 14 July 2021.

sustainable development framework of the UN Country Team. The strategy emphasizes prioritizing the organization's normative role to support the implementation of the ICPD Programme of Action and achievement of the transformative results.⁴³

Table 2: Transformative result indicators and level of achievement in Papua New Guinea

Transformative result	Indicator	Threshold by 2030	Achievement	Source of Information
Ending the unmet need for family planning	Need for family planning satisfied with modern methods	>= 75 per cent	21.6 per cent	DHS 2016-18
Ending preventable maternal deaths	Maternal mortality ratio	<= 70 per 100,000 live births	171 per 100,000 live births (period 2009-2015)	DHS 2016-18
Ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage	Gender inequality index	<= 0.3 (with 1.0 being unequal and 0.0 being equal)	0.74	HDR, 2019

Box 1: Accelerators for the achievement of results

- i. Human rights-based and gender transformative approaches
- ii. Innovation and digitalization
- iii. Partnerships, South-South and triangular cooperation and financing
- iv. Data and evidence
- v. 'Leaving no one behind' and 'reaching the furthest behind first'
- vi. Resilience and adaptation, and complementarity among development, humanitarian action and peace-responsive efforts

Source: United Nations Population Fund, UNFPA Strategic plan, 2022-2025, Annex 3 Business model, July 2021.

2) UNFPA Response through the Country Programme

Introduction

70. UNFPA country program 2018-2022 for Papua New Guinea has three major outcomes based on the TOC (see annex 5) that underpinned programme development, being sexual and reproductive health and rights, gender equality and women's empowerment and population dynamics. While the outcome area of SRHR includes two outputs, the other outcome areas each contain one output. Moreover, attention to adolescents and youth was mainstreamed across each of the outcome areas. For an overview of the results framework see table 3 below, while a more detailed results framework is presented in Annex 4.
71. The UN in Papua New Guinea responded to the call by the government as a member state for system reform to enhance its efficiency, effectiveness and coherence, in implementing its programmes through the UN approach of 'Delivering as One'. Within the One UN paradigm which is engrained in the UNDAF,

⁴³ United Nations Population Fund, UNFPA strategic plan, 2022-2025, Annex 3: Business model, July 2021.

UNFPA has built on its established niche and cooperation with UN agencies and has been leading inter-agency efforts on data for development, youth and gender-based violence.

Table 3: Results of the sixth UNFPA Country Programme in Papua New Guinea 2018-2022

CPD Outcome Areas	CPD Outputs	Mainstreamed
Sexual and Reproductive Health and Rights	<ol style="list-style-type: none"> 1. Government and civil society capacities strengthened in the priority provinces to deliver integrated sexual and reproductive health and family planning services, including in humanitarian settings. 2. Increased institutional capacity in the priority provinces to deliver comprehensive maternal health care services 	Adolescent and Youth concerns
Gender Equality and Women's Empowerment	National institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings	
Population and Dynamics	National institutions have capacity in place for high-quality data collection, analysis and utilization	

Source: Executive Board of the United Nations Development Program, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund Country programme document for Papua New Guinea, July 2017.

72. UNFPA has at the sub-national level provided support to five priority provinces, i.e., AROB, Central, Eastern Highlands, Milne Bay and Morobe provinces. A short description of key characteristics of each of these provinces, including demographic details, is provided in annex 6.

Sexual and Reproductive Health Outcome Area

73. The SRHR outcome area has focused on capacity development in priority provinces to deliver integrated sexual and reproductive health (SRH) and Family Planning (FP) services, including in humanitarian settings, and to deliver comprehensive maternal and child health (MCH) care services.
74. Types of Interventions in SRHR outcome area to support integrated SRH and FP services:
- Conducting operational research on barriers to family planning access and utilization, to inform advocacy, policies, strategies and implementation plans
 - Advocacy with parliamentarians and decision-makers to increase resources for family planning, especially at the subnational level
 - Capacity development of health workers in supply chain management and the provision of quality family planning services
 - Partnering with civil society to increase awareness of sexual reproductive health and reproductive rights and demand for services
 - Supporting the Government to work towards a sustainable national financing mechanism for reproductive and maternal health commodities
 - Supporting the PNG government priorities for the prevention of HIV/AIDS and STIs and in collaboration with UNAIDS support the development of a National Condom Program Situational Analysis in partnership with the National Department of Health and National AIDS council Secretariat
 - Capacity-building on the Minimum Initial Service Package for emergency response
75. Types of Interventions in SRHR outcome area to support maternal health care services:
- Supporting the scale-up and strengthening of provincial maternal death surveillance and response
 - Strengthening health systems to respond to gender-based violence, in line with the Essential Service Package for women and girls
 - Supporting the scale-up of emergency obstetric care
 - Institutionalizing a comprehensive midwifery training programme to facilitate increased coverage of skilled birth attendants during deliveries

76. For the SRH part, partners have included (CIMC-FSVAC) / Institute of National Affairs (part of the Department of Planning), National Department of Health, Provincial Government in selected provinces, Marie Stopes Papua New Guinea, the National Disaster Centre and Susa Mamas. For the maternal health part of the programme key partners included: NDOH, the University of Papua New Guinea School of Medicine and Health Sciences, PHA in selected provinces, the Midwifery Society, the World Health Organization, IPPF/Papua New Guinea Family Health Associations (FHA) and selected churches. Moreover, the country office worked with Equal Playing field, Child Fund, Population Services International (PSI) and Young Women Christian Association (YWCA) at sub-national level.

Gender and Women's Empowerment Outcome Area (GEWE)

77. The GEWE outcome area of the programme has focused on capacity development to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings.
78. Types of interventions in the GEWE outcome area:
- Providing technical assistance to strengthen the implementation of the National Strategy to Prevent and Respond to Gender-Based Violence (GBV), including on data collection, analysis and dissemination
 - Coordination of the GBV sub-cluster and implementing the UNFPA Minimum Standards on gender-based violence in emergencies
 - High-level advocacy for an increased political and funding commitment to implement gender-related legislation and national strategies and gender-responsive comprehensive sexuality education in and out of schools
 - Advocacy with community and religious leaders, civil society organizations, the Department of Justice and Attorney General and the Ombudsman Commission to address harmful social norms and practices
 - Support to CSE through the EU funded Spotlight project.⁴⁴
79. Main partners for the GEWE outcome area have included NDOH, Ministry of Education, National Statistical Office, Department of Community Development and Youth, Family Consultative Implementation & Monitoring Council (CIMC), Family Sexual Violence Action Committee (FSVAC), Family Health International, Equal Playing Field, YWCA and Child Fund and selected faith-based organizations. Moreover, UNFPA has worked closely with International Organization for Migration (IOM), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), UN Aids and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in joint UN programming in this outcome area.

Population Dynamics (PD) Outcome Area

80. The PD outcome area has focused on capacity development of national institutions for high quality data collection, analysis and utilization.
81. Types of interventions in the PD outcome area:
- Population Data Collection and Assessment project (funded by Department of Foreign Affairs and Trade (DFAT))
 - Supporting the dissemination of the DHS 2016-18 findings and recommendations;
 - Resource mobilization and technical assistance to conduct the 2020 Census;
 - Creating an enabling environment for the Government to fully implement and monitor the National Population Policy 2014-2024;
 - Providing technical support to the NSO and provincial administrative units in the five priority provinces to generate data, analyse and disseminate data (including on gender-based violence and the demographic dividend) to monitor the progress of national development targets and population-based SDG targets and;
 - Documentation of good practices to promote knowledge management and sharing.

⁴⁴ Support to CSE undertaken by Equal Playing Field, Child Fund, and FHA are currently largely supported through the UNFPA EU funded Spotlight Initiative. The NGO Equal Playing Field supported by international NGO Child Fund developed a GBV safety curriculum that incorporates components of CSE for primary level of education. The Spotlight project also provides support to tertiary level institutions through the integration of components of the CSE into various programs including the Peer Education programs.

82. Population dynamics has been in a way a cross-cutting theme that has had implications to the SRHR and GEWE outcome areas, informing these parts of the programme with demographic and other population related information and evidence. UNFPA's partners have been the Department of National Planning and Monitoring, the NSO, national parliamentarians, and provincial governments of the five priority provinces with whom UNFPA has been collaborating to implement this part of the programme at the sub-national level. UNFPA has provided support to NSO since 2015, providing assistance to the National Steering and National Users Committees. The Parliamentary Committee on GBV is an important stakeholder in terms of use of SRHR and GBV related statistical data and information. Other development partners supporting NSO have included Australian Department of Foreign Affairs and Trade (DFAT), WHO, UNAIDS, Food and Agriculture Organisation (FAO) and UNICEF.

Adolescents and Youth as Cross-Cutting Theme

83. Rather than being an outcome area on its own, aspects of adolescents and youth have been mainstreamed across the three outcome areas of the programme as a theme, including SRHR, GEWE and PD outcomes. As such no specific results were specified apart from those mentioned above in relation to the three outcome areas. Mainstreaming of adolescents and youth is meant to contribute to the achievement of the three outcome areas focused on in the country programme and to enhancement of youth participation in policy making and planning at national and sub-national levels.
84. Partners in terms of adolescents and youth programming have included Department of Youth and Development, Equal Playing Field, and UNDP in the implementation of the Youth Peace training programme.

UN integration through UN Reform

85. The UN agencies in Papua New Guinea have been an early proponent of the UN Reform agenda and have been one of the self-starting country teams in the reform process. In 2006, the UN system in PNG was selected to try out new approaches for the One Office concept by the UN Headquarters while at the same time the UN system has been enhancing business models that facilitate further integration of UN programmes and operations at the country level. The integrated One UN model included five components: UN programme, UN operations, UN communications and advocacy, UN country fund and UN house. The joint UN country strategy is supported by a joint resource mobilization strategy, in addition to agency specific resource mobilization strategies. The UN Country Fund is a voluntary structure, to which agencies can join on an annual basis and consists of non-core resources and additional resources mobilized. In addition to programmatic aspects, the joint strategy focuses on programme support functions and on change management within the UN to realize the One UN approach.⁴⁵ In the wider UN development context, the sixth cycle of the UNFPA country programme was started in the early days of an enhanced UN reform process, in which the UN development system was repositioned at the global, regional and country levels. This included enhanced needs-based programmes at country level, based on a results and action-oriented assistance framework and a reinvigorated resident coordinator system.⁴⁶

The UN Development Assistance Framework (UNDAF)

86. The UNDAF 2018-2022, signed by 20 resident and non-resident UN agencies, is aligned with the 2030 Agenda for Sustainable Development as well as Government development frameworks, including the Papua New Guinea Development Strategic Plan 2010-2030 and the Papua New Guinea Vision 2050. The focus of the UNDAF is on four priority outcome areas, including people, prosperity, planet and peace,

⁴⁵ United Nations Papua New Guinea, Budgetary Framework 2009-2012.

⁴⁶ United Nations General Assembly, Repositioning of the United Nations development system in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system, Draft resolution submitted by the President of the General Assembly, May 2018.

and includes, moreover, partnership as a cross-cutting guiding principle, similar to the setup of the SDG paradigm.⁴⁷

87. The four Outcome Areas of the UNDAF are based on the 'Theory of Change' developed for all levels of results, and are informed by an independent evaluation of the previous UNDAF, a country analysis exercise, a gender score card assessment and several consultations. A comparative advantage analysis concluded that the UN has strong relationships with all levels of government and that its future programme should align with national priorities in the context of the SDGs. The need for the UN to increase its reach to marginalized and vulnerable groups was identified as well as the need to focus on enhancing data management and analysis. Better mainstreaming of human rights, gender equality and women's empowerment was regarded as one of the opportunities for UN agencies throughout their programmes, with a need to strengthen work at provincial and district levels.⁴⁸

Country Programme Evaluation of the Fifth Country Programme Cycle⁴⁹

88. In order to inform the present CPE, it is useful to examine the results of the evaluation of the previous fifth country programme cycle. The outcome areas for the 5th UNFPA country program were clustered around the corporate UNFPA priority areas of sexual and reproductive health and rights; gender equality and population and development. The programme was integrated in the UNDAF of the entire UN Country Team with details outlined in the Common Country Programme Document together with UNICEF and UNDP. The country programme covered an initial period of four years and was extended with another two years, covering the period 2012 – 2017.
89. The evaluation conducted in 2016, the penultimate year of the programme, concluded that UNFPA contributed to development of supportive policies for population and SRHR and that the supportive policy environment was expected to be sustainable in the medium term. Nevertheless, further support was deemed required to operationalize supportive policies, integrating them in systems and services for SRH and in this way to improve health outcomes for women and girls. UNFPA support was seen as having contributed to increased capacity of the health sector response to gender-based violence as well as response from other sectors. The UNFPA support for provincial system strengthening was deemed to require targeting to a more limited number of provinces for intensive capacity development. Adolescents had been a priority for the programme and was considered a useful opportunity for the programme in support of increasing sexual and reproductive health and sustainable population growth. Support for adolescent reproductive and sexual health was seen as highly relevant with UNFPA support having contributed to increased awareness about the importance of young people in terms of population issues and their reproductive and sexual health needs.
90. Concerning strategic aspects, the evaluation concluded that the country programme lacked an 'evaluation culture' and that programmatic initiatives had not been informed by needs assessments. In view of the shrinking financial resource situation of the programme during the period under review, UNFPA was seen as having missed the opportunity to enhance cost-effectiveness through enhancing its focus and programmatic synergy, resulting in a diverse range of initiatives with variable added values to the overall UNFPA objectives, affecting cost effectiveness. Finally, UNFPA was considered to have added value to the joint UN response in the country with relevant financial, technical and organizational contributions to the implementation of the UNDAF. However, the UNFPA CPE guidance was not seen as suitable to assess UNFPA's contribution to joint UN Programming.
91. The country programme evaluation recommended for UNFPA to ensure that the next country programme would be evidence-based with the inclusion of a TOC, with an increased strategic focus on

⁴⁷ United Nations Papua New Guinea, Papua New Guinea United Nations Development Assistance Framework 2018-2022, Port Moresby. <https://papunewguinea.un.org/en/17428-united-nations-development-assistance-framework-2018-2022>

⁴⁸ Ibid.

⁴⁹ Janssen, Paul L. and Anne Dickson-Waiko, Country Program Evaluation UNFPA Papua New Guinea, 2012-2017, Evaluation report, October 2016.

UNFPA priorities, to increase impact through smarter and more cost-effective implementation and for the UNFPA Evaluation Office to review CPE guidance and adapt it for countries that 'Deliver as One'.

92. The country office followed up on recommendations including the conduct of a variety of situation analysis and needs assessments as well as development of a TOC to guide programme implementation.

3) UNFPA Country Programme Financial Structure

93. The budget of the country programme as presented in the CPD amounted to 16.1 million USD for a five-year period, or 3.2 million on an annual basis (1.1 million USD annually from core resources and 2.1 from other resources). Slightly more than half of the total budget was allocated to SRHR and more than a quarter to the PD outcome area of the programme. The remainder of 20 percent was reserved for the GEWE outcome area and programme coordination and assistance at 15 and 5 percent respectively. Donors to the programme in the cycle under review included DFAT and the European Union. For details see table 4 below. For financial details on actual allocation and expenditures see table 5. Total resource mobilization was slightly below expectations, while regular resources, due to requirements during the COVID-19 pandemic in PNG and reduced spending in other countries, turned out higher than planned. For details see section 4.4 below.

Table 4: Planned fund allocation of the UNFPA Sixth PNG Country Programme 2018-2022

Programme Component	Regular resources	Other resources	Sub-Total	Percentage of Total
Budgeted Resources 5-year period 2018-2022 (in million USD)				
Sexual and reproductive health	2.8	5.5	8.3	51.6
Gender equality and women's empowerment	1.0	1.5	2.5	15.5
Population dynamics	1.0	3.5	4.5	27.9
Programme coordination / assistance	0.8	0.0	0.8	5.0
Total	5.6	10.5	16.1	100.0 %

Source: UNFPA Country Programme Document for Papua New Guinea, 2018-2022.

Table 5: Actual expenditure of funds of the UNFPA Sixth PNG Country Programme 2018-2021

Programme Component	Regular resources	Other resources	Sub-Total	Percentage of Total
Expenditures 4-year period 2018-2021 (in million USD)				
Sexual and reproductive health	3.0	2.9	5.9	30.6
Gender equality and women's empowerment	3.1	4.6	7.7	39.9
Population dynamics	3.1	2.3	5.4	28.0
Programme coordination / assistance	0.3	0.0	0.3	1.5
Total	9.5	9.8	19.3	100.0 %

Source: UNFPA Country Programme Papua New Guinea, 2018-2021 Financial Information.

4. Findings: answers to the evaluation questions

1) Relevance

Evaluation Question 1:

To what extent has the UNFPA support been relevant, including in the fields of SRHR and rights, population and development, and gender equality and women's empowerment and the cross-cutting area of adolescents and youth?

Assessment points included: UNFPA programme adapted to needs was in line with national priorities, in line with the UNDAF, 2030 Agenda for Sustainable Development and UNFPA Strategic Plan.

Findings: The country programme has been relevant in terms of responding to the high level of needs in all of the outcome areas of the programme including in terms of the needs of adolescents and youth as well as other vulnerable groups (see also answers to question 2 below).

At sub-national level the concept of priority provinces was used to guide selection of intervention areas, however, the concept was not made explicit and not optimized to its full potential. Programming has been increasingly informed by needs and other assessments with attention paid to aspects of vulnerability.

The programme proved to be in line with the government policies and plans in each of the outcome areas, at times contributing to such policies and plans in this or the previous programme cycle.

The programme has been in line with 2030 Agenda, UNFPA strategic plan, and the PNG UNDAF, in particular the people, peace and prosperity pillars of the UNCT framework.

The programme provided relevant support to emergency response as well as support to emergency preparedness and adapted its programming during the COVID-19 pandemic.

94. The level of needs in terms of sexual and reproductive health have been high, including in terms of family planning, maternal health and HIV/AIDS related issues. Also, the prevalence of gender-based violence is high and has been reported to have increased during the COVID-19 pandemic in 2020 and 2021. Needs in terms of data for development have been substantial with capacities concerned limited, as noted in the implementation of the DHS, which started in the previous programme period and was finalized in the period under review. The disadvantaged position of adolescents and youth, women and girls, people in remote rural areas and those living with disabilities or with long term infectious diseases, including their limited access to SRH information and services, was confirmed throughout the evaluation process. The programme responded to this high level of needs in all of the mandate areas of the organization through implementation of its annual Work Plans from 2018 – 2021.⁵⁰
95. In the programme cycle under review a number of assessments and studies have been conducted, apart from the DHS and support to the Census, to inform the programme. An overview is presented in table 6 below. Though these studies do include a focus on vulnerability, often this remains in generic terms, including women, adolescents and youth, illiterate men and women. Moreover, there appears insufficient inclusion of ways in which to address the needs of specific vulnerable groups, informed by their definite needs.

⁵⁰ For outcome specific details regarding needs concerned, see section 2 on Country Context. UNFPA CO Work Plan 2018, 2019, 2020, 2021; Key informant interviews.

Table 6: Overview of Studies conducted to inform programming⁵¹

#	Study Subject	Details
1	Situation analysis regarding access to Family Planning information and services with qualitative and quantitative studies conducted in two select provinces	Understanding barriers and facilitators in access to family planning products and services from women's perspectives, contributing timely, contextual and in-depth qualitative knowledge about women's engagement with and use of family planning services, products, and methods
2	RH Commodity Security Survey	Assessment of status of overall family planning programme, with major focus on commodities security, services availability, and investments in the country
3	Baseline Survey	Establish baseline for the GYPI - Highlands Project, used in the evaluation of the project
4	Pilot study of Community based HIV testing	To learn the impact and replicability of the community-based testing of HIV
5	Situation Analysis Condom Programming	Assessment on condom programming as an integral component of the national public health strategic plan
6	Demographic Dividend with a Gender dimension	Linkages between population dynamics and reaching of the SDGs including a gender dimension

96. Addressing of needs was also facilitated through the selection of priority provinces, in support of interventions at sub-national level. The concept of priority provinces referred to those provinces to which some of the core support of the programme would be oriented. The concept was deemed necessary given the limitations of resources of the programme, unable to cover the entire country. Provinces were selected based on a combination of considerations, including poor reproductive and maternal health indicators, opportunities for synergy with other UN agencies and commitment from relevant authorities to partner with UNFPA and selection was informed by relevant data. The five selected provinces included at least one province in each of the four main regions of the country, suggesting a kind or representation of country contexts which could be of use in promoting of approaches used in other provinces of the respective regions.⁵²
97. Selection of provinces was guided on the one hand by the level of needs in terms of the mandate areas of the organization as well as by the disposition of provincial leadership towards support concerned. This was conferred to the team through interviews with members of the Senior Management Team. No

⁵¹ UN IMCP 2020 Update, internal document. PSI, UNFPA, PNGIMR, UNSW and Kirby Institute, Papua New Guinea: Pathways to Family Planning – A Consumer Study 2019, Understanding decision-making, opportunities and barriers for women for family planning products and services, and community knowledge and attitudes regarding family planning, Port Moresby, 2020; Butuna, Eleina S., Family Planning Situation Analysis in Milne Bay Province, Papua New Guinea, conducted as part of the development of Costed Implementation Plan for Family Planning, funded by UNFPA, November 2019; Butuna, Eleina S., Family Planning Situation Analysis in Eastern Highlands Province, Papua New Guinea, conducted as part of the development of Costed Implementation Plan for Family Planning, funded by UNFPA, March 2020; Kelly-Hanku, Angela, Stephen Bell, Papua New Guinea Institute of Medical Research, Kirby Institute for Infection and Immunity in Society, UNSW Sydney, From HIV self-testing to haus dur community-based HIV testing: Review of evidence from low to middle-income countries and community acceptability of new HIV testing models to reach key populations in Papua New Guinea, Port Moresby, February 2019; Butuna, Eleina S., Demographic Dividend with a Gender Dimension: The Case of Papua New Guinea. Submitted to UNESCAP Social Development Department, Bangkok, Thailand, 20 April 2020; National Department of Health, National AIDS Council, United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS, Situation Analysis on Condom Programming in Papua New Guinea, 2010-2020, Draft Report, August 2021.

⁵² UNFPA Papua New Guinea, PNG Briefing Country Program (2021). UNFPA in Papua New Guinea. Your Rights, Our Mission 6th Country Program 2018 – 2022.

written documentation was shared with the team on selection criteria for priority provinces and process concerned.⁵³

98. The selection of provinces for the period under review differed slightly from the previous programme cycle, in which Enga province was included but when Eastern Highlands and Milne Bay provinces were not yet part of the priority provinces. Over time the concept has gotten diluted, due to the implementation of projects that covered priority provinces, but also covered other provinces like the Spotlight project, Peace building project, the LaNina emergency preparedness response and support to Western province in terms of COVID response. For an overview of priority provinces see table 7 below. For an overview of UNFPA supported initiatives in priority and other provinces see annex 6. Though the concept of priority provinces appeared important in terms of the geographical spread of programme activities, its rationale and implications appeared not made explicit. Moreover, though the concept did include aspects of vulnerability in terms of selection, it did this at the level of each of the provinces, with less focused attention to the differences within provinces.

Table 7: Overview of priority provinces in the previous and present programme cycles

Priority Provinces in Previous Programme Cycle	Priority Provinces in Period under Review	Provinces at times indicated as Prioritized for the present programme cycle
<ul style="list-style-type: none"> • Autonomous Region of Bougainville • Central • Enga • Morobe 	<ul style="list-style-type: none"> • Autonomous Region of Bougainville • Central / NCD • Eastern Highlands • Milne Bay • Morobe 	<ul style="list-style-type: none"> • East New Britain • Western • Southern Highlands and Hela provinces

99. There is attention in the various studies to aspects of vulnerability. The qualitative FP study, for example, mentioned illiteracy and lack of education as an important barrier for access to FP information and services as well as constraints in access for young unmarried women and childless women. The study identified community enacted gossip, stigma and discrimination used for women who transgressed community norms in this respect. On the other hand, scarcity of land and a growing population has led to community level support for family planning on islands in Milne Bay province. The study on the Demographic Dividend included a clear gender perspective with gender inequality identified as one of the constraining factors to human capital development, a requirement for the realization of the dividend.
100. Alignment with government policies in SRHR, includes the adolescent and youth SRH policy. The SRHR interventions complement the National Government's Vision 2050 for a healthier and wealthier population, the National Department of Health Plan 2020 – 2030, PNG National Adolescents and Youth Policy and National Department of Health's Family Planning Policy. The programme is in line with the PNG National Health Plan, which takes a health system approach and includes a focus on family planning, maternal health and SRH of adolescents as well as the health system's capacity to provide related services.⁵⁴
101. The programme focus on GEWE was in line with the Constitution of Papua New Guinea, which calls for gender equality and equal rights for all. The programme proved in line with the National Policy for Women and Gender Equality from 2011-2015, and the National Strategy to Prevent and Respond to GBV 2016-2025, supporting their implementation. Other policies that support women's equality include

⁵³ Key informant interviews.

⁵⁴ National Department of Health, National Youth and Adolescents Health Policy 2014; National Department of Health, National Sexual Reproductive Health Policy, 2014.

the Gender Health Policy of NDOH and the Gender Equity and Social Inclusion Policy of the Department of Finance (2014), which are all under review. The support that has been initiated by UNFPA through the Family Support Centres (FSC) is very relevant as hospitals are always considered a safe entry point for survivors in accessing formal services that specifically respond to GBV.⁵⁵

102. PD is one of the ICDP mandated areas of UNFPA and support is in line with government requirements in terms of assessing of development goals, concerning both national and international goals and plans, including the SDGs. In terms of population dynamics, the programme is in line with the National Population Policy, which supports access to rights-based family planning methods in accordance with the ICPD Program of Action. UNFPA support to data gathering and analysis has proved in line with government priorities in terms of the requirements for data collection, analysis and dissemination included in the National Statistical Act, National Statistical Development Strategy, and PNG Vision 2050, PNG Sustainable Responsible Strategy, Planning and Monitoring Responsibility Act, Medium Term Development Plan and Alotau Accord II. Technical assistance provided by the UNFPA CO under the PD outcome areas has been significant in keeping track of selected SDG indicators and details regarding PNG performance in relation to the Human Development Index.⁵⁶
103. Attention to adolescents and youth across the country programme is in line with the National Youth Policy, in particular its Health, sports and culture; Governance and institutions; and Education and employment related pillars. Having a focus on youth is critical given the population dynamics and the youth bulge in the population, which UN agencies and Government partners acknowledge is an important niche for UNFPA in the country.⁵⁷
104. Moreover, UNFPA has been providing support to the development of policies in relation to its mandate areas, including the Women's health protection bill and the Family Protection Act. The linkages of each of the outcome areas to national priorities are made explicit in the CPD Results and Resources Framework.⁵⁸
105. The draft design of the CPD was discussed in a meeting with key government, civil society and academic partners of the programme in order to validate the setup of the programme and to inform the finalization of the document.⁵⁹
106. Program implementation was informed by various studies and assessments. These included the DHS finalized in the early stage of the programme cycle as well as studies on family planning in Eastern Highlands and Milne Bay provinces, and a joint UN Context analysis for the Southern Highlands and Hela provinces, conducted in 2018.⁶⁰ Although the programme was more broadly informed by the gender analysis conducted as part of the Common Country Assessment to inform the development of the UNDAF, a sub-national level gender analysis in the UNFPA priority provinces was not conducted, which could have guided contextualized Provincial level implementation and inform linkages between national and sub-national level issues.⁶¹

⁵⁵ Department for Community Development, National Policy for Women and Gender Equality 2011-2015; Government of Papua New Guinea, Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence, 2016-2015, 2016; Government of Papua New Guinea, Papua New Guinea Health Gender Policy, 2014; Key informant interviews

⁵⁶ Independent State of Papua New Guinea, Department of National Planning and Monitoring, Papua New Guinea Strategy for the Development of Statistics Implementation plan 2018-2027, Volume 2, May 2018; Independent State of Papua New Guinea, Papua New Guinea Vision 2050, National Strategic Plan Taskforce; Department of National Planning and Monitoring, National Strategy for Responsible sustainable Development for Papua New Guinea, STARS, 2nd Edition, January 2014; Papua New Guinea, Medium Term Development Plan III (2018-2022) Volume 1, Development Planning Framework and Strategic Priorities, September 2018.

⁵⁷ National Youth Development Authority, Papua New Guinea, National Youth Policy 2020-2030, Bringing young people to the center of sustainable development maximizing benefits, Port Moresby, December 2019;

⁵⁸ Key informant interviews.

⁵⁹ Ibid.

⁶⁰ UN Papua New Guinea, Context Analysis of the Provinces of Southern Highlands and Hela, October 2018, internal document.

⁶¹ Key informant interviews.

107. The UNFPA country programme linked in particular with three of the four pillars of the UNDAF, including the people, peace and prosperity pillars, which in turn each were related to the goals of the 2030 Agenda. The linkages to the UNDAF outcome areas were made explicit in the CPD Results and Resources Framework, with SRHR linked to the people pillar, GEWE linked to the people and peace pillars and PD outcome area linked to the prosperity pillar. Throughout the design of the country program there is good linkage to SDG 1, 3, 4, 5 and to the 2030 Agenda. This was further aligned to the CCA and UNDAF in the country context. UNFPA had a strong contribution to gender and sexual and reproductive health indicators in the country.⁶²
108. The country programme has been in line with the UNFPA strategic plan 2018-2021 in which PD was positioned as the foundation of UNFPA programmes with SRHR, GEWE and Adolescents and Youth as elements to address supply and demand issues, all in pursuit of the overarching goal of universal access to SRH, realized reproductive rights and reduced maternal mortality, accelerating programmes on the ICPD and to improve the lives of women, adolescents and youth.⁶³
109. Humanitarian support included UNFPA's response to the earthquake in the Southern Highlands and Hela provinces in early 2018, to conflict resolution and peace building in the Highlands and Tari town as well as response to the COVID-19 pandemic from 2020 onwards. Focus was on continued functioning of SRH and MNH services and on addressing heightened risks of GBV and related services for survivors. During the COVID-19 pandemic the country office adapted its approach, making use of virtual means of programming as much as possible.⁶⁴

Evaluation Question 2:

To what extent did the design and implementation of the country programme integrate human rights, gender equality and women's empowerment, and disability inclusion?

Assessment points included: Integration of a human rights-based approach, integration of GEWE and inclusion of disability.

Findings: The programme has made use of a human rights-based approach in the support to each of its outcome areas and in support to adolescents and youth and has highlighted HRBA aspects of the preamble of the Constitution. Gender equality and women's empowerment has been one of the outcome areas and this perspective was moreover, integrated across the outcome areas and the emergency response provided, with more limited inclusion of attention to men and boys. Integration of disability has been incomplete and mostly limited to the design of initiatives while much less followed through in implementation. Identification and inclusion of other particularly vulnerable groups has been limited.

110. In each of the outcome areas of the programme, UNFPA has made use of a rights-based and gender equality-based approach. In the SRHR outcome area, focus included women's access to family planning, based on their free choice on when to have children and how many to have with the use of a rights-based perspective. The maternal health component of the programme supported women's timely access to reproductive health services. The GEWE component of the programme focused on empowerment of women and girls, in terms of access to support services when they experience GBV,

⁶² United Nations Papua New Guinea, 2017.

⁶³ United Nations Population Fund, UNFPA strategic plan, 2018-2021, New York, September 2017.

⁶⁴ Key informant interviews, Humanitarian Project design documents.

access to comprehensive sexuality education and access to SRH and GBV related services in times of emergencies.⁶⁵

111. In the various studies referred to under the findings concerning Evaluation Question 1, attention was paid to multiple factors that drive health inequities including age, marital status, cultural values, norms and beliefs. In particular young adolescent women were identified as vulnerable in terms of unintended pregnancy, inconsistent use to long-term acting contraceptives and increased likelihood of complications when giving birth. The vulnerability of adolescents and youths were assessed as enhanced by multiple structural factors such as geographical locations (remote rural versus urban), education level, social, cultural and religious beliefs and lack of youth specific health facilities and services. Attention to aspects of vulnerability is not always used to develop ways in which the programme can include such groups in terms of targeting and ensure that results benefit these groups.⁶⁶
112. There is indication of strong gender considerations in all aspects of leadership, operations, and programming. There is strong gender mainstreaming in leadership of the program, having a gender diverse Senior Management Team (SMT). This ensured gendered inputs in decision-making. Throughout the project design, there was strong intent and commitment to mainstream gender and women's empowerment. Acknowledging that the health workforce in PNG is predominantly female, there has been indication of commitment for female and male representation in trainings, consultations, and meetings. Reports and products produced by the country programme make use of gender sensitive language and terminology. All program activities ensured child safeguarding and protection sensitivities throughout.⁶⁷
113. In the PD outcome area, the DHS 2016-18 for the first time included a section on GBV with disaggregation of data by sex, age, geographical location and income levels. The future DHS aims to gather data age and sex specific and the future data base generated will be an important means to analyse aspects of inequality and vulnerability, including gender, rural/urban location, remoteness, disability, income levels and others. The gathering of DHS data, moreover, enhanced opportunities for accountability, as part of a rights-based approach, for government and other stakeholders in terms of the development process, including through use of GBV related indicators and indicators concerning aspects of the quality of people's livelihoods, disaggregated for relevant vulnerable groups.⁶⁸
114. In terms of Adolescents and Youth, focus has been on their right to participate in policy and other types of decision-making, with the mock youth parliament a useful example concerned, as well as their right to SRH information and access to SRH services. In the mock youth parliament, there has been a deliberate equal representation in numbers of young women and men with UNFPA supporting gender considerations and equal gender representation.⁶⁹
115. People with disabilities were mentioned in the design of interventions as well as in the CO Work Plans. However, in terms of project implementation there is usually no inclusion of the requirements for such inclusion to happen, including resources to facilitate participation of people with disabilities to programme activities. Moreover, at the facility and service level, there is a lack of reporting of people with disabilities when providing SRH services. Limited field observations appeared to show that, though people with disabilities did not appear to be refused services, the systems required to adequately respond to their more specific needs did not appear to be in place. In one of the provinces visited for example, the Senior Midwife mentioned attending to two mothers with disabilities in the labour ward during deliveries. As one of the mothers was deaf and mute, communicating with her in sign language proved a barrier to communication.⁷⁰

⁶⁵ UNFPA Country Programme Document Papua New Guinea, 2018-2022: Project design documents: Key informant interviews.

⁶⁶ PSI et. Al. 2020; Butuna, Eleina S., November 2019; Butuna, Eleina S., March 2020.

⁶⁷ Key informant interviews, SIS Quarterly and Annual reporting, training proposals and project design documents.

⁶⁸ National Statistical Office Papua New Guinea and ICF, 2019; Key informant interviews.

⁶⁹ Key informant interviews.

⁷⁰ Project design documents and Key informant interviews.

2) Coherence

Evaluation Question 3:

To what extent the interventions are coherent (complements, coordinates with, and adds value to and leveraged opportunities for) programmes and interventions in SRHR, GEWE, Population and Development, and Adolescents and Youth, including for the COVID-19 and other humanitarian response and recovery efforts of the government, development partners, including the UN agencies, and CSOs?

Assessment points included: Coherence of UNFPA support with efforts of government, sister UN agencies, CSOs and other development partners, UNFPA added value and coordination of development support.

Findings: There has been coherence with support of other UN agencies exemplified through participation in Joint UN programmes and in line with UNDAF objectives and results framework, which at times resulted in joint advocacy

Added value of UNFPA programme in PNG was clearly recognized in terms of SRHR, health sector response to GBV, population data for development, attention to the well-being of adolescents and youth and participation of women and youth in policy making and their contribution to peace building

Contribution of Government and other development partners to shared objectives are important aspects to be made explicit in design of interventions

At sub-national level the economic aspects of SRHR and GBV appeared at times insufficiently understood and there appeared to be limited coordination of support of development partners with provincial Planning Departments.

116. Over the period under review UNFPA has been participating in eight Joint UN programmes in which the objectives in relation to UNFPA mandate are complemented with those of other UN agencies, including development and humanitarian interventions. While agencies share objectives to which they contribute, they each have their own output related results to which they can be held accountable. In practice it appeared, as identified in the evaluation of the Peace Building Project in the Highlands, that coordination could be improved, avoiding for agencies to implement their outputs in 'silos', independent from one another.⁷¹ Joint UN initiatives concerned proved in line with the UNDAF. For an overview of Joint UN projects in which UNFPA participated, see table 8 below.
117. Joint programming across selected UN agencies allowed for the combination of types of support that would otherwise not be realized for the same targeted groups. In the Peace building Joint programme in the highlands for example, IOMs supported construction of community halls as part of the Community Peace and Development plans. These halls provided a tangible result of the programme and motivated recipients in terms of their participation in other components of the programme, including the peace building aspects. The community halls became used in the process of mediations by the local court, an unexpected result, in which the provision of infrastructure enhanced other non-tangible parts of the programme. The peace building programme also provided the opportunity for joint UN advocacy for resource mobilization on peace building in the highlands, which was successful with the establishment of the Joint Creating Conditions for Peace programme with support from the Peace Building Fund.⁷²

⁷¹ Robertson et. al., 2021.

⁷² Ibid.

Table 8: Joint UN programmes in which UNFPA participated in the period 2018-2022.

#	Project Title	Participating UN Agencies
1	Peace Building Fund Bougainville	UNDP, UNFPA, UNW
2	Peace Building Fund Southern Highlands and Hela provinces	IOM, UN Women, UNFPA
3	Gender and Youth Promotion Initiative Bougainville	UNW, UNFPA, OHCHR
4	Spotlight	UNFPA, UN Women, UNICEF and UNDP
5	UBRAF	UNFPA, UNAIDS
6	Youth peace training	UNFPA, UNDP
7	Earthquake response	IOM, UNDP, UNFPA, UNICEF, UN Women, WHO
8	COVID-19 Response	IOM, UNFPA, UNICEF

118. In the COVID-19 response project in Western Province, the participation of IOM and UNICEF together with UNFPA enabled a combined approach to access to safe drinking water, addressing severe acute child malnutrition and enhancing safe delivery for pregnant mothers in health facilities during the COVID-19 pandemic. The combined support to MNH services, WASH and nutrition ensured a more comprehensive approach to the challenges that the pandemic posed to women and children in Western Province, a remote location at the border with Indonesia, which was the hotspot of COVID at the time.⁷³
119. UNFPA appeared clearly recognized as a key player in each of the outcome areas of the programme. In the fields of SRHR and population data the role of UNFPA is recognized by government as well as sister UN agencies. Also regarding GBV, the support of UNFPA to the health sector response sets it apart from support of UN and other agencies to aspects of prevention. UNFPA has a well-established niche in the integration of SRH and the health sector response to GBV, with a specific focus on youth and adolescents. Also, in terms of other support to adolescents and youth, the organization's focus is valued and UNFPA recognized as an important player in particular in peace building programming.⁷⁴
120. Women's empowerment and to a lesser extent gender equality have been taken on by UNDP, UN Women and UNFPA as convening agencies collectively, but within the confines of their respective mandates, collaborating to leverage of each other's strengths. This has complemented support of other UN agencies in the 'Delivering as One' context. UNDP has a larger focus on governance systems that enable women's leadership and decision-making capacities. UN Women as the lead convening agency under CEDAW provided a holistic approach to empowerment of women and girls and addressed violence against women and girls more broadly and from a prevention perspective.⁷⁵
121. While UNFPA support was not seen to overlap with the support of other UN agencies and other development partners, the contribution of other UN agencies and development partners to related issues was usually not addressed within design documents of UNFPA initiatives. Making such details explicit in design documents can enhance positioning of UNFPA and inform monitoring and evaluation, clearly identifying contributions of UNFPA and those of other agencies to development objectives

⁷³ The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF) Proposal, Integrating WASH, Nutrition, MNH interventions for COVID-19 Response in Western Province, Papua New Guinea.

⁷⁴ Key informant interviews.

⁷⁵ Key informant interviews, 2020 UN Annual Results Report Papua New Guinea, United Nations Papua New Guinea, UN Annual Results Report, 2018, 2019, 2020, 2021, Papua New Guinea.

concerned. This is of particular importance in a more crowded space like GBV in the context of Papua New Guinea, where there are many stakeholders that play a role and contribute to changes concerned.⁷⁶

122. An important gap in terms of coherence appeared at the sub-national level, in the priority provinces, where the various development support interventions appeared less coordinated and where the provincial planning departments were often not aware of all development interventions in their province. While it was acknowledged that support of UNFPA and other UN agencies was well aligned with provincial priorities, as UNFPA and other UN agencies work with provincial government authorities, this was much less the case with non-governmental agencies.⁷⁷
123. At sub-national level the importance of SRHR and attention to GBV was not always sufficiently understood by government agency staff and at times considered as not relevant in terms of economic development and therefore not necessary to monitor progress concerned. While this might not have been a widespread viewpoint, it is important to ensure that the opposite is true, i.e., that there is a clear realization of the economic relevance and importance of access to SRH and FP services and the economic as well as other costs to the high levels of GBV in the country.⁷⁸

Evaluation Question 4:

To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the Humanitarian Country Team?

Assessment points included: UNFPA contribution to the functioning and consolidation of the coordination mechanisms of the UNCT in development and humanitarian programming.

Findings: UNFPA has participated in people, peace and prosperity UNDAF pillar working groups. Appreciation of UNFPA's contribution in UN agencies concerned in development and humanitarian programming.

UNFPA set up and headed the sub-clusters on SRHR and GBV in the health cluster and protection cluster respectively and has been active in coordination of humanitarian response.

124. Out of the four Priority Working Groups (Peace, People, Planet, Prosperity) under DaO, UNFPA participated in the People, Peace and Prosperity UNDAF pillar working groups. UNFPA participated in the UN M&E working group, chaired by the Resident Coordinator's office. For details see annex 15.⁷⁹
125. UNFPA led the establishment and institutionalization of the SRH and GBV Sub-clusters of respectively the health and protection clusters for humanitarian action in 2020. This was a first in the country and enabled additional attention to SRH and GBV related issues and their coordination across agencies in the humanitarian response to the COVID-19 pandemic. Beforehand, SRHR and GBV issues were dealt with in the health and protection clusters respectively, which meant relative few attention the specific

⁷⁶ For example: The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF) Proposal, Integrating WASH, Nutrition, MNH interventions for COVID-19 Response in Western Province, Papua New Guinea; An exception forms the design document of the Spotlight project, which identifies other projects by the European Union with goals that overlap with the project with some attention to relevant initiatives of other development partners, Spotlight Initiative To eliminate violence against women and girls, Country Programme Document, Papua New Guinea, October 2019; Key informant interviews.

⁷⁷ Key informant interviews.

⁷⁸ A study of ODI provided details on the economic costs of GBV in PNG. They found that the cost of staff time lost due to GBV was high. For one of the firms covered in the study, it was estimated to total 300,000 kina; for another, almost 3 million kina, representing 2 and 9 percent respectively of those companies' total salary bills. If other direct costs were included, (counselling, recruitment and induction costs, medical costs), then the total cost to one firm increased by 45 percent. Darko, Emily, William Smith and David Walker, Gender violence in Papua New Guinea, the cost to business. October 2015; Key informant interviews.

⁷⁹ UNFPA SIS Annual Report 2018, 2019, 2020, 2021; United Nations Papua New Guinea, Annual Results Reports 2018-2021; Key informant interviews, Country Office Excel Spreadsheet UN PNG PWG members 2022, Internal Document.

SRHR and GBV issues. UNFPA assumed co-leadership of the SRH and GBV sub-clusters. As the co-lead with the government counter-part agency, the National GBV Secretariat, UNFPA has led the coordination of GBV responses in a dual hazard context affected by COVID-19 and La Nina-related disasters.⁸⁰

126. The coordination of the GBV sub-cluster was effective in ensuring all partners provided updates on services that were continued, challenges concerned and support activities conducted during the COVID-19 Pandemic.⁸¹ In this way it was ensured that support on Protective Personnel Equipment and emergency preparedness information through IEC material was adequately coordinated. This included IEC material in Tok Pisin which is the commonly used lingua franca throughout the country. Coordination of the distribution of dignity kits was informed by the needs raised within the GBV sub-cluster. The effective functioning of the GBV sub-cluster under UNFPA leadership and guidance has been commended by Government partners, as it enabled effective coordination of subnational support during the COVID-19 pandemic. There is the expectation in the NDOH that UNFPA would continue to support coordination in the SRH and GBV related aspects of emergency response.

3) Effectiveness

Evaluation Question 5:

To what extent have the intended programme outputs been achieved, the outputs contributed to the achievement of the planned outcomes and what was the degree of achievement of the outcomes, and what were the factors that facilitated or hindered the achievement of intended and unintended results?

Assessment points included: Results achieved regarding SRHR, family planning and maternal health related issues; results achieved regarding GEWE related issues; results achieved on population dynamics related issues; results achieved on adolescents and youth related issues; enabling and constraining factors for reaching results in each of the outcome areas and across the programme. Details on achievement of the indicators at outcome and output levels of the results framework are presented in annex 4.

Sexual and Reproductive Health Outcome Area

Findings: Provincial level quantitative and qualitative assessments on FP informed programme and policy engagement, resulting in one detailed FP provincial implementation plan; TOT training enhanced knowledge/skills for health workers but limitations in stepped down training; health facilities have taken up service delivery with Marie Stopes PNG retreating; access appears increased though not for unmarried adolescents/youth with norms and values of health workers continuing to play a role in this respect

Capacities on FP and RH Commodities were enhanced including use of M-supply tablets but stock outs remained a concern with severe consequences for women and girls

To address immediate constraints, TOT EmONC training was provided which was overall considered useful and gave self-confidence to midwives but limited in terms of enhanced service delivery at facility level; for the medium-term support provided to expand midwifery education with a direct entry opportunity informed by a study on alternatives

⁸⁰ Terms of Reference: Sexual Reproductive Health Sub-Cluster; SIS Annual Report 2020; Key informant interviews.

⁸¹ Situation on Provision of Reproductive, Maternal and Newborn Health (RMNH) Services in the Provinces during the National COVID-19 State of Emergency Period, May, June, July 2020.

Enhanced testing and condom use as entry points to address HIV/AIDS and STIs informed by testing and condom studies; HIV/STI screening as part of ANC process lacked sufficient involvement of male testing and treatment

Support to development of the maternal death surveillance and response (MDSR) system in priority provinces was delayed and limited to Milne Bay, with support ongoing.

Adolescents and Youth's access to SRHR information & services remained limited, though policy in place and issues identified; age of teenagers with pregnancies seen to have gone down in Buka, with cases of fistula, parents of adolescents/youth resist the use of FP for unmarried couples

127. **Family Planning:** UNFPA support to family planning has included the conduct of various studies. In 2018 the country office participated in NIDI's Family Planning Expenditure Resource Survey in which financial resources needed to meet the reproductive health and rights of women and girls in PNG was estimated in order to contribute to the Family Planning 2020 initiative. Based on the findings from the NIDI survey, UNFPA supported capacity development for health workers on family planning supplies inventory management, using LMIS with mobile tablets (see further details below under RH commodities).⁸²
128. The country office supported a Barrier study, which focused on the barriers and facilitators for women to access and use family planning products and services, including issues around the uptake and discontinuation of services. The multi-site qualitative study included Milne Bay and Eastern Highlands Provinces and was informed by consultative meetings conducted in Port Moresby, Goroka, Lae and Buka. The study methodology included interviews with married and unmarried women 18 to 24 years of age, women aged 25 to 34 years and husbands of the women and community members and stakeholders who influenced women's family planning decision-making. The study provided a clear understanding on barriers that exist in access to and use of family planning and SRH information and services. Study details were used to inform development of Costed Family Planning Implementation Plans for Milne Bay and Eastern Highlands Provinces (see below). For details on the findings of the study see box 2 below.⁸³
129. In 2019 situation analysis were conducted in Eastern Highland and Milne Bay provinces which were aimed to inform the development of Costed Implementation Plans for Family Planning for the two provinces. This was based on the premise that access to family planning is not only a human right, but that it saves lives and promotes healthier populations, more efficient health systems and stronger economies. The analysis focused on the demographic details of the population in the provinces and their health systems, with attention paid to FP service delivery and financing, supply and delivery of contraceptives, current interventions to build capacity of health care workers, advocacy for FP use, FP coordination and monitoring and development partner support. The studies resulted in the identification of province specific enabling and constraining factors for FP. One of the issues identified in Milne Bay study concerned the lack of access for unmarried women and men and adolescents and young people to FP information and services. Other constraints concerned lack of budget from government, limited understanding of the benefits of FP and misunderstandings on Long-Acting Reversible Contraceptives (LARCs), shortage of FP commodity supplies, lack of capacities of health workers and limited knowledge of secondary school teachers.
130. Recommendations of the situation analysis included the need to enhance policy implementation at the provincial level, enhance SRH education in schools and communities, advocate for FP, increase budget

⁸² UNFPA-NIDI Resource Flows Survey on Family Planning 2018, Preliminary Results. UNFPA 2020 Annual SIS Report.

⁸³ Butuna, Eleina, Family Planning Keystone Research in PNG: Consultation Meetings held in Port Moresby, Goroka, Lae and Buka, Port Moresby, January 2019; Butuna, Eleina, Milne Bay Province Family Planning Keystone Research & Midwifery Follow-Up Consultation Meetings, Port Moresby, January 2019; PSI, UNFPA, PNGIMR, UNSW and Kirby Institute, Papua New Guinea: Pathways to Family Planning – A Consumer Study 2019, Understanding decision-making, opportunities and barriers for women for family planning products and services, and community knowledge and attitudes regarding family planning, Port Moresby, 2020.

allocated for FP, address logistical challenges of FP commodities and enhance coordination across provincial administration, PHA, education sector and other sectors on SRHR related issues.⁸⁴

Box 2: Barriers and facilitators for women to access and use family planning products and services

Initial use of FP services was found to be often directly influenced by the information and advice received about family planning, timing of the information and trust of the source, with informal channels being important sources of information. Information was influenced by cultural norms and beliefs regarding entitlement to family planning to women who were married and had already birthed children. On the other hand, denial of family planning was linked with a fear that use could impact future fertility and child bearing or encourage promiscuity. Such beliefs were observed to be held by family members, community members, health care workers as well as young women themselves.

One of the issues that influenced women's decisions on use and termination of family planning concerned spacing of pregnancies which was valued by users, enhancing health and wellbeing of women and their children enabling them to plan their desired families in an environment of financial constraint and land scarcity. Women were often expected to seek permission of their partner / spouse to take up family planning. While older women were driven by maternal health concerns, younger women 15-24 years of age were motivated by the will to continue education in their use of family planning. The choice of contraceptives was strongly influenced by the actual and perceived side effects, availability of methods as well as misconceptions and beliefs. Young women who were not married and had no children were not considered as entitled to Long-acting family planning methods, which viewpoint was also prevalent amongst health care workers.

Factors affecting discontinuation included risk of or experience of violence, cultural beliefs, community stigma and discrimination, the desire to have children, access and logistics, financial hardship, and family and community pressure. Renewed uptake was often motivated by women to space their children. Not all women proved to have equal access to family planning with differences related in particular to age, marital status, birthed children, local contexts and social and cultural norms.

The insights provided in the report were meant to contribute to designing of user-centered health solutions for use of family planning which allow women to make the SRH choices they need in order to plan the families that they desire.

Source: PSI, UNFPA, PNGIMR, UNSW and Kirby Institute, Papua New Guinea: Pathways to Family Planning – A Consumer Study 2019, Understanding decision-making, opportunities and barriers for women for family planning products and services, and community knowledge and attitudes regarding family planning, Port Moresby, 2020.

131. The analysis concerned was used to develop Costed Implementation Plans (CIP) for both Eastern Highlands and Milne Bay Provinces. Several consultative meetings were conducted to engage with stakeholders concerned and to inform the plans. The CIP development followed a five-step process: landscaping, baseline review, results review, costing and decision making. The CIP was meant to guide FP programming across all sectors and stakeholders within the provinces concerned in order to contribute to national level goals.⁸⁵

More specifically the CIP was aimed to be used to ensure a unified strategy for family planning, provide an implementation roadmap, determine cost benefit of investing in FP, including estimates of the demographic impacts, health impacts and economic impacts of implementation of the plan, outline a provincial budget required, mobilise resources, and identify ways to monitor progress, ensuring that the programme is meeting its objectives and guiding any necessary course corrections. Impacts of the plan were to be assessed in terms of Demographic impacts Health impacts Economic impacts and total couple years of protection.⁸⁶

132. Finalization and implementation of the CIPs was delayed, in particular due to the COVID-19 pandemic, based on which the attention of the NDOH and the PHA needed to focus on addressing of the pandemic,

⁸⁴ Butuna, Eleina S., November 2019; Butuna, Eleina S., March 2020; Key informant interviews.

⁸⁵ Butuna, Eleina and John D. Pile, Family Planning, Reproductive Health and Rights, Costed Implementation Plan 2021-2025, Eastern Highlands Province, Papua New Guinea, Technical Report, December 2020; Butuna, Eleina and John D. Pile, Family Planning, Sexual Reproductive Health and Rights, Costed Implementation Plan 2021-2025, Milne Bay Province, Papua New Guinea, Technical Report, December 2020.

⁸⁶ Milne Bay Provincial Costed Implementation Plan for Family Planning, 2021-2025, draft.

including treatment and prevention aspects at national and sub-national levels. While the aim in the CPD had been to cover all priority provinces, due to constraints concerned, a start could be made with the development of two of them, with in particular the CIP for MBP available in draft form, with details on budget and financing still to be added. For an overview of the CIP of MBP, see box 3 below.⁸⁷

Box 3: Details of Milne Bay Province FP Costed Implementation Plan 2021-2025

Goal: to enable women, youth, and couples in Milne Bay to achieve their desired fertility intentions through access to high-quality and respectful services as well as appropriate, evidence-based information.

Operationalization:

- Select FP Interventions that have an evidence base as high impact interventions on the modern contraceptive prevalence rate among women (all women and married women)
- Ensure a feasible monitoring, review and evaluation framework to track progress of the CIP

Objectives and targets

- Increase modern contraceptive prevalence (mCPR) for all women from an estimated 36.7 percent in 2020 to 44 percent in 2025.
- Increase mCPR for currently married women from an estimated 44.0 percent in 2020 to 52 percent in 2025.
- Increase mCPR for unmarried sexually active women (details to be added in the final plan).
- Increase mCPR for young unmarried sexually active women (age 15-24) (details to be added in the final plan).

Implementation: To achieve the desired mCPR scenario for all women, the number of women protected from pregnancy by a modern method in Milne Bay must increase from 30.66 thousand 2020 to 40.85 thousand by 2025. To reach this pace, over 8,000 users need to be added between 2021 and 2025.

Actions for implementation

Drivers of Change	Increase FP Percentage	Targets
Empowering CHWs and frontline workers to provide long-acting reversible contraceptives	31.6	60 public sector and 15 NGO/Private sector CHWs trained in LARCs
Stockout reduction	22.7	30 percent reduction in stock outs
Increase method availability	14.4	Implants, injectables, pills and IUDs available in 82 percent of Health / Sub-health centers
Integration of Post-Partum Family Planning at time of delivery, immunization and ANC	13.4	25 percent of pregnant women reached via community interventions; PFP integrated into ANC/Delivery/PNC at 82 % of facilities
Enhance demand	11.5	Multiple interventions to reach 25 % of women
Mobile outreach	4.4	Increase by 3 to 6 days the number of days outreach per quarter
Comprehensive youth programming	1.3	Curriculum-based SRH education in all secondary schools; multi component youth programme in Alotau District
FP integration in PAC	0.7	82 percent of Health/Sub-health centers offering FP provision integrated in PAC

Source: Milne Bay Provincial Costed Implementation Plan for Family Planning, 2021-2025, Draft.

133. Family planning TOT capacity building of health workers in the priority provinces was achieved with support from Marie Stopes International and Family Planning New South Wales.⁸⁸ The availability and use of family planning services to address the unmet needs for family planning are supported by various government policies in line with the international standards to reach the SDGs. These include reduction

⁸⁷ UNFPA SIS Annual Reports 2020, 2021; Key informant interviews.

⁸⁸ UNFPA, Report on work planning for improving access to quality SRH/FP services in select provinces by Marie Stopes Papua New Guinea, 2018, 2019; Workplan NSW 2021.

of unwanted pregnancies, reduced maternal and child mortality, morbidity and malnutrition and improved opportunities for women to education achievements and economic gains.⁸⁹ During the period under review a total of 289 health service providers were targeted to be trained on quality FP services, including in providing LARCs, with 358 service providers reported as trained.⁹⁰

134. The largest number of providers were trained in 2018 and 2019, with smaller numbers in the years 2020 and 2021. This was related to a change in approach with the introduction of a training of trainers approach in 2020, resulting in certified trainers, that could again train other health workers in their province. While in 2018 as part of the intervention, a considerable number of clients were provided with FP services during the practical sessions of the training and through outreach clinics, this approach was no longer supported from 2019 onwards, when the shift towards TOT occurred.⁹¹
135. Both these training approaches, used primarily in priority provinces, enhanced capacities of frontline health workers to have confidence in basic counselling of clients with the types of commodities provided, offer insertions and removals of implants and IUDs. In terms of the most preferred FP commodities, women accepted implants as it provided them a long-term coverage and the ability to have sex without the fear of falling pregnant. This was followed by IUDs and other short reversible methods like injections, oral pills, condoms or more permanent methods of TL and Non-Scalpel Vasectomy (NSV). These preferences were confirmed by health workers interviewed.⁹²
136. However, though senior midwives and other health workers expressed their enthusiasm regarding the new approach and were excited to put it into practice, they also mentioned some limitations to results achieved through training. Across the three sites visited by the evaluation team, there were persistent challenges. Senior midwives required more direct coaching and mentoring by the master trainers. Frontline health workers that had been trained indicated that they needed additional mentoring and follow up trainings to gain sufficient confidence to enhance their practice. They needed to further improve their skills in counseling and public speaking to boldly conduct awareness to address the misinformation and misunderstanding about implants among the clients, and general population. In addition, a young girl or woman's decision for family planning options were also influenced by culture and beliefs systems, fears of side effects and social demarcation regarding who should have access to family planning services and who should not, issues that proved more challenging to address from only a health perspective. Implementation of the training approach was, moreover, affected by the COVID-19 pandemic in the second half of the programme period.⁹³
137. The effects of family planning trainings were hampered by limitations in terms of monitoring of results and follow-up trainings provided, both by UNFPA and TOT trainers, bottlenecks in the financial systems, scarce/ limited frontline cadre of health workers, limitations in infrastructure of health facilities, including lack of access to running water and electricity and inadequate availability of medical supplies. These limitations were shared repeatedly by health workers in the different facilities the team visited as well as by officials of the various PHAs.⁹⁴
138. The implementing partner for implant services in the first part of the programme, Marie Stopes PNG, had reached the remotest villages and brought family planning services and commodities to community levels. With its withdrawal of services, this left a considerable gap for the PHAs and its frontline workers to meet, which could at least partly be filled through TOT training. Moreover, the continuation of the family planning programs in order to ensure their sustainability, burdened the already struggling health system and put further pressure on its resources. This resulted in unmet demand both from women and

⁸⁹ Wiltshire, C., A.H.A., Watson, D. Lokinap and T. Currie, 2020. Papua New Guinea's Primary Health Care System: Views From the Front Line. Canberra and Port Moresby: ANU and UPNG.

⁹⁰ UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021.

⁹¹ UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; UNFPA PNG FP Training Package; Key informant interviews.

⁹² Ibid.

⁹³ UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; UNFPA PNG FP Training Package; Key informant interviews; Focus group discussions.

⁹⁴ Key informant interviews.

girls who were not able to have new inserts after five years and those who wanted their first implants. Consequently, health workers interviewed in Buka for example reported an increasing number of unwanted pregnancies among the women visiting their clinic.⁹⁵

139. **RH Commodities:** Though UNFPA did supply RH commodities to Papua New Guinea, it provided these to the central warehouse, with NDOH responsible for their distribution. UNFPA provided technical support to the distribution system, aiming for no-stock outs at the sub-national level.⁹⁶
140. One of the major factors contributing to the high unmet need for family planning has been identified as the unavailability of reproductive health commodities at health facilities. According to the 2019 UNFPA health facility survey, conducted in all 22 provinces using Systmapp application on mobile tablets, the incidence of 'No stock out' on the day of the survey was 40 percent for any methods; 80 percent for least three methods and 95 percent for at least 5 methods available. Though this represented a slight improvement from 66 percent of all facilities in 2017, the findings were concerning. The most common causes of these stockouts included "delay from the warehouse in supplying the commodity" and "delay from the health facility to request for supplies, due to lack of capacity to raise orders". These findings were confirmed in discussions with health workers in the three provinces selected for field work.⁹⁷
141. To address this situation, the UNFPA Country Office, in 2021, provided support to the strengthening of the eLMIS system in the country to improve its functionality and usage and increased visibility into Reproductive Health commodity distribution, usage and management through a dedicated RH virtual store and dashboard in mSupply, the country's eLMIS system. This in order to facilitate management of distribution and monitoring of RH commodities throughout the supply chain pipeline. In 2018, seven national and sub-national health workers were trained on supply chain management and reproductive health commodities security. The first comprehensive National RH Commodity Supply Plan was developed through the use of data obtained from the eLMIS. With support from Government and NGO partners 15 national and subnational supply chain managers were trained in UNFPA's Last Mile Assurance Policy and the Sustainability Readiness Assurance Tool as a means of assessing and monitoring improvements in the country's supply chain system and evaluating national supply chain maturity. These managers were also trained on the UNFPA Spot check tool. Capacity was built of 43 subnational logistics staff on using the eLMIS through mobile technology and RHCS level 1, including inventory management, data generation, as well as how to conduct proper physical stock takes of medicines, including RH commodities.⁹⁸
142. The third-party procurement Memorandum of Understanding between UNFPA and the National Department of Health was renewed and signed allowing government to be able to procure reproductive health commodities through UNFPA at cost-effective prices and for better value for money. The Compact Commitment between UNFPA and the government of PNG through the NDOH and the Department of Finance was signed at the end of 2021. This concerned a commitment from government to ensure that there is increased domestic funding to the procurement and management of RH commodities as well as UNFPA's role to ensuring overall support to the last mile.⁹⁹
143. Poor Internet infrastructure and connectivity in the country has often limited access to real time data and information through the servers at the warehouses, thereby delaying action regarding commodity management. Delay remained experienced in the distribution of commodities from the central warehouse to regional stores and from the local distribution company contractors. In December the CO secured a financial commitment from the Government towards the Supplies Phase 3 project, which is expected to facilitate the timely procurement of needed RH/FP commodities. As no Facility survey was conducted in 2021, the results in terms of stock out figures could not be confirmed. However, from

⁹⁵ UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; Key informant interviews.

⁹⁶ Ibid.

⁹⁷ Department of Health, UNFPA, Facility Based Survey of Reproductive Health Commodity Security in Papua New Guinea, Survey Report – 2019; Key informant interviews; Focus group discussions.

⁹⁸ UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; Key informant interviews.

⁹⁹ Compact for the UNFPA Supplies Partnership, 2021.

interviews with key informants, it was clear that stock outs did continue to exist. Health workers interviewed reported having no supplies of family planning commodities, including implants and depo injections. In such instances, women were given prescription to purchase the implants and depo themselves from pharmacies and return to the clinics for their treatment. As the related costs had to be met by the women themselves, many were not able to purchase the commodities and risked unwanted pregnancies.¹⁰⁰

144. **Maternal health:** The 2019 Maternal and Newborn Taskforce Situational Analysis report identified several constraints in terms of improving maternal health in PNG. Capacity development of health workers and enhancement of their skills was seen as important, given the high prevalence of maternal and child mortality, morbidity and malnutrition, with PNG having the highest maternal deaths ratio in the Pacific, primarily due to postpartum hemorrhage, retained placenta or retained products and birth complications. These complications were related to a decline in antenatal care, limited access to supervised deliveries by a trained health worker, and lack of essential life-saving medicines, with access to quality maternity and reproductive health services being limited in the country. Based on the constraints identified, UNFPA made a case to drastically increase the number of number of skilled midwives through direct-entry / pre-service midwifery training at universities in addition to existing in-service training opportunities.¹⁰¹
145. With maternal and child health being important areas for a healthy society, having a sufficient number of qualified midwives in the workforce is critical to improve the current maternal deaths prevalence and the lives of newborns. Having skilled midwives to provide quality sexual and reproductive health, family planning, antenatal care, delivery and neonatal care services is essential.¹⁰² Furthermore, the number of midwives available to meet the demand for SRH services by the population is far below the required number. In the present system of midwife training, based on in-service training of nurses, it would take a long time to meet the needs concerned. It is estimated that while presently the number of midwives amounts to 800, actually a total number of 5,000 would be required.¹⁰³
146. In the second quarter of 2019 UNFPA supported a midwifery consultative meeting with 47 participants in attendance, including President and Executive members of PNG Midwifery Society, representatives of all five Schools of Midwifery in the country, the Registrar of the Nursing Council, the President of the Obstetrics and Gynaecology Society, notable Obstetricians, and Midwives as well as representative of DFAT, UNICEF and WHO. Key recommendation from the meeting was to incentivize the midwifery profession and to attract enhanced numbers and quality of apprentices through i) robust career pathway development; ii) increased funding of midwifery education; iii) reduction of mandatory years of service before enrolment for midwifery and iv) a possible direct entry path into becoming a midwife. The meeting provided significant support to UNFPA efforts to enhance the number of midwives in the country, including through a direct-entry Bachelor of Midwifery pathway, and to the draft Midwifery policy, in which this direct-entry option was included. As a result of the meeting, the four Midwifery schools in the country agreed to enrol 20 direct option students each with a total of 80 students annually.¹⁰⁴

¹⁰⁰ UNFPA Annual SIS Reports 2018, 2019, 2020 and 2021; Key informant interviews.

¹⁰¹ UNFPA Emergency Obstetric and Newborn Care (EMONC) TOT Concept note.

¹⁰² Homer, C. 2019. Report on the PNG Midwifery Consultative Meeting. Burnet Institute, UNFPA CO.

¹⁰³ Between 2009 – 2014, there were 765 registered midwives by Nursing Council of PNG, including those practicing and non-practicing/retirees. Homer, C & Neil A (2015). Midwifery Education in Papua New Guinea: A Discussion Paper. WHO Collaborating Centre for Nursing, and health development Midwifery Education in Papua New Guinea. UTH: Health; Email message of UNFPA PNG Senior Management.

¹⁰⁴ UNFPA Annual SIS Report 2019; UNFPA Quarterly SIS Report 2019 Quarter 2; Papua New Guinea National Department of Health, the Papua New Guinea Midwifery Society and UNFPA Papua New Guinea, Papua New Guinea, Draft Midwifery Policy 2022 – 2030, November 2021; Caroline Homer, Ann Kinnear, Pat Brodie and Rachel Smith, Support to develop a midwifery policy and midwifery education options paper in Papua New Guinea, Burnet Institute, Medical Research, Practical Action, December 2021; Key informant interviews.

147. The support to maternal health and midwifery got a late start with resources concerned required in the earthquake emergency response in Southern Highlands and Hela provinces in 2018. This also affected the NDOH and PHAs who had to pay additional attention to the outbreaks of measles and polio in the highlands region in 2018/19.¹⁰⁵
148. In order to enhance EmONC capacities, UNFPA supported capacity building through a TOT approach to training of key midwifery professionals who would in turn train their colleagues at the work place. A senior midwife based in one of the provinces visited by the evaluation team, reported that with another colleague, together they were able to organise and train eighty percent of all cadre of health workers in both primary and public health services, working in the provincial hospital obstetrics and gynecology ward, urban clinics, district and community level remote health facilities. She commented that the training had enriched communication between the health providers and established a clear pathway for obstetric emergency referrals.¹⁰⁶

New mobile App to help midwives deliver babies

AHEAD of the International Day of the Midwife, which falls today (May 5), midwifery trainers joined the United Nations Population Fund and Health Department for a refresher course on lifesaving obstetric care that also introduced them to a mobile application to make delivery safer for women and babies.

The Safe Delivery App is a smartphone application that provides skilled birth attendants with direct and instant access to evidence-based and up-to-date clinical guidelines on basic emergency obstetric and neonatal care.

The app can be used offline and provides information on procedures, common drugs and managing stages of labour.

It provides an easy-to-use, hand-held guide for midwives and birth attendants in any stage of their career.

The use of the app helps PNG's severely under-staffed midwifery workforce to respond to common complications during birth and maintain high levels of care for mothers and babies.

"For those who practice in rural areas, this app is very handy," Clerah Goveh, a midwifery educator from the University of Goroka, said.

"They don't need to take their standard treatment books and try to search for the information.

"With the Safe Delivery App they can follow, step-by-step, delivery procedures, safely and with respectful maternity care.

"This does not mean the current workforce is untrained."

As Eva Tenanga from St Mary's School of Nursing in East New Britain explains, if health care workers do not regularly have to respond to complicated deliveries, the knowledge can fade within a few months.

"There is a saying that if knowledge is not practised, it fades within three months," she said.

Having this app will help midwives and clinical staff in remote areas of the country access knowledge there and then, when they need it.

Having the app will help health workers to save the life of a mother and the unborn.

The educators who joined this training together with their students are critical to filling an urgent shortage of midwives in the country.

With only 677 midwives in the country, the workforce needs an extra 4000 practitioners to meet the needs of the growing population.

It is apparent that without trained midwives, mothers and babies are at risk of dying from complications during childbirth, which could otherwise be managed with basic medical interventions.

149. UNFPA provided technical support and guidance to the use of the Safe Delivery Application, providing access to critical technical information to midwives whenever they need it. UNFPA support to the use of the app was highlighted in a newspaper article of the Post Courier of PNG on 6 May 2022 (see details in newspaper clipping).¹⁰⁷

150. The EmONC trainings opened new opportunities to acquire midwifery skills for health workers in facilities. At the implementation level, the trained service providers through the TOT approach were able to train health workers at the facility levels effectively. The health workers who received midwifery up-skilling and training on family planning acquired the competencies and confidence to apply the knowledge and skills learned in the practice at the work place, which has enabled them to deal with several complications in delivery and reduced the number of obstetric referral cases from health facilities to the Provincial Hospitals. This was confirmed through numerous examples given by senior executives, midwives and health staff and frontline health workers interviewed at provincial hospitals and local level facilities.¹⁰⁸

Source: Post Courier PNG, May 6, 2022.

¹⁰⁵ UNFPA Annual SIS Report 2018; Key informant interviews; Focus group discussions.

¹⁰⁶ Key informant interviews; UNFPA SIS Annual Reports 2019, 2020, 2021.

¹⁰⁷ Ibid.

¹⁰⁸ UNFPA SIS Annual Reports 2019, 2020, 2021; Key informant interviews.

151. Health workers, however, faced constraints in the implementation of what they had learned, due to lack of medical equipment, including means for sterilization of tools and other requirements, like medicines and access to running water and electricity. Thus, in many cases midwives and health workers were not able to provide services in line with the nursing standards in health facilities and they had to use short cuts or had to improvise in whichever way to diagnose, treat and manage mothers and babies' health. There proved to be a need for ongoing mentoring, coaching, and cross checking, by trainers and nursing standards quality officers, ensuring that trained participants are able to apply in their work place, skills and knowledge that they acquired through training.¹⁰⁹
152. Notwithstanding the constraints, midwives and health workers were able to identify high risk mothers at the antenatal clinics and monitor their pregnancies, conduct safe deliveries, administer essential-life saving treatment, manage obstetric complications, provide newborn care, and reduced the number of referrals to the provincial hospitals while cutting down costs for the mothers and their families.¹¹⁰
153. For example, one midwife in a health facility said, "my nurse is a great relief for me. I can do other things while I depend on her to manage mothers in labour". Another upskilled midwife - community health worker said, "I always wished to become a midwife and serve mothers and babies but my education level could not allow me to take up midwifery. The EmONC training has boosted my confidence and improved my skills. Now working in the labor ward delivering babies has become a game for me. It is fun and enjoyable".¹¹¹
154. This view on enhanced capacities resonated across the three sub national sites visited by the evaluation team and includes the perspectives of the executive managers of PHAs as well as frontline workers at the facility level. This concerns the initial success of UNFPA's support to EmONC capacity development as a way forward to address the midwifery skills deficiency and improving the health of mothers and babies in the short term. However, at the facility level, the polio outbreak of 2018/19 followed by the COVID-19 pandemic largely disrupted the regular service delivery. The PHAs executive management were required to reallocate their scarce resources towards managing these immediate health concerns which meant reduced attention was provided to other services including MNH, family planning and other primary health care programs.¹¹²
155. **MDSR:** In terms of MDSR an advocacy strategy and response was planned to be developed in 2018, with MDSR rolled out in priority provinces in 2019 and results monitored and evaluated as part of the Mid-term programme review scheduled for 2020, with monitoring of implementation in 2021 and 2022.
156. Reality proved different with in 2022, MDSR aspects partly in place in only one of the priority provinces, i.e. Milne Bay province, rather than in all five. Moreover, while support to maternal death surveillance and response system was planned to start in 2019, this initiative was postponed due to other priorities of the PHAs concerned. Revision of tools started in the third quarter of 2019. In 2020 support was started in Milne Bay province. An MDSR Committee was established at provincial level in Milne Bay province but committees at community and facility levels were postponed due to management issues at the provincial level. One of the constraints identified concerned the limited or absence of a systematic birth and death registration system, which is a prerequisite for the development of the MDSR.¹¹³ The ambitious objective of having functional MDSR systems in place in all five priority provinces could not be achieved with the only one supported in MBP, still in development stage.¹¹⁴

¹⁰⁹ Key informant interviews.

¹¹⁰ Key informant interviews in each of the three selected provinces for CPE field work.

¹¹¹ Key informant interview.

¹¹² UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; Key informant interviews.

¹¹³ Between 2015 and 2019 less than 15 percent of the total number of estimated births and less than 2 percent of the total number of estimated deaths were registered. Pacific Community, Pacific CRVS and UNICEF, Civil Registration and vital statistics in Papua New Guinea, 2021.

¹¹⁴ UNFPA Annual SIS Report 2019; UNFPA Quarterly SIS Report 2019 Quarter 4; Key informant interviews.

157. **HIV/AIDS:** HIV/AIDS and STIs prevalence in PNG has remained high among the population from 15 to 49 years of age and risen to .085 percent.¹¹⁵ Estimated newly diagnosed cases increased to 3, 300 in 2019. The provision of antiretroviral drugs has been scaled up, while prevention and mitigation services for key populations (sex workers, Men who have sex with men, TGs, etc.) and their intimate partners have remained limited.¹¹⁶ People living with HIV/AIDS experience marginalization as they also often are engaged in non-marital relationships. Anti-Retroviral Treatment was reported as available across 22 provinces and in 150 health facilities. HIV drug resistance was at 16.7 percent, being the second highest in the world, which led to a review of the treatment protocol and regime.¹¹⁷ The NDoH Sector Performance Annual Report 2019 estimated that the percentage of mothers who were HIV positive had increased. There was low condom use as a prevention method among the key/high risk as well as among the general population.¹¹⁸
158. UNFPA in cooperation with a range of other partners supported a situation analysis which main finding confirmed the results of the DHS that adolescents sexual and reproductive health needs have been the most neglected public health challenge and that without proper measures the national youth population will be exposed to suffer consequences from HIV/AIDs, STI and an increase in teenage pregnancies and drop out of school for school age girls in the near future. With condoms recognized as a critical component of a comprehensive approach to prevention of STI and HIV, UNFPA worked with NDOH to procure condoms and conducted trainings to advocate Comprehensive Condom Distribution while at the same time supporting the development of a comprehensive condom strategy, in line with PNG's National STI and HIV Strategy key result area 3.0 on Prevention and Continuum of Care. This meant having the right services, provided for the right people and accessed by the right people.¹¹⁹
159. During the fieldwork of the evaluation, it was noted that HIV/AIDS and STIs services were provided in all health facilities and accessible to the positive mothers and general population. Screening for HIV was part of the routine ante natal care of the mother and when tested positive, treatment could be started. Limitation concerned the involvement of the male partners of the women concerned, who proved often unwilling to come for testing and possibly treatment.¹²⁰
160. With HIV testing an important step in addressing HIV and AIDS prevalence, UNFPA supported a study on HIV self-testing, as this approach is recommended by the WHO guidelines. Respondents to the review recognized the need for new initiatives and models in order to increase peer outreach to key populations with the aim of increasing HIV testing rates. Nevertheless, those consulted as part of the study did not support HIV self-testing. The study identified a preference for community-based HIV Testing, described locally as a '*Haus Dur*' model. This would involve blood-based finger-prick testing, in the company of a trained lay worker or peer to assist with interpretation of the result, provision of counselling, and ART initiation at time of confirmation. Requirements for the implementation of the approach were outlined in the study report, with further follow up required.¹²¹
161. **Adolescents and Youth:** The present situation of adolescent and youth access to FP information and services contradicts the human rights of in particular unmarried adolescents and youth. So far, specific youth centered SRH services were missing and this has remained an important gap in providing adolescent and youth access to SRH information and services. While access to family planning commodities and services appear to have increased for married adolescents and young women,

¹¹⁵ Bell, et al. 2018. Reproductive Health Matters; 26(54): 5 – 12; Country Progress Report – Papua New Guinea. Global AIDS Monitoring. 2020.

¹¹⁶ United Nations in Papua New Guinea, Annual Progress Report 2019.

¹¹⁷ UNFPA CO Work Plan 2020; Bell, et al. 2018. Reproductive Health Matters; 26(54): 5 – 12.

¹¹⁸ Percentage of pregnant 15-24 year old women who tested positive for HIV increased from 1 percent in 2015 to 1.8 percent in 2019. Papua New Guinea, National Department of Health, 2019 Sector Performance Annual Review, Assessment of Sector Performance 2015-2019, National Report, August 2020.

¹¹⁹ National Department of Health, National AIDS Council, United Nations Population Fund and the Joint United Nations Programme on HIV/AIDS, August 2021; Key informant interviews.

¹²⁰ Key informant interviews in each of the three selected provinces.

¹²¹ Kelly-Hanku et. al., February 2019.

multiple considerations influenced their decisions to accept, not accept or cease using.¹²² There is interest among adolescents and young women in accessing family planning methods in order to be able to continue schooling or preparing to enter tertiary education. For both in and out of school youth's uptake of family planning methods were available only to those that were married and not for those unmarried or engaged in sexual relationships outside of marriage.¹²³ The denial of access to family planning methods was based on cultural norms and values relating to sex before marriage, and has remained resulting in unwanted teenage pregnancies, unsafe abortions and obstetric complications.

162. Support pertaining to and promoting ASRH reached 6,264 in-school and 1,100 out-of-school adolescents and youths in 2 provinces (Morobe and National Capital District) reached with SRHR, FP and S/GBV information. Support to the implementation of the ASRH Policy was initiated in 2020, which was limited to only one priority province, due to the outbreak of COVID-19. Some health facilities visited by the CPE team in one of the provinces reported that some young unmarried girls were coming forward to have implants in order to continue education, supported by mothers, grandmothers and other female relatives. This was reported by a young mother who participated in one of the interviews. This was also included as a reason to access FP for adolescent girls in the qualitative FP study conducted.¹²⁴
163. **Factors enabling results** included the TOT approach to training which provided PHAs and provincial hospitals with a group of trained staff that were in a position to provide training to other health workers. This resulted in enhanced training within the provinces, both in terms of family planning as well as EmONC training. Though this had been the objective from the start, with the outbreak of COVID-19 and its related travel restrictions, it proved even more beneficial to be able to rely on trainers within a priority province, rather than on trainers from outside the province.¹²⁵
164. With the establishment of the PHAs, some of the responsibilities for a healthy population were shifted to the provincial level and the provinces needed to develop province specific health sector plans. In the provinces visited by the evaluation team, PHAs were in the process of developing such plans. This provided opportunities for UNFPA to support these plans and to provide inputs, including through the FP related studies as well as the condom strategy.¹²⁶
165. **Constraining factors:**¹²⁷ Decentralization of parts of the health services related responsibilities to provincial level led to confusion between NDOH and PHAs in terms of accountability and reporting with limited communications amongst them. Several of the PHAs were relatively recently established as main authorities of health-related issues at the provincial level with additional decision-making authority shifted to the provincial level. At the time of their establishment, they had limited capacities in terms of staffing as well as regarding tools, guidelines, standard business practices and reporting templates.
166. Overall, health policy implementation has remained weak and fragmented with limited financial resourcing of policy implementation, including funding constraints for the roll out of TOT trainings through step-down trainings in priority provinces. Poorly resourced and stocked health facilities, insufficient numbers of frontline health workers, deteriorating health facility infrastructures as well as a variety of geographical challenges in remote areas added to these challenges, compounding the effective delivery of SRH, family planning and maternal and child health programs, in particular rural and remote populations remaining underserved
167. Natural disasters and outbreaks of diseases proved a constraining factor. The polio outbreak in 2018 resulted in health workers being reassigned for immunization programs. The COVID-19 pandemic with

¹²² 2018 Annual Report – Papua New Guinea, UNFPA Program Cycle Outputs.

¹²³ 2018 Annual Report – Papua New Guinea, UNFPA Program Cycle Outputs; UNFA – 2021 Annual Report – Papua New Guinea. Program Cycle Outputs. 2022.

¹²⁴ PSI et. al., 2020; Key informant interviews.

¹²⁵ Key informant interviews.

¹²⁶ Key informant interviews.

¹²⁷ The issues presented were identified based on key informant interviews and focus group discussions at national, provincial and local facility levels, with a variety of government and other stakeholders and confirmed across stakeholder groups.

its lock downs, restrictions on movement and infections and resulting deaths among health workers and general communities affected the CO to fully reach SRHR objectives during the CP6 cycle. Emergencies concerned also resulted in diversion of NDOH funds otherwise used for public health related interventions.

168. Demotivated and aging health workforce with staff attrition and exit from active duty affected the implementation of FP, EmONC and MISP trainings at the work place as skills were lost through staff exits. In other places, trained staffs were overwhelmed with multiple tasks and did not have the time to train colleagues.
169. While the National Adolescents and Youth Health Policy acknowledges the prevention of teenage pregnancy as a national priority, the actual strategic translations of policies into guidelines and implementation programs to recognize the sexual rights of unmarried adolescents and women, including those living in remote locations and being less educated, are still lacking.
170. There are deeply rooted inconsistencies between the SRHR policies and actual health program implementation systems that deter and obstruct the successful roll out of initiatives and uptake of SRH information, products and services, in particular by unmarried adolescents and youth. These are systematic impediments at the national and sub national levels, including district and facility levels. Factors concerned include ingrained social and cultural belief systems that negatively affect the sexual reproductive rights of women and girls and prevent them to benefit from SRH information and services. Such belief systems are also prevalent amongst some of the health care providers. On the other hand, there are examples of young health workers, trained in FP methods and services, who provided support to adolescents and youth requesting services, often in the late afternoon, when adults and peers were not around, with the reason of wanting to pursue their education.
171. Geographical remoteness of many areas and the lack of a substantial road system means that much of the transport depends on transport by water (dependent on water ways) or air, with in particular the latter expensive. This is a constraining factor in terms of accessibility of health facilities as well as the transport of RH commodities and willingness of health staff to serve in remote areas.
172. **Unexpected results:** That Family planning support can have unexpected results became clear from a story told by one of the nurses interviewed in Bougainville. Though her story related to an event that occurred in 2015, so before the period under review, she provided it explicitly to show the sensitivity of FP related issues in the context concerned. In 2015 Marie Stopes PNG was providing access to FP information and services to unmarried girls of Arawa High School in Bougainville. This support was opposed by a group of 'hardliners', who saw such interventions as promoting promiscuity and indecent behavior and who explicitly wanted the population on the island to grow and saw FP as an abomination. The Marie Stopes programme manager was attacked by the hardliners and the organization left the island for a period of time.¹²⁸
173. In one community in Buka, women and girls went on implants and that affected the fertility rate so that there was a smaller number of babies being born. In turn, this affected the monthly maternal and child health indicators for antenatal care, births and immunizations.¹²⁹
174. TOT training for male health workers enabled them to work with men and advocate for NSV which was taken up successfully in EHP. Men came forward for vasectomy and this was considered surprising because Highlands's men are usually seen as difficult to work with in this respect with masculinity as a dominant theme for them, usually aspiring to having more children. An initial 39 men in remote and hard to reach areas of EHP accepted the method. Thus, this turned out to be a successful approach to men's involvement in women's and family health.¹³⁰

¹²⁸ Eves, Richard, Marie Stopes, Family Planning and genocide in Bougainville, Australian National University, In Brief 2015/68; Key informant interview.

¹²⁹ Key informant interview.

¹³⁰ Key informant interviews.

Gender and Women's Empowerment Outcome Area

Findings: Protocols for a harmonized gender-based violence data collection, analysis and dissemination system were developed, but support through the Spotlight project started late and the database developed for National Capital District lacked the capacity to link with the child protection data base; in practice GBV data were gathered by the individual sector agencies and not shared; no progress was made in roll out of GBV data base in Morobe and East New Britain Provinces as planned under the Spotlight initiative

Health sector response to GBV has supported FSCs in Provincial hospitals through the Spotlight and Zonta projects, with FSC plans produced; in practice limited application of a multi-sector, one stop approach and limited use of referral pathways; many survivors unaware of existing FSC services and various levels of functioning of the Family Sexual Violence Action Committees (FSVACs) as coordinators of multi-sectorial response to GBV survivor case management

While advocacy for the women's health protection bill was supported under the Spotlight initiative, due to conflicting priorities of the Office of the Attorney General, the amendments of the Family Protection Act took precedence over the Women's Health Protection bill, though the Attorney General's Office remains committed to finalize the process

The need for education on SRH is generally acknowledged in order to address the lack of adolescent/youth access to SRH information and services; curriculum developed with support through Spotlight project; implementation pending

The Bilum campaign made use of traditional means and the preamble to the Constitution to enable and inform discussions on the need to enhance gender equality and access to SRH services as important parts of the development process and support vulnerable groups

175. **GBV Data strengthening**, and improvement is an outcome focus for UNFPA through the Spotlight initiative, aimed to enable effective resource allocation and future policy planning. The design of Spotlight initiative in PNG, as a joint program includes UNFPA support to the generation, storage, and utilisation of GBV data through the creating of data bases managed through the provincial FSVACs, established under the National Strategy to Prevent and Respond to GBV. Efforts to support data management did not progress due to challenges in meeting requirements to provide grants to the provincial FSVACs to set up provincial data bases that feed into the national data base for effective coordination of case management across GBV service providers in all sectors.¹³¹
176. Despite conducting initial consultation process with Provincial data officers, no progress has been made to establish protocols for a harmonised gender-based violence data collection, analysis and dissemination system at provincial level. No standardised data collection tools, ICT materials, information sharing protocols were developed, nor related trainings conducted. There were challenges in establishing partnership agreements with Provincial FSVACs, with designated Provincial data officers to effectively implement and achieve progressive results against the intended outcomes. Much of this was attributed to the exit of UNFPA staff that was assigned to working with them. The succession of UNFPA staff and further progress of agreements was not communicated to partners following UNFPA staff exit.¹³²
177. There is still opportunity for UNFPA to restore relationships and partnerships to continue this priority in the remainder of the present and start of the next country programme cycle under the extended Spotlight Initiative into 2022. However, the short period of implementation left on the SPOTLIGHT initiative to support GBV data in 2022, can challenge the effectiveness of the delivery. The generation, storage, and utilisation of gender disaggregated data of survivors accessing GBV services has been

¹³¹ Key informant interviews

¹³² Ibid.

prioritized in program activities. However, needing more progress in the coming program design considerations as it remains an area of high importance.¹³³

178. **The health sector response to GBV** in PNG makes use of Family Support Centres (FSCs) and Women's clinics, which were set up since 2004 to provide services for survivors of violence, particularly women who have experienced sexual violence and intimate partner violence. These services are not all set up to provide a complete "one stop shop service" as designed. Many lack specific clinical and psycho-social certified health care workers to run the facility. Most facilities lack basic equipment and infrastructure to ensure privacy and confidentiality of survivors. Most do not function up to standard as they are missing one of the essential components. Nevertheless, the FSCs provide an essential service to survivors of violence in the hospital.¹³⁴
179. Concerning the health sector response to GBV, UNFPA support through the FSCs is important in order to ensure that FSC facilities offer standard services across the country. The support to FSC facilities through the Spotlight initiative and Zonta project is appreciated by the Hospitals. Some very early results were noted through the support of the Zonta project in the Buka Hospital in Bougainville. The Chief Executive Officer (CEO) of the hospital created awareness to heads of all sections within the Hospital to ensure that survivors at all entry points within the Hospital system were referred to the Family Support Centre for specific services. This improved the daily rates of patient intake at the FSC, through internal Hospital referrals.¹³⁵
180. UNFPA support to the health sector response to GBV integrates gender and SRH, legislation on women's health, and improvement of GBV data to inform the government strategy. This integrated approach acknowledges that for UNFPA gender equality and women's empowerment are crucial for improving SRH outcomes and fulfilment of women's rights and vice versa. As such, the support to the health sector GBV response is centric to implementation success of UNFPAs outcomes and has been supported through the Spotlight initiative and the Zonta Project. Both projects complemented support to Family Support Centres within Provincial hospitals that provide direct support to GBV and sexual violence survivors through the health sector as a key entry point to the service referral pathway. A key achievement was the effective regional consultation of Family Support Centres and completion of Family Support Centre assessments which resulted in the development of action plans to be implemented through service grant agreements of the Provincial Health Authority. All Family Support Centres in priority provinces had developed and approved action plans by May 2022.¹³⁶
181. **Women's Health Protection Bill:** Under the Spotlight initiative, UNFPA has focused to advocate for the passage of the Women's Health Protection Bill, support the development of Standard Operating Procedures that ensure effective referral networks, and service provision for GBV and women's health. However, during the period under review, the bill has not progressed due to conflicting priority of Government to complete amendments to the Family Protection Act,¹³⁷ which took precedence over the Women's Health Protection Bill. However, there was commitment by the Attorney General to ensure that the women's health protection bill be prioritised into 2022. Further UNFPA has not progressed on the development of Standard Operating Procedure and there is no further indication of support for a sustained budget for women's health protection. This objective may well be far too ambitious as the Government is challenged without the establishment of legislature to ensure budgetary commitment

¹³³ Ibid.

¹³⁴ Key informant interviews, triangulated with an assessment conducted by UNFPA on FSCs that are supported through the SPOTLIGHT and Zonta projects against a WHO standard of Sexual and Gender based violence services.

¹³⁵ Key informant interviews with details triangulated with monthly patient intake records.

¹³⁶ Key informant interviews.

¹³⁷ The Family Protection Act 2014 amended 2022, provides legislative framework around the offence of Domestic violence, it provides the pathway of how to attain a family protection order in cases of domestic violence, it prevents domestic violence and promotes harmonious family relationships, The Family Protections Act was amended in January 2022 to increase penalties to aggravated domestic violence which disallows acceptance of compensation for domestic violence settlement. The Women's Health Protection Bill which has not been drafted into bill and tabled to Parliament as yet, provides legislative framework to ensure women's rights to confidentiality, fair and free services are observed for women who are survivors of physical and sexual violence.

by Government. Therefore, ensuring that the women's health protection bill is legislated should be priority into 2022 and in the design of the new Country program.¹³⁸

182. **Comprehensive Sexuality Education (CSE)** is another outcome focus for UNFPA which has been supported through the Spotlight initiative. Attention has focused on support to the Department of Education for the development of the CSE curriculum and testing of the delivery of the curriculum with universities, including the University of Goroka and the Divine Word University. and endorsement, with training teachers for the delivery of the curriculum, once approved. Endorsement of the CSE curriculum by the NDOE, to be taught within schools as part of the approved education curriculum in the country, was supported through policy briefs aimed at the Department. The endorsement has proved an important intermediate result of the process of CSE support, even though this had not been explicitly captured in the implementation framework of the Spotlight initiative.¹³⁹
183. Bilums are handwoven shoulder bags made and used by women, building on traditional wisdom from the past and taking on new functions in the present. Everything about Bilums relates to women and to their identity as the source of life. The Bilum Campaign leveraged the wisdom and culture of Papua New Guinea's women to mobilize support for investments in a strong primary health and education sector that prioritizes reproductive health services and information. The initiative referred in its objectives back to the preamble of the constitution of the Independent State of Papua New Guinea, from 1975. The small business-related aspects of Bilum production were supported by the International Trade Centre, Eastern Highlands Province in Papua New Guinea.¹⁴⁰ For details see annex 16.
184. **Factors enabling results**¹⁴¹ have included strong partnerships with Government agencies at national and sub-national levels as well as with other partners. Partnerships with the same Government agencies concerning the various issues under the GEWE outcome area enhanced an integrated approach to GBV prevention and response.
185. There is the viewpoint from some Government partners that UNFPA needs to identify champions with capacity to drive change within the Government workforce and strengthen investment into a pool of human resources that can make established systems and processes efficiently deliver on shared service delivery objectives and priorities.
186. **Factors constraining results**¹⁴² have included the lack of staffing under the Spotlight initiative, supported only with a single gender UNFPA SRHR specialist to drive program implementation, which proved to be a limiting factor. Staff limitations also concerned provincial level focal points to guide implementation at sub-national level. Further, the insufficient Government resourcing of the various policies and plans and limited technical capacity to address GBV prevented a quick turnaround time from contracting to implementation. In many local subnational settings, there was a lack of basic services, which limited a multi-sectoral approach to GBV case management in various local settings.
187. Support to CSE curriculum development was challenged by turnover of staff of implementing partners as well as by the COVID-19 pandemic, which required for UNFPA to provide remote technical support to the development of the curriculum. One such consultation in the development of the curriculum as observed by the evaluation team had a hybrid mode of delivery with online technical presentations and physical attendees in the room, which proved more challenging than face to face meetings.
188. Through the Spotlight project many agreements with Hospitals were delayed due to UNFPA contracting requirements. For Goroka, Eastern Highlands Province, although an agreement was signed, the emergence of the COVID 19 pandemic prevented any implementation. There were also challenges in timely reimbursement from the Hospital finance system to UNFPA of unused advanced funds to enable the next tranche of advance payment to be triggered. These challenges delayed implementation.

¹³⁸ Key informant interviews.

¹³⁹ Key informant Interviews.

¹⁴⁰ https://png.unfpa.org/sites/default/files/pub-pdf/about_the_bilum_campaign_-_links_to_visuals_0.pdf

¹⁴¹ Ibid.

¹⁴² Ibid.

189. Although the grant to the FSC in Goroka was used for training, the clinician that was trained reached retirement age and was asked by the hospital to retire. Although this vacancy is being filled, there is a need to retrain the new clinician. The selection process of trainees should include the aging health workforce and high levels of staff rotation within hospitals as well as amongst hospitals.
190. Although there was expenditure on grant focused on capacity building, the officer in charge of the Goroka Family Support Centre who received the training has approached retirement age and this has limited the expected results of his training. The aging workforce is a recognisable issue for the PNG health system more broadly and as such has challenged results. The implications of the ageing workforce on effective service delivery and sustainability need to be considered and managed as a risk in terms of the development of the next Country Program. Other action plans with packaged infrastructure refurbishments including East New Britain and Milne Bay provinces have just signed agreements with UNFPA. Due to the limited implementation progress any assessment of effectiveness under Health Sector Responses to GBV would be premature.
191. The modality of direct Government partnership continues to be challenged by capacity of Government to directly implement. Considerations around capacity development and technical mentorship needs to be inbuilt into the modality of delivery with Government. Government partners have expressed that while there is commitment to work with UNFPA, the Government agencies often lack sufficient capacity to do so.

Population Dynamics Outcome Area

Findings: The DHS was implemented by NSO with technical support from UNFPA and funded by DFAT with results published in 2019, after much delay due to financial issues, with first time inclusion of a GBV component

Preparations for the National Population and Housing Census were started including recruitment of UNFPA technical support housed in NSO, but the conduct of the census was deferred first to 2021 and then to 2023 due to pandemic, elections and funding issues; DFAT funded Population Data Collection and Assessment project was designed and started as an interim solution, to inform elections as well as support to the realization of the Demographic Dividend

Together with UN ESCAP and UN Economic Commission for Africa (ECA) a situation analysis regarding the Demographic Dividend was conducted using the dividend as entry point for the achievement of the SDGs, with a gender perspective; national and sub-national stakeholders were engaged through two seminars

Comprehensive National Population Policy was in place but no plan developed for its implementation; there appeared to be opportunities for the use of the NPP as a guide for provincial level planning

Capacity gaps in terms of data collection and analysis were identified at the sub-national level, which data are important for provincial and district level planning, incl. for the realization of the demographic dividend

192. **The DHS** process was started in the previous programme cycle and the final report was successfully completed and launched in November 2019 by the National Statistical Office (NSO) with technical support provided by UNFPA, APRO and ICF-Macro and funded by the Australian Government through the Department of Foreign Affairs and Trade (DFAT). The preliminary key Indicators Summary Report was published earlier, in July of that year. For the first time the DHS module included the GBV component, informing the national indicators for monitoring of the SDGs. DHS 2016-18 data formed the basis for establishing benchmark for SDGs and MTDP-III. No further in-depth analysis of DHS results was

conducted and workshop to present findings of in-depth DHS analysis with key stakeholders planned in 2021 was not held.¹⁴³

193. The delay in the implementation and finalization of the DHS was due to financial planning and NSO capacity constraints, which were addressed with support from APRO between 2015 to the successful completion of the DHS Final Report in 2019. UNFPA successfully submitted the final management Audit Report of the DHS to the Australian Government through the Australian High Commission in PNG in July 2020, after the completion of the DHS Final Report. The Final DHS Report was launched in November 2019 and disseminated to key stakeholders, including government departments, development partners, civil society organizations and universities. The DHS Final Report is accessible online through the NSO Website.¹⁴⁴
194. UNFPA supported generation of data and information on domestic violence and women's empowerment through key indicators captured in the DHS of 2016 for the first time. The data and information gathered from the DHS 2016 supported indicators in the PNG medium term development plans to ensure inclusion of women's empowerment and social protection.¹⁴⁵
195. **The National Population and Housing Census**, the fifth since the first one carried out in 1980, was planned to be conducted in July 2020. UNFPA supported the recruitment of a National Census Technical Adviser in 2018, whom was stationed in the office of the NSO and who was able to support NSO in many of the preparations needed for the implementation of the census. These preparations have included Census coordinator workshops, local level government workshops, establishment of several census related committees, finalization of the questionnaire, design and production of census publicity materials, and conduct of a pilot.¹⁴⁶
196. Due to a combination of financial constraints in terms of the funding of the census and the COVID-19 Pandemic emerging early 2020, the census was postponed. Initially, the plan was to conduct the census in July 2021 but with the continuation of the pandemic and related pandemic affected implementation protocols, which would mean a considerable addition to the already substantial costs of the census, and taking into consideration the national elections scheduled for May 2022, another mayor cost post for the government, the census was postponed to 2023 and then to July 2024. Implementation remains dependent on national government commitment concerned.¹⁴⁷
197. The postponement of the Census resulted in a considerable gap in population data, including for an accurate account of number of voters aged 18 years and above, the total population count necessary for delineating electoral districts at the national and local levels, data for monitoring of progress of the National Medium Term Development Plan (MTDP) 2018-2022, for the assessment of indicators of the Sustainable Development Goals (SDGs), and for indicators of other national and international goals and objectives.¹⁴⁸
198. In order to fill this gap in data, in May 2021, the NSO and UNFPA developed a joint project proposal for Population Data Collection and Assessment, which makes use of high resolution satellite images, available data sets from surveys, listings, ancillary data sets (e.g. elevation, slope, distance to village, precipitation, temperature, satellite imagery of night time lights and satellite-derived enhanced vegetation index), and other data sources which will be used to estimate population counts by wards

¹⁴³ National Statistical Office Papua New Guinea and ICF, 2019; UNFPA SIS Report 2018, 2019, 2020 and 2021; Key informant interviews.

¹⁴⁴ Moore Stephens, United Nations Population Fund (UNFPA) Audit Report, Audit of the implementing partner: National Statistical Office PGPG05, Papua New Guinea, April 2018. The DHS report is available through the following link from the website of NSO: <https://www.nso.gov.pg/download/81/demographic-health-survey/2181/demographic-health-survey-2016-18-report.pdf>; Key informant interviews.

¹⁴⁵ National Statistical Office Papua New Guinea and ICF, 2019; UNFPA SIS Report 2018, 2019, 2020 and 2021; Key informant interviews.

¹⁴⁶ UNFPA Annual SIS Reports 2019, 2020, 2021; Key informant interviews.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

(possibly), Local Level Government, district, province, region and consolidated to national estimates. As this method does not require massive deployment of data collectors in the field, it can generate data even during the ongoing pandemic.¹⁴⁹

199. The four main components of the project include:

- High resolution satellite images used in population modelling estimation
- Socio-demographic and economic household sample survey, including data gathering on SDG, MTDP and Vision 2050 target indicators
- Data literacy/appreciation program for government officials, civil society organizations, youth networks
- Analysis of the provincial differentials on the demographic dividend status using a set of 39 indicators from five domains, developed collaboratively among UNESCAP, UNFPA and DNPM

200. To complement modelled population estimates, a nationally representative household survey was being carried out at the time of the evaluation by NSO with support from UNFPA to generate some indicators that are essential to monitor progress of SDGs and national development plans. Some of the census questions were included in the household survey, since the draft 2021 population census questionnaire had included several key SDG indicators on education, migration, labour and employment, fertility, mortality (adult, maternal, child and infant mortality), water and sanitation, household and housing characteristics. A sample of not more than 10,000 households out of the estimated two million households, scattered in the country were being selected and interviewed, a process that was on-going in the final phase of the evaluation.¹⁵⁰

201. **The demographic dividend** has been an important part of the Population Data Collection and Assessment project in PNG, which was preceded by an initiative to introduce the concept of the demographic dividend and its opportunities in the context of Papua New Guinea to key government agencies and civil society stakeholders. This started in 2018, when PNG participated in the UNESCAP, UNECA and UNFPA supported initiative on the demographic dividend project in the Asia Pacific region. With the technical assistance of UNFPA APRO, a policy brief was developed on 'Harnessing the Demographic Dividend with a Gender Dimension in Papua New Guinea', and shared with broader stakeholders to advocate for support to SRHR as part of the requirements to reap a demographic dividend.¹⁵¹

202. The concept of the 'demographic dividend' is defined by UNFPA as follows:

"The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)"¹⁵²

203. The concept encompasses those countries with an increasing number of young people alongside declining fertility rates have the potential to reap this demographic dividend, premised on the ability to have a working-age population that is economically productive, which entails that they have good health, quality education, decent employment and a lower proportion of young dependents. Smaller numbers of children per household generally leads to larger investments per child, more freedom for women to enter the formal workforce and more household savings for old age. The national pay-off under the conditions concerned can be substantial, as has been shown by Malaysia, Republic of Korea, Singapore and Thailand. These countries were able to successfully realize the vast potential of their youthful populations, including through the provision of more equal opportunities for males and

¹⁴⁹ UNFPA, National Statistical Office, Project Proposal, Submitted to Australian High Commission, 06 May 2021; National Statistical Office, UNFPA, Inception Report Population Data Collection and Assessment Project, 18 October 2021; Key informant interviews.

¹⁵⁰ Ibid.

¹⁵¹ UNESCAP Social Division, Harnessing the Demographic Dividend with a Gender Dimension in Papua New Guinea, Policy Brief, 2021; Key informant interviews.

¹⁵² <http://www.unfpa.org/demographic-dividend>.

females of all ages across the domains of education, training, health and employment, while having in place strong governance and effective policy frameworks.¹⁵³

204. The realization of the demographic dividend as an enabler of sustainable development relates to the broader right to development, as codified in the Declaration on the Right to Development, adopted by the General Assembly resolution 41/128 in December 1986. The first article includes:

*The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized.*¹⁵⁴

205. The issue of demographic dividend and opportunities in the context of Papua New Guinea were explored in a Situation Analysis, conducted as part of the project.¹⁵⁵ The benefits of an increased use of rights-based family planning, in line with the policy goals of the National Population Policy 2015-2024, were identified with support from UNFPA APRO.¹⁵⁶ Investments in Sexual and Reproductive Health and Rights can be expected to have a variety of positive effects in terms of human capital development. Enabling women and couples to choose when and how many children they have can result in smaller numbers of children per household, which in turn can result in larger investments per child. Smaller numbers of children can enhance abilities of women to enter the workforce and increase household income. Prevention of unwanted pregnancies among adolescents and youth can lead to increased education opportunities and better chances in terms of employment and related earnings. A number of constraints in terms of realizing the demographic dividend was identified in a paper developed in the UN ESCAP supported project (for details see box 4 below).¹⁵⁷

Box 4: Constraints identified to the realization of the demographic dividend

- i. The delivery of health services has stagnated over the past four decades. The health infrastructure, in rural and urban areas, is characterized by an inadequate supply of health workers and medicine
- ii. Limited access to SRH services including family planning in particular for adolescents and youth, high levels of teenage pregnancies and GBV
- iii. The current education system does not serve all citizens, gender inequalities persist in primary, secondary and higher education and a huge gap in educational opportunities between the urban and rural areas
- iv. High unemployment and insufficient opportunities for increasing human capital and job creation
- v. Insufficient transparency and accountability in governance and the delivery of public goods and services
- vi. Persisting gender inequality in education, employment, entrepreneurship and elected functions

Source: Butuna, Eleina S., Demographic Dividend with a Gender Dimension: The Case of Papua New Guinea. Submitted to UNESCAP Social Development Department, Bangkok, Thailand, 20 April 2020.

206. The results of the situation analysis were presented in two seminars. The first seminar on the findings was conducted in November, 2020 in collaboration with UNESCAP, UNFPA PNG, UNFPA APRO, Department of National Planning and Monitoring (DNPM) and NSO and was attended by representatives of key national government departments including the NDOH, NDOE as well as representatives from NGOs and civil society organizations. One of the results of policy level engagement on the demographic dividend was the intention of the Planning Department to include the concept in the new PNG Development Plan.¹⁵⁸

¹⁵³ Ibid.

¹⁵⁴ <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-right-development>.

¹⁵⁵ Butuna, Eleina S., April 2020.

¹⁵⁶ UNFPA Asia Pacific Regional Office, Harnessing the Demographic Dividend: A path to sustainable development in Papua New Guinea, November 2020.

¹⁵⁷ Butuna, Eleina S., April 2020; Key informant interviews.

¹⁵⁸ Key informant interviews.

207. A second seminar was held in November, 2021 with representatives from sub-national level, including representatives from provincial planning divisions. The meeting proved to be an eye opener to them in terms of the opportunities for sustainable development as well as the requirements to enable such a process.¹⁵⁹
208. In order to assess progress towards the reaping of the demographic dividend, an indicator framework was developed to enable monitoring of achievements in the various domains that need to be addressed for the dividend to be realized. The NSO is the coordinator of the indicator domains with technical assistance from UNFPA and ESCAP in collaboration with the DNPM. The total of 38 indicators includes the domains of demography, health and well-being, education, economics and governance. For details on the 15 indicators of the first two domains, see table 9 below.¹⁶⁰

Table 9: Indicators for Demographic Dividend Domains of Demography and Health and Well-being

Demography	Health and Well-being	
1. Population by sex and five-year age groups.	8. Life expectancy at birth (by sex)	13. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.
2. Population growth rate	9. Proportion of women of reproductive age (aged 15-49 years) who have their needs for family planning satisfied with modern methods	14. Unmet need for family planning
3. Dependency ratio	10. Maternal mortality ratio	15. Contraceptive prevalence rate
4. Total fertility rate	11. Antenatal care coverage	
5. Adolescent fertility	12. Proportion of births attended by skilled health personnel	
6. Proportion of women aged 20-24 who were married or in a union before age 15 and before age 18		
7. Sex ratio at birth		

209. UNFPA provided technical assistance to the DNPM for the inclusion of a section on the demographic dividend in the new National Government Medium Term Development Plan. The senior management of the DNPM has provided their endorsement in this respect.¹⁶¹
210. **Data to inform planning** at provincial, district and local levels proved to get increasing interest from senior Provincial Administration officials, including representatives of the provincial planning divisions, PHAs and the Department of Community Development. A planning official, who attended the meeting in November 2021 and was introduced to the Demographic Dividend concept, expressed the need for further assistance to translate the concept into the next cycle of provincial development planning. Through discussions at the provincial level, it appeared that UNFPA had very good partnership with the PHAs but collaboration with the Provincial Administration proved more limited.¹⁶²
211. **The third National Population Policy 2015-2024** was developed but the implementation plan of the policy was never issued. The implementation of the NPP has been slow due to lack of capacity within the DNPM. UNFPA has started the process of recruitment of an independent consultant to support the review of the NPP.¹⁶³
212. **Factors enabling results** have included the NPP 2015-2024, which has provided legitimacy to population dynamics, their data requirements and the use of population data in planning. Cooperation with UNESCAP has brought attention to the issue of the demographic dividend and led to an initial understanding of the requirements concerned at national and sub-national levels. Interest at the

¹⁵⁹ UNFPA Annual SIS Report 2021; Key informant interviews.

¹⁶⁰ National Statistical Office, UNFPA, Inception Report Population Data Collection and Assessment Project, 18 October 2021, Annex D, Demographic Dividend indicators.

¹⁶¹ Key informant interviews.

¹⁶² Key informant interviews across three provinces included in the CPE field work.

¹⁶³ Government of Papua New Guinea, Department of National Planning and Monitoring, National Population Policy 2015-2024, Port Moresby, 2015.

provincial level for data to inform planning and decision-making, including for social development, proved another enabling factor.¹⁶⁴

213. **Factors constraining results** have included: Limited understanding of the economic aspects of social development, including health, SRHR, education including CSE, in particular at sub-national level. Funding of the Census for 2023 has not yet been secured by government and development partners with resource mobilization efforts required. There has been a lack of a programme officer to lead the PD outcome area since the former officer left at the end of 2019.¹⁶⁵

Adolescents and Youth Mainstreamed across the Programme

Findings: UNFPA supported capacity development of youth organizations; UNFPA support to the Youth policy in Bougainville led to the formation of the Youth Federation; in targeted provinces more informal youth networks were established with opportunities for closer working relationships with National Youth Development Authority

Youth (mock) parliament has stimulated and enabled policy engagement of youth and networking amongst youth and youth networks and supported some youth to engage in formal policy level processes and taking up of leadership roles in their communities; the youth parliament was turned into a regular event in Bougainville

In the Peace building project in the Central Highlands capacities of youth including young women were built to play a role in conflict resolution and prevention, contributing to reducing conflict; UNFPA support to the Peace Building process in Bougainville contributed to youth participation in the referendum and created a platform for voicing of a youth agenda; youth centers were built but have not functioned yet as such

214. The UNFPA's support in the cross-cutting area of Adolescents and youths has had significant impact on youths and adolescents in some UNFPA outcome areas more than other areas. The relevance of UNFPA's support in areas of Adolescents and Youth have been more visible in urban centres such as Port Moresby and Buka with the successful hosting of the Youth Leadership Summit and the Virtual Mock Youth Parliament. These programs have seen a large inclusion of individuals from the 4 regions of the country and also delivered the program using digital technologies in livestreaming the initiatives.¹⁶⁶
215. As part of the implementation of the main-streamed youth initiatives and activities, digital technology has been utilized and incorporated into the Youth and adolescents' activities, which have been touching on critical issues relating to each of the outcome areas of the programme. Furthermore, other relevant components in youth and adolescents programming have also focused on PNG Constitution and legislation, presentations and lectures on policy development and lobbying, advocacy, as well as development of skills essential to participate in decision making processes.¹⁶⁷
216. Mainstreamed Adolescents and youths programs and initiatives had positive implications on youth development and built capacities of participating youth who have been part of the various youth engagements and Initiatives supported by UNFPA together with implementing partners and other stakeholders. UNFPA's civil society partners have had comparative advantages in implementation through existing youth networks and organizations through which they work collaboratively on initiatives as well as areas wherein volunteers are drawn upon to assist on a need basis.¹⁶⁸
217. **Peace building project in the Central Highlands.** As identified by the 2019 UN Conflict Analysis in the Highlands,¹⁶⁹ Youth are identified as the main instigators and participants in intergroup conflict

¹⁶⁴ Key informant interviews and focus group discussions at national and provincial levels, with a variety of government and other stakeholders, confirmed across stakeholder groups.

¹⁶⁵ Ibid.

¹⁶⁶ UNFPA SIS Reports, 2018-2021; Key informant interviews.

¹⁶⁷ Ibid.

¹⁶⁸ Ibid.

¹⁶⁹ UN Papua New Guinea, Context Analysis of the Provinces of Southern Highlands and Hela, October 2018, internal document.

throughout the Highlands. Under the GYPI Joint Highlands peace building project, UNFPA had a strong focus on ensuring participation of youth in the peace building process. UNFPA was involved in delivering mindset training as well as targeting youth engagement through the establishment of a network of youths. Through the partnership with the Archdioceses of Mendi UNFPA integrated various activities that strengthened capacity building and leadership opportunities for youths.¹⁷⁰

218. Evaluation of the Highlands GYPI in 2020 indicated success in the training delivered through partners engaged by UNFPA in the joint program. There were many youths that indicated early behavioural change because of the mindset training delivered through UNFPA. One success story that was identified was the account from a male youth in Hela Province, who indicated that what he and his peers learned from the training was how to control emotions and not to react with violence when in a game of Rugby. Peaceful engagement in the sport of Rugby has been acknowledged to be a major driver and indicator of peace in Hela Province. The self-awareness and realisation of the importance of peaceful conflict resolution by youths who benefitted from UNFPA training was reported across Hela and Southern Highlands Province. It was recommended to continue this training to more young people across Hela and Southern Highlands Province.¹⁷¹
219. However, there were concerns on sustainability of the soft change that was delivered through trainings. There was a call for more intervention in engagement of youths in tangible activities that would result in socio economic benefits which would provide incentives not to re-engage in conflict. One such engagement of youth identified as successful in the evaluation of the GYPI was the partnership between UNFPA, IOM and the Catholic Church to establish rice farming for youths in Hela Province, a hot spot area of intertribal conflict.¹⁷²
220. **AY peace building Bougainville:** In Bougainville, youth make up 80% of the population, and were needed in terms of peaceful civic participation in the referendum process. There were many concerns during the pre-referendum period that youths would instigate violence during the voting period. Through the joint program support under the Peace Building Fund project in Bougainville, UNFPA engaged youths in the mock youth parliament, conducted various trainings on awareness raising of the political process of the referendum, supported establishment of a Youth Peer network and provided creative messaging through drama, in order to inform youths throughout Bougainville about the referendum process and enabling their participation. The views of various stakeholders directly identified UNFPA's interventions as contributions to the peaceful youth civic participation in the referendum process, with no disruptions by the youth population. These views were confirmed by other UN Agencies jointly implementing the peace building projects in Bougainville. They indicated to have worked well with UNFPA towards common outcomes under the joint UN project. Many youths in Bougainville and the Department of Community Development have recommended that there is continued engagement with the youths. The Bougainville House of Representative recommended the continued support to the mock youth parliament, with focus on preparation for Independence of AROB.¹⁷³
221. UNFPA supported three women Members of Parliament in AROB to establish the Y Peer Networks within their respective constituencies within the three regions of the AROB. Only 2 of the women MPs were able to run trainings to establish the Youth Peer network, however the Youth Peer network established around the Panguna mine area has been successful. There have been notable success stories of members of the Youth Peer network that have taken political leadership roles or have further cascaded trainings to other community members and enhanced recruitment into the Youth Peer Network. There is opportunity to increase establishment of the Y peer network with a focus on women under the Spotlight initiative. However, the short delivery period under the extended Spotlight initiative into 2022 limits such opportunities.¹⁷⁴

¹⁷⁰ UNFPA SIS Reports, 2018-2021; Key informant interviews.

¹⁷¹ Robertson et. al., 2021; Key informant interviews.

¹⁷² Ibid.

¹⁷³ UNFPA SIS Reports, 2018-2021; Key informant interviews.

¹⁷⁴ Ibid.

222. **Youth peace building** Through the partnership with the Bougainville Department of Community Development, Youth in Bougainville were involved in creative messaging through drama's which brought messages of the importance of a peaceful referendum process, the importance of sexual reproductive health, human rights and gender-based violence prevention. The use of youth to deliver these messages through content they created themselves with technical guidance from UNFPA enabled a far-reaching connectedness throughout all three regions of Bougainville when the youths took ownership of the process.
223. **Factors enabling results**¹⁷⁵ have included support through a dedicated UNFPA staff, i.e. the Young Ambassador, specifically recruited for this purpose. Results have been enabled by the National Youth Policy 2020 – 2030, which has provided a framework for coordination and implementation of youth development. This part of the programme also showed an adaptability in using IT and online Platforms during COVID, including for the Youth Mock Parliament sessions.
224. **Constraining factor** has been that adolescents and youth was not an outcome area as defined in the UNFPA CPD that guides the implementation of the programme. This has meant that there were no core organizational financial resources provided to fund the initiatives and there has been no results framework to monitor and assess achievements concerned.

Output and outcome level results compared to the CPD results framework¹⁷⁶

Findings: Though some output level results could be achieved in each of the outcome areas, they have stayed substantially behind the targets provided in the CPD. In some instances, additional outputs were put in place, like in PD outcome area where a new data related project compensated for the lack of data due to the postponement of the Census.

The limitations of output level results also affected the contributions made to outcome level changes. In many instances, data on outcome level indicators were not available or had become irrelevant due to contextual change, like the postponement of the census.

225. For SRHR, both in terms of FP and MH support, results have lagged behind the expected change. Where results were expected to be achieved in all of the priority provinces, these can be expected to be only partly reached in two of the provinces. Results in terms of the midwifery policy and training appear promising with training on track and the policy presently under consideration by stakeholders concerned. At the outcome level, changes in the promising three indicators could not be confirmed, as DHS data only provide details of the situation at the start of the programme cycle and no quantitative details were available for the end of the programme period in terms of CPR and skilled births attendance. In terms of the target of no stock outs of contraceptives, no survey was conducted recently to provide performance data concerned.
226. Given the focus of the SRHR part of the country programme in the cycle under review at the sub-national level in priority and additional project related provinces, the effects of these interventions on national level indicators cannot be expected to be substantial. Such effects would be better assessed at the relevant sub-national level with details concerned able to inform provincial level planning processes.
227. Results at the output level, in the outcome area of Gender equality and women's empowerment, were limited and mostly only on track to be partly achieved. This was the case in terms of data for GBV as well as regarding a functional health response to GBV in priority provinces and application of MISPP and minimum standards for GBV in emergencies in preparedness plans at national and sub-national levels. Nevertheless, policy briefs for increased investment for gender responsive CSE, the fourth indicator in the framework, were developed and had been circulated. However, all these changes had not yet resulted in progress towards a costed national gender equality action plan as the GBV Secretariat, responsible for the coordination of stakeholders concerning the development of the National Gender Equality Action Plan, was not functional.

¹⁷⁵ Enabling and constraining factors were identified based on key informant interviews and focus group discussions at national, provincial and local levels, with a variety of government and other stakeholders and confirmed across stakeholder groups.

¹⁷⁶ UNFPA SIS Annual Reports 2018, 2019, 2020, 2021 and CPD results framework; for details see Annex 4.

228. In terms of support to the Population Dynamics outcome area, the outcome level change could not be realized due to the postponement of the implementation of the Census, which was beyond the control of the programme. Most of the output level changes could be reached, with the annotation that census level outputs were compensated for by the development of a new data project, to fill the data gap left by its postponement. This project, moreover, was designed to support aspects of planning for reaping of the demographic dividend, which was an important output level change, and the use of data to inform policy making.

4) Efficiency

Evaluation Question 6:

To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools, approaches and partnerships to pursue the achievement of the results defined in the 6th CP?

Assessment points included: human resource management, financial resource management, resource mobilization, partnerships and monitoring and evaluation.

Findings: UNFPA PNG is a moderate sized office, staffing structure shows some gaps, two staff positions have functioned as point-persons for provinces during parts of the programme period, Young Ambassador position has supported adolescents and youth issues and surge team put in place for emergencies

Office staffing show a high number of vacancies with substantial gaps in SMT positions, with context for recruitment of national and international staff challenging and on-going recruitment for Young Ambassador, Data & communications expert and a M&E / Knowledge management expert

Project implementation rate consistently around 80 percent; Some financial challenges identified with UNFPA advance and repayment system; UNFPA seen by some IPs as relatively flexible, while others identified some limitations; at times workplans for implementing partners started late with insufficient time to implement activities concerned

Resource mobilization successful for GBV, peace building and PD outcome areas while more challenging for SRHR and Census

Engagement with a range of relevant IPs and stakeholder in each of the outcome areas; strong partnerships and relations with government implementing partners; relations with NGOs often based on a one-off perspective through annual workplans; lack of communication across various IPs; most partners satisfied with UNFPA support in a high need environment

UNFPA seen as maintaining good communications with partners but a UNFPA point person at provincial level perceived as required; there has been substantial partnering with sister UN agencies in joint UN programmes which has produced results; nevertheless, a need for enhanced coordination across UN agencies in joint programmes identified

The use of results-based management to inform programme implementation has been limited, including the lack of an M&E plan to apprise progress concerned

229. UNFPA office in PNG is a medium sized office with 25 staff positions at the start of the evaluation, with 6 of these posts vacant, and with a total of 30 staff positions mid-2022, 20 programme and 10 programme support staff, with all positions filled. Human resources have proved challenging in the context of PNG in the period under review. High number of staff vacancies with a quarter of posts vacant across levels of staff positions at start of the CPE. Vacancies were highest for national staff on fixed term

positions at 44 percent, 22 percent for international staff and zero percent for national personnel on service contracts. There have been substantial changes and periods with gaps in key SMT positions, which included the Country Representative as well as the Deputy Country Representative positions and leading staff positions of the three outcome areas of the programme. The Deputy Country Representative position was filled through a deputation for a six-month interim period. Since the PD lead position became vacant towards the end of 2019 the position has not been filled so far. Moreover, at the time of the evaluation there was no full-time humanitarian officer and M&E staff position filled, though for the latter recruitment was underway during the evaluation. Recruited staff were seen as adequate in terms of capacities to support reaching of results in the outcome areas concerned.¹⁷⁷

230. For some of the gaps in SMT staff positions, time bound solutions were put in place with support from APRO, including the 6 months temporary deployment for the Deputy Representative position. Nevertheless, incompleteness of the SMT during several parts of the period under review affected the implementation of the programme. Given the high-level staff gaps concerned, the leadership of the programme was affected, in particular during the first half of the programme period. This situation has changed with the appointment of the present Country Representative in October 2020 and the recent permanent filling of the Deputy Representative position.¹⁷⁸
231. For humanitarian assistance a three-member surge team (Humanitarian Coordinator, Logistic Adviser and RH & GBV in Emergencies specialist) was deployed to PNG, who supported the required humanitarian assistance to the earthquake affected communities, women and girls in Southern Highlands and Hela Provinces in 2018.¹⁷⁹
232. Recruitment of human resources is overall challenging in the context of Papua New Guinea with a limited labour supply of highly educated candidates which often prefer to work for the better resourced mining and other private sector companies. Also, in terms of international staff positions, PNG proves to be a challenging environment to recruit the right staff for vacant positions. Given the context of PNG, it appears useful to consider international staff positions for those essential staff that cannot be recruited from the limited pool of national candidates. Moreover, UNFPA staff recruitment process for SMT staff positions appear cumbersome and time consuming, leaving large gaps between placements.¹⁸⁰
233. Considerable shifts in term of the relative funding across the outcome areas of the programme have posed a challenge in terms of human resource management, ensuring sufficient staff in place in line with the actual requirements of the programme. While originally half the total budget was allocated to the SRHR outcome area and 16 percent to GEWE, in practice, based on expenditures of 2018-2021, GEWE absorbed 40 percent of the resources, compared to 31 percent for SRHR. The relative resources for PD remained the same between budget and actual expenditures in the period under review. This posed constraints in particular in the implementation of the GEWE component of the programme.¹⁸¹
234. Efficiency in the outcome area of gender equality and women's empowerment has been affected by high staff turnover rates, leaving only one UNFPA specialist staff implementing components of the gender and SRH parts of the programme during substantial time periods. The limited human resource capacity has affected efficiency in achieving intended implementation progress within project and program lifecycle. UNFPA has acknowledged that adequate sourcing of technical expertise within the country in the area of gender and health is difficult. Due to high UNFPA staff turnover rates, communication with partners at subnational level has been affected. Partners were at times unsure who to work with in order to progress contracts and implementation plans and to meet UNFPA requirements.

¹⁷⁷ Key informant interviews with UNFPA staff and partners.

¹⁷⁸ Key informant interviews.

¹⁷⁹ UNFPA SIS Report 2018 Q1; Key informant interviews.

¹⁸⁰ Key informant interviews.

¹⁸¹ For details see tables 4 and 5 on page 21; Key informant interviews, Financial details obtained from the Country Office.

The high staff turnover without smooth transition in management has affected partner trust and confidence, limiting intended results.¹⁸²

235. With a substantial amount of work supported by international consultants, the travel restrictions due to the COVID pandemic meant that for considerable time periods international consultants could only provide support through on line means, which limited the opportunities concerned.
236. **Provincial Focal Point:** Partners at subnational level, including in Bougainville, have identified the advantages experienced when having a UNFPA focal contact point that can facilitate communication and support during implementation, which they considered to have contributed to results achieved. A fixed focal point from UNFPA staff was stressed as highly beneficial and appreciated to enable them to complete activities under the programme, in particular for projects with very short implementation periods such as the Peace Building Fund project. A similar arrangement in Milne Bay in the first years of the implementation of the country programme appeared to have had similar effects, until the staff member concerned left.¹⁸³
237. **Project budget implementation rate** has been about consistently around 80 percent with a slight increase in 2019 when it reached 94 percent (2018 80 %; 2019 94%; 2020: 80 % 2021: 79%).¹⁸⁴
238. **Financial challenges:** UNFPA procurement and financial reporting processes were at times seen as cumbersome in their thoroughness by implementing partners. In particular, the 180-day expenditure window for IPs concerning advanced funds has in some cases led to delays, with unclear processes and channels for repayment from IP to UNFPA. Financial requirements for IPs can prove limiting to selection of Government and other partners who may be unable to meet the requirements of UNFPA's financial and operational systems. This goes in particular for organizations working in remote areas, where some of the financial requirements are more difficult to adhere to due to limitations of local level systems.
239. Some of the Workplans with implementing partners were agreed late due to planning constraints including delayed micro assessments and unexpected small funding opportunities, and due to delay of implementing partners to meet the requirements of UNFPA to set up as vendors to access funds, so that resources were provided late and the annual workplan had to be delivered in less than a 6 months period.
240. COVID 19 challenged implementation in particular for the Goroka Family Support Centre in Eastern Highlands as one of the worst affected provinces in the country. As a result, the PHA was required to provide a reimbursement of unspent funds to UNFPA prior to being reissued the tranche for implementation during the next quarter. However, the financial systems in the Hospital were not able to timely produce the reimbursements, to meet this UNFPA financial requirement, impacting the release of the next tranche of advance payment and affecting implementation progress.
241. **Resource mobilisation:** UNFPA was able to increase regular resources, as the COVID pandemic resulted in some COs in the region having less absorption capacity. The CO was also able to mobilize other resources, including for GBV (Spotlight/Zonta projects), Peace building projects in the Highlands and ARoB and for PD through the Population Data Collection and Assessment project. The country office has been successful in mobilizing resources for humanitarian action. This has included the earthquake in the highlands in 2018 as well as the COVID-19 response, for which the country office mobilized additional resources from the COVID-19 MPTF and from the Emergency Fund to support health system capacity development (including facilities, workers and supplies) and the GBV referral pathway, strengthening services that directly benefitted women and girls.¹⁸⁵
242. There have been considerable challenges in obtaining resources for SRHR and for the Census. Resource mobilization needs identified for SRHR turn out to be the highest for family planning interventions,

¹⁸² Ibid.

¹⁸³ Key informant interviews.

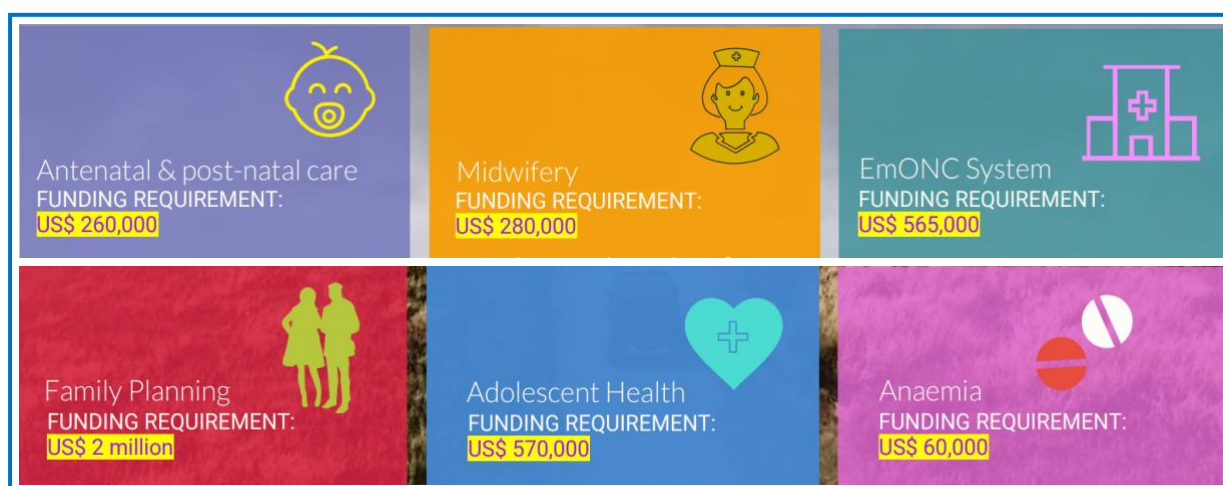
¹⁸⁴ UNFPA PNG Financial Report on Core and Non-Core Resources 2018-2022, internal document.

¹⁸⁵ For details see tables 4 and 5 on page 21; UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; Key informant interviews.

which is an important component for reaping the demographic dividend. This is followed by adolescent health and EmONC system support. Moreover, funding is required for midwifery, ante-natal and post-natal care and anemia. The work conducted on the demographic dividend and the related need identified to invest in human capital development, can be a way to address the resource mobilization issue for SRHR related programming. For details see figure 1 below.

243. **Partnerships:** The Government of PNG acknowledged that UNFPA has maintained strong partnerships with the relevant government agencies. Maintaining good relationships with partners is critical and UNFPA support has been viewed as complementary to and supportive of Government priority agendas as assessed throughout the present evaluation. There is great commitment by UNFPA to inclusion of Government partners in programme design and implementation. Engaging in consultative workshops to design program activities that provide support services to survivors of GBV is an example of successful engagement in aligning support to priorities. Relationships with civil society were at times regarded as based on annual workplans rather than on longer term partnerships, including with faith-based organizations, that are inclusive of the most vulnerable and marginalised groups in the community.

Figure 1: UNFPA Resource Mobilization Needs identified in SRHR¹⁸⁶



244. UNFPA has engaged with strong IPs and with a wide range of partners and stakeholder in each of the outcome areas of the programme. Some partners see support as AWP oriented, based on a 'one-off' approach. There seems to be a lack of communication and coordination across implementing partners. Most partners proved to be satisfied with UNFPA support, though this needs to be partly understood in an environment with high levels of need. UNFPA is seen to maintain good communications with IPs though frequent staff changes have undermined some of the relationships. Relations between UNFPA and IPs could be enhanced through appointing staff/point person assigned to National Departments and Provincial Government Agencies which could enhance communications in both directions.¹⁸⁷
245. Partnering with sister UN agencies in joint UN programmes has been important for UNFPA in the present programme cycle and in the context of One UN. Joint UN programming has provided a means to maximize use of resources and to enhance results through creating synergy in the same geographic areas. UNFPA has maintained good relationships with sister UN Agencies in joint UN programs and has been able to develop good working relationships with staff of other UN agencies in Joint UN Programmes. Especially for a smaller agency like UNFPA, joint programming can provide opportunities for enhanced efficiency through joint implementation. Nevertheless, there are some challenges in joint program implementation that needs to be collaboratively addressed in particular in terms of greater

¹⁸⁶ UNFPA, Take Action, A Road Map to End Preventable Maternal Mortality, December 2020.

¹⁸⁷ Key informant interviews.

coordination through regular meetings and joint monitoring and implementation and effective sharing of resources for such joint programs to be effective and to realize synergy expected.¹⁸⁸

246. UNFPA in this country program has forged a strong partnership with the Catholic Church as an implementation partner in Hela and Southern Highlands Provinces as well as other parts of the country. This is a unique partnership as both UNFPA and the Catholic Church have maintained a relationship despite having differing views on sexual and reproductive health and the use of contraceptives for timing and spacing of births. This partnership is evidence of shared as well as complimentary value systems in efforts towards common objectives in supporting social development, humanitarian response and peace building, targeting women and youth. UNFPA has successfully worked closely with the Catholic Church to empower women and youth in the peace building process in the highlands.¹⁸⁹
247. This partnership with the Catholic Church has provided UNFPA with a comparative advantage in joint programming with other UN Agencies under the Highlands Joint Program. Despite not having an office in Hela and Southern Highlands Province, UNFPA has established a network and focal points throughout the Archdiocese of Mendi. The strong and unique partnerships that UNFPA has established through Churches is important in driving transformative change in the country targeting youths as vulnerable population groups across the country.¹⁹⁰
248. **Monitoring and Evaluation:** Within the UNFPA programming system the development of a Country Programme Action Plan was no longer required in 2018. In the absence of such a plan, the country office developed the PNG CP6 Implementation Milestones and Delivery Strategy, based on the draft CPD developed at that stage. This in order to replace details previously included as part of the results and resources framework of the Country Programme Action Plan.¹⁹¹
249. The delivery strategy that was developed specified the various milestones for each of the outputs of the three outcome areas of the programme. An example of such details is presented in table 10 below regarding UNFPA support to addressing barriers to access for family planning. One of the limitations of the delivery strategy proved to be its overly ambitiousness, underestimating some of the contextual constraints of the programme in PNG as well as the organizational challenges within UNFPA, in particular in terms of human resource recruitment processes. This partly related to the uneven use of research, with extensive data gathering on Family Planning related issues (as demonstrated in table 10 below), but no assessment conducted for example concerning the opportunities to support MDSR.

Table 10: Example of the details provided in the CP6 Implementation Milestones and Delivery Strategy

Output1 Activity	2018 Milestone	2019 Milestone	2020 Milestone	2021 Milestone	2022 Milestone
(1) Conduct operational research on barriers to accessing and utilizing family planning services to inform advocacy interventions, policy strategies and operational plans.	Operational research findings & recommendations completed for each priority province and printed. Evidence-based advocacy strategy for priority provinces and operational plan for national and provincial level drafted.	Evidence-based advocacy strategy and operational plans for priority provinces finalized. Operational research findings & recommendations disseminated & introduced at provincial level.	Key decision makers engaged to scale up family planning services guided by advocacy strategy. Implementation reviewed, as part of Mid-Term review of CP6. Success stories documented.	Sustained advocacy at national and provincial levels. Monitor utilization of FP services	Sustained advocacy at national and provincial levels. Monitor utilization of FP services

250. Though it is understandable that extensive research cannot be conducted on each of the aspects of the programme, a quick assessment aimed at probing of key issues concerned in terms of setting up MDSR at the provincial and local level in the PNG context could have informed this part of the programme and

¹⁸⁸ Robertson et. al.,2021; Key informant interviews.

¹⁸⁹ Ibid.

¹⁹⁰ Key informant interviews.

¹⁹¹ UNFPA, PNG CP6 Implementation Milestones and Delivery Strategy, strategy is based on the final CPD (cleared by PRC and APRO) and submitted to HQ for edits, 2017; Key informant interviews.

the delivery strategy. Also in terms of other outcome areas of the strategy, the approach appeared overly optimistic in terms of milestones concerned. Thus, the strategy lacked sufficient grounding in the reality of UNFPA in the context of Papua New Guinea.¹⁹²

251. At the start of the country programme cycle a costed evaluation plan was developed, including an evaluability assessment to be implemented in the first year of the programme cycle in order to ensure that results of the programme could be evaluated at the end of the cycle. The plan also included a mid-term review to be conducted mid-2020 and thematic evaluation of PD and SRHR outcome areas in addition to the country programme evaluation in the penultimate year of the programme. Apart from the present CPE, none of the evaluative activities of the plan were implemented in practice, leaving the programme with limited evaluative information to be used in the present CPE. With the responsibilities of M&E focal point transferred three times during the period under review, ending up as part of the tasks of the Assistant Representative in the latter part of the programme cycle, there had been no consistent direction and support for the implementation of the plan.¹⁹³
252. A number of reviews were conducted to inform the UNFPA programme as well as Joint UN programmes to which UNFPA participated. An overview of reviews is presented in table 11 below. For regular monitoring of the programme use was made of the UNFPA SIS quarterly and annual monitoring and reporting system, organized per outcome area of the programme. Moreover, project-based monitoring and reporting has been conducted and two of the UN Joint Projects were evaluated towards the end of the present programme cycle. In the SRHR programme component use has been made of pre- and post-tests to assess knowledge gained from EmONC trainings. Though programmatic results were discussed at a country office staff retreat towards the end of 2020, and annual reviews with IPs have been conducted, no annual review meetings of the UNFPA staff were held in which output level results were analysed in terms of expectations concerning their contribution to outcome level results and information used to inform the next annual workplan cycle. Also, a mid-term review of the programme, as proposed in the evaluation plan, was not conducted. Such limitations in terms of monitoring also concerned the adolescents and youth part of the programme, which was mainstreamed across the outcome areas, but for which no targets were set and for which details concerned in terms of operationalization of support over time were not included in the Delivery Strategy.¹⁹⁴

Table 11: Overview of Reviews conducted to inform programming¹⁹⁵

#	Study Subject	UN Agencies participating
1	GYPI Project Annual Review	UNFPA
2	Review of GBV Essential Services Package	UNFPA
3	Review of ARoB Youth Policy	UNFPA
4	UN Joint Program on HIV (UBRAF) Review	UNAIDS, WHO, UNICEF, UNFPA, UNDP
5	Peace Building Fund Sustaining Peace in Bougainville Lessons learned Workshop	UNDP, UNFPA, UN WOMEN

253. In humanitarian action, monitoring and evaluation take slightly different forms, with monitoring limited to output level information and evaluation including after action review. Post-distribution monitoring tools were shared with partners who used these to collect feedback from women and girls regarding support provided. Reports did include lesson learned sections, that identified relevant learnings to inform future humanitarian programming. During COVID-19 pandemic regular situation analysis were

¹⁹² Ibid.

¹⁹³ UNFPA Papua New Guinea Evaluation plan 2018-2022, Internal Document; Key informant interviews.

¹⁹⁴ UNFPA SIS Annual Reports 2018-2021, Key informant interviews.

¹⁹⁵ UN IMCP 2020 Update, internal document.

developed with support from focal points in the various provinces, including information from PHA and civil society organizations and which identified ways to resolve constraints identified.¹⁹⁶

254. One after action reviews of an emergency response project was conducted. This concerned UNFPA support to the conflict in Tari town of Hela Province. Though the After-action review report does identify some challenges experienced and provides some recommendations, the report does not pay attention to the reasons for the conflict and the objectives of the UNFPA support provided, which limits the opportunities for learning.¹⁹⁷
255. The country office did not have a dedicated M&E Officer for the period under review, with M&E responsibilities assigned to a point person, the emergency response officer in the first half of the programme period and the Assistant Representative during the second part of the period. Presently, the country office is in the process of recruiting a dedicated M&E staff position. Recruitment of such a staff position can not only enhance M&E of the programme but can support development of such capacities in government partner agencies.¹⁹⁸

5) Sustainability

Evaluation Questions:

7: To what extent are the net benefits of the country program likely to continue after the discontinuation of the interventions?

8: To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects across the development and humanitarian continuum?

Assessment points included: aspects of ownership, financial resourcing and capacities in place for results to sustain beyond programme support

Findings: Overall high level of ownership of results by key government agencies, but levels of ownership of results at time challenged through frequent high-level staff changes in government agencies; limited ownership of the NPP 2015-2024 across government agencies
Financial allocations to ensure continuity of results are constrained by relatively low Government expenditure on health and education as percentage of GDP and many competing priorities
TOT has put capacities in place but overall concerns in terms of sufficiency of levels reached; approach to scaling up of results through priority provinces is not made explicit though could be promising

256. There has overall been a strong ownership of the results achieved in the various parts of the programme by Government agencies, both at national and sub-national levels. This goes for all programme outcome areas as well as adolescents and youth issues that cut across the programme. At times, ownership has been challenged by frequent high-level staff changes in Government agencies concerned, including NSO where there were four changes in high level positions in 2019 alone. Ownership of the NPP 2015-2024, on the other hand, proved low both in the DNPM as well as in other Ministries and Departments.¹⁹⁹

¹⁹⁶ Situation on Provision of Reproductive, Maternal and New-born Health (RMNH) Services in the Provinces during the National COVID-19 State of Emergency Period for May, June, July 2020.

¹⁹⁷ UNFPA PNG, Report on distribution of DFAT prepositioned supplies for emergency response in Tari Hela province, June 2021; United Nations Population Fund, Travel Report Summary, Tari, Hela Province, dated 28 July 2021. A variety of guidelines on After Action Reviews exist, including a comprehensive one of WHO. World Health Organization, Guidance for After Action Review (AAR), 2018.

¹⁹⁸ UNFPA Organogram and staff list, internal documents; Key informant interviews.

¹⁹⁹ UNFPA SIS Report, 2018-2021; Key informant interviews.

257. Sustainability in terms of financial allocations to ensure continuity of results beyond support provided by UNFPA is more of a concern. Overall, Government budget allocations to health and education are limited as percentage of GDP. Results in the outcome area of Gender equality and women's empowerment, continued to be challenged by Government commitment to resource national strategies. However, the recent political will in establishment of the GBV Parliamentary Committee in 2021, has re-generated Government coordination towards addressing GBV. Nevertheless, the National Strategy on Gender Based Violence remains largely financially supported by development partners. This has implications on the sustainability of results emerging from support provided by development partners and the future implementation of the National policy.²⁰⁰
258. The National Strategy to Prevent and Respond to GBV (2016-2025) envisions a multi-sectorial approach to addressing gender-based violence and women's empowerment through Provincial FSVACs. Whilst committees were established most of these committees were only successfully convened and operationalised when supported by development partners and unlikely to sustain without such support. In Lae and Bougainville where successful models of Provincial FSVACs have been convened this was largely supported through the Australian DFAT funded Justice Services and Stability for Development program through the Law and Justice Sector, working closely with the Provincial Administrator as Chair of the committee. There is no likelihood that this would function without the support of development partners as it costly to convene all stakeholders and coordinate case management.²⁰¹
259. Though the referral pathways and case management in the health sector response to GBV are meant to be formally coordinated through the Department of Community Development as secretariat to the Provincial FSVACs, this is not the practice in most of the provinces. This challenges the sustainability of the role that UNFPA has supported for these Provincial FSVACs, including support to build databases that support effective case management monitoring if the Provincial FSVACs are not functional as observed throughout the evaluation.²⁰²
260. Also, in terms of capacities, sustainability is not yet reached as capacities concerned were often considered as not yet sufficient, and in need of further development. The approach to TOT training has put in place a pool of trainers on FP and EmONC related contents, who can continue to deliver cascade trainings to health care workers. However, when other infrastructural and medical capacity aspects of facilities are not addressed, the results remain limited as observed throughout the evaluation.²⁰³
261. The selection of priority provinces would suggest an approach in which lessons from each of the provinces would be used to inform future programming in the remainder of provinces within the same region and that this would be the underlying approach to scaling up or replication of results. However, such an approach is not made explicit and the monitoring and evaluation system is not sufficiently equipped to document learnings for use beyond the present priority provinces in each of the regions.

6) Coverage

Evaluation Question 9:

To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women, adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations, etc.) affected by disasters, including COVID-19 pandemic, conflicts and natural disasters?

Assessment points included: UNFPA response to the earthquake in the Central Highlands of 2018 and COVID-19 response in the period 2020-2022.

²⁰⁰ Key informant interviews.

²⁰¹ Government of Papua New Guinea, 2016; Key informant interviews.

²⁰² Key informant interviews.

²⁰³ UNFPA SIS Annual Reports 2018-2021; Key informant interviews.

Findings: In terms of emergency response UNFPA has acted on key emergencies that have occurred in the period under review, in particular the earthquake in the highlands in 2018 and COVID-19 response in the period 2020 -2022 with coverage of targeted affected areas with a special focus on women and girls and adolescents and youth and remote and underserved areas. Support focused on continuation of access to SRH services in particular for pregnant women, provision of safe spaces for women and girls and support to survivors of GBV. UNFPA worked with Government agencies as well as civil society and faith-based organizations, enhancing their capacities to respond.

262. In the period under review UNFPA responded to a variety of humanitarian emergencies and the outbreak of conflict in some areas of the country. Moreover, UNFPA contributed to the joint conflict analysis as part of the UN Humanitarian country team. UNFPA support has focused on women and girls and adolescents and youth with a particular focus on pregnant women. There has been limited specific focus on other aspects of vulnerability, including women and girls with disabilities but no specific focus on LGBTQI. An overview of UNFPA support to humanitarian response is presented in table 12 below.

Table 12: Overview of UNFPA Humanitarian actions in the period of review²⁰⁴

Year	Humanitarian Action	Type	Details
2018	Response to earthquake in Southern and Hela provinces	Response to Natural disaster	Joint UN programme, in addition to natural disaster, conflict issues needed addressed
2021	La Nina	Emergency preparedness	Primarily through MISP and Clinical management of rape training
2020/21	COVID-19 response in Western Province	Response to Global Pandemic	DFAT supported regional UNFPA programme including PNG
2020/21	COVID-19 response in Western Province	Response to Global Pandemic	Joint UN initiative, followed up with limited ongoing UNFPA support

263. The earthquake in the highlands struck in the early stages of the present programme cycle in 2018. UNFPA responded together with other UN agencies and provided inputs to both the health and the protection clusters and the inter-agency team meetings, ensuring the inclusion of SRH and GBV related concerns in the setup of the emergency response. UNFPA support included the conduct of training on MISP, psycho-social counselling and psychological first aid, clinical management of rape training and GBV for health workers and advocated in the coordination clusters for these aspects to be included in the emergency response setup. The country office was actively involved in the Health and Protection clusters as well as the Inter-agency team meetings to ensure inclusion of SRH and GBV within plans.²⁰⁵
264. Part of the UNFPA support was conducted jointly with UN Women and UNICEF through the joint Learning, Empowerment and Protection project. In addition to working with the PHA and the NDoH, UNFPA partnered with the PNG Family Health Association and the Catholic Diocese of Mendi in the provision of SRH and protection services to women and girls in the affected areas. At the beginning of the emergency, UNFPA PNG allocated \$100,000 to the response from its core funds. Additional resources were mobilized from CERF, DFAT (Australia) and CERF with a total of \$700,000 provided towards UNFPA's response.²⁰⁶

²⁰⁴ UNFPA SIS Annual Reports, 2018, 2019, 2020, 2021; Key informant interviews.

²⁰⁵ PNG Disaster Management Team, Papua New Guinea: Highlands Earthquake Situation April 2018; UNFPA Travel Report Summary Mendi-Tari, Behnaz Abolshams and Debbie Kupesan, August 2018; PNG Report of Humanitarian action, from 14th March to 8th April 2018. UNFPA SIS Annual Report 2018; Key informant interviews.

²⁰⁶ With support of the CERF grant UNFPA, in collaboration with its implementing partners including PNG Family Health Association and Diocese of Mendi (Catholic Church) was able to procure and distribute 2,500 dignity kits to hard-to-reach women in affected area. This was done along with raising awareness sessions on GBV for 7,137 women and girls. In addition

265. The outbreak of the COVID-19 pandemic and the measures to contain the spread of the virus, had severe consequences for women and girls, both in terms of reduced access to SRH services as well as in terms of enhanced exposure to gender-based violence and reduced ability to seek support for GBV survivors. These effects related on the one hand directly to the spread of the virus, with in particular the Delta variant of the virus wreaking havoc in 2021. On the other hand, there were indirect effects in relation to the measures that the government put into place to limit the spread of the virus, including lock downs and travel restrictions.²⁰⁷
266. In 2020, the CO re-purposed funds from projects and Core Fund to address the urgent needs of the country in terms of SRHR and health sector response to GBV during the pandemic. Frontline workers in priority provinces were provided with orientation and training on infection prevention measures, supplied with PPEs and hand sanitizer in order to enable them to continue providing lifesaving and critical SRH services. In addition to health workers, PPE packages were provided to staff of non-health facilities that played a crucial role in the GBV referral pathway, ensuring that GBV services could continue. Additional resources were mobilized from UN COVID-19 MPTF and from the Emergency Fund to support the functioning of the health system during the pandemic, including GBV referral pathway and to strengthen services that directly benefitted women and girls in Western Province.²⁰⁸
267. Awareness campaigns were supported in three provinces in partnership with PNG Family Health Association, including Port Moresby, East New Britain and Morobe. The advocacy campaign reached out to key government counterparts and essential SRH and GBV service providers from NGOs, CSOs, faith-based organisations, and out of school and in-school youth. Key messages covered were on STI/HIV, the essence of Family Planning, prevention of Gender-Based Violence as well as COVID-19 related information. Newly developed IEC materials were distributed during these awareness campaigns.²⁰⁹
268. In addition, a twelve-month regional UNFPA COVID-19 project supported by DFAT included support to Papua New Guinea. The overall project objective was achieved through two complementary and synergistic project outcomes in Western Province:²¹⁰
- Access of particularly women and girls to safe, life-saving quality SRH information and services is maintained during the COVID-19 pandemic
 - Access of women and girls to essential GBV information and services is improved during COVID-19 pandemic
269. Supported by the DFAT project, UNFPA country office worked together with the Maternity Foundation, Child Fund, Papua New Guinea Family Health Association in the implementation of project activities. Support focused on the continuation of SRH services, including the use of the safe delivery app for skilled birth attendants, provision of Personal protective equipment (PPE) to health staff and provision of customized dignity kits for women and girls making use of services. Moreover, support was provided for psychosocial support to GBV survivors through counselling hotlines and the continued operationality of FSCs. UNFPA supported capacities of frontline workers in awareness raising on the impact of the pandemic on prevalence of GBV and the formation of a Family Sexual Violence Unit in the local police office of Kiunga. The number of service delivery points providing SRH services increased from 4 in July 2020 to 9 in June 2021, well over the target of 6. The number of survivors of GBV reached with essential GBV services during the project period was substantial and much higher than the amount planned for

1,200 pregnant women received individual clean delivery. Through the project, 500 beneficiaries received treatment for STIs and an additional 100 women received SRH and GBV services. Furthermore, 4,733 men reached with prevention of STI and HIV messages and distributed with condoms. Moreover, 141 staff were trained on Gender Based Violence in Emergencies (GBViE) and Psychological First Aid, 76 staff on Minimum Initial Service Package and Sexual and Reproductive Health in Emergencies and 67 health staff on Clinical Management of Rape. United Nations, Central Emergency Response Fund, Resident/Humanitarian Coordinator Report on the Use of CERF funds, Year: 2018.

²⁰⁷ UNFPA SIS Annual Report 2020, 2021; Key informant interviews.

²⁰⁸ UNFPA SIS Annual Report 2020; Key informant interviews.

²⁰⁹ UNFPA SIS Annual Report 2020, 2021; Key informant interviews.

²¹⁰ UNFPA, Australian Aid, UNFPA Asia and the Pacific COVID-19 Humanitarian Response Plan, July 2020 – June 2021, Final Report; Key informant interviews.

in the design. Communication materials were developed in local language. Fourth visit of antenatal care in the project area of Western province was up almost 100 percent in 2021 compared to 2020.²¹¹

270. Moreover, with support from UNFPA APRO, the country office developed an estimation of the impact of the pandemic on reaching the main objectives supported by UNFPA known as the three zeros in the country, i.e. ending the unmet need for family planning, ending preventable maternal deaths and ending gender-based violence and harmful practices, making use of a modelling approach, projecting the resulting delay in achieving the three zeros. This report will be important in the development of the next country programme.²¹²
271. In terms of COVID response, UNFPA participated in the Joint UN programme in Western Province together with IOM and UNICEF. The project aimed for Western Province border communities that were most vulnerable/left behind and at-risk of the COVID-19 outbreak in PNG to continue to have access to critical, life-saving services and to ensure that progress towards the achievement of sustainable development priorities/goals remained on track. UNFPA support focused on the continuation of antenatal, delivery and EmONC services during the pandemic while IOM focused on access to water and sanitation and UNICEF focused on mother and child nutrition. Attention was in particular on vulnerable and disadvantaged border communities.²¹³
272. The distribution of dignity kits in hard-to-reach locations of Kiunga town and Hela Province were highly beneficial to women and children that were affected in these areas. Distribution lists were also inclusive of women living with disabilities in safe houses. In Hela Province the establishment of women and girls' safe spaces was beneficial providing integrated primary health care, sexual reproductive health and GBV services. The PPE support UNFPA provided during the COVID 19 pandemic was wide reaching across the country and highly appreciated by health service providers. Much of this countrywide reach was coordinated through the effective facilitation of the GBV sub-cluster by UNFPA in-country.²¹⁴ Other UN agencies acknowledged that UNFPA had made substantial contributions to the humanitarian emergency responses. In particular UNFPA's integration of health response to GBV with its established partnerships that target women's maternal and sexual reproductive health, were valued.²¹⁵
273. There have been various natural and manmade disasters and emergencies during the period under review, including inter-tribal conflicts, political unrest (Bougainville) and a variety of natural disasters. There has been a need for a continuous focus on humanitarian response. Constraints have included high costs of transport, given the limitations of road infrastructure, high cost for security measures given the high crime rates in the country and limited government capacities in particular in remote areas. From 2020 onwards, the COVID pandemic including regulations to prevent the spread constrained implementation of the humanitarian part of the programme.²¹⁶

7) Connectedness

Evaluation Question 10:

To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?

Assessment points included: Emergency preparedness, GBV in emergencies and MISP training.

²¹¹ Ibid.

²¹² UNFPA, Impact of COVID-19 on Maternal Health and Family Planning in Papua New Guinea - estimates and modelling scenarios; UNFPA Annual SIS Report 2020.

²¹³ The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF) Proposal, Integrating WASH, Nutrition, MNH interventions for COVID-19 Response in Western Province, Papua New Guinea; Key informant interviews.

²¹⁴ A total of 2,160 were reported to have been distributed in 2020 and 2021, below targets set for 2020 but within targets for 2021. UNFPA Annual SIS Reports 2020, 2021; Key informant interviews.

²¹⁵ Key informant interviews.

²¹⁶ UNFPA SIS reports 2018, 2019, 2020, 2021; Key informant interviews; Focus group discussions.

Findings: UNFPA has provided support to emergency preparedness through building of capacities on GBV and MISP in Emergencies, making use of international guidelines and supported preparedness for the effects of the La Nina weather phenomenon. The linkage of built capacities in terms of emergency preparedness with provincial level emergency preparedness plans beyond the 6 months La Nina timeframe has been unclear.

274. UNFPA supported capacity development on access to SRH services and GBV response through the health sector during emergencies. This support to emergency preparedness, included training on Minimum Standards for GBV in Emergency Programming and the clinical management of rape survivors making use of a support kit in the priority province, with a total of 107 staff trained on GBV in emergency (52 percent female) and 113 health workers trained on clinical management of rape, including community health workers, nursing officers and village health volunteers (83 percent female). For details on the inter-agency standards concerned see box 5 below. Six-month contingency plans were developed in Morobe, Eastern Highlands, Western Highlands, East New Britain and Central Provinces and the Autonomous Region of Bougainville in the wake of La Nina.²¹⁷

Box 5: Inter-Agency Minimum Standards for GBV in Emergencies Programming

- | | |
|---|---|
| 1. GBV Guiding Principles | 9. Safety and Risk Mitigation |
| 2. Women's / Girls' Participation / Empowerment | 10. Justice and Legal Aid |
| 3. Staff Care and Support | 11. Dignity Kits, Cash and Voucher Assistance |
| 4. Health Care for GBV Survivors | 12. Economic Empowerment and Livelihoods |
| 5. Psychosocial Support | 13. Transforming Systems and Social Norms |
| 6. GBV Case Management | 14. Collection and Use of Survivor Data |
| 7. Referral Systems | 15. GBV Coordination |
| 8. Women's and Girls' Safe Spaces | 16. Assessment, Monitoring and Evaluation |

Source: Inter Agency Working Group, The Inter-Agency Minimum Standards for GBV in Emergencies Programming.

275. During the COVID-19, the country program was able to support UNFPA minimum standards on GBV in emergencies and setup the gender-based violence coordination sub-cluster as part of the protection cluster as well as the SRHR sub-cluster under the health cluster. Support to GBV was highly relevant during the COVID pandemic as incidences of GBV increased during social engagement restrictions imposed by the Government and people spending more time within their families and households. In ENB, there were increased incest incidences reported by FSC supported by UNFPA during COVID.²¹⁸
276. Under GBV in emergencies, provinces have been supported to make use of and comply with Inter Agency minimum standards on gender-based violence in emergencies. UNFPA conducted trainings for service providers and humanitarian actors in this respect. At times, this training was combined with MISP training. Trainings were amongst others provided in response to the earthquake of 2018 in the highlands. One of the recommendations from the reporting included the need to revise and update referral pathways. However, there was no verification that training of service providers and other humanitarian actors resulted in effective inclusion of the issues concerned in emergency preparedness plans.²¹⁹
277. There was effective distribution of dignity kits through service providers in response to emergencies and in FSCs through effective prepositioning. This through the Fiji office in 2018 and in-country prepositioning from 2019 onwards. There was evidence to ensure all vulnerable populations including

²¹⁷ UNFPA Papua New Guinea, project information, internal document; Key informant interviews.

²¹⁸ Key informant interviews including in ENB province.

²¹⁹ PNG Report of Humanitarian action, from 14th March to 8th April 2018; UNFPA SIS Annual Reports 2018, 2019, 2020, 2021; Key informant interviews.

women with disabilities were considered through distribution lists. Support appeared appreciated by service providers that distributed the kits as well as by beneficiaries who received them, with the contents adapted to needs assessed. Women and girls found the dignity kits to be useful during emergency situations, including for displaced survivors from intergroup conflict in Hela Province, refugees in Kiunga, and survivors of violence in Family Support Centres.²²⁰

278. MISP training to health workers, including midwives, nursing officers and community health workers, focused on the six objectives of the package (for details see box 6 below). MISP training was conducted for health workers in the priority provinces as part of the La Nina initiative as well as part of emergency response. The use of a TOT approach in the second half of the programme added a more replicable aspect to this training. In terms of the training in priority provinces, while individual staff capacities appeared enhanced, it was not clear whether the objectives of the MISP had been used in the development or adaptation of the provincial emergency preparedness plans of the provinces concerned nor whether SRHR and GBV were integrated in such plans. Participants of MISP trainings interviewed, did not appear to make this linkage. Inclusion of MISP in such plans could enhance the ability of the health sector to continue SRH and GBV related services in emergency contexts. When MISP was conducted in emergency settings, it appeared to be able to have some direct effects, as in the training during COVID response, this training helped government staff to setup and run safe spaces for women and girls in Hela province.²²¹
279. UNFPA and other UN agencies responded to the earthquake that emerged in Southern Highlands and Hela provinces. The highlands had till then been an area with no real UN support and the response to the earthquake made the agencies aware of the high level of needs in this region of the country. Thus, the agencies decided jointly that the emergency response needed to be followed up through a development related intervention which was realized through a joint UN peace building programme supporting women and youth in the resolution and prevention of conflict. This project, in turn was followed up by the post-GYPI PBF-funded Creating Conditions for Peace project in Hela and Southern Highlands provinces, both with support from UNFPA.²²²

Box 6: Objectives of the Minimum Initial Service Package for SRH

- i. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP
- ii. Prevent sexual violence and respond to the needs of survivors
- iii. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs
- iv. Prevent excess maternal and newborn morbidity and mortality
- v. Prevent unintended pregnancies
- vi. Plan for comprehensive SRH services, integrated into primary health care as soon as possible, work with the health sector/cluster partners to address the six health system building blocks

Other Priority: Ensure that safe abortion care is available, to the full extent of the law in health centers and hospital facilities

Source: Inter Agency Working Group, *Minimum Initial Service Package for Sexual and Reproductive Health, Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. Available at www.iawg.net/IAFM.

²²⁰ 1200 pregnant women and lactating mothers received dignity kits. In addition, kit 2A (individual clean delivery kit) benefited 1800 pregnant women. Moreover, 50 skilled birth attendants received clean delivery kits. In addition, 50 rape survivors were supported. 500 beneficiaries were treated for STIs. UNFPA, Report to DFAT on distribution of prepositioned supplies transported from Fiji to PNG for the PNG Earthquake Response.

²²¹ Behnaz Abolshams, UNFPA Knowledge Transfer Notes, August 2019; UNFPA Travel Report Summary Tari MISP training by Emma Powan, June 2019; UNFPA Travel Report Summary Alotau MISP training by Emma Powan, May 2019; UNFPA Travel Report Summary Port Moresby, MISP training by Stenly Sajow, June 2019; UNFPA SIS Annual Reports 2018, 2019, 2020, 2021; Key informant interviews.

²²² Robertson et. al., 2021; Key informant interviews.

5. Conclusions

1) *The UNFPA programme has been relevant in a context of high levels of needs on all aspects of UNFPA's mandate.*

280. The Country Program has been relevant from a variety of perspectives. The various initiatives were developed in response to existing needs in terms of UNFPA mandate areas. This in an environment with overall very high levels of needs, in particular in rural and remote areas. This included overall needs of the population as well as needs of particularly vulnerable groups. These groups have included women and girls as well as adolescents and youth. While people with disabilities have been Included in the design of initiatives, their inclusion in programme implementation has been limited. There has been less focus on other particularly vulnerable groups. There is a need to include the requirements for the participation of people with disabilities and other particularly vulnerable groups in the implementation of initiatives, including budgetary requirements, in the design of initiative. With Papua New Guinea a state party to the Convention on the Rights of Persons with Disabilities, there are opportunities for UNFPA to support the integration of the needs of women and girls with disabilities in policies and programmes. UNFPA's programme has been in line with government policies and plans and has in various instances contributed to their development in this or earlier programme cycles. Moreover, a considerable part of the programme was focused on support to the implementation of government policies and plans at the sub-national level, in particular in five priority provinces, including support to planning of PHAs in some of the provinces.

2) *There do not appear to be main concerns in terms of overlap of UNFPA support with that of other development partners, with UN agencies complementing each other in Joint UN programmes. However, coherence with other development partners was usually not made explicit in the design of initiatives while coordination of development support at provincial level was often lacking.*

281. The programme has been in line with the UNDAF and contributed to overall UNDAF objectives. UNFPA participated in various UN Joint programmes, with the contribution of each of the participating agencies made explicit in the design document and the programme results framework. However, how UNFPA and joint UN programme initiatives complemented support from other development partners was usually not made explicit in design documents concerned. Though the fear of overlap with other development partners was not an immediate concern, given amongst others, the high level of needs in the country, it would be useful to make aspects of coherence explicit in future project and programme design.

282. Such inclusion would in particular be relevant at the sub-national level, where there is often insufficient coordination of development support, as identified by several Provincial Planning Departments. This approach would in particular be useful in the priority provinces, where UNFPA has a longer-term relationship with provincial level government agencies and other stakeholders, and where UNFPA could play a role in supporting provincial planning departments in terms of coordination of development partners in the mandate areas of the organisation. UNFPA's support on population data at sub-national level could, moreover, be an added advantage in terms of support to data gathering on development issues and results at sub-national level, informing provincial planning and development programming.

3) *Results have been achieved in each of the outcome areas of the programme in a challenging country context with programming increasingly informed through situation analysis and assessments, while results reached have lagged behind expectations concerned in the various parts of the programme.*

283. Results at output level have been reached in each of the outcome areas of the programme as well as in the cross-cutting theme of adolescents and youth. However, when compared to the targets set in the CPD, results have lagged behind expectations. Limitations of output level results have affected outcome

level changes, which have remained limited with data on indicators at times unavailable or indicators themselves turned irrelevant due to unexpected changes, like the postponement of the census.

284. Levels of infection with HIV/AIDS and STIs have remained high with incidence in mothers increasing over time and both DHS and a situation analysis conducted showing a lack of support to adolescent and youth sexual and reproductive health issues as part of public health support. This leaves the large youth population at risk. UNFPA support to a community-based model for HIV testing and development of a condom strategy have been identified as ways to address the rise in infections. It will, moreover, be important to engage with men, whose wife was found positive for HIV/STIs as part of antenatal care, but who are often reluctant to get tested in a facility and get treatment.
285. In addition to GEWE as an outcome area, gender was mainstreamed across the outcome areas of the programme. What was less focused on concerned the engagement of men and boys in relation to aspects of reproductive health, maternal health, family planning and addressing of gender-based violence. There is a need for targeted approaches to work with men and boys in the various parts of the programme. Gender and other aspects of vulnerability were included in the focus on the priority provinces, though primarily in a broad sense of selection of the provinces and much less in terms of identification of particularly vulnerable groups within each of the priority provinces. A design of UNFPA support tailored to each of the priority provinces concerned, could provide the ability to ensure a focus on the Agenda 2030 principle of Leaving no one behind, based on vulnerability conditions in each of the priority provinces.
286. The engagement of youth was linked to the demographic dividend, which in order to be realized requires enhanced youth participation in economic, social and peace building aspects of society, which entails addressing their education and health needs, including their SRH needs, as part of human capital development.
287. Social and cultural norms and belief systems, including gender norms have been identified as important constraints to access to SRH services, in particular for unmarried women and girls and married women without children. Within the context of PNG, with a high level of social and cultural diversity, addressing these concerns will require further insights into the predispositions in the various regions and provinces. It will be important to target health care workers as well as the general population in this respect. In terms of adolescents and youth, it will be important to include these issues in the CSE curriculum and to enable teachers to address prevailing norms and standards when teaching the subject.
288. A major constraint to reaching results throughout the period under review has been gaps in UNFPA human resources to guide and manage the implementation of the programme together with partners. This concerned both international and national staff positions, with substantial gaps in coverage of senior management team, programmatic as well as support staff positions. Moreover, staff capacities in government agencies have been a constraining factor, with some of the systems that were expected to be in place, like civil birth and death registration, not existing or operational in practice and capacities affected by the COVID-19 pandemic as well as other infectious disease outbreaks. UNFPA has been implementing support in several remote and resource costly locations within Papua New Guinea and results in these areas were realized under challenging contextual circumstances.
289. Another major constraint in the second part of the programme period has been the outbreak of the COVID-19 pandemic and the measures taken to prevent the spread throughout the country. This has affected programme implementation with NDOH understandably prioritizing addressing of the pandemic over earlier agreed aspects of workplans with UNFPA. On the other hand, also UNFPA itself changed its operations, through support to the continuation of SRH services during the pandemic, and addressing humanitarian related needs, in particular in Western Province as well as in other parts of the country, while in terms of implementation UNFPA made use of online means as much as possible.

290. Goals, objectives and targets were set at an ambitious level and have at times not been informed by sufficient understanding of the context and existing constraints in terms of realizing these objectives in the timeframes concerned. This was in particular the case for support to MDSR.
291. Logistical issues remain another main constraint in the context of Papua New Guinea, with a very limited road network and with much of transport of people and goods depending on water and air transport, with in particular the latter at a relatively high cost. Transportation issues have affected many parts of the programme directly or indirectly, including in terms of distribution of RH commodities, referrals for GBV survivors and referral pathways for pregnant mothers and post-partum women.
292. UNFPA conducted a variety of assessments in order to inform UNFPA's policy engagement with government and other types of UNFPA support. In addition to UNFPA support to the implementation of the DHS and the dissemination of its results, this has included a variety of assessments in relation to FP, MNH, GBV, HIV/STI and the demographic dividend. This has enhanced the evidence base of the programme, and has enabled adaptation of UNFPA's response to realities on the ground. Moreover, it has enabled support to planning processes of provincial departments and advocated for the application of an evidence-based approach in planning. There is a need for further support to district level data, including sector specific management data, to inform provincial level planning. The recently started, DFAT funded, data project is an important part of this with the inclusion of a data literacy component, building national and sub-national level capacities in the use of data for planning purposes. Support to sub-national level data will also be an important means for the identification of province specific vulnerable and marginalized groups.
- 4) *TOT has started to work and has provided provinces with a cadre of trainers that can further develop human resource capacities on FP and MNH, but in order for the approach to work there is a need for follow-up, monitoring of results and to address other constraints to access and use of quality FP and SRH services at the local level.***
293. TOT trainings in both FP and EmONC were much appreciated at the level of the PHAs and facilities involved, and resulted in a group of trainers able to conduct step down trainings for health workers of provincial and district level facilities and has supported much needed upscaling of health workers on SRH and FP topics and related skills. Follow up in terms of mentoring of staff trained and monitoring of results at the local level has been limited. On the other hand, the approach has had limitations in terms of results achieved regarding SRH and FP services provided at the local level due to the lack of other requirements for SRH and FP results to emerge. This included lack of medical equipment, stock-out of FP and RH commodities but also more generic issues like lack of access to running water and electricity in facilities concerned. In order for enhanced capacities of health workers to result in better quality services, there is a need for Government and partners to work on these additional local context specific constraints, planning to address the limitations concerned in order to provide a conducive environment required for the use of quality SRH and FP services at the local level. For UNFPA this will require an assessment of such needs and include these in province specific support plans, outlining responsibilities for UNFPA, PHA and other provincial government agencies and other stakeholders.
- 5) *The UNFPA programme has sought to combine national and sub-national level support. At national level, focus has been on policy development and review with opportunities to support accountability to implementation of policies and plans through support to data and their analysis. At sub-national level, support was based on a common approach across all priority provinces, rather than a province specific tailor-made approach. Provincial level assessments for family planning that were conducted in two of the priority provinces could provide important inputs combined with information on other SRH, GEWE and PD needs, to inform integrated support plans at sub-national level.***

294. UNFPA has responded to needs at both national and sub-national levels. The national level support has focused on those aspects where national policies have been lacking or were outdated, like the updating of the midwifery policy, including the establishment of a midwifery direct entry training opportunity. Focus has also been on data, including in terms of GBV data and population data. There are opportunities to make use of such data to support accountability in terms of the implementation of national policies and plans.
295. At sub-national level, the programme provided support to the implementation of government policies and plans, including through TOT training and support to Family Support Centres amongst others. Such support targeted priority provinces concerned through the same approach and has put capacities in place, though this approach did not enable responding to the specific needs existing at the level of each of the priority provinces in term of SRHR and GBV related issues.
296. Assessments of the evaluation team at levels of the province, provincial hospitals and health facilities indicated that increasingly to address aspects of improvement of SRH and GBV services at the sub-national level a tailored approach to the situation in the province is required. This is in line with the establishments of the PHA with enhanced responsibilities for health system performance at the provincial level. The FP assessments conducted in EHP and MBP concern important steps in terms of sub-national assessments, informing FP related planning in the provinces concerned. In addition to single issue interventions and plans, it would be useful to include such initiatives in a comprehensive approach, making use of a holistic perspective, addressing UNFPA support to SRHR, GBV and Population Dynamic issues in a province in an integrated rather than a piecemeal way, including relevant aspects of development planning and financing.
- 6) While in general government ownership of results was high, sustainability of results was mostly constrained by lack of government funding to continue the realization of results, remaining gaps in staff capacities and the lack of other systemic capacities required to maintain results.**
297. Sustainability of results produced or contributed towards by the programme has overall been limited. Though government ownership of UNFPA supported initiatives and their results was usually high, there have been other constraints within government agencies that have limited sustainability, including high frequency of staff turnover at high levels within some government agencies, which jeopardized ownership of results. With government spending on health and education limited in terms of percentage of spending compared to GDP, the sustained funding of results was usually not secured, directly jeopardizing their continuation. Moreover, while capacities have been developed in the period under review, this has not necessarily meant that these are at the required levels in all parts of agencies and organizations that received support. Moreover, capacity development has usually focused at the level of the individual staff members of an agency and much less at the organizational aspects of implementing partners to deliver quality SRH and FP services, respond to GBV and collect, analyse and use population data for development planning.
- 7) Staffing has proved a main constraint with substantial periods in which international, national and support staff positions remained unfilled which negatively affected country office leadership, programme implementation and reaching of results.**
298. A main constraint for achieving results has been limitations in terms of staffing within the country office. The substantial periods in which senior management team positions have been vacant has affected the leadership capacities of the country office and impacted the ability of the organization to advocate with government and other stakeholders on the mandate areas of the organization. This has been exacerbated through the frequent vacancies of other key programmatic staff, including lead SRHR and PD staff positions as well as support staff positions. While part of these human resource constraints needs to be understood within the labour market constraints in the country, in which it has proved challenging to fill senior level as well as support staff positions with adequate candidates, a considerable

part of the human resource constraints have been related to UNFPA international staff recruitment processes for senior level positions, which proved to be tedious and requiring six months and longer time frames to finalize. With the arrival of a new Country Representative in Oct 2020 and the recently appointed Deputy Representative, the leadership of the country office has been enhanced. An important issue in terms of filling technical staff positions concerns the limitations in opportunities to find qualified national staff to fill some of these positions. For some technical posts, international staff positions may be a more viable solution in the coming programme period, provided that such positions could be filled in a timely manner.

8) Resource mobilization has been successful in terms of GEWE, peace building related support and parts of the population dynamics programme, but has proved more challenging for SRHR programming and the implementation of the Census; given this discrepancy, there is a need to ensure a balance in the UNFPA programme across the various outcome areas of the organization and alignment of the staffing structure with resource availability.

299. The country office has been successful in terms of mobilization of other resources, with an estimated fifty percent of the total budget of the period 2018-2022 furnished through donor funding. UNFPA will need to enhance efforts in marshalling resources for the implementation of the Census scheduled for 2024, as a key aspect of population data gathering, informing development planning at national and sub-national levels for the next decade. Resource mobilization for SRHR component will need to make use of the contribution that attention to SRH needs of in particular adolescents and youth can make to the realization of the demographic dividend and in turn support reaching of the SDGs. The staffing structure of the country office needs to be sufficiently flexible to be able to adequately manage financial resource changes over time.

9) Monitoring has been conducted through the corporate SIS system as well as on a project basis and together with sister UN agencies in Joint UN programmes. Though an UNFPA PNG evaluation plan existed, evaluation of project level activities has been limited, though proved useful whenever conducted. Monitoring and evaluation of humanitarian action proved limited.

300. In order to make use of evidence-based programming in UNFPA interventions and to support government agencies in the adoption of this approach, significant monitoring and evaluation is required. While UNFPA has been providing monitoring data through its SIS corporate reporting system, provided details on indicators in the UN PNG Info system, contributed to joint monitoring in Joint UN programmes and provided inputs to annual UNRC reports, there was no monitoring plan developed at the start of the programme period. Monitoring of the indicators from the CPD results framework has been insufficient. While an evaluation plan existed, this was remained mostly unused and the conduct of evaluation of initiatives in each of the outcome areas has been limited. With UNFPA participation in a substantial number of Joint UN Programmes, review of some of these interventions was achieved through joint evaluation, assessing the results of the joint programmes, as well as the contributions of each of the participating agencies. M&E in emergency programming proved limited. After Action Reviews could be improved through the use of existing guidance. There is a need for UNFPA to practice results-based management in both development and humanitarian programming and to inform the use of this approach through a monitoring and evaluation plan, that details requirements in terms of staffing, finances, capacity development and technical aspects concerned.

10) UNFPA responded in emergency situations, including the earthquake in the highland provinces, to conflicts and peace building in the highlands and ARoB and to the COVID-19 pandemic, the latter both in terms of its support to the Joint UN programme in Western Province with, in addition, adaptations made to the development programme.

301. UNFPA has promptly responded to various emergency situations, including the earthquake in 2018 in the early stages of the programme cycle under review, as well as in its latter stages, responding to the COVID-19 pandemic in the country with a focus on women and youth and other vulnerable groups. In between, UNFPA has been an important supporter of peace building through its focus on participation of women and youth in reducing conflict and supporting peace, making use of a GEWE perspective. UNFPA has supported the use of MISP and GBV international standards in emergencies and though these have resulted in enhanced capacities of health workers concerned, enabling their application in several emergency situations, their inclusion in national and provincial level emergency preparedness plans has been less clear.

11) UNFPA played an important role in UN coordination in emergencies, in particular exemplified by UNFPA's role in the establishment and leading of the sub-clusters of SRHR and GBV as part of the health and protection clusters, in this way enabling parts of UNFPA's mandate to be explicitly managed and coordinated across agencies and government during emergencies.

302. In addition to UNFPA contribution to the management of three of the four UNDAF pillars, the organization has played an important role in the coordination of emergency programming. Through the establishment of two sub-clusters in line with UNFPA mandate areas, the focus on SRHR and GBV issues could be enhanced in the health and protection clusters respectively. Nevertheless, the realization of such attention will need UNFPA's ongoing support which could be enhanced by a separate staff position on humanitarian issues. Given the frequent focus on humanitarian action in the programme period under review, a fixed staff position for humanitarian action, including disaster preparedness, risk reduction and response would be warranted.

12) The Demographic Dividend, with the application of a gendered approach, appeared to provide an important way to link the outcome areas of the UNFPA programme to the process of sustainable development in PNG. In this way, SRHR, GEWE and the needs of adolescents and youth were linked to the peace building and economic development opportunities of the country, with a focus on the development of human capital, within the broader perspective of peace and security and the right to development, informed by population analysis.

303. The mandate areas of UNFPA are often considered in their individual rationale and relevance, highlighting in particular the social and moral dimensions, which are key from a rights-based perspective. The support provided to the analysis of the youth bulge in PNG and the related opportunity of reaping a demographic dividend, provided the opportunity to look at SRH, FP, GEWE and adolescent and youth related issues from a development economic as well as a peace and security perspective, with the ability of a relative large youth population supporting social stability and providing an incentive to economic growth over the coming decades. This, however, assumes investment in health, education and labour opportunities for adolescents and youth, developing the human capital needed for the process of sustainable development in a secure environment. The support to the demographic dividend and its economic aspects could be linked with the right to development, and the right to a clean, healthy and peaceful environment. In this way, the demographic dividend could enable UNFPA to link SRH, MNH and health sector response to GBV to the right to development by highlighting the economic importance of investment in adolescent and youth's health, including their sexual and reproductive health. This needs to be part of a concerted effort to support the PNG sustainable development process together with other UN agencies and development partners. UNFPA's cooperation with ESCAP is an important start for the development of a broader partnership in this respect. Youth participation in peace and economic development have the ability to accelerate the process of sustainable development in the country.

6. Lessons Learned

304. Below lessons learned are presented, which concern learning obtained in the context of the country programme, but which can be considered useful beyond the context in which they were obtained. This goes both for other parts of Papua New Guinea outside the priority provinces well as other development contexts in the Pacific and beyond.

LESSON 1: TOT training can provide a useful approach to capacity development at provincial level but in order for this approach to result in improvements in the provision of maternal health and family planning services to women and girls there is a need for a strong monitoring component. This in order to assess the results of follow up trainings provided and the ability for trainees to enhance their performance in line with learnings from the training, and to improve access to quality SRH and GBV related services, including for vulnerable groups.

305. Training of trainers on FP and EmONC did result in enhanced capacities of participants concerned and participants of the TOT training did often have the opportunity to conduct follow up training. Training was aimed to result in better services through the use of SOPs as learned in the training and behaviour of health workers that was adapted accordingly. However, this proved not always possible due to limitations in terms of the equipment of the facilities and lack of obstetric emergency medicine and in case of FP training the lack of commodities like implants. Also, the lack of more basic requirements like access to running water and electricity were constraints identified.
306. In one case in EHP the training resulted in 80 percent of relevant staff being trained. Though this was an encouraging result as such, the abilities for trained Health workers to apply their learnings appeared more limited. The head of the labour ward was able to conduct some monitoring of the trained staff as part of other facility visits and found that though knowledge had been enhanced, application had been limited through the absence of some basic equipment, including a labour bed and sterilization equipment as well as lack of access to running water and electricity.
307. Though some monitoring had been conducted by UNFPA staff and by some of the key trainers, monitoring appeared not sufficiently included in terms of the methodology of the training approach. Systematic monitoring would not only be able to assess the number of health workers trained but also the extent to which they had been able to apply learnings and could identify the need for any follow up support. Rather than monitoring being the responsibility solely of UNFPA staff, it would be useful to provide opportunities for the key trainers to monitor the achievements of the health workers that they trained, including constraints faced and how these could be addressed in the existing health system and what support would be required from UNFPA or other development partners.

LESSON 2: In a lower middle-income country, where much of the focus of government is on enhancing economic development, it is essential to make the connection between social and economic aspects of development and in particular in terms of the opportunities of a demographic dividend of a large youthful population, ensuring that this human capital, if properly supported in terms of their health, education and income generating needs, can be a source to generate peace and prosperity for all.

308. In the context of PNG being a middle-income country, it will be useful to justify the investments needed in health and education using the perspective of the Demographic Dividend. This economic dividend, which has the ability to boost the sustainable development process in the country, is related to a large youthful population, but can only be achieved when proper investments are made in human capital, in particular the health and education of adolescent and youth, enabling them to play a positive role in the economic development process. In addition to more generic aspects of health and education, for adolescent and youth, this includes addressing their SRH needs and rights including FP needs and to ensure that they have access to SRH information, services and commodities. In this way SRHR need of adolescents and youth can be understood not only as an inherent right, but also from the perspective

of the right to development and the need to live in a healthy and clean environment. The same can be said about prevention of and response to GBV through the health sector which can be considered important means of enabling adolescents and youth to play important economic and social roles in their local communities and beyond.

LESSON 3: Peace building has proven to be an important entry point for UNFPA support in relation to its mandate areas in PNG, in particular enabling support to women and youth empowerment and addressing gender-based physical and psychological violence.

309. United Nations humanitarian programming in PNG included a focus on the development - peace nexus. This was underpinned by a recognition that women and youth as vulnerable groups were impacted differently during conflict, with humanitarian relief required to be observant of their human rights when addressing their needs, in order for women and youth to be enabled and empowered to continue to contribute to the development process, adding to results in terms of peace and security.
310. In the peace building support of the Country Program, UNFPA successfully worked on driving behavioural mindset change of youth, which programme beneficiaries have expressed to consider a critical need. Through the delivery of mindset trainings and the identification of conflict triggers, positive transformative results have been recognised by youth.
311. In the Highlands of PNG, the trainings delivered by UNFPA through the Gender Youth Promotion Initiative were associated with positive behavioural change of youth. In Komo, a hotspot conflict zone in Hela Province, beneficiaries reported that the mindset training enabled engagement of youths in rugby as a sport which in turn reduced violence and contributed to peace in the communities concerned.
312. Violence in the highlands, moreover, was aimed in particular at women and girls and often characterized as gender-based violence and violence in relation to accusations of sorcery, mostly towards women. Thus, UNFPA support to address conflict and enhancing peace and development was related directly to the empowerment of women and youth and addressing aspects of gender-based violence.
313. In conflict prone regions of the Highlands and Bougainville, youths were identified as instigators of conflict and violence, including intergroup conflicts. Youths thus have been critical in the process of peace building and for channelling messages of peace and security efficiently and effectively to the large youthful population. The unmet needs of youths tended to drive conflict, obstructing development opportunities. Thus, development initiatives needed to address the needs and requirements of youth in order to address the underpinnings of conflict and support the peace process.
314. In Bougainville under the Gender and Youth Peace Initiative, UNFPA supported engagement of youth in the referendum process, enhancing their participation in political issues that affect their lives. The trainings, messaging and other support provided by UNFPA to youth in Bougainville was seen by various stakeholders to have been an important contribution to the peaceful implementation of the referendum process and the absence of major violence in the period before, as well as during and after the referendum. The mock Youth Parliament contributed to this success of supporting peace and security, enhancing the understanding of the parliamentary processes and functions and the awareness and interest of youth in political processes, supporting their engagement in decision-making at the local and national levels.

7. Recommendations

315. Below the recommendations are presented based on analysis of the findings and conclusions of the evaluation. They are in particular addressed to the UNFPA country office and its partners, focusing on ways in which programme achievements can be enhanced with attention to strategic and programmatic aspects.
316. Recommendations have been informed by the viewpoints of respondents of key informant interviews and focus groups, in which questions concerning recommendations were included and issues were discussed during each of these interviews. At the end of the field phase of the evaluation, validation meetings were conducted with UNFPA staff and members of the ERG, in which preliminary recommendations were discussed, which informed the finalization of the details presented below.

Strategic Recommendations

1. **For UNFPA PNG in the next programme cycle to orient its approach to its mandate areas through a focus on the development of human capital as a requirement for reaping of a demographic dividend and reinforce the sustainable development process of Papua New Guinea in an integrated way, in close cooperation with DNPM, NDOH and with other UN agencies as part of the UN Sustainable Development Partnership Framework in the country and in coordination with other development partners at national and provincial levels (related to conclusions 1, 3, 6 and 12; priority high).**
 - a. Make use of the results of the project implemented with ESCAP and the DFAT supported data project to explicitly link support to the mandate areas of the organization, including programmatic aspects of FP, maternal health, HIV/AIDS and GEWE, to the development of human capital, in particular of adolescents and youth and women and girls, contributing in this way to putting in place the requirements to reap a demographic dividend as an important enabler to reaching the SDGs
 - b. Link the development of human capital with the use of a rights-based and GEWE approach, including the right to development, ensuring the use of an inclusive approach making use of the Agenda 2030 principle of Leaving no one behind
 - c. Enhance relationships with DNPM and the provincial level Planning Departments and support enhancement of their capacities for achievement of the SDG through reaping of the demographic dividend and use of a human capital development approach.
 - d. Make use of relationships with NDOH and with PHAs in the priority provinces to enhance capacities in terms of SRHR and GBV related results required for and contributing towards the realization of the demographic dividend.
 - e. Work with sister UN agencies to include the requirements for reaching the demographic dividend in the design of the new UN SDPF, as an important enabler of reaching the SDGs, including those aspects of the development of human capital that will need to complement the UNFPA focus, like youth employment and quality education.
 - f. In terms of monitoring the requirements for achieving the demographic dividend, include relevant population, SRHR, GEWE, CSE and PD related indicators in the monitoring framework of the programme as a means to assess contribution of UNFPA support to the process
 - g. Continue to make use of the DHS and other relevant population data to inform the sustainable development debate at national and sub-national levels, creating opportunities and developing capacities to enhance ownership and use of population data to inform and guide the process of sustainable development in the country

- 2. For UNFPA PNG, in order to enhance the human resource capacity of the country office, to review the staffing structure of the organization in Papua New Guinea and aim to include a PD leadership position in the staffing structure as well as M&E and Humanitarian Action regular staff positions (related to conclusions 3, 4, 7, 8, 9 and 11; priority high).**
 - a. Enhance the staffing structure of the country office by inclusion of a PD leadership position, in order to lead on the gathering, analysis and use of data to inform planning and programming, and including positions for adolescent and youth, a humanitarian action staff positions and an M&E advisory position
 - b. Ensure support from APRO and UNFPA HQ in the review of national staff positions that may require international rather than national level positions given the labour market conditions in the country and identify ways in which such staff can be hired in a timely fashion
 - c. Work together with other UN agencies and Universities on the identification of ways in which the labour market can be enhanced in particular in terms of enhancing the number of applicants for national UN staff positions, including education opportunities on social and economic development issues at university levels
- 3. For UNFPA in PNG, in resource mobilization for in particular SRHR and PD related programming, to make use of the need for human capital development as a requirement to reap the Demographic Dividend as part of the human right to development (related to conclusion 8 and 12; priority intermediate).**
 - a. Relate with the Finance and Treasury Departments at national and provincial levels in advocating for the use of government resources to support human capital development and provide financial support to the implementation of the census and develop investment cases for such advocacy
 - b. Develop easily accessible materials on the Demographic Dividend opportunities in PNG and the requirements for its realization for use in resource mobilization initiatives with donors and other development partners

Programmatic Recommendations

- 4. For UNFPA PNG in the next programme cycle, in close cooperation with DNPM, NDOH and sub-national government agencies, to make use of situation analysis and assessments at provincial level to develop tailor made provincial level UNFPA plans in support of Provincial Health Authorities and Provincial Planning Departments, coherent with ongoing government planning and support from other development partners, civil society and faith-based organizations and provide UNFPA provincial point persons to coordinate UNFPA support enhancing in this way a targeted and integrated approach at sub-national level, ensuring inclusion of vulnerable and marginalized groups (related to conclusions 2, 4, 5 and 6; priority high).**
 - a. Develop in cooperation with DNPM and NDOH province specific situation analysis for priority provinces which include health system capacities as well as abilities for data gathering and analysis for development planning in relation to the requirements for realizing the demographic dividend at provincial level. Pay attention, as part of the situation analysis, to aspects of gender and vulnerability including aspects of disability and conditions in remote and isolated parts of the provinces in order to enable an inclusive programmatic approach, focused on Leaving no one behind and informing the requirements to reaching underserved groups and areas.
 - b. Informed by the situation analysis and in close cooperation with provincial authorities, develop integrated provincial level UNFPA plans in support of provincial Planning Departments, PHAs and Social Development Departments, specifying UNFPA support, including all relevant mandate areas of the organization, and complementary to support of other UN agencies and development partners, costing the plans with the use of provincial, UNFPA and development partner contributions

- c. Work with the Department of Community Development and Religion in the identification of particularly vulnerable groups within the priority provinces and on ways to include such groups in all aspects of the programme and provincial development planning
 - d. Assign a point person from amongst the UNFPA programme staff to coordinate relations between UNFPA and provincial level authorities, including senior management of the PHA as well as leadership of the Planning and Social Development Departments and to contribute to monitoring of results
- 5. For UNFPA PNG to enhance gender mainstreaming in all aspects of the programme through increased attention to the role of men and boys and their access to relevant SRHR and GEWE related information and knowledge, addressing their attitudes towards use of family planning, the incidence of GBV and the prevalence of HIV/STIs, contributing to a gender transformative approach (related to conclusion 3).**
- a. Ensure the inclusion of psycho-social care in the support available for and provided to women and girls that have been survivors of GBV through the FSC at provincial level and enhance the opportunities for survivors to get access to all relevant services in a single place through a one-stop setup
 - b. Enhance engagement with men in UNFPA support to family planning, improving access of men to relevant information and making them aware of the advantages of family planning in terms of birth spacing as part of a rights-based approach
 - c. Provide support to the establishment of health-related response services for men and boys who have been survivors of violence and for men who have been perpetrator of GBV who need support to change, keeping support at a commensurate level with incidences concerned and ensuring the safety of survivors in all stages of the process
 - d. Enhance involvement of men in ante- and post-natal care provision, including the scanning for HIV/STIs making use of a community-based approach, possible start of treatment concerned, advocating the use of condoms and in terms of post-natal care to reduce delays in obtaining support in case of post-partum haemorrhage
 - e. Support the effective delivery of the CSE curriculum once endorsed by the Department of Education
 - f. Support addressing of social and gender norms in relation to sexual and reproductive health and rights, in particular regarding issues related to access for adolescents and youth, making use of a rights-based perspective, as an important way to contribute to reduction of teenage pregnancies and reduction of the risk of the spread of HIV/STIs among adolescents and youth and the wider community
- 6. For UNFPA PNG, together with the DNPM, NDOH and other key stakeholders, to provide an explicit rationale for the use of priority provinces at the sub-national level and their selection and to agree on a way in which experiences and learnings from initiatives implemented in a priority province will be used to inform developments in other provinces of the same region and across regions, including ways to address the SDG principle of Leaving no one behind (Conclusions 2, 4, 5 & 6; priority intermediate).**
- a. Develop the rationale for the use of priority provinces, including the reasons for their selection and the role of these provinces in the wider sustainable development process in their regions and at national level
 - b. Provide support to government agencies and other stakeholders in the priority provinces to monitor progress made on development interventions supported by UNFPA and to identify lessons learned from programme implementation, which can be shared across stakeholders within the province as well as with other provinces in the region and with other priority provinces
 - c. Organize for ways in which the various government and other stakeholders involved in the UNFPA supported initiatives within a province can learn from their involvement in the programme and share learnings across agencies, making explicit the ways in which different agencies contributed to human

capital development and the realisation of the demographic dividend, furthering the sustainable development process

- d. Provide opportunities for government agencies and other stakeholders from the priority provinces to learn from one another on the development interventions supported by UNFPA and their linkages to the wider sustainable development process, including ways in which particularly vulnerable groups have been identified and included in the development process, making use of a rights-based approach

7. For UNFPA PNG to enhance its ability for results-based management in development and humanitarian programming by developing and implementing a monitoring and evaluation plan, which includes the identification of key projects and initiatives that need to be evaluated and preparing for portfolio reviews and evaluations informed by the results of a robust monitoring system, in cooperation with other UN agencies in case of joint programming and other relevant actors in other initiatives (related to conclusion 9; priority intermediate).

- a. Develop an integrated monitoring and evaluation plan for the entire period of the next country programme cycle, including assessment of indicators of the CPD Results and Resources framework and identifying priorities in terms of monitoring and evaluation of selected initiatives and gathering of baseline data for those initiatives prioritized for evaluation; include the conduct of assessments like RH commodity reviews, detailing aspects of the implementation of the plan, including regularity of data gathering and analysis, the need to disaggregate data along vulnerability criteria, roles and responsibilities concerned, and budget allocated
- b. Build capacities of UNFPA staff and implementing partners in results-based monitoring and evaluation, making use of training as well as mentoring approaches
- c. Support joint evaluation of joint UN projects and programmes, in both development and humanitarian settings, making the degree of jointness explicit in the terms of reference and including questions on coordination and cooperation amongst UN partners and with government and other stakeholders as well as the added value of the joint setup of the programme in the design of the evaluation
- d. Organize six-monthly meetings of the UNFPA SMT, programme staff and implementing partners to review progress and to discuss ways to address challenges in implementation and opportunities to enhance achievement of results and their expected sustainability
- e. Conduct quarterly review meetings in each of the outcome areas of the programme to review progress and discuss constraints as well as opportunities to enhance results and feed the results of these meetings into the six-monthly meetings with implementing partners
- f. Enhance access to programmatic and management information through the establishment of a shared information database, with programme component specific folders, providing staff members with tailor made access in terms of posting and access to information concerned and make the use of the database a requirement and part of the individual staff performance management system

8. For UNFPA PNG in cooperation with Government partners in their support to humanitarian action, ensure that the sub-cluster working groups get operational and in emergency preparedness enable for MISP and GBV in emergencies training to result in the incorporation of related standards in national, provincial and district level emergency preparedness plans (related to conclusion 10 and 11; priority intermediate).

- a. Capacitate key players in the established GBV and SRHR humanitarian sub-clusters to collaboratively address SRHR and GBV in emergencies making use of a coordinated response.
- b. Follow up on training on MISP and GBV in emergencies to relevant disaster preparedness and response agencies at national and provincial levels for inclusion of requirements concerned into the national and provincial level emergency preparedness, response and risk reduction plans.

ANNEX 1:

Terms of Reference

**United Nations Population Fund (UNFPA) Papua
New Guinea country 6th Country Programme
2018-2022**

Country Programme Evaluation

(without annexes to the TOR)

September 2021

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<u>Annex 12: UNFPA Evaluation Office editorial guidelines</u>	

ACRONYMS

CCA	Common country assessment/analysis
CO	Country office
CP	Country programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HCT	Humanitarian Country Team
ICPD	International Conference on Population and Development
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality. In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA has been operating in PNG since 1996. The support that the UNFPA PNG Country Office (CO) provides to the Government of PNG under the framework of the 6th Country Programme (CP) 2018-22 builds on national development needs and priorities articulated in the country Vision 2050 and PNG midterm Development plans (MTDP 3, The National Health Plan 2011-20, PNG National strategy to Prevent and respond to GBV 2016-2025, Papua New Guinea's National Strategy for Responsible Sustainable Development (StaRs), the National Population Policy 2015 - 2024 and Alotau accord 2 and 3 (2018-22)

In 2021, the UNFPA Papua New Guinea Country Office is planning to conduct an independent Country Program Evaluation (CPE) of the UNFPA 6th Country Program of Assistance to the Government of Papua New Guinea from 2018-2022.

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred.”²²³ The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 6th CP (2018-22 in PNG and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

An evaluation practice is essential for UNFPA as it contributes to the greater accountability and transparency of the organization. In UNFPA, the evaluation function is governed by the UNFPA evaluation policy. The independent Evaluation Office (EO), established in July 2013, is the custodian of the evaluation function and, with support from the Executive Director, is accountable for implementing the policy. It is expected that CPEs are conducted by country

²²³ UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

offices at least once in every two cycles to inform the development of the subsequent programme.

Therefore, in line with the United Nations Evaluation Group (UNEG) Norms and Standards, code of conduct and ethical guidelines for evaluations, as well as UNEG guidance on gender- and human rights-responsive and disability inclusive evaluations, and in line with international best practice, UNFPA Papua New Guinea plans to conduct an external independent evaluation of its 6th Country Programme (CP) of Assistance to the Government of Papua New Guinea (2018-2022).

The evaluation will be implemented in line with the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: (i) The UNFPA PNG CO; (ii) the Government of PNG; (iii) implementing partners of the UNFPA PNG CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) Asia Pacific UNFPA Regional Office (APRO); and (vi) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA PNG CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

This evaluation will serve the following purposes: 1) Demonstrate accountability to stakeholders on the contribution of the 6th CP to agreed results, 2) generate evidence and lessons to support evidence based programming in UNFPA, and 3) provide necessary evidence to design UNFPA's 7th CP. The evaluation results will also feed into the evaluation of the United Nations Sustainable Development Cooperation Framework in Papua New Guinea.

The primary users of CPE will be decision-makers in UNFPA CO, regional and global units, Executive Board and counterparts in the Government of Papua New Guinea. Additionally, partners, donors (Australia, the European Union), civil society, private sector, and other UN agencies (e.g. United Nations Development Program (UNDP), United Nations Children's Fund (UNICEF), UN WOMEN, UNAIDS, World Health Organization WHO) are intended audience for the evaluation results. As such, this Terms of Reference (TOR) sets out the details of the

evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

The evaluation will be managed by the evaluation manager within the UNFPA Papua New Guinea Country Office, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the Asia and the Pacific Regional Office, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

COUNTRY CONTEXT

Papua New Guinea, a lower middle-income country, is the largest in the Pacific region with a population of around 9 million and over 850 indigenous languages and 22 provinces spread over 600 islands. With an average population growth rate of 3.1 per cent, the country's population is projected to reach 13 million by 2032. Due to the fluctuating world commodity prices in 2015, the national health budget dropped by 56 per cent. The country has a gross national per capita income of \$2,800 and a Human Development Index ranking of 158 out of 188 countries. Eighty-five per cent of the population live in rural areas and rely on subsistence agriculture. About 40 percent of the population live on less than \$1 per day.

The gender inequality index at 0.611 reflects high inequalities in women's health, empowerment and economic status. The country has no female political participation and low female labour force participation (48.3 per cent) rate. Gender inequality, violence and harmful norms have prevented women not only from accessing available services, but also from exercising their rights, including reproductive rights and the right to live a life free of violence. Gender-based violence is endemic, limiting women and girls' safety and ability to make informed sexual and reproductive health choices. Gender-based violence (GBV) is endemic in the country. The Demographic Health Survey (DHS: 2016-2018). indicated that 55.6% of Papua New Guinean women experienced physical violence in the 12 months prior to the survey and 28.2% experienced sexual violence in her lifetime. The DHS data clearly demonstrates that GBV particularly domestic (DV) and intimate partner violence (IPV) is a pervasive problem in PNG. Available research exhibits that most vulnerable persons are internally displaced persons (IDPs), women, adolescent girls and children, persons from minority clans, female headed households, persons living with disabilities, key populations and people with diverse sexual orientations, and elderly people.

Papua New Guinea has made some progress in SRHR, but challenges persist. The total fertility rate decreased slightly from 4.4 in 2006 to 4.2 in 2016 with lower rates in urban areas (3.5) and higher rates in rural areas (4.3). The fertility rate begins in teenage years, where 12% of young women have begun childbearing, leading to an adolescent fertility rate of 68 per 1,000 women aged 15-19 years. Furthermore, women who have obtained a high school education or above are reported to have a lower total fertility rate (3.1) than women with no formal education or only elementary education (4.6). The total fertility rate also reduces among women with increased wealth

This high fertility rate is compounded by unmet family planning needs, occurring for almost one in three women (32%) aged 15 to 49 years (13), and by a mCPr of just 21.6% among all women of reproductive age, representing one of the lowest rates among married women in member states of the WHO in the Western Pacific Region. The unmet need for family planning in PNG is greatest in the adolescent childbearing has stagnated (12.9% in 2006 and 12.1% in 2016).

Maternal mortality has significantly declined from 733/100,000 (maternal deaths per live births) to 171/100,000 in 2016, although it remains high in some region of PNG particularly among poorer women and women in rural areas of the country. The unmet need is much higher among unmarried sexually active women than it is for their married counterparts. Despite high knowledge of modern contraceptive methods amongst married women, less than a third of married women are using a modern method of contraception, with half of women not having their demand for family planning satisfied with modern methods.

There is an increased rate of rural to urban migration and urban poverty in PNG. This is further characterized by poor living conditions and deficits in the housing stock. Key urban infrastructure and services such as roads, drainage systems, as well as water and sanitation systems have deteriorated over the years due to poor maintenance and increased demand of a rising population.

Due to the absence of key urban policies such as land use planning and housing, lack of capacity, poor management, and dysfunctional governance structures, all levels of government have become major stumbling blocks to development in Papua New Guinea. The urgent challenges as pointed out in the recently approved National Urbanization Policy include population and employment; housing, informal settlements and social issues; governance and institutions; environment and climate change; rural urban linkages, transport and infrastructure; land availability; security, law and order; and gender and HIV/AIDS.

Papua New Guinea is a signatory to most international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women. The National Strategy to Prevent and Respond to Gender-Based Violence (2016-2025) lays out a road map to address the high levels of gender-based violence. Although customary law is subordinate to the Constitution and statutory laws, it is the main law applicable in the village courts, reinforcing discrimination against women.

With 58 percent of the population under 24 years, Papua New Guinea has a youth bulge. Without timely investments in health, education and employment for this large youth cohort, the demographic dividend will not be fully optimized. high teenage pregnancy rate (12 per cent) and adolescent fertility rate of 68 births per 1,000 women aged 15-19 years reflect high levels of gender-based violence, young people's limited awareness and a lack of access to sexual and reproductive health services. Couple with the country suffering from a critical shortage of human resources for health, Papua New Guinea also has a high maternal mortality ratio at 171 per 100,000 live births (DHS 2016-2018). About 88 percent of maternal deaths are due to the lack of skilled birth attendants and the unavailability of essential life-saving medicines. With a high total fertility rate (4.2), low coverage of skilled birth attendance (40 per cent), a low contraceptive prevalence rate (24.1 per cent for modern methods), a high unmet need for family planning (30 per cent for women) and a concentrated HIV epidemic prevalence of 0.8 per cent (the highest in the Pacific), achieving universal access to reproductive health services remains challenging.

Since independence in 1975, the country has faced periods of fluctuating political stability. Despite all this, successive Governments have made a strong political commitment to pursue various development outcomes, as articulated in the Vision 2050 statement and the National Development Strategic Plan 2010-2030.

The country has used decentralization as a means to improve public spending effectiveness. The decentralization process assigns funds directly to the districts and provinces, transferring to them the responsibility of adapting diverse national policies and implementing them.

Situated in the Pacific Ring of Fire for earthquakes and volcanic eruptions, Papua New Guinea is highly vulnerable to natural disasters, particularly floods, droughts, and rises in sea level. According to the World Risk Index year 2018, Papua New Guinea is among the ten most disaster-prone countries in the world. The country shares a 720-km land border with Indonesia on the west and sea borders with Australia on the south and Solomon Islands on the south-east through which traditional border crossers travel daily. Road networks and frequent travel expose many people to a range of health risks. In PNG, inter-province migration continues due to employment opportunities and displacement of people affected by civil unrest and natural disasters. These movements affect people's health-seeking behaviour and access to health services. Currently the PNG has a full community transmission of Covid 19 with cases of the delta variant already detected in the country.

The capacity to collect, analyse and utilize quality and timely data to inform and guide policy formulation, implementation and monitoring is still weak in Papua New Guinea. The National Population Policy (2015-2024) articulates a strong political commitment to managing population dynamics and revitalizing the demographic transition, in line with national sustainable development priorities. The population policy is complemented by the National health plan 2010-2020 (latest currently in draft), National youth policy and Adolescence SRH policy 2014 which UNFPA is providing support to review and update and the National GBV strategic plan 2016-22

SIXTH COUNTRY PROGRAMME (CP6)

The CP6 aims at achieving the following results:

National priority: Achieve an efficient health system which can deliver an internationally acceptable standard of health services (PNG Development Strategic Plan 2010-2030). The CPD6 also aims to achieve the country priority of elimination all forms of Gender based violence and ensuring a productive sustainable population growth

UNDAF outcome: By 2022, national authorities (at central and decentralized levels) effectively manage, regulate and deliver basic social services in line with national standards and protocols.

The Main intervention from UNFPA CPD on Gender, and Population and Development fall under the People and Peace Pillar of the current UNDAF. Data comes under the Prosperity. Altogether there are 4 Pillars that the UNDAF outcomes stands; (Peace, People, Prosperity and Planet)

Outcome 1: Sexual and reproductive health

- **Output 1:** Government and civil society capacities are strengthened in the priority provinces to deliver integrated sexual and reproductive health and family planning services, including in humanitarian settings. Interventions include:
 - (a) conducting operational research on barriers to family planning access and utilization, to inform advocacy, policies, strategies and implementation plans;

- (b) advocacy with parliamentarians and decision-makers to increase resources for family planning, especially at the subnational level;
 - (c) capacity development of health workers in supply chain management and the provision of quality family planning services;
 - (d) partnering with civil society to increase awareness of sexual reproductive health and reproductive rights and demand for services;
 - (e) supporting the Government to work towards a sustainable national financing mechanism for reproductive and maternal health commodities; and
 - (f) capacity-building on the Minimum Initial Service Package for emergency response.
- **Output 2:** Increased institutional capacity in the priority provinces to deliver comprehensive maternal health-care services. Intervention include:
 - (a) supporting the scale-up of and strengthening the provincial maternal death surveillance and response;
 - (b) strengthening health systems to respond to gender-based violence, in line with the Essential Service Package for women and girls;
 - (c) supporting the scale-up of emergency obstetric care; and
 - (d) Institutionalizing a comprehensive midwifery-training programme to facilitate increased coverage of skilled birth attendants during deliveries.

Outcome 2: Gender equality and women's empowerment

- **Output 1:** National institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings. UNFPA will play a convening role on issues related to gender-based violence. In partnership with UN-Women, UNDP, the United Nations Children's Fund, Government partners and stakeholders, UNFPA will advance gender equality and the empowerment of women and girls, particularly their reproductive rights and the prevention and response to gender-based violence. Interventions include:
 - (a) providing technical assistance to strengthen the implementation of the National Strategy to Prevent and Respond to Gender-Based Violence, including on data collection, analysis and dissemination;
 - (b) coordination of the gender-based violence sub-cluster and implementing the UNFPA Minimum Standards on gender-based violence in emergencies;
 - (c) high-level advocacy for an increased political and funding commitment to implement gender-related legislation and national strategies and gender-responsive comprehensive sexuality education in and out of schools; and
 - (d) advocacy with community and religious leaders, civil society organizations, the Department of Justice, the Attorney General and the Ombudsman Commission to address harmful social norms and practices.

Outcome 3: Population dynamics

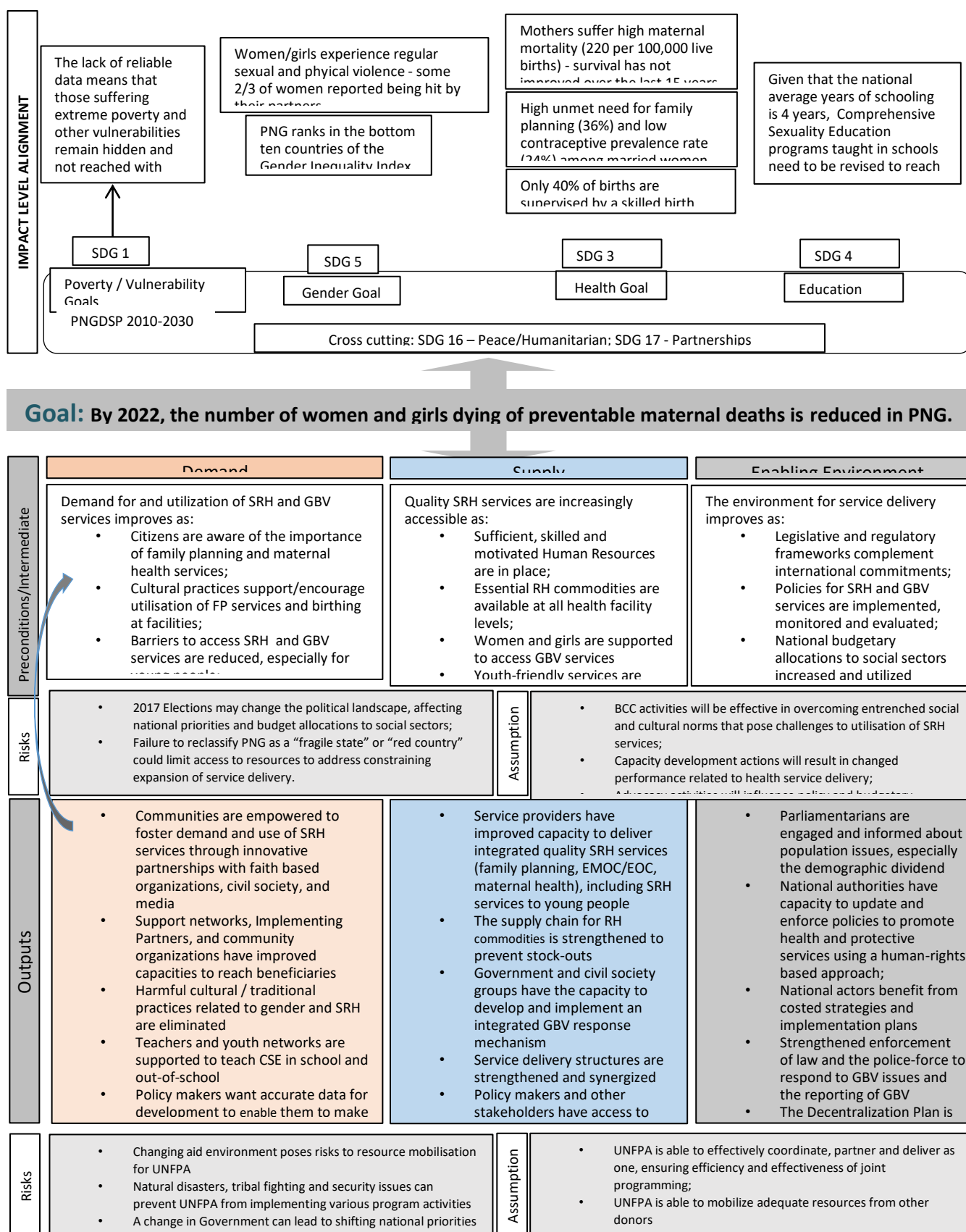
- **Output 1:** National institutions have the capacity in place for high-quality data collection, analysis and utilization. Interventions include:

- (a) supporting the dissemination of the 2016 Demographic and Health Survey findings and recommendations;
- (b) resource mobilization and technical assistance to conduct 2020 Census;
- (c) creating an enabling environment for the Government to fully implement and monitor the National Population Policy;
- (d) providing technical support to the National Statistical Office and provincial administrative units in the priority provinces to generate data, analyse and disseminate data (including on gender-based violence and the demographic dividend) to monitor the progress of national development targets and population-based Sustainable Development Goal targets; and
- (e) Documentation of good practices to promote knowledge management and sharing.

The 6th country programme of support to the Government of Papua New Guinea (PNG) from 2018 to 2022 is in the amount of \$16.1 million (\$5.6 million from regular resources; and \$10.5 million from other resources). The outcome resource allocation were as follows;

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.8	5.5	8.3
Outcome 2	Gender equality and women's empowerment	1.0	1.5	2.5
Outcome 3	Population dynamics	1.0	3.5	4.5
Programme coordination and assistance		0.8	0.0	0.8
Total		5.6	10.5	16.1

THEORY OF CHANGE: CPD 6 PNG.



PURPOSE, OBJECTIVES AND SCOPE

This evaluation will serve the following purposes: 1) Demonstrate accountability to stakeholders on the contribution of the 6th CP to agreed results, 2) generate evidence and lessons to support evidence based programming in UNFPA, and 3) provide necessary evidence to design UNFPA's 7th CP. The evaluation results will also feed into the evaluation of the United Nations Sustainable Development Cooperation Framework in Papua New Guinea.

The overall objectives of the CPE are (i) to provide the Papua New Guinea country office, national stakeholders and rights-holders, UNFPA Regional Office and HQ with an independent assessment of the UNFPA 6th CP (2018-2022), and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives of CPE are to:

- provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coherence of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme;
- provide an assessment of the strategic role played by the UNFPA CO in the coordination mechanisms of the United Nations Country Team (UNCT), development and national partners, with a view to enhancing the United Nations collective contribution to national development results as well as its ability to respond to national priority needs, while adding value to the country development results, and
- draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations in light of SDG 2030 agenda for the next programming cycle.

The evaluation will cover the following three thematic areas: SRH, Gender/GBV and harmful practice and Population Data and Dynamics. Moreover, the evaluation will cover all programmatic interventions planned and implemented during the period from January 2018 to August 1 2021, including the humanitarian response. Cross-cutting areas such as partnership, resource mobilization and CP communication and advocacy interventions will be covered.

The evaluation will cover the national and sub-national levels (provincial and districts). The CP6 has been implemented at both the national and provincial levels, in selected five (5) priority provinces (EHP, Morobe, Milne Bay, AROB and Central. Some individual projects such as Spotlight Initiative have had specific geographic focus, often out of the priority provinces. Humanitarian and Peace Building projects covered specific geographic locations at sub-national level in the Autonomous Region of Bougainville, Southern highlands and Hela and Western provinces. Therefore, for the CPE exercise at least three provinces and one district of PNG will be selected to measure the extent of implementation of the CPD6 at the sub-national level. Sites will be selected based on a set criterion which will be agreed upon by the CO and the Evaluation Team.

Besides the assessment of the intended effects of the programme, the CPE will identify key unintended effects in the assessment. To complement the assessment of the programme components, the evaluation team will also assess the managerial, operational (e.g. financial, administration, procurement) and results-based programme management systems and structures of the CO.

The evaluation will unfold in five phases, each of them including several steps and details of each phase are presented in Section 5.

Evaluation audience

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the 6th CP and to inform the development of the 7th CP. For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including UNFPA staff and the Executive Board, national partners, government, civil society organizations and donors.

EVALUATION CRITERIA AND EVALUATION QUESTIONS

In accordance with the methodology for CPEs as set out in the UNFPA Evaluation Office revised Handbook on ‘How to Design and Conduct Country Programme Evaluations (2019)’ and the OECD-DAC revised criteria, the evaluation will examine the following criteria: relevance, coherence, effectiveness, efficiency, sustainability, coverage and connectedness.

The criterion of **relevance** brings into focus the correspondence between the objectives and support strategies of the CP, and population needs and priorities and policies of partners.

The evaluation will assess **coherence** – the compatibility (complementarity, harmonization and coordination) of the Country Programme with other interventions in a country in areas of UNFPA’s mandate and with international norms and standards; and co-ordination and the extent to which the intervention is adding value while avoiding duplication of effort.

Assessing the **effectiveness**, the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes, will require a comparison of the intended goals, outcomes and outputs with the actual achievement of terms of results. The CPE should account for the impact of COVID-19 pandemic on the achievement of the CP targets this should be specifically be captured under flexibility, adaptation of the Country Program.

The **efficiency** criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources and captures how resources such as funds, expertise, time and etc, have been used by the CO and converted into the results along the results chain.

The **sustainability** is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation.

The **coverage** criterion assesses the extent to which CP beneficiaries facing life-threatening suffering were reached by humanitarian action.

The **connectedness** – the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

The indicative and preliminary evaluation questions based on the above five main components are given below, which will be finalized by the Evaluation Team in consultation with UNFPA:

Proposed Evaluation Questions

Relevance:

- *Evaluation question 1:* To what extent is the UNFPA support in the fields of SRHR and rights, population and development, and gender equality and women's empowerment (i) adapted to the needs of the population with emphasis on the most vulnerable population groups, including women and girls of reproductive age, pregnant women, young people, key population, people with disabilities, in development and humanitarian contexts (ii) is in line with the national priorities set for the implementation of the ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas, (iii) in line with the 2030 Agenda, international normative frameworks, UNFPA Strategic Plan 2018-2022 and the UN Partnership Framework?
- *Evaluation question 2:* To what extent did the design and implementation of the country programme integrated human rights, gender equality and women's empowerment, and disability inclusion?

Coherence:

- *Evaluation question 3:* To what extent the interventions are coherent (complements, coordinates with, and adds value to and leveraged opportunities for) programmes and interventions in SRHR, GEWE and Population and Development, including for the COVID-19 and other humanitarian response and recovery efforts of the government, development partners, including the UN agencies, and CSOs?
- *Evaluation question 4:* To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the Humanitarian Country Team?

Effectiveness:

- *Evaluation question 5:* To what extent have i) the intended programme outputs been achieved, ii) the outputs contributed to the achievement of the planned outcomes and what was the degree of achievement of the outcomes, and ii) what were the factors that facilitated or hindered the achievement of intended and unintended results?

Efficiency:

- *Evaluation question 6:* To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools, approaches and partnerships to pursue the achievement of the results defined in the 6th CP?

Sustainability:

- *Evaluation question 7:* To what extent are the net benefits of the country program likely to continue after the discontinuation of the interventions?
- *Evaluation question 8:* To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects across the development and humanitarian continuum?

Coverage

- *Evaluation question 9:* To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women, adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations, etc.) affected by disasters, including COVID-19 pandemic, conflicts and natural disasters?

Connectedness

- *Evaluation question 10:* To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?

The final list of Evaluation Questions will be agreed with the CPE team in the design phase.

EVALUATION APPROACH AND METHODOLOGY

Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA PNG CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA PNG 6th CP 2018-2022 and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA PNG CO was during the period of the 6th CP. The evaluation team

will take into consideration the impact of COVID-19 and its influence on the Country Programme.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA PNG 6th CP.

Participatory Approach

The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive, involving a broad range of partners and stakeholders at national and sub-national levels. Communication with stakeholders with respect to its purpose, the criteria applied, and the intended use of the findings will be ensured at all stages of the evaluation. Every effort will be made to include key stakeholders as part of the evaluation process either as sources of data (primary/secondary) or through their representation in the ERG.

The UNFPA PNG CO has developed an initial stakeholder map (Annex 3) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, academia, other United Nations organizations, donors and, most importantly, rights-holders. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.). They can provide information and data that the Evaluation team should use to assess the contribution of UNFPA support to changes in each thematic area of the CP.

The evaluation manager in the UNFPA PNG CO has established an ERG comprised of key stakeholders of the CP, including governmental and non-governmental counterparts at national level, UN agencies, the regional M&E adviser in UNFPA Asia Pacific and Regional Office. The ERG will provide inputs at different stages in the evaluation process.

Mixed-Method Approach

The evaluation will use a mixed-method approach design. The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate and feasible. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

METHODOLOGY

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook on “How to Design and Conduct Country Programme Evaluations” and the UNFPA Guidance on Disability Inclusive Evaluation. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA PNG CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The evaluation will be guided by the following standards, among others: UNEG Norms and Standards for Evaluation, including Integrating Human Rights and Gender Equality in Evaluation, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>). Specifically, CPE will analyse how CP6 advances the rights of targeted populations, particularly women and individuals who are marginalized, and support them to claim their rights. It will also look into the extent to which the CP6 strengthens accountability mechanisms and promotes more transparent review and dialogue. The evaluation will seek and utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure that findings are gender reflective and targeted. A particular attention will be paid to adhere to a “do no harm policy” throughout the evaluation process.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in PNG. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and agenda for the field phase.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

Evaluation Matrix

To ensure that the collection and recording of data and information is done systematically, evaluators are required to set up and maintain an evaluation matrix. This matrix will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the evaluators:

- During the design phase, the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e., evaluation criteria, evaluation questions and related issues to be examined – “assumptions to be assessed”); **and** (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies and tools.
- During the data collection phase of the evaluation, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.

- During the analysis and reporting phase, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling Strategy

The Evaluation Team will identify a suitable sampling strategy to select, interventions to scrutinize, field visit sites and stakeholders to interview.

The UNFPA PNG CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA PNG CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex X).

Building on the initial stakeholder map and based on information gathered through desk review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA PNG

CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security measures, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data Collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73. Primary data will be collected at the national and sub-national levels through semi-structured interviews and focus group discussions with stakeholders, including with beneficiaries, and direct observation during field visits, as appropriate.

Secondary data will be collected through desk review of existing literature (evaluations, research and assessments conducted by CO and other partners in the country), policy and strategy documents, annual reviews/progress reports, data repositories, and monitoring data. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 4 weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report. If the COVID-19 situation in the country does not allow travel within the country, remote interviews and groups discussions will need to be used.

Methods for Data Analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions will be used to structure data analysis. The following methods of data analysis and synthesis are encouraged to be used:

- Descriptive analysis - to identify and understand the contexts in which the programme has evolved, and to describe the types of interventions and other characteristics of the programme.
- Content analysis - to analyze documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.
- Comparative analysis - to examine evidence on specific themes or issues across different areas of programme implementation. It can be used to identify good practices, innovative approaches and lessons learned.
- Quantitative analysis - to interpret quantitative data, in particular data emerging from programme annual reports, studies and reports, and financial data.

- Contribution analysis - to assess the extent to which the country programme contributed to expected results. The team is encouraged to gather evidence to confirm the validity of the theory of change, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; test assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

Validation Mechanisms:

All evaluation findings should be supported with evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups, focus groups)
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO, the ERG and where possible – with Implementing Partners, at the end of the field phase, when the evaluation team present the emerging findings/evidence, and preliminary conclusions.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

A validation workshop with a wider group of stakeholders, not limited to Implementing Partners and the ERG, will be conducted to discuss evaluation findings, conclusions and recommendations before the final report is submitted. This opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.

The validation mechanisms will be presented in the design report. In light of COVID-19 and social distancing measures, it is possible that a series of validation meetings takes place in a virtual manner, by breaking the stakeholders into smaller groups.

EVALUATION PROCESS

The evaluation will unfold in five phases that are outlined below:

Preparation Phase

This phase will include:

- Drafting the evaluation Terms of Reference;
- Approval of the ToR by EO;

- Pre-qualification of evaluation team by EO;
- Recruitment of the external evaluation team;
- Set up the Evaluation Reference Group;
- Preparation of documents and uploading them in a google drive; and
- Stakeholders mapping and compilation of list of projects and its key interventions.

Design Phase

This phase will include:

- A desk review of all relevant documents available at UNFPA headquarters, regional office and country office levels regarding the country programme for the period under assessment: 2018-2020
- Stakeholder mapping – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors;
- Reviewing the programme Theory of Change (TOC) – revisit the existing TOC that links planned activities to the intended results of the programme;
- Developing the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (see CPE Handbook);
- Developing a data collection and analysis strategy including all data collection tools and protocols as well as a concrete work plan for the field phase, including division of labor;
- Specifying limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these.
- Sharing with ERG for discussion and finalization the design report addressing all comments received.
- Clearance of the design report by the Regional M&E Advisor and CO Approval of the design report.

At this stage, the evaluators gain an in-depth understanding of both the UNFPA CP and the country context. Evaluation questions are selected and adapted and the most appropriate method of data collection and analysis are proposed. From a sampling framework of a comprehensive stakeholder's map, the evaluators select a sample of stakeholders to interview during the field phase. The methodological approach to sampling will also be described.

At the end of the design phase, the evaluation team will produce a design report that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report. The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Evaluation Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs

and outcomes of the programme. The design report needs to be reviewed by the evaluation manager and approved by the Regional M&E advisor before the evaluation field phase commences. With the assistance of the evaluation manager, the evaluators perform these tasks in close cooperation with the UNFPA CO personnel, particularly with a view to: (i) refining the evaluation questions; (ii) consolidating the stakeholders mapping; and (iii) identifying additional documentation.

Field Phase

After the design phase, the evaluation team will undertake a three-week collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. The Country Evaluation Team will collect primary data through individual interviews, group discussions and focus group discussions, and by way of consulting additional documentation. **The** Team will also collect secondary data during the field phase. Towards the end of the field phase, the evaluators analyze and triangulate the collected data and produce a set of preliminary findings, complemented by tentative conclusions and emerging, preliminary recommendations. These provisional evaluation results are presented to the Evaluation Reference Group and the CO staff during a debriefing meeting to be scheduled at the end of the field phase.

Reporting Phase

During this phase, the Evaluation Team will continue the analytical work initiated during the field phase, taking into account comments made by the CO staff, partners and Evaluation Reference Group under the leadership of the Evaluation Team Leader.

The evaluators submit a draft final evaluation report to the evaluation manager. The evaluation manager reviews and quality **assures the** draft report; the criteria outlined in the “Evaluation Quality Assessment Grid” will be used to **assure the quality of the draft report**. Upon **the** evaluation manager’s consideration of the draft evaluation report being of adequate quality, the report is shared with the ERG for comments, while respecting the independence of the evaluation team in expressing its judgement. Based on the evaluation manager and the reference group’s comments, including comments from the regional M&E adviser, the evaluators proceed with the production of the final evaluation report.

The final report will be cleared by the CO and submitted to the Regional M&E Advisor for approval. The quality of the report will be assessed based on the criteria set out in the Evaluation Quality Assessment grid of the Evaluation Handbook by the Regional M&E Advisor. Once accepted, the Regional M&E Advisor will submit the final report to EO to conduct the external quality assessment of the evaluation report.

Facilitation of Use And Dissemination Phase

During this phase, the evaluation manager, together with the communication and knowledge management officer in the CO, develops and rolls out a communication plan to share evaluation results with country and regional offices, relevant divisions at headquarters and external audiences. The evaluation manager ensures the final report and other evaluation knowledge products are shared with relevant stakeholders and rights-holders through the ERG and through other relevant channels and communication and knowledge management platforms.

The management of the CO will provide a management response to each evaluation recommendation. Asia and Pacific Regional Office (APRO) will quality assure the response. The final response will be uploaded in the corporate tracking system within six weeks of the finalization of EQA and communication by EO. The CO will be responsible for periodically updating the status of implementing the management response. The CO senior management will be responsible for ensuring that the lessons and evidence emerging from the CPE fully informs the design of the 5th CP. The evaluation report will be posted on the CO website and the evaluation database (together with the evaluation quality assessment document) maintained by the HQ EO.

EXPECTED OUTPUTS/ DELIVERABLES

The Country Evaluation Team will produce the following deliverables:

- an approved design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators); c) the overall evaluation design and methodology, including the (revised if necessary) Theory of Change, with a detailed description of the data collection plan for the field phase, data collection tools and protocols;
- a debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO and ERG during the debriefing meeting foreseen at the end of the field phase;
- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group and UNFPA);
- a power point presentation of the results of the evaluation for the in-country stakeholder workshop;
- an approved final evaluation report, with annexes, based on comments expressed during the in-country stakeholder workshop.
- an evaluation brief, a 2-3-page summary of the key evaluation findings, conclusions and recommendations.

All deliverables will be in English and Papua New Guinean. The CO will translate the final English report into Papua New Guinean for a wider dissemination to national stakeholders.

QUALITY ASSURANCE AND ASSESSMENT

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation

report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation at each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex X) before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

<p>1. Structure and Clarity of the Report</p> <p>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office.</p>
<p>2. Executive Summary</p> <p>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.</p>
<p>3. Design and Methodology</p> <p>Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.</p>
<p>5. Analysis and Findings</p> <p>Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.</p>

6. Validity of Conclusions

Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.

7. Usefulness and Clarity of Recommendations

Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women and UNEG guidance on integrating human rights and gender perspectives in evaluation.

Using the Evaluation Quality Assessment Grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Pakistan CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described earlier.

After UNFPA's, Evaluation Reference Group (ERG) and stakeholders' review of the draft reports and based on their comments, the Evaluation team shall correct all factual errors and inaccuracies and make changes related to the report's structure, consistency, analytical rigor, validity of evidence, and requirements in the TOR. After making the necessary changes, the Evaluation team shall submit a revised draft evaluation report, which may lead to further comments from UNFPA. After the second round of review and, if necessary, further revision to the draft evaluation report, the evaluation can then submit the final report pending UNFPA's approval.

The evaluation shall send an electronic copy of words version-draft report/report to UNFPA evaluation manager. All materials produced or acquired during the evaluation shall remain the property of UNFPA. UNFPA will retain the exclusive right to publish or disseminate in all languages reports arising from such materials.

WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

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COMPOSITION OF THE EVALUATION TEAM

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise and perform the role of technical expert for Adolescent and Youth Development, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process.

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager.

Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for the Adolescents and Youth Development, integrated into all CP outputs, and will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, adolescent SRHR, prevention and response to GBV of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. Moreover, will provide expertise on youth program in Peace building and conflict context. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Papua New Guinea CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team members.

Evaluation Team Member: SRHR Expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, including maternal health, family planning, HIV and health sector response to GBV. S/he will also cover the Reproductive Health Commodity supplies program and intervention. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology,

evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Papua New Guinea CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation Team Member: Gender Equality & Women's Empowerment Expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Papua New Guinea CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation Team Member: Population Dynamics Expert

The population dynamics expert will provide expertise on population and development issues, such as, Demographic health survey (DHS). Census, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Papua New Guinea CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/h will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Papua New Guinea CO staff and the ERG.

The modalities for the participation of the evaluation team in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will

be agreed with the evaluation team leader at the design stage. These tasks performed under her/his supervision.

Qualifications and Experience of the Evaluation Team

Team Leader (An International Consultant)

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development, including in the humanitarian contexts.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in evaluating Adolescents and Youth Development programmes/projects.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods, including remote methods, and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Papua New Guinea.
- Fluent in written and spoken English.

SRHR Expert (National Consultant)

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.

- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development, including in humanitarian contexts.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Papua New Guinea.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Pidgin

Gender Equality and Women's Empowerment Expert (National Consultant)

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development, including in humanitarian contexts.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives, disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Papua New Guinea.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Pidgin

Population Dynamics Expert (National Consultant)

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Papua New Guinea.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken in English and Pidgin.

Young And Emerging Evaluator (National Consultant)

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.

- Up to three years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Pidgin

MANAGEMENT OF EVALUATION

Evaluation Reference Group

An Evaluation Reference Group will provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be:

- Provide inputs to the CPE ToR;
- Provide comments on the design report, including fine-tuning of the evaluation questions;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection; and
- Provide comments on the main deliverables of the evaluation including the draft and final CPE reports.

The **Evaluation Reference Group (ERG)** will be composed of the following members:

- Deputy Representative and Chair of the ERG
- Deputy Secretary, National Department of Planning and Monitoring (DNPM)
- National Statistics Office (NSO) representative.
- Program Manager, Family Health Branch National Department of Health
- Program Specialist, UN Women
- UN System M&E chair (RCO)
- National Family Sexual Violence Action Committee representative
- UNFPA Asia Pacific Regional Office M&E Advisor

The evaluation manager and the reference group members will communicate mostly via email, although face-to-face and “virtual” meetings (via tele or videoconference) may be convened.

A **CO evaluation manager** (Assistant Representative) will manage the evaluation and interact on a day-to-day basis with the evaluation team and who, together with the Acting Deputy Representative, Programme officers for SRH and Population Data and the ERG, will ensure that all the necessary aspects of CP evaluation are well taken into account by the evaluation team.

The evaluation manager will manage the overall evaluation, and will carry out the following functions:

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- To coordinate the development of the ToR for the Country Programme Evaluation, with support from APRO;
- To correspond with the ERG members at strategic points throughout the evaluation;
- To provide/facilitate the provision of documents and other resources available in the country office;
- To support the evaluation team in the development of the design report;
- To support all phases of the evaluation and assesses the quality of related deliverables (design report, draft and final evaluation reports)
- To be the first point of contact and bridge the communication between CO staff, senior management, APRO, EO and evaluation team throughout the evaluation.

The UNFPA APRO M&E Adviser will provide guidance and quality assurance throughout the evaluation process and will be responsible for providing substantive input and reviewing the ToR for EO's approval, clearing the evaluation team for submission to EO for pre-qualification, and reviewing and approving the design report and the final evaluation report, and undertaking an EQA for quality assuring the draft final evaluation report.

The UNFPA Evaluation Office will approve the final ToR as well as pre-qualify the evaluation team. The EO will undertake the external Evaluation Quality Assessment of the CPE report.

ANNEX 2:**List of Persons met & List of Participants of Stakeholder Meeting**

#	First Name	Last Name	Designation	Organization
1	Marielle	Sanders	Country Representative, UNFPA	UNFPA, PNG
2	David	Ropa	Policy Director	National Youth Development Authority
3	Bronwyn	Kili	Young Ambassador	UNFPA, Youth/Adolescents Mainstreamed
4	Josiah	Joseph	Deputy, National Statistician, Field Operations Division	National Statistics Office
5	Hajily	Kele	Deputy, National Statistics Office	National Statistics Office
6	John	Igitoi	National Statistician	National Statistics Office
7	Lucy	Stevens	Programme Specialist	UNFPA, PNG - Gender Team
8	Dr Mercedita (Meng)	Tia	Chief Technical Advisor	UNFPA, PNG - PD Team
9	Rena	Donna	Deputy Country Representative	UNFPA, PNG - PD Team
10	Dr Edward	Waramin	Manager Population and Family Health Branch	National Department of Health
11	Sebastian	Roberts	Gender and Men's Health, Technical Advisor	National Department of Health
12	Debbie	Kupesan	Reproductive Health Commodities Supply Officer	UNFPA, PNG - SRH Team
13	Edward	Virdk	Deputy Country Representative	UNDP
14	Themba	Kalua	Country Representative, UN Women	UN Women, PNG
15	Debbie			NDOH
16	Nicole			NDOH
17	Delmah			UNFPA
18	Lucy	Au	Maternal Health/Sexual Reproductive Health Officer	UNFPA SRH Team
19	Keren	Bun	Humanitarian Officer	UNFPA, PNG
20	Emma	Powan	Former UNFPA Programmes Staff	UNFPA, PNG
21	Dr. Gilbert	Hiawalyer	Former UNFPA Assistant Representative	UNFPA, PNG
22	Dr Titilola	Duro-Aino	SRH expert	UNFPA SRH Team
23	Dr Eric	Kwa	Secretary, Attorney General	Department of Justice & Attorney General
24	Shrutidar	Tripathi	International Program Coordinator	UNFPA-Humanitarian Response Team
25	Godwin	Francis	Operations Manager	UNFPA-Operations Team
26	Doris	Payok	Curriculum Officer-CSD	Department of Education
27	Elizabeth	Moli	Curriculum Division	Department of Education

#	First Name	Last Name	Designation	Organization
28	Philippa	Darius	Assistant Secretary	Department of Education
29	Jerry	Ubase	Secretary Department of Community Development and Religion (Acting)	Department of Community Development and Religion
30	Tessie	Soi	Director - Family Support Centre	Port Moresby General Hospital
31	Olive	Drewel	Medical Social Worker, Obstetrics and Gynaecology Division	Port Moresby General Hospital
32	Modalen	Wobiro	Medical Social Worker/Coordinator, Family Support Centre	Port Moresby General Hospital
33	Dr. Edward	Waramin	Manger Population and Family Health Branch	National Department of Health
34	Sebastian	Robert	Gender and Men's Health, Technical Advisor	National Department of Health
35	Constance	Vigilance	Development Coordination Officer, Economist	UNRC Office
36	Jacqueline	Joseph	CEO/Co-Founder	Equal Play Field
37	Sr Philomena	Sanduku	CSO Leads	Catholic Health Services, Kiunga
38	Geraldine	Sowi	Medical Supplies Coordinator	Marie Stopes, PNG
39	Hannelly	Kiromat-Geno	Project Director	Marie Stopes, PNG
40	Heidi	Brown	International Country Director	Marie Stopes, PNG
41	Michael	Salini	Executive Director	PNGFHA
42	Ulch	Tapia	CEO	Church Health Services
43	Nate	Henderson	Manager International Programs	Family Planning Services NSW
44	Prof William	Pomat	Director	PNG Institute of Medical Research
45	Steven	Paniu	Assistant Representative	UNFPA, PNG
46	Serah	Chapu	Gender & Justice	OXFAM, EHP
47	John	Erico	Director	Eastern Highlands Family Health Authority
48	Ms. Sivirie	Lalave	Advisor, Community Development Division	Eastern Highlands Province Administration
49	Joseph	Apa	CEO	EHP Health Authority
50			Senior Executive Manager	EHP Health Authority
51			PHA Partner	Waniati Birth Waiting House
52	Sr. Agatha	Otto	Standards Manager	EHP Health Authority
53	Francisca	Wanua	Provincial Health Information Officer	EHP Health Authority
54	Dr. Nancy	Hamuna	O&G Specialist	EHP Health Authority

#	First Name	Last Name	Designation	Organization
55	Dr. Freda	Wemin	Senior Medical Officer - O&G	EHP Health Authority
56	Sr. Aiva	Pikuri	Senior Midwife	EHP Health Authority
57	Sr. Rose	Siwa	Mid-wife - Postnatal Ward Manager	EHP Health Authority
58	Seva	Korape	Chief Pharmacist	EHP Health Authority
59	Ella	Noho	Senior Pharmacist	EHP Health Authority
60	Alfred	Koko	Diocesan Health Integration Officer	EHP Catholic Health Services (St. Joseph Health Clinic)
61	Teiyo	Benaka	Medical Social Worker	EHP Family Support Centre
62	Sr. Gweny	Andrew	Nursing Officer	EHP Family Support Centre
63	Sr. Anna	Pongua	Family Planning coordinator	EHP Health Authority
64	Joyce	Iga	Family Planning Officer	EHP Health Authority
65	Peter	Gore	Acting Director	EHP Provincial Administration
66			MRI Director	
67	Josephine		Planning Office	EHP Provincial Administration
68			Community Development Advisor	EHP Provincial Administration
69	Robin	Bazzinuc	Deputy Provincial Administrator - Social Services	Morobe Provincial Government
70	Dr. Kipas	Binga	CEO	Morobe Provincial Health Authority
71	Joyce	Frank	Officer-In Charge	Wampa Health Facility
72			Nursing Officer In-Charge	Situm
73	Adrian	Kuma	Acting Advisor for Lae Area Medical Store	Morobe Province, Department of Health
74	Lukey	Pokapon	Senior Store Supervisor, Supply/Acting Store Assistant (Technical Advisor)	Morobe Province, Department of Health
75	Wattie	Wando	Information Officer, Morobe PHA, Acting M&E.	Morobe Provincial Government
76			Nursing Officer In-Charge	Tent City Health Facility
77	Awa	Opowel	Director for Corporate Services	Morobe PHA
78	Kelly	Mesere	Director Public Health	Morobe PHA
79	Steven	James	Director for PHA/Clinical Governance & Case Management	Morobe PHA
80	Patricia	Mitiel	Director Family Health Services	Morobe PHA
81	Dr. Clement	Totavun	Health Secretary	Bougainville Department of Health

#	First Name	Last Name	Designation	Organization
82	Dr. Tony	Wotsia	Acting CEO	Buka General Hospital
83	Medly Koito	Koito	Social Equity Officer	Department of Community Development
84	Emmanuel	Kaitavara	Minister for Police, Correctional Services, Special Economic Zones	Autonomous Bougainville Government
85	Steward	Kotsin	UNDP Staff (Buka Office)	UNDP
86	Catherine		Gender Desk, Bougainville Youth Centres	Department of Community Development
87			Young Woman Advocate	
88	Stacy	Taurek	Regional Youth Coordinator	Department of Community Development
89	Elizabeth	Muri	Family Support Centre	Nazareth Centre for Rehabilitation
90			Nursing Officer	Nazareth Centre for Rehabilitation
91	Marley	Bana	Assistant, Family Support Centre	Nazareth Centre for Rehabilitation
92	Robert	Tapi	Clerk, House of Assembly	Autonomous Bougainville Government
93	Chris	Lus	Human Rights Development Officer	Autonomous Bougainville Government
94	Jessica	Hopping	Health Coordinator	Department of Health
95	Noelyn	Kutono	Health Standards	Department of Health
96	Eddie	Nanatsi	Pharmacist in Charge	Buka General Hospital
97	Gilian	Masoai	Nursing Unit Supervisor	Buka General Hospital
98	Alice	Kathoa	Acting Midwife in-charge	Buka General Hospital
99	Caroline	Tonardo	Sister in charge-Maternal Health	Buka General Hospital
100	Famudi	Dora	Stores technical Advisor	Area Medical Stores, Kokopo
101	Geraldine	Tapil Wambo	GESI Coordinator	ENB Provincial Administration
102	Dr. Ako	Yap	CEO	ENB PHA
103	Sr. Veronica	Marfu	Family Support Centre, ENB	Rabaul Provincial Hospital (Nonga)
104	Sr. Annie	William		Rabaul Provincial Hospital (Nonga)
105	Sr. Christine	Murave		Rabaul Provincial Hospital (Nonga)
106	Dr. B,	Vetuna	Paediatrician	Rabaul Provincial Hospital (Nonga)
107	Dr. Kauve	Pomat		Rabaul Provincial Hospital (Nonga)
108	Dr. Puiip	Wapi	SMO, O&G	Rabaul Provincial Hospital (Nonga)
109	Sr. Thresa	Joe	Midwife	Rabaul Provincial Hospital (Nonga)
110	Sr. Christine	Atu	Provincial PNG Family Health Coordinator, ENB	ENB Family Health Authority
111	Aidah	Toliklik		Provincial FSVAC, ENB

#	First Name	Last Name	Designation	Organization
112	Leo	Kume	Provincial Pharmacist	Kokopo Area Medical Stores
113	Peter	Robin	Provincial Cold chain & Logistics Officer	Kokopo Area Medical Stores
114	Sr. Veronica	Memafo	Officer In-Charge, Family Support Centre, ENB	Rabaul Provincial Hospital (Nonga)
115	Dr. Patrick	Kiromat	Director Curative	Rabaul Provincial Hospital (Nonga)
116	Prime Rose		Youth Officer, Nursing Officer	ENB Family Health Authority
117	Jacinta	Unam	Officer In-Charge	Family Support Centre, Kiunga, Western Province
118	Christophe	Lefranc	UNFPA, Population Dynamics	Asia Pacific Regional Office
119	Dr. Jo	Sauverin	UNFPA, Adolescents & Youth	Asia Pacific Regional Office
120	Davide	DeBeni	UNFPA, Health Economist/PD-DD	Asia Pacific Regional Office
121	Catherine	Breen Kamkong	UNFPA, SRH	Asia Pacific Regional Office
122	Kim	Northwood	Data/Population	DFAT Australia
123	Lorna	Maso	GBV & Gender	DFAT Australia
124	Jubuta	Yehirai	Health Program	DFAT Australia
125	Laurie	Nitschke	Population & Data	DFAT Australia (Australian Bureau of Statistics)

List of Participants of the Stakeholder Meeting 23 June 2022

#	First Name	Last Name	Designation	Organization
1	Marielle	Sanders	Country Representative	UNFPA
2	Rena	Dona	Deputy Representative	UNFPA
3	Steven	Paniu	Assistant Representative	UNFPA
4	Debbie	Kupesan	SRHR Team	UNFPA
5	Lucy	Au	SRHR Team	UNFPA
6	Dr Mercedita	Tia	Chief Technical Advisor/PD Team	UNFPA
7	Godwin	Francis	UNFPA Operations Team	UNFPA
8	Rachel	Donovan	International Communications Specialist (Data Project)	UNFPA
9	Rosemary	Pawih	Resource Mobilization Consultant	UNFPA

#	First Name	Last Name	Designation	Organization
10	Keren	Bun	UNFPA Humanitarian Officer	UNFPA
11	Lawrence	Duguman	First Assistant Secretary	Department of National Planning & Monitoring
12	Debbie	Kamaso		Department of National Planning & Monitoring
13	Dr. Edward	Waramin	Manger Population and Family Health Branch	National Department of Health
14	Komo	Deko	First Assistant Secretary - Disability, Elderly & Religion	Department of Community Development and Religion
15	Hajily	Kele	Deputy, National Statistics Office	National Statistics Office
16	Josephine Advent	Pitmur	Deputy Secretary - Justice Administration	Department of Justice & Attorney General
17	Ms. Jemimah	Taru	Lawyer	Department of Justice & Attorney General
18	Ms. Audrey	Waine	Lawyer	Department of Justice & Attorney General
19	Ms. Rachael	Vapuak	Lawyer	Department of Justice & Attorney General
20	Mrs. Maryanne	Maspok	Acting Deputy Secretary - Strategy and CSD Wing	Department of Treasury
21	Wilfred	Haija	(Acting M&E Manager)	National AIDS Council Secretariat
22	Carolyn	Kapi		National AIDS Council Secretariat
23	Georgina	Jamea		National AIDS Council Secretariat
24	Geraldine	Sowi	Medical Supplies Coordinator	Marie Stopes, PNG
25	Angelyn	Famudi	Country Director	Marie Stopes, PNG
26	Adolf	Kot	Acting Project Director	Marie Stopes, PNG
27	Michael	Salini	Executive Director	PNGFHA
28	Ulch	Tapia	CEO	Church Health Services
29	Carlos Perez	Padilla	Policy Coordinator - Economics, PFM and Trade, Cultural Focal Point	Delegation of the European Union to Papua New Guinea

ANNEX 3:

List of Documents consulted

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ANNEX 4: Country Programme Results Framework and Overview of Achievements

Country Programme Results Framework

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
1. Sexual and Reproductive Health and Rights			
Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	<p>Contraceptive Prevalence Rate <i>Baseline: 24.1%, Target: 27%</i></p> <p>Proportion of live births attended by a Skilled Birth Attendant <i>Baseline: 40%; Target: 60%</i></p> <p>Percentage of health facilities reporting no stock-out of contraceptives in the last six months <i>Baseline: 44%; Target: 60%</i></p>	Government and civil society capacities strengthened in the priority provinces to deliver integrated sexual and reproductive health and family planning services, including in humanitarian settings	<ul style="list-style-type: none"> Research on barriers to family planning services completed and used to inform advocacy and operational plans by 2018. <i>Baseline: No; Target: Yes</i> Proportion of health workers trained in the Minimal Initial Service Package. <i>Baseline: 6%; Target: 15%</i> Number of priority provinces with a costed integrated national sexual and reproductive health action plan <i>Baseline: 0; Target: 5</i> Number of priority provinces implementing the Adolescent Sexual Reproductive Health Policy. <i>Baseline: 0 Target: 5</i>
		Increased institutional capacity in the priority provinces to deliver comprehensive maternal health care services	<ul style="list-style-type: none"> Proportion of priority provinces with functional maternal death surveillance and response. <i>Baseline: 20%; Target: 100%</i> Number of midwives trained to provide life-saving Emergency Obstetric Care services <i>Baseline: 800; Target: 1,150</i> Implementation plan for the health sector response on gender-based violence developed and adopted by stakeholders <i>Baseline: No; Target: Yes</i> Implementation plan of the Midwifery Policy developed and adopted by stakeholders <i>Baseline: No; Target: Yes</i>

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
2. Gender Equality and Women's Empowerment			
Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	National gender equality action plan that integrates reproductive rights with specific targets and public budget allocations by 2022 <i>Baseline: No; Target: Yes</i>	National institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings	<ul style="list-style-type: none"> • Protocols for harmonized gender-based violence data collection, analysis and dissemination system developed for use in both development and humanitarian situations <i>Baseline: No; Target: Yes</i> • Number of priority provinces with functional health response to gender-based violence, as part of Essential Services Package <i>Baseline: 0; Target: 5</i> • Number of priority provinces with functional UNFPA minimum standards on gender-based violence in emergencies <i>Baseline: 0; Target: 5</i> • Policy briefs available for priority provinces on increased investment for gender-responsive comprehensive sexuality education <i>Baseline: 0; Target: 5</i>
3. Population Dynamics			
Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	Census completed, analysed and disseminated, following internationally agreed standards. <i>Baseline: 0; Target: 1</i>	National institutions have capacity in place for high-quality data collection, analysis and utilization	<ul style="list-style-type: none"> • DHS data analysed to provide evidence for monitoring national goals and Sustainable Development Goal targets by 2019. <i>Baseline: No; Target: Yes</i> • Census analysis on population dynamics shared with decision makers at the national level and priority provinces. <i>Baseline: No; Target: Yes</i> • Number of analysis and policy briefs on the demographic dividend for investments in youth shared with decision-makers for development planning. <i>Baseline: 0; Target: 3</i>

Source: United Nations Population Fund, Country Programme Action Plan between The Government of Papua New Guinea and The United Nations Population Fund, 2016-2020.

Overview of Results achieved at Outcome and Output levels of CP Results Framework

Outcome Indicators	Outcome Level Results	Output Indicators	Output Level Results
1. Sexual and Reproductive Health and Rights			
Contraceptive Prevalence Rate <i>Baseline: 24.1%, Target: 27%</i>	No recent data available <i>CPR DHS 2019 26.8 percent which represents data from before start of the country programme cycle. Based on these numbers the baseline appears to be established at too low a threshold</i>	<ul style="list-style-type: none"> Research on barriers to family planning services completed and used to inform advocacy and operational plans by 2018. <i>Baseline: No; Target: Yes</i> Proportion of health workers trained in the Minimal Initial Service Package. <i>Baseline: 6%; Target: 15%</i> 	<ul style="list-style-type: none"> On track to be achieved in two of the five priority provinces (Eastern Highlands and Milne Bay provinces) <i>Qualitative and quantitative Research on barriers to family planning conducted in two of the priority provinces which informing costed implementation plans, with the financial aspects pending; usage to inform advocacy ongoing</i> No data available on the details of the indicator as Data were recorded in terms of number of health workers trained, not in terms of proportion of total amount of health workers so percentage trained is unclear. <i>Total of 756 health workers trained in MISP (including clinical and non-clinical health workers, cumulative for 4-year period 2018- 2021)</i> <i>Moreover, 63 participants trained in psycho-social counselling, psychological First Aid and SRH and GBV in emergencies; 33 humanitarian actors attended one day MISP orientation</i>
Proportion of live births attended by a Skilled Birth Attendant <i>Baseline: 40%; Target: 60%</i>	No recent data available <i>DHS 2019 data puts it at 56.4 percent but this represents data from before the start of the programme cycle. Based on these numbers the baseline appears to be established at too low a threshold</i>	<ul style="list-style-type: none"> Number of priority provinces with a costed integrated national sexual and reproductive health action plan <i>Baseline: 0; Target: 5</i> Number of priority provinces implementing the Adolescent Sexual Reproductive Health Policy. <i>Baseline: 0 Target: 5</i> 	<ul style="list-style-type: none"> On track to be partly achieved <i>Results obtained in two of the priority provinces in terms of Family Planning Costed Implementation plans in Eastern Highlands and Milne Bay provinces with financial details pending.</i> On track to be partly achieved in two of the priority provinces <i>Support focussed on xxx and xxx provinces in the second half of the programme period.</i>
Percentage of health facilities reporting no stock-out of	No recent data available <i>2019 UNFPA health facility survey found 40 percent with</i>		

Outcome Indicators	Outcome Level Results	Output Indicators	Output Level Results
contraceptives in the last six months <i>Baseline: 44%; Target: 60%</i>	<i>no stock-outs on day of survey. No survey conducted towards the end of the programme period. Unclear Whether the target was met</i>	<ul style="list-style-type: none">Proportion of priority provinces with functional maternal death surveillance and response. <i>Baseline: 20%; Target: 100%</i>	<ul style="list-style-type: none">On track to be partly achieved in one of the priority provinces <i>Milne Bay province was supported in this respect, with progress achieved but not yet a fully functioning system in place and finalization planned for 2022</i>
		<ul style="list-style-type: none">Number of midwives trained to provide life-saving Emergency Obstetric Care services <i>Baseline: 800; Target: 1,150</i>	<ul style="list-style-type: none">On track to be achieved <i>A total of 300 health workers were trained in EMOC services. In 2020 an additional 50 Village health Volunteers were trained. In 2021 the target of 80 could not be reached due to funding constraints.</i>
		<ul style="list-style-type: none">Implementation plan for the health sector response on gender-based violence developed and adopted by stakeholders <i>Baseline: No; Target: Yes</i>	<ul style="list-style-type: none">Achieved in terms of FSCs in five priority provinces <i>All Family Support Centres in priority provinces had developed and approved action plans by May 2022 to be implemented through service grant agreements of the Provincial Health Authority</i>
		<ul style="list-style-type: none">Implementation plan of the Midwifery Policy developed and adopted by stakeholders <i>Baseline: No; Target: Yes</i>	<ul style="list-style-type: none">On track to be achieved <i>Draft Midwifery policy developed and submitted for final comments/approval to NDoH with any adaptations postponed to 2022</i>
2. Gender Equality and Women’s Empowerment			
<i>National gender equality action plan that integrates reproductive rights with specific targets and public budget allocations by 2022</i> <i>Baseline: No; Target: Yes</i>	Not achieved <i>Progress was challenged as the GBV Secretariat, responsible for the coordination of the development of the National Action Plan, was not functional which precluded Government engagement</i>	<ul style="list-style-type: none">Protocols for harmonized gender-based violence data collection, analysis and dissemination system developed for use in both development and humanitarian situations <i>Baseline: No; Target: Yes</i>	<ul style="list-style-type: none">On track to be partly achieved <i>Protocols for data collection, analysis and dissemination were developed using the NCD database, though it lacked capacity to link with protection data; however, in practice GBV data were gathered by individual agencies and not shared in a single data base; work on data with the FSVAC had not yet commenced</i>
		<ul style="list-style-type: none">Number of priority provinces with functional health response to gender-based violence, as part of Essential Services Package <i>Baseline: 0; Target: 5</i>	<ul style="list-style-type: none">On track to be partly achieved <i>Under the SPOTLIGHT Initiative assessments were conducted in all target provinces, which served as a baseline of service provision. Using these assessment there were consultations with partners to develop workplans in</i>

Outcome Indicators	Outcome Level Results	Output Indicators	Output Level Results
			priority provinces to provide functional health response to GBV in line with WHO standards, with further follow up required
		<ul style="list-style-type: none"> Number of priority provinces with functional UNFPA minimum standards on gender-based violence in emergencies <i>Baseline: 0; Target: 5</i> 	<ul style="list-style-type: none"> Partly achieved <i>Trainings conducted on MISP and GBViE but inclusion in national and provincial emergency preparedness planning unclear</i>
		<ul style="list-style-type: none"> Policy briefs available for priority provinces on increased investment for gender-responsive comprehensive sexuality education <i>Baseline: 0; Target: 5</i> 	<ul style="list-style-type: none"> Achieved <i>Policy briefs developed and circulated by Child Fund in all priority provinces 5/5 Provinces</i>
3. Population Dynamics			
Census completed, analysed and disseminated, following internationally agreed standards. <i>Baseline: 0; Target: 1</i>	Not achieved <i>The Census was postponed due to conditions outside of the influence of the programme</i>	<ul style="list-style-type: none"> DHS data analysed to provide evidence for monitoring national goals and Sustainable Development Goal targets by 2019. <i>Baseline: No; Target: Yes</i> 	<ul style="list-style-type: none"> Achieved <i>DHS results published in 2020 after a substantial delay and details being used in planning processes</i>
		<ul style="list-style-type: none"> Census analysis on population dynamics shared with decision makers at the national level and priority provinces. <i>Baseline: No; Target: Yes</i> 	<ul style="list-style-type: none"> Not achieved but compensated for <i>Census postponed with expected implementation in 2024; DFAT funded data project developed and implementation ongoing, partly filling data gap due to census delay</i>
		<ul style="list-style-type: none"> Number of analysis and policy briefs on the demographic dividend for investments in youth shared with decision-makers for development planning. <i>Baseline: 0; Target: 3</i> 	<ul style="list-style-type: none"> Achieved <i>Three Policy briefs on demographic dividend developed with support from UNFPA APRO and ESCAP with results used to inform National development planning</i>

Source: UNFPA Annual and Quarterly SIS Report 2018, 2019, 2020 and 2021 and Key informant interviews.

ANNEX 5:

Evaluation Matrix

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
RELEVANCE:		
EQ 1: To what extent has the UNFPA support been relevant, including in the fields of SRHR and rights, population and development, and gender equality and women's empowerment and in terms of mainstreaming of adolescent and youth concerns across the programme?		
1. UNFPA support has been adapted to the needs of the population with emphasis on the most vulnerable population groups, including women and girls of reproductive age, pregnant women, young people, key population, people with disabilities, in development and humanitarian contexts	<ul style="list-style-type: none"> - Programme and project designs have been informed by needs assessments with attention to vulnerability issues in development contexts, including the Common Country Assessment conducted to inform the UNDAF - Extent to which programme and project designs have been informed by needs assessments with attention to aspects of vulnerability in humanitarian contexts - Extent to which UNFPA supported interventions targeted the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner in development and humanitarian contexts, including consideration of gender and equality - Extent to which specific attention has been paid to adolescents and youth, heterogeneously understood, in the three components of the programme in a prioritized manner in development and humanitarian contexts - Inclusion of interests of people with disabilities 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD - Project Documents - Annual Work Plans (AWP) - CCA - Needs assessment report <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - UN RC - RCO office staff - APRO staff providing support to each of the outcome areas - Government partners in each of the three outcome areas - CSO partners in each of the three outcome areas - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme - With men and women targeted beneficiaries - With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme
2. UNFPA support has been in line with the national priorities set for the implementation of the ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas	<ul style="list-style-type: none"> - Extent to which the objectives and strategies of the (C)CPD have been discussed and agreed upon with national partners and stakeholders - Extent to which objectives and strategies of each program outcome area are consistent with relevant national and sectorial strategies, policies and development plans 	<p>Desk Review / Document Analysis</p> <ul style="list-style-type: none"> - National development policy and strategy documents - National development plans - (Sexual and Reproductive) Health related policies and plans - Population policy and other PD related policies and plans - GEWE related policies and plans incl gender and women's empowerment policy - Records of consultations and other relevant meetings

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
		Semi-structured key informant interviews <ul style="list-style-type: none"> - UNFPA country office staff - Government partners' staff - Civil society partners' staff Focus group discussion <ul style="list-style-type: none"> - Organizations working in the same mandate area as UNFPA which are not an implementing partner
3. UNFPA support has been in line with the 2030 Agenda, international normative frameworks, UNFPA Strategic Plan 2018-2022 and the UN Partnership Framework	<ul style="list-style-type: none"> - Programme and project design have been in line with the 2030 agenda, contributing to achievement of the SDGs - Programme and project design have been in line with international normative frameworks in each of the outcome areas - Programme and project design have been in line with the UNFPA Strategic Plan 2018-2022 - Programme and project design have been in line with UN and UNFPA adolescent, youth, gender and other relevant organizational strategies - Programme and project design have been in line with the UN SD Partnership Framework in Papua New Guinea - Programme has been informed by the Common Country Assessment carried out in preparation of the UNDAF framework 	Desk Review <ul style="list-style-type: none"> - 2030 Agenda for Sustainable development and SDGs - UNFPA Strategic Plan 2018-2021 and 2022-2025 - UNFPA Business Model, annex to Strategic Plans - UNFPA Strategic Plan 2018-2021, Annex 7, Working together to support implementation of the 2030 Agenda - UNDAF 2018-2021 - UNDAF Action Plan and Results Framework Semi-structured key informant interviews <ul style="list-style-type: none"> - UN RC - RCO office staff - APRO staff providing support to each of the outcome areas - Government partners in each of the three outcome areas - CSO partners in each of the three outcome areas - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas - SMT staff of sister UN agencies Focus group discussion <ul style="list-style-type: none"> - Organizations working in the same mandate area as UNFPA which are not an implementing partner
4. UNFPA support has been adapted in line with unexpected developments and contextual changes	<ul style="list-style-type: none"> - Extent to which the country office has been able to adapt its development programming to the emerging COVID-19 pandemic - Extent to which the country office has been able to provide a humanitarian response to the emerging COVID-19 pandemic - Extent to which the country office has been able to respond to other emerging crisis and contextual changes in a relevant way (including natural disasters, effects of climate change etc.) 	Desk Review <ul style="list-style-type: none"> - UNFPA Annual and quarterly reports - UNFPA SIS reports - Quarterly reports of implementing partners - COVID-19 support documentation - Documentation on other humanitarian support provided during the period under review Semi-structured key informant interviews <ul style="list-style-type: none"> - UN RC - RCO office staff - APRO staff providing support to each of the outcome areas

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
		<ul style="list-style-type: none"> - Government partners in each of the three outcome areas at national and sub-national levels - CSO partners in each of the three outcome areas at national and sub-national levels - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas Focus group discussion <ul style="list-style-type: none"> - Organizations working in the same mandate area as UNFPA which are not an implementing partner
EQ 2: To what extent did the design and implementation of the country programme integrated human rights, gender equality and women's empowerment, and disability inclusion?		
5. Programme and project design integrated a human rights-based approach	<ul style="list-style-type: none"> - Attention to rights and responsibilities in design across the outcome areas - Inclusion of support to right holders and duty bearers across the outcome areas - Focus on accountability and transparency as part of a rights-based approach across the outcome areas - Programming informed by rights related analysis across the outcome areas, including such analysis from the CCA - Protocols for harmonized human rights related data collection, analysis, reporting and dissemination developed for use in both development and humanitarian situations - Support provided to addressing priority UPR, CEDAW, CRPD recommendations in programming 	Desk Review <ul style="list-style-type: none"> - CPD / CPAP - Project Documents - AWP - UNFPA Quarterly and SIS report - IP Quarterly report - CCA and other needs assessments in each of the outcome areas Semi-structured key informant interviews <ul style="list-style-type: none"> - APRO staff providing support to each of the outcome areas - Government partners in each of the three outcome areas at national and sub-national levels - CSO partners in each of the three outcome areas at national and sub-national levels - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas Focus group discussion <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes - With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme
6. Programme and project design integrated gender equality and women's empowerment	<ul style="list-style-type: none"> - Mainstreaming of gender and women's empowerment across programme interventions in each of the outcome areas - Programming informed by gender analysis including such analysis from the CCA 	
7. Programme and project design integrated disability inclusion	<ul style="list-style-type: none"> - Mainstreaming of disability across programme interventions - Programming informed by disability analysis including such analysis from the CCA 	

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
COHERENCE		
EQ 3: To what extent the interventions are coherent with (complements, coordinates with, and adds value to and leveraged opportunities for) programmes and interventions, in SRHR, GEWE and Population and Development, including for the COVID-19 and other humanitarian response and recovery efforts, of the government, development partners, including the UN agencies, and CSOs?		
<ol style="list-style-type: none"> 1. UNFPA programme has been coherent with government efforts in each of its outcome areas 2. UNFPA programme has been coherent with efforts of sister UN agencies in each of its outcome areas 3. UNFPA programme has been coherent with CSO efforts in each of its outcome areas 4. UNFPA programme has been coherent with efforts of other development partners in each of its outcome areas 5. UNFPA response to COVID-19 and other humanitarian response and recovery efforts in each of its outcome areas have been coordinated with those of government, development partners, other UN agencies and CSOs 	<ul style="list-style-type: none"> - Coherence with Government, CSOs and other DPs' interventions: <ul style="list-style-type: none"> o Coordination efforts of the outcome areas of the programme with relevant stakeholders in terms of the design of interventions o Partnership approach in each of the outcome areas of the programme and implementing partners selected o Added value of UNFPA support and complementarity with support of other development partners, CSOs, faith-based organizations and other relevant stakeholders - Coherence with interventions of other UN Agencies: <ul style="list-style-type: none"> o Joint analysis and programming efforts with other UN agencies o Opportunities for joint programming identified and realized o Evidence on the extent to which UNFPA programming in the context of One UN and use of Multi-Donor Trust Funds, has moved 'from convergence to integration' with agendas of other UN agencies (as referred to in UN management guidelines of MDTFs)²²⁴ o Evidence of the use of a shared Theory of Change in Joint UN programmes 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD - Project Documents - Annual Work Plans (AWP) - CCA - Government development strategies and policies - Government strategies and policies in each of the three outcome areas and in Adolescents and Youth related issues - Government National Strategy to prevent and Respond to Gender Based Violence - Government Gender Equity and Social Inclusion Policy - Health Sector Gender Policy - UN Youth Strategy - National Youth Strategic Plan of National Youth Development Authority - CSO partners' strategies and policies <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - UN RC - RCO office staff - APRO staff providing support to each of the outcome areas - Government partners in each of the three outcome areas - CSO partners in each of the three outcome areas - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas - SMT staff of sister UN agencies <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme - With men and women targeted beneficiaries - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes

²²⁴ UN Development Group, undg Guidance on Establishing, Managing and Closing Multi-Donor Trust Funds, October 2015.

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
		<ul style="list-style-type: none"> - With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme
EQ 4: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the Humanitarian Country Team?		
1. UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT 2. UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the humanitarian country team	<ul style="list-style-type: none"> - UNFPA role in UNCT coordination / working groups of development programming in topics related to its mandate - UNFPA role in humanitarian coordination structure including in the GBV area of responsibility and GBV working group - Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas - Evidence of exchanges of information between United Nations agencies - Evidence of joint programming initiatives (planning) - Evidence of joint implementation of programmes - UN RC office valuation of UNFPA role in coordination in development and humanitarian programming - UN agencies' valuation of UNFPA role in coordination in development and humanitarian programming 	Desk Review <ul style="list-style-type: none"> - Minutes of coordination meetings of UNCT working groups - Minutes of Humanitarian Country Team (HCT) and related humanitarian spaces for coordination - Programming documents regarding UNCT joint initiatives - Monitoring/evaluation reports of joint programmes and projects Semi-structured key informant interviews <ul style="list-style-type: none"> - UN RC - RCO office staff - SMT staff of sister UN agencies - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas Focus group discussion <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes Observation <ul style="list-style-type: none"> - Participation as observer in selected coordination meetings during field phase in development and humanitarian related UNCT meetings
EFFECTIVENESS		
EQ 5: To what extent have		
i) the intended programme outputs been achieved,		
ii) the outputs contributed to the achievement of the planned outcomes and what was the degree of achievement of the outcomes, and		
iii) what were the factors that facilitated or hindered the achievement of intended and unintended results?		
SRHR outputs achieved on SRHR and FP related issues, i.e. government and civil society capacities strengthened in the priority provinces to deliver	<ul style="list-style-type: none"> - FP: Research on barriers to family planning services completed and used to inform advocacy and operational plans by 2018. Baseline: No; Target: Yes 	Desk Review <ul style="list-style-type: none"> - CPD including Results and Resources Framework - Theory of Change - Project level evaluations

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
integrated sexual and reproductive health and family planning services, including in humanitarian settings	<ul style="list-style-type: none"> - HA: Proportion of health workers trained in the Minimal Initial Service Package. Baseline: 6%; Target: 15% - SRHR: Number of priority provinces with a costed integrated national sexual and reproductive health action plan Baseline: 0; Target: 5 - ASRHR: Number of priority provinces implementing the Adolescent Sexual Reproductive Health Policy Baseline: 0 Target: 5 - ASRHR: Engagement with adolescents and youth in reaching of SRHR and FP results - Factors facilitating and hindering achievement of intended results in SRHR including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results 	<ul style="list-style-type: none"> - Baseline studies conducted - Project reports - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - UNDAF annual reports - AWP and Quarterly reports implementing partners - Relevant studies in SRHR outcome area <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - National Government partners in SRHR outcome area - Sub-national government partners in sampled priority provinces - CSO partners in the SRHR outcome area at national and sub-national levels - UNFPA programmatic staff in each of the three outcome areas - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Programmatic staff of sister UN agencies with whom UNFPA in implementing Joint UN programmes <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme - With men and women targeted beneficiaries <p>Observation</p> <ul style="list-style-type: none"> - Observation in selected health facilities at national and sub-national levels
SRHR outputs achieved on Maternal Health related issues, i.e. Increased institutional capacity in the priority provinces to deliver comprehensive maternal health care services	<ul style="list-style-type: none"> - MPDSR: Proportion of priority provinces with functional maternal death surveillance and response. Baseline: 20%; Target: 100% - EmONC: Number of midwives trained to provide life-saving Emergency Obstetric Care services Baseline: 800; Target: 1,150 - GBV: Implementation plan for the health sector response on gender-based violence developed and adopted by stakeholders Baseline: No; Target: Yes - Midwifery: Implementation plan of the Midwifery Policy developed and adopted by stakeholders Baseline: No; Target: Yes - Factors facilitating and hindering achievement of intended results in maternal health including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results 	
SRHR outputs contributed to the achievement of the outcome level change, i.e. every woman, adolescent	<ul style="list-style-type: none"> - FP: Contraceptive Prevalence Rate Baseline: 24.1%, Target: 27% - MNH: Proportion of live births attended by a Skilled Birth Attendant 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD including Results and Resources Framework - Theory of Change - Project level evaluations

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	<p>Baseline: 40%; Target: 60%</p> <ul style="list-style-type: none"> - Commodities: Percentage of health facilities reporting no stock-out of contraceptives in the last six months <p>Baseline: 44%; Target: 60%</p> <ul style="list-style-type: none"> - Evidence of increased capacity of health facilities and workers to deliver youth friendly SRH services - Evidence of the contribution of output level result to outcome level changes - Extent to which results were achieved through Joint UN programmes - Factors facilitating and hindering achievement of intended outcome level results in SRHR including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended outcome level results - Evidence of the use of data and information from the DHS 2016-18 and analytical studies concerned to inform programming in this outcome area 	<ul style="list-style-type: none"> - Baseline studies conducted - Project reports - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - AWP and Quarterly reports implementing partners - Relevant studies in SRHR outcome area <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - National Government partners in SRHR outcome area, including logistics department - Sub-national government partners in sampled priority provinces, including logistics departments - CSO partners in SRHR outcome area at national and sub-national levels - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Programmatic staff of sister UN agencies with whom UNFPA in implementing Joint UN programmes <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme, with women and men participants interviewed separately <p>Observation</p> <ul style="list-style-type: none"> - Observation in selected health facilities at national and sub-national levels
GEWE outputs achieved, i.e. national institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings	<ul style="list-style-type: none"> - GBV Data: Protocols for harmonized gender-based violence data collection, analysis and dissemination system developed for use in both development and humanitarian situations (incl. standardized data collection tools, ICT materials, info sharing protocols and training) <p>Baseline: No; Target: Yes</p> <ul style="list-style-type: none"> - Health Sector response to GBV: Number of priority provinces with functional health response to gender-based violence, as part of Essential Services Package for GBV survivors (incl. training of SPs, GBVIE preparedness plans, Technical briefs on min standards, FSCs strengthened (incl in Spotlight and Zonta provinces) and training on GBVIE min Standards in priority provinces) <p>Baseline: 0; Target: 5</p>	<p>Desk Review</p> <ul style="list-style-type: none"> - National gender equality action plan - UN/UNFPA Gender Strategy - CPD including Results and Resources Framework - Theory of Change - Project level evaluations - Baseline studies conducted - Project reports - Annual reports - UNFPA Quarterly and SIS reports - AWP and Quarterly reports implementing partners - Relevant studies in GEWE outcome area - Protocols for harmonized gender-based violence data collection, analysis and dissemination

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
	<ul style="list-style-type: none"> - GBViE: Number of priority provinces with functional UNFPA minimum standards on gender-based violence in emergencies Baseline: 0; Target: 5 - Policy briefs available for priority provinces on increased investment for gender-responsive comprehensive sexuality education Baseline: 0; Target: 5 - ASRHR: Evidence of use of SRH/HIV prevention services by young people who are in-school and out-of-school (UPNG/UoT/DoE/YWCA) - GBV: Engagement of adolescents and youth and men and boys in addressing GBV - Factors facilitating and hindering achievement of intended results including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results 	<ul style="list-style-type: none"> - Policy briefs available in priority provinces on increased investment for gender-responsive comprehensive sexuality education <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - National Government partners in GEWE outcome areas - Sub-national government partners in sampled priority provinces - CSO partners in GEWE outcome areas at national and sub-national levels - UNFPA SMT (focus on outcome level change) - UNFPA programmatic staff in each of the three outcome areas - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Programmatic staff of sister UN agencies with whom UNFPA is implementing Joint UN programmes - Staff of OSCC or other types of centers for survivors of GBV <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of selected vulnerable and marginalized groups targeted in the GEWE outcome area of the programme, including survivors of GBV - With men and women targeted beneficiaries <p>Observation</p> <ul style="list-style-type: none"> - Observation in OSCC or other types of centers for survivors of GBV in selected hospitals / health centers and CSO facilities at national and sub-national levels
GEWE outputs contributed to the achievement of the outcome level change, i.e. gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	<ul style="list-style-type: none"> - GEWE: National gender equality action plan that integrates reproductive rights with specific targets and public budget allocations by 2022 - Baseline: No; Target: Yes CSE: School health programs including comprehensive sexuality education developed and operational - Evidence of the contribution of output level result to outcome level changes - Factors facilitating and hindering achievement of intended outcome level results including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results at outcome level - Extent to which results were achieved through Joint UN programmes - Evidence of the results of the UN Joint Communication Strategy and the Joint UN Advocacy Strategy focused on development issues - Evidence of the use of data and information from the DHS 2016-18 and analytical studies concerned to inform programming in this outcome area 	
PD outputs achieved, i.e. national institutions have capacity in place for	<ul style="list-style-type: none"> - DHS: data analyzed to provide evidence for monitoring national goals and Sustainable Development Goal targets by 2019 (incl conduct of 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD including Results and Resources Framework

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
high-quality data collection, analysis and utilization	<p>in-depth analysis of DHS on SRHR and VAWG issues and presentation of findings).</p> <p>Baseline: No; Target: Yes</p> <ul style="list-style-type: none"> - Census: Census analysis on population dynamics shared with decision makers at the national level and priority provinces (support to census preparation with census postponed). Baseline: No; Target: Yes - DD: Number of analysis and policy briefs on the demographic dividend for investments in youth shared with decision-makers for development planning (incl. concept paper, agreement on priorities through stakeholder consultation and policy paper developed). Baseline: 0; Target: 3 - Factors facilitating and hindering achievement of intended results including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results 	<ul style="list-style-type: none"> - Theory of Change - Project level evaluations - Baseline studies conducted - DHS 2016-18 - NSO 2020 Census Report - National Population Policy 2014-2024 - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - AWP and Quarterly reports implementing partners - Relevant project studies in PD outcome area including Demographic Dividend Report and National Population Policy review <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - National Government partners in PD outcome areas - Sub-national government partners in sampled priority provinces - CSO partners in PD outcome areas at national and sub-national levels - UNFPA programmatic staff in each of the three outcome areas - UNFPA SMT (focus on outcome level change) - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Programmatic staff of sister UN agencies with whom UNFPA in implementing Joint UN programmes <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme, with women and men participants interviewed separately - Discussion with a selected group of parliamentarians
<p>PD outputs contributed to the achievement of the outcome level change, i.e. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> <p>UNFPA mandate related SDGs have been localized and integrated in national and sub-national development planning</p>	<ul style="list-style-type: none"> - Census completed, analyzed and disseminated, following internationally agreed standards. Baseline: 0; Target: 1 - Census and DHS data and information utilized to inform development programming - PD information used to inform policy response to the opportunity concerning the demographic dividend - Evidence of the contribution of output level result to outcome level changes - Extent to which results were achieved through Joint UN programmes - Factors facilitating and hindering achievement of intended results at outcome level including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results at outcome level - Level of localization of SDGs and their integration in development planning at national and sub-national levels 	

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>Adolescent and youth issues mainstreamed in each of the three CPD outcome areas</p> <p>Attention to Adolescents and youth agenda in line with the UN Youth Strategy</p>	<ul style="list-style-type: none"> - Enhanced youth capacity in Highlands to demand for peace and social cohesion (incl. conduct of provincial and inter-agency stakeholder consultations, youth resource centers established, youth capacity enhanced on gender equality and peace building and youth post referendum awareness raised in AROB) - Evidence of attention to adolescents and youth in the design and implementation of the three outcome areas of the programme in terms of the five strategic priorities of the UN Youth Strategy - Evidence of attention to adolescents and youth in the design and implementation of the three outcome areas of the programme in terms of the four UN system wide capacity issues, including leadership, knowledge development, partnerships and accountability - Evidence of output level changes achieved - Evidence of the contribution of output level result to outcome level changes - Extent to which results were achieved through Joint UN programmes - Factors facilitating and hindering achievement of intended results at outcome level including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic - Evidence of unintended results at outcome level - Evidence of the use of data and information from the DHS 2016-18 and analytical studies concerned to inform programming in this cross-cutting area 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD including Results and Resources Framework - Theory of Change - Project level evaluations - Baseline studies conducted - Annual reports - UNFPA Quarterly and SIS reports - AWP and Quarterly reports implementing partners - Relevant studies in each of the outcome areas <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - National Government partners in each of the three outcome areas - Sub-national government partners in sampled priority provinces - CSO partners in each of the three outcome areas at national and sub-national levels - UNFPA programmatic staff in each of the three outcome areas - UNFPA SMT (focus on outcome level change) - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Programmatic staff of sister UN agencies with whom UNFPA in implementing Joint UN programmes <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme, with women and men participants interviewed separately
<p>Humanitarian programming contributed to results for people experiencing natural and/or man-made crisis in PNG during the programme period under review</p>	<ul style="list-style-type: none"> - Evidence of results of the emergency response to the earthquake in the Central Highlands provinces (Southern Highlands and Hela) - Evidence of results of the emergency response to the inter-tribal conflict in Tari - Evidence of results of the emergency preparedness work conducted as part of the Lanina project - Evidence of results of the Covid-19 response focused on Western province in 2020-21, in cooperation with the Multi-Partner Trust Fund and together with UNICEF and IOM and the church as main partner 	

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
EFFICIENCY		
EQ 6: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools, approaches and partnerships to pursue the achievement of the results defined in the 6th CP?		
UNFPA made good use of its human resources to pursue the achievement of the results	<ul style="list-style-type: none"> - Adequate human resources in place in each of the outcome areas - Lack of gaps in staff recruitment - Staff performance management system in place and functioning - Evidence of human resource management arrangement in UN joint programming that enhance cost effective reaching of results - HR support services received through the shared One UN administrative support services setup - Transaction costs of UN joint operations are considered to outweigh the benefits created in terms of results achieved through UN joint programmes 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD - Staffing organogram - UNFPA Annual and SIS reports - UNFPA Monitoring reports - Project progress reports - Implementing partners quarterly/annual reports and AWP <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - UNFPA SMT - UNFPA Admin / financial staff - Government Implementing Partners, Admin / financial staff - CSO Implementing Partners, Admin / financial staff - Donors to CP5 <p>Focus group discussion</p> <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes
UNFPA made good use of its financial resources to pursue the achievement of the results	<ul style="list-style-type: none"> - Evidence that resources from HQ and donors were received to the foreseen level and in a timely manner - Evidence that the planned resources were received by IPs to the foreseen level in AWP and in a timely manner - Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners - Agency specific resource mobilization strategy in place including for response to the COVID-19 pandemic and other humanitarian crisis - Participation in a Joint UN resource mobilization strategy for humanitarian and development related support - Evidence of other resources mobilized in line with the CPD - Evidence of non-cash contributions of partners - Financial reporting system in place with timely reporting conducted - Evidence of UNFPA cost-saving implementation modalities 	<p>Desk Review</p> <ul style="list-style-type: none"> - CPD - UNFPA Financial reports - AWP and Financial reports of implementing partners - Audit reports - UNFPA Annual and SIS reports - UNFPA Monitoring reports - Project progress reports - Implementing partners quarterly/annual reports and AWP - Resource mobilization strategy <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - UNFPA SMT - UNFPA Admin / financial staff - Government Implementing Partners, Admin / financial staff - CSO Implementing Partners, Admin / financial staff - Donors to CP5

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
	<ul style="list-style-type: none"> - Funding from UNFPA relative to other donor support in each of the three outcome areas of the programme - Evidence of efficient use of financial resources in joint UN programming, making use of <i>Delivering as One</i> Standard Operating Procedures - Financial and procurement support services received through the shared One UN administrative support services setup - ICT support services received through the shared One UN administrative support services setup 	Focus group discussion <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes
UNFPA made good use of its and partner technical resources to pursue the achievement of the results	<ul style="list-style-type: none"> - Evidence on adequacy of UNFPA technical capacity in the outcome and thematic areas concerned - Evidence of quality of UNFPA provided Technical Assistance - Evidence of adequate and timely support from APRO in each of the outcome and thematic areas of the programme - Use of results-based management by UNFPA and partners to inform management of initiatives as well as the entire programme in line with CPD results framework, UNDAF results framework and in terms of DaO - Evidence of appreciation of UNFPA support by key stakeholders - 	Desk Review <ul style="list-style-type: none"> - CPD - AWP and Financial reports of implementing partners - UNFPA Annual and SIS reports - UNFPA Monitoring reports - Project progress reports - Implementing partners quarterly/annual reports and AWP Semi-structured key informant interviews <ul style="list-style-type: none"> - UNFPA SMT - UNFPA Admin / financial staff - Government Implementing Partners, Admin / financial staff - CSO Implementing Partners, Admin / financial staff - Donors to CP5 - M&E staff of UNFPA, partner organizations and sister UN agencies Focus group discussion <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes
UNFPA made good use of its partnerships to pursue the achievement of the results	<ul style="list-style-type: none"> - Partnership strategy in place - Evidence of transparent IP selection process in place - Evidence of appropriateness of the IP selection criteria and results concerned - Evidence of partners' satisfaction with UNFPA support and partnership - Evidence of efficient joint partnering approach in UN Joint programming 	Desk Review <ul style="list-style-type: none"> - Partnership strategy and related documentation - Documentation on IP selection process - Needs / capacity assessments conducted - UNFPA level partner assessment - UNDAF level partner assessment - UNFPA Annual and SIS reports - UNFPA Monitoring reports - Project progress reports - Implementing partners quarterly/annual reports and AWP Semi-structured key informant interviews <ul style="list-style-type: none"> - UNFPA SMT

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
		<ul style="list-style-type: none"> - UNFPA Admin / financial staff - Government Implementing Partners, Admin / financial staff - CSO Implementing Partners, Admin / financial staff - Donors to CP5 Focus group discussion <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes
SUSTAINABILITY		
EQ 7: To what extent are the net benefits of the country program likely to continue after the discontinuation of the interventions?		
Political will in place to ensure the continuation of benefits supported by the country programme after interventions terminate	<ul style="list-style-type: none"> - National legal and policy requirements in place (such as national strategies for RH commodity security, MISP, adolescent SRH, national population policy) for the benefits of programme interventions to continue, in particular for disadvantaged and marginalized groups, after interventions terminate - Functional provincial strategies in place for SRH, Adolescent SRH, HIV/SRH peer education in and out of school youth - Capacities of parliamentarians enhanced regarding aspects of accountability for the continuation of results in SRHR, GEWE and PD in particular for vulnerable and marginalized groups in the various parts of the country 	Desk Review <ul style="list-style-type: none"> - Government National Development plan and budget concerned - Government development strategy Semi-structured key informant interviews <ul style="list-style-type: none"> - Government partner agencies - UNFPA SMT - UNFPA programme staff in each of the three outcome areas Focus group discussion <ul style="list-style-type: none"> - Discussion with a selected group of parliamentarians
Financial allocations put in place to enable continuation of benefits of support provided through interventions after they terminate	<ul style="list-style-type: none"> - Evidence of budget committed to the continuation of results of UNFPA supported interventions after these will terminate 	Desk Review <ul style="list-style-type: none"> - Government annual budget - Government National Development plan and budget concerned Semi-structured key informant interviews <ul style="list-style-type: none"> - Government partner agencies - UNFPA SMT - UNFPA programme staff in each of the three outcome areas Focus group discussion <ul style="list-style-type: none"> - Discussion with a selected group of parliamentarians
EQ 8: To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects across the development and humanitarian continuum?		

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
Capacities of implementing partners and beneficiaries have been developed as a result of program interventions, enhancing the durability of effects of both development and humanitarian interventions	<ul style="list-style-type: none"> - Capacities of Implementing partners in terms of on-going efforts to improve quality services - Capacities of Implementing partners enhanced in order to provide planning and financial related support in UNFPA mandate areas - Capacities of parliamentarians enhanced regarding aspects of accountability for the continuation of results in SRHR, GEWE and PD in particular for vulnerable and marginalized groups in the various parts of the country in development as well as humanitarian support - Capacities of ultimate beneficiaries enhanced in both development and humanitarian related interventions - 	<p>Desk Review</p> <ul style="list-style-type: none"> - UNFPA Annual and SIS reporting - Project progress reports - UNFPA, UNCT and project Monitoring reports - Annual/quarterly reports implementing partners and AWP <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - Government partner agencies - CSO partners organizations - UNFPA SMT - UNFPA programme staff in each of the three outcome areas <p>Focus group discussion</p> <ul style="list-style-type: none"> - With final beneficiaries of vulnerable and marginalized groups targeted in each of the three outcome areas of the country programme in development as well as humanitarian interventions, in peer groups and separately with men and women beneficiaries
COVERAGE		
EQ 9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women, adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; LGBTIQI populations, etc.) affected by disasters, including COVID-19 pandemic, conflicts and natural disasters?		
<p>UNFPA and partner capacities have been enhanced to ensure reaching the most vulnerable groups with RH services in emergency settings</p> <p>RH services have become more available to the most vulnerable and marginalized groups in emergency settings</p>	<ul style="list-style-type: none"> - Evidence of strengthened institutional capacity to ensure that reproductive health needs of the most vulnerable and marginalized are addressed in humanitarian settings - National emergency preparedness and response plans reflects the Minimum Initial Service Package (MISP) - Reproductive health emergency preparedness and response plan developed in consultation with various stakeholders, including concerned national partners and civil society working on reproductive health reflects ways to address the needs of the most vulnerable in the country - The capacity of health service providers to ensure the delivery of RH services in emergency situation to the most vulnerable is strengthened 	<p>Desk Review</p> <ul style="list-style-type: none"> - Emergency preparedness and response plans at national and sub-national levels - UNFPA RH strategy in humanitarian settings - UNFPA Annual and SIS report - Humanitarian project monitoring data and reports <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - Government partners on humanitarian aid issues - CSO partners on humanitarian issues - Sub-national level partners on humanitarian issue in priority provinces and beyond - Senior management staff of selected sister UN agencies <p>Focus group discussion</p> <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes - With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
	<ul style="list-style-type: none"> - Evidence of increased availability of reproductive health services to the most vulnerable and marginalized in humanitarian contexts in the period under review 	<ul style="list-style-type: none"> - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme - With men and women targeted beneficiaries
CONNECTEDNESS		
EQ 10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?		
<p>Extent to which humanitarian aid has taken into account longer term development aspects</p> <p>Extent to which humanitarian aid and support takes account of interconnectedness of problems and issues in the context concerned</p>	<ul style="list-style-type: none"> - Evidence of a functioning SRHR sub-cluster as a result of UNFPA guidance and leadership - Evidence of a functioning GBV sub-cluster as a result of UNFPA guidance and leadership - Evidence of UNFPA leadership/co-leadership of the GBV sub-cluster at national/sub-national levels - Evidence that both Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies and the Essential Services Package for Women and Girls Subject to Violence are used in programming - Linkages in the design and implementation of humanitarian response to recovery and development phases of support 	<p>Desk Review</p> <ul style="list-style-type: none"> - Emergency preparedness and response plans at national and sub-national levels - UNFPA RH strategy in humanitarian settings - UNFPA Annual and SIS report - Humanitarian project monitoring data and reports - Humanitarian Cluster meeting records, in particular GBV cluster <p>Semi-structured key informant interviews</p> <ul style="list-style-type: none"> - Government partners on humanitarian aid issues - CSO partners on humanitarian issues - Sub-national level partners on humanitarian issue in priority provinces and beyond - Senior management staff of selected sister UN agencies <p>Focus group discussion</p> <ul style="list-style-type: none"> - Programme staff of key sister UN agencies, including UNDP, UNICEF, UN Women, UN AIDS including those with whom UNFPA is implementing joint UN programmes - With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme - With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme - With men and women targeted beneficiaries

ANNEX 6: Distribution of UNFPA supported Initiatives across the Provinces of Papua New Guinea

Regions	Southern					Highlands							Momase				Islands				
Provinces	Milne Bay	NCD / Central	Northern	Gulf	Western	Eastern Highlands	Chimbu	Jiwaka	Western Highlands	Southern Highlands	Hela	Enga	Morobe	Madang	East Sepik	West Sepik	ARoB	East New Britain	West New Britain	New Ireland	Manus
Development Programme																					
UNFPA Priority Provinces																					
SRHR																					
MH component																					
EMONC																					
LMIS Commodities																					
Commodity training																					
FP coordination																					
FP CD / LARCS																					
FP Susu Mamas																					
A/Y SRH FP campaign (FHA)																					
GEWE																					
Peace Building Fund																					
Spotlight (GBV)																					
Zonta project, GBV																					
UMBRAF																					

Regions	Southern					Highlands							Momase				Islands				
Provinces	Milne Bay	NCD / Central	Northern	Gulf	Western	Eastern Highlands	Chimbu	Jiwaka	Western Highlands	Southern Highlands	Hela	Enga	Morobe	Madang	East Sepik	West Sepik	ARoB	East New Britain	West New Britain	New Ireland	Manus
A/Y																					
Equal Playing Field																					
Youth centres																					
Youth Peace training																					
Other Criteria Development Programme																					
Successful sub-national support																					
Challenging sub-national support																					
Humanitarian Programme																					
Earthquake Response																					
Tari Emergency response																					
COVID-19 Response																					
Lanina, Emergency preparedness																					

Joint UN Programme

Priority Province (PP)

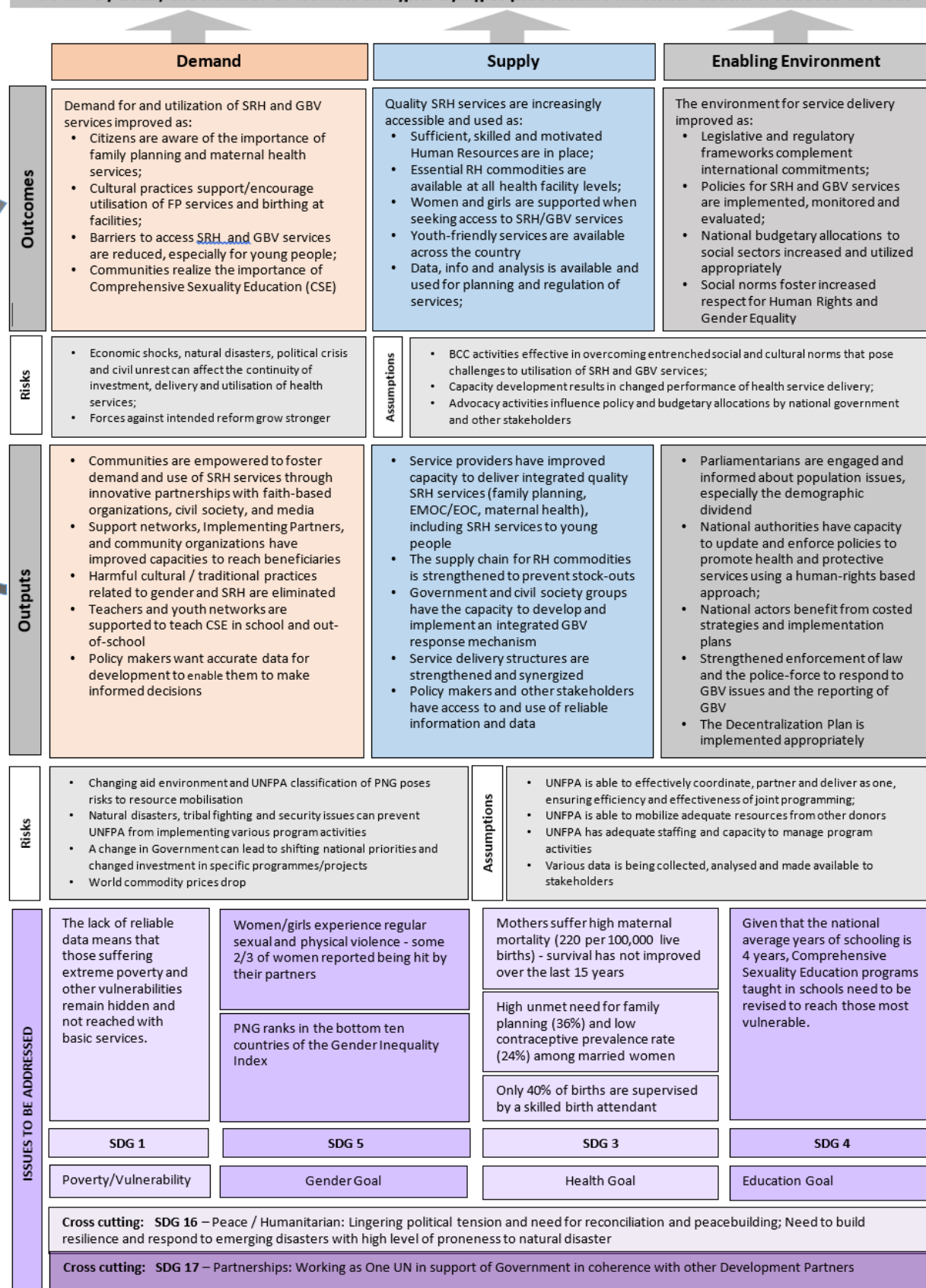
Initiative in PP

Initiative outside PP

ANNEX 7:

Theory of Change of the Country Programme

Goal: By 2022, the number of women and girls dying of preventable maternal deaths is reduced in PNG.



ANNEX 8:**Additional Contextual Details****A: Situation regarding Outcome areas of the programme****Sexual and Reproductive Health and Rights**

Sexual and reproductive health and maternal health remain facing substantial challenges. Though access to and use of contraceptives has slightly increased over the past few decades, it remains relatively low, with unmet need for family planning high, in particular among young women and marginalized groups. Contraceptive use among currently married women has increased in the past decade, from 32 percent in 2006 to 37 percent in 2016-18. Use of modern methods has increased over the same period, from 24 percent to 31 percent. The unmet need of sexually active marginalized unmarried women aged 15-49 was about 65 percent. Among both married women and married men, awareness of at least one contraceptive method is higher in urban areas than in rural areas.²²⁵

The situation in HIV and AIDS improved in the first one and a half decade of the present century, dropping from 1.0 percent of the population infected in 2003 to 0.65 in 2014. The situation has since worsened, with a resurging to 0.8 percent in 2018. This surge has been attributed to increased cases from eight provinces.²²⁶ The HIV prevalence rate among the 15-49 years age group is estimated at 0.9 percent in 2020.²²⁷ Provision of HIV and AIDS services have increased since 2004 beyond the capital of Port Moresby to include 120 facilities around the country, allowing 66 percent of people living with HIV to access antiretroviral services.²²⁸ At the time of the evaluation, HIV/AIDS services in a few of the priority provinces were in the transition of being integrated with the sexual reproductive health services.

Though the reported numbers on maternal mortality ratio have gone down, access to antenatal care and delivery attended by a skilled health provider remains low. Maternal mortality ratio has reportedly been declining over time, with the initial decrease from 733 to 220 in 2014 further reduced to 171 in 2018 assessed over the 7 years prior to the Demographic and Health Survey (DHS) 2016-18. Nevertheless, the reason for such a sharp decline remains unclear. The pregnancy-related mortality ratio, including deaths from accidents or violence, is estimated at 205 per 100,000 live births.²²⁹ Maternal mortality audits have been initiated in some hospitals, however, these do not include deaths that occur at the community level as those are not recorded or reported.²³⁰ The main causes of maternal deaths are attributed to post-partum hemorrhage, eclampsia and unsafe abortions. Antenatal care services by mothers have slightly improved, with coverage at 76 percent as have births occurring at health centres or hospitals, delivered by a skilled health worker, which though remains low at 56 percent.

The healthcare system in the country remains challenged by several factors, including chronic shortage of cadres of health workers, inefficient and ill-practiced procurement systems and supply chain issues. The primary health care system remains fragmented with 40 per cent of rural health centres and aid posts closed or only partially functional and the community health post concept developed earlier, not scaled up after trials in Central and Eastern Highlands Provinces. Persistent

²²⁵ Ibid.

²²⁶ HIV is present in all provinces but at increased levels in eight “high burdened” provinces including: National Capital District, Enga, Jiwaka, Simbu, Western Highlands, Southern Highlands, Morobe and Mdang (UNAIDS, 2020. Global AIDS Monitoring 2020: Country Progress Report).

²²⁷ UNAIDS Infor, August 18, 2021.

²²⁸ UNAIDS data referred to in VNR Report, 2021.

²²⁹ National Statistical Office Papua New Guinea and ICF, 2019.

²³⁰ Asia Pacific Observatory on Health Systems and Policies. Independent State of Papua New Guinea Health System Review in Transition, Vol 9.1, 2019.

challenges have remained with funding allocations to rural health services with limited funding for the distribution of drugs, renovations of existing health facilities and medical supplies to rural health facilities and for emergency patient referrals.²³¹ Revamping of the provincial health systems through the Public Health Authority still needs to prove its impact.

High levels of inequities persist in the achievement of SRHR related development results, which includes access to skilled birth attendance and access to modern contraception. While access to birth attendance is overall at 61 per cent, for the most vulnerable group of women of households at the bottom 40 per cent of the wealth distribution with no education, this is only 26 percent, compared to 90 percent in the highest income group. While the average use of modern contraceptives is at 50 percent, for women in households at the bottom 40 percent of wealth distribution this is only 41 per cent, compared to 65 percent for women in households in the best-off group.²³²

Compounding challenges keep affecting women and girls from realizing their reproductive health and rights. These include cultural practices and religious beliefs, geographical conditions, economical constraints, lack of transportation and the physical infrastructure of health facilities, with many of them lacking in terms of medical resources as well as running water and sanitation.²³³

The National Sexual Reproductive Health Policy of the National Department of Health (NDOH) of 2014 aims to foster improvement in the quality of life of all Papua New Guineans and thus contribute to decreased morbidity and mortality among the sexually active target population. The policy focuses on ten objectives, including reduction of maternal mortality, reduction of unplanned and unwanted pregnancies, reduce prevalence of STI and HIV, eliminate GBV and other harmful practices to the health of women and children and reduce gender imbalance in availability of SRH services. The National Youth and Adolescents Health Policy of NDOH from 2014 includes a focus on the prevention of early and unwanted pregnancies and adverse reproductive health outcomes through improved sexual and reproductive health of adolescents as an integral part of the national response to reduce maternal mortality. This is to be achieved through enhancing access of youth and adolescents to SRH knowledge, services and commodities. The policy, moreover, stresses the need for health services to be user friendly for adolescents and youth including in terms of their location and trained personnel.²³⁴

Gender Equality and Women's Empowerment

Papua New Guinea has a diversity in social, ethnic, and linguistic groups, including a complexity of social attributes and opportunities associated with being male and female and the way in which societal expectations of women, men, girls, and boys are being defined. Most of these, however, continue to limit the realization of gender equality. Papua New Guinea continues to rank in the lowest category of the Gender Inequality Index of UNDP, in 2021 ranking 160 out of 161 countries. While the 2021 Global Gender Gap Index ranked Papua New Guinea at 135 out of 156 countries. The continuous low ranking is associated with the slow progress in recognition of the rights of women and girls.²³⁵

²³¹ National Department of Health and University of Technology, 2015. WHO Collaborating Centre for Nursing Midwifery and Health Development. Health Systems Strengthening in PNG: Past, Present and Future Challenges. Vol.3.

²³² Other important inequalities can be found in term of stunting and wasting rates of children under five years of age, completion levels of secondary and higher education, access to basic drinking water, sanitation, electricity and clean cooking fuels as well as ownership of bank accounts. Government of Papua New Guinea, Papua New Guinea's Voluntary National Review 2020, Progress of Implementing the Sustainable development goals, Port Moresby, July 2020.

²³³ UNFPA Papua New Guinea, Your Rights, Our Mission: 6th Country Program 2018 – 2022; Asia Pacific Observation on Health Systems and Policies (2019); Independent State of Papua New Guinea Health System Review; Papua New Guinea National Department of Health – UNFPA Pacific Sub-Regional Office Health Systems in Transition; UNFPA, Family Planning and Reproductive Health Commodity Needs Assessment.

²³⁴ National Department of Health, National Sexual Reproductive Health Policy, 2014; National Department of Health, National Youth and Adolescent Health Policy, 2014.

²³⁵ UNDP HDR 2021.

In Papua New Guinea women face stark cultural and systemic obstacles for participation in decision making in all spheres of life, including at the highest levels of decision making in political spheres as societal rules and norms dictate that the power of decision-making rests with men. The number of women in key leadership and decision-making roles in senior management and executive positions remains low. This leaves women vulnerable to various forms of discrimination and violence as men control most of the resources and women are expected to conform to the various societal rules and norms that often deny them their basic rights.²³⁶

Women in Papua New Guinea face high rates of gender, family, and sexual violence from an intimate partner. Of women aged 15-49 years, 56 percent have experienced physical violence and 28 percent have experienced sexual violence. The National DHS 2016 shows 70% of women and 72% of men believe that a husband is justified in beating his wife. Eighteen percent of women who have ever been pregnant have experienced violence during pregnancy. Of women who have ever experienced physical or sexual violence, 35 percent have sought help, through informal support structures, such as family, kinship or community networks, community leaders, and village courts rather than through formal service providers, while 13% have never sought help but have told someone about the violence. Thirty-nine percent of women who have experienced any type of physical or sexual violence have not sought help or told anyone about the violence. Incidence of physical violence increased with higher income levels and education status.²³⁷

The high rates of GBV in PNG is symptomatic of the large power imbalance that exists between men and women in the society, accepting that men should have power over women. This view of men's superiority in PNG is strongly embedded in cultural or societal norms and beliefs that translate into institutional structures within societies. The continuous low ranking on gender equality is associated with the slow progress in recognition of the rights of women and girls resulting in PNG struggling to meet SDG 5 which focuses on gender equality.

The Constitution of Papua New Guinea overall calls for gender equality and equal rights for all. The Government has ratified international legal instruments, including the CEDAW and the Beijing Platform for Action, in order to take active steps in closing the gender parity gap that exists in the country. However, there are still gaps into domesticating the international legal instruments through effective national policy and legislations to ensure gender equality and women's empowerment barriers are addressed and to hold the Government accountable for their execution. Various international conventions related to gender equality, which have been ratified, as well as the National Policy for Women and Gender Equality from 2011-2015 still remain largely to be implemented in practice.

The Government of PNG through National Strategy to Prevent and Respond to GBV (2016-2025) aims to take a multisectoral approach in its support to addressing the high rates of violence against women and women's empowerment. To ensure women are protected in employment and have equal opportunities to Senior executive management roles within the National Public Service, the Gender Equity and Social Inclusion (GESI) Policy was introduced and is currently reviewed with a greater focus on disability inclusion in the country's workforce. To ensure women's social protection, the Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025 was introduced to systematically address gender-based violence led by the Department for Community Development, Youth, and Religion. To ensure women's health and access to basic health care services, the Gender Health Policy is currently under review and is to be updated under the custodianship of the NDOH.

UNFPA at corporate level has a Gender Equality Strategy that includes five strategic priority areas the organization makes use of three tools to support application of the strategy within the organisation.

²³⁶ Ibid.

²³⁷ DHS 2016/18.

The strategic priorities include a focus on human rights and social norms, a multisectoral approach to prevent and address GBV and eliminate harmful practices and strengthened capacities for gender responsive data, gender statistics and evidence-based advocacy and dialogues. The tools used for implementation of the strategy include the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, to enhance coherence and accountability in the gender-related work of all UN entities, the Gender Equality Scorecard, assessing quality of gender mainstreaming performance and the Gender Marker, to track and monitor the gender-responsiveness of all financial activities.

Population Dynamics

The total population of Papua New Guinea stood at 7.3 million in 2011²³⁸ and has increased to 9.3 million in 2022.²³⁹ The population is projected to further increase to about 13 million by 2030.²⁴⁰ The life expectancy at birth for women stands at 64 years compared to men at 63 years. The infant mortality rate of 33 per 1,000 live births, under 5 mortality rate of 48 per 1,000 live births and the total fertility rate (TFR) of 4.2 per women (2018)²⁴¹ and 3.4 (2022)²⁴² are relatively high compared to averages of middle-income countries. The high TFR is considerably above replacement level which inevitably will perpetuate rapid population growth beyond 2030 as a result of the in-built demographic momentum created by continued high fertility and declining mortality rates. The country has a 'youth bulge', a large young population that has the ability to be harnessed as a 'demographic dividend' in order to contribute to accelerated sustainable economic growth towards 2030 and beyond.

The National Statistical Office (NSO) under the National Statistical Act is the statutory government entity that is responsible for the conduct, analysis, and publications of the official national population census, DHS, Household and Income Expenditure surveys and to cater to other government statistical data needs and requirements. The head quarter is at Waigani, Port Moresby and only for the conduct of the census the agency sets up temporary provincial desks in all 22 provinces. Since independence, the role of and function of NSO is of importance in national decision making yet it has been constrained in terms of human resources and finances.

NSO has conducted a census every 10 years since 1980 with national censuses conducted in 1990 and 2000 and two sample censuses prior to 1980, in 1966 and 1971. The 2010 census was deferred to 2011 due lack of timely funding by the national government. The 2020 national census was deferred due to COVID-19, with further delay caused by the national elections which are to be held in 2022. The actual date is yet to be confirmed by the government of PNG and it is subject to the outcome of the 2022 National General Election and the formation of the new government expected for August of 2022 responsible for appropriation of budget to conduct the national census. NSO expects pre-census activities to be conducted in 2023 with the census enumeration to take place in July 2024.

The first DHS was conducted in 1996 followed by 2006 and the most recent one conducted in 2016-2018 with the data analysis and publication of the DHS full report in 2019. Capacity building and sustainable funding has remained a challenge faced by NSO over the past decades. Noteworthy is a very high staff turnover at the senior management level at NSO. Invariably, UNFPA and Government of Australia have supported NSO over time in terms of technical and financial support.

The first integrated NPP was launched in 1992. The second comprehensive NPP covered the period 2000-2010 and was approved by the National Executive Council upon the recommendation of the National Population Council. The third NPP covers the period 2015-2024. The first Volume was

²³⁸ NSO, 2011 National Census Final Report, 2013, Port Moresby, Papua New Guinea.

²³⁹ <https://www.unfpa.org/data/world-population/PG>.

²⁴⁰ Ibid.

²⁴¹ National Statistical Office Papua New Guinea and ICF, 2019.

²⁴² <https://www.unfpa.org/data/world-population/PG>.

launched in 2015 while the second Volume is still pending. The NPP is currently under review by the DNPM with technical support from UNFPA.

The national government views the present rapid population increase as an impediment to economic growth and responsible sustainable development.²⁴³ Continued high population growth is considered as detrimental to sound development planning as it increases pressures on sustainable use of the country's limited natural resources and public goods and services including educational opportunities and has a negative impact on employment among the youth population.²⁴⁴ The NPP 2015-2024 main objectives concerns increasing the awareness on the implications of a high population growth rate and support access to rights-based family planning methods in accordance with the ICPD Program of Action.²⁴⁵

The MTDP III 2018-2022 provides the most recent information in terms of population issues with the inclusion of Key Result Area # 8 on Sustainable Population, the main goal of which is to achieve a manageable population growth that results in a healthy and productive population. It aims to adopt and implement the National Population Policy by promoting development initiatives that are human centric, and based on balanced and sustainable investment. The three main investment targets include reproductive health care and family planning initiatives, implementation of the National E-ID Card Program, and the conduct of the Population Census, originally planned for 2020 but postponed till 2023.

Adolescents and Youth

Young people under the age of 25 make up about 60 per cent of the total population of Papua New Guinea, which equates to about 5.46 million inhabitants. The situation is more pronounced in the highlands region, where in some areas it is estimated that 67 per cent of people are under the age of 18.²⁴⁶ The group of young people is expected to continue to grow rapidly in the near future, given the high total fertility rate in the country.

About 12 percent of young women in the age group between 15 to 19 years had begun childbearing with 10 per cent having had a live birth and 3 percent pregnant with their first child. This percentage has remained more or less the same over the past decade. The proportion of teenagers who begun childbearing rises rapidly with age, from 3 per cent at age 15, to 27 per cent at age 19. Rural teenagers are more likely to have started childbearing compared to their urban peers at 13 versus 10 per cent. Moreover, those teenagers with less education and in lower income quintiles are more likely to have started childbearing than those with higher education and in higher income quintiles.²⁴⁷ High levels of teenage pregnancies and adolescent fertility have been related to high levels of gender-based violence, young people's limited awareness and lack of access to SRH information, services and commodities.²⁴⁸ The maternal mortality rate for youth is highest for those of 20-24 years of age with

²⁴³ Government of Papua New Guinea, Department of National Planning and Monitoring, National Population Policy 2015-2024, Port Moresby, 2015; GoPNG, Strategy on Responsible Sustainable Development, Department of National Planning and Monitoring, 2016.

²⁴⁴ Government of Papua New Guinea, Medium Term Development Plan III 2018-2022, Vol. 1, Port Moresby.

²⁴⁵ Government of Papua New Guinea, Department of National Planning and Monitoring, National Population Policy 2015-2025, Port Moresby, 2015.

²⁴⁶ Source: <https://png.unfpa.org/en/news/unfpa-launches-bilum-campaign-harnessing-png-traditional-culture-advance-gender-equality-and-0>; ABC News Article at https://www.abc.net.au/news/2019-11-09/teens-rule-parts-of-png-as-population-booms/11663844?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web.

²⁴⁷ National Statistical Office Papua New Guinea & ICF, 2019, <https://png.unfpa.org/en/topics/young-people-8>.

²⁴⁸ United Nations Population Fund, Country programme document for Papua New Guinea, Sixth Cycle 2018-2022, 3 July 2017.

a rate of 0.27, compared to 0.08 for the 15-19 years age group and 0.12 for the 25-29 years age group.²⁴⁹

Though the 'youth bulge'²⁵⁰ provides important socio-economic opportunities, known as demographic dividend, a multitude of social and economic challenges prevent the country's youth and adolescents from flourishing and positively contributing to society. Important in this respect is their limited access to SRH information, services and commodities and the limited adaptation of health services to the needs of adolescents and youth.

Another important challenge concerns education. Though more children than ever before are now enrolled in elementary, primary and secondary schools, many of them do not perform at their grade level. Moreover, about a quarter of the children aged 6 to 18 are still out of school, with fewer girls going to school. Primary school transition rate into lower secondary school is at 56 percent only and lower for girls at 50 percent.²⁵¹ Presently, access to CSE in the regular schooling system is limited, with a larger focus of development programs in terms of sexuality education focused on out-of-school youth through organizations such as Family Health Association (FHA). Complete rollout of CSE in the country is yet to be established. The recently started UNFPA supported Spotlight project, includes development of CSE as part of the secondary school curriculum.²⁵²

Youth employment is of concern, though relatively higher for young men in the age group of 25-29 years of age with 65.9 percent being employed in the past 12 months compared to the average of 63.7 for men overall. For male youth it is predominantly the group of 15-19 years of age which are less employed at 45.2 percent. This, however, is still above the average employment rate for women, whose employment situation is more concerning. In the same period employment for women stood overall at 35.8 per cent, with young women between 28.4 and 33.4 percent employed.²⁵³

Safety issues are another concern that impedes development and realization of the demographic dividend. Children and youths in Papua New Guinea are exposed to the highest rate of violence in the East Asia and Pacific Region. Eighty percent of children in Papua New Guinea experienced some form of physical, verbal and/or sexual abuse. Small-scale studies consistently show that violence is a part of everyday life for a large number of children and youth.²⁵⁴ Less than 20 per cent of child survivors of violence have had access to courts, either because of distance or cultural norms such as payment of compensation in lieu of court action.²⁵⁵

With inadequate access to formal education, lack of access to SRH services and limited job training opportunities as well as a considerable unemployment rate, adolescents and youth are often not fully engaged or able to participate in the development of their communities. It is not uncommon for these young people to join gangs and hang out in settlements, looking for something to do, which at times results in them engaging in opportunistic crimes and violence. Without investments in the health,

²⁴⁹ The Maternal Mortality Rate is highest for the 35-39 age group where it stands at 0.43. The Maternal mortality rate is the number of maternal deaths per 1,000 women aged 15-49 and differs from the Maternal Mortality Ratio, which concerns the number of maternal deaths per 100,000 live births. National Statistical Office Papua New Guinea and ICF, 2019.

²⁵⁰ There is no universally agreed international definition of the youth age group. For statistical purposes the United Nations defines 'youth' as persons between the ages of 15 and 24 years (<https://www.un.org/en/global-issues/youth>). In Papua New Guinea the statistical definition of youth includes the population age bracket from 12- to 38-year-olds, while this is often reduced to 12-30 years olds based on practical concerns in managing the youth sector. Papua New Guinea, National Youth Policy 2020-2030, Bringing young people to the center of sustainable development maximising benefits, Port Moresby, December 2019.

²⁵¹ Source: <https://www.unicef.org/png/what-we-do/education>. The educational system of Papua New Guinea is highly decentralized. The decentralization law of 1978 gives the country's provinces the responsibilities of planning, financing, staffing and maintaining general education facilities for respective localities and constituents, that include pre-school, elementary, primary, secondary and vocational schools (Source: <https://www.studycountry.com/guide/PG-education.htm>).

²⁵² Key informant interviews.

²⁵³ National Statistical Office Papua New Guinea and ICF, 2019.

²⁵⁴ UNFPA Papua New Guinea, Take Action, Girls' Adolescence, Freedom, Choice, Respect, Briefing.

²⁵⁵ Source: <https://png.unfpa.org/en/topics/young-people-8>.

education and employability of this large population cohort, the potential of this group to positively contribute to the nation's future is regarded as unlikely to be realized.²⁵⁶

The National Youth Policy 2020-2030 aims to improve the well-being of young people through greater and meaningful participation in all levels of society and government. This is further detailed in terms of youth mainstreaming in governance and institutional development, young people's engagement in community and environment, education and employment opportunities and engagement in healthy lifestyles, sports and culture. The policy also highlights young people's responsibilities and identifies the National youth development authority as the agency to support youth development and monitoring the implementation of National Youth Development Plans at the Provincial, District and local levels of government.²⁵⁷

²⁵⁶ Source: <https://png.unfpa.org/en/topics/young-people-8>.

²⁵⁷ National Youth Development Authority, Papua New Guinea National Youth Policy 2020-2030, Bringing young people to the center of sustainable development, maximising benefits, Port Moresby, December 2019.

B: Demographic and other Details on the Five UNFPA Priority Provinces

Autonomous Region of Bougainville

ARoB is located in the New Guinea Islands Region of the country that shares a border with the Solomon Islands. The 2011 census recorded a total population of close to 250,000 people. The province represents a particular development challenge as it has sought independence and was engaged in a ten years civil war with the central government. A ceasefire Peace Agreement was concurred in 1990 and the province of Bougainville was renamed as Autonomous Region of Bougainville with its own Constitution under the National Constitution. A Referendum was held in November 2019 in the region in which 97% of people voted for Independence. The current Government has set a deadline for 2027 to reach a final settlement. Bougainville is rich in mineral wealth and the leading producer of cocoa as a primary agricultural product.

Selected indicators	Female	Male	Total
Population			
Population(2011)	121,215	127,564	248,779
Population growth rate			3.2
Sex ratio			105
Drinking water and Sanitation			
Improved source of drinking water			68
Improved sanitation facilities			15.5
Birth registration			
Birth registration under age 5 (%)			16.5
Education attainment: age 15-49			
Completed primary School (%)	19.8	16.6	
Completed secondary School (%)	3.7	3.2	
Literacy			
literate rate (%)	88	90	
Median age at Marriage			
Median age at first marriage age age 25-49 (years)	21.4		
Median age at first sexual intercourse age 20-29 (Years)	a	20.6	
Fertility & teenage pregnancy			
Teenage pregnancy age 15-19 (%)	7.6		
Total fertility rate per women	4.5		
ANC and Family planning			
Delivery by skilled health provider (%)	34		
Visit to health facility for FP methods/consultations age 15-49 (%)	1.4	0.7	
Unmet need for family planning aged 15-49	28.2		
Contraceptive prevalence rate women age 15-49 :			
All Methods (%)	42.7		
Modern Method (%)	21.7		
HIV/AIDS and STI			
HIV tested and received results aged 15-49 (%)	5.3	4.1	
Self-reported STI age 15-49 (%)	2.9	1.2	
Domestic violence			
Physical violence experienced since age 15 by women age 15-49 (%)	52.4		

Note: a-omitted -had sexual intercourse before age 20.

Source: NSO, 2019, DHS 2016-18 Report and 2011 census report

<https://www.nso.gov.pg/statistics/population/PNG-Final-Figures-2011-Booklet.pdf>

[https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20(1).pdf)

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[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20(1).pdf)

Central Province

Central Province is located in the southern region of the country and comprised of four Districts and 13 local level governments. It occupies the southern side of the Owen Stanley Ranges and the area of coast from Bereina in the north to Gaire village in the south. Port Moresby city is located in the Central Province. The administrative headquarter of the Central Province is at Konedobu in the National Capital District. The total population is 269,135 according to the 2011 census with the population growth rate of 3.5% per annum and the total fertility rate of 5.2 per women. Most of the population are farmers that derive part of their livelihood from subsistence agriculture and fishing activities. Many people travel or commute to earn non-agricultural wage incomes in and around Port Moresby city. Most people in the more remote areas of Goilala, Kairuku and Abau have low potential environments and earn low incomes. A road runs along the length of the province, and areas around Port Moresby are also well served by roads. Another road leads up to the Sogeri Plateau and the start of the Kokoda trail to the Oro Northern Province. Central Province people access health facilities in Port Moresby. The current Central Province Governor was first elected in the 2017 national general election.

Selected indicators	Female	Male	Total
Population			
Population(2011)	127,377	141,758	269,135
Population growth rate			3.5
Sex ratio			111.3
Drinking water and Sanitation			
Improved source of drinking water			41.8
Improved sanitation facilities			33.2
Birth registration			
Birth registration under age 5 (%)			21.4
Education attainment: age 15-49			
Completed primary School (%)	11.8	12.3	
Completed secondary School (%)	3.2	5.0	
Literacy			
Percentage literate (%)	74.8	82.8	
Median age at Marriage			
Median age at first marriage age age 25-49 (years)	20.8		
Median age at first sexual intercourse age 20-29 (Years)	a	19	
Fertility & teenage pregnancy			
Teenage pregnancy age 15-19 (%)	16.5		
Total fertility rate per women	5.2		
ANC and Family planning			
Delivery by skilled health provider (%)	65.7		
Visit to health facility for FP methods/consultations age 15-49 (%)	17.7	0.0	
Unmet need for family planning	27.5		
Contraceptive prevalence rate women age 15-49 :			
All Methods (%)	38.6		
Modern Method (%)	36.9		
HIV/AIDS and STI			
HIV test and received results 15-49 (%)	5.6	3.2	
Self-reported STI and STI symptoms age 15-49 (%)	1.5	4.2	
Domestic violence			
Physical violence experienced since age 15 by women age 15-49 (%)	57.1		

Note: a -omitted- had intercourse before aged 20

Source: NSO, 2019, DHS 2016-18 Report and 2011 census report

<https://www.nso.gov.pg/statistics/population/PNG-Final-Figures-2011-Booklet.pdf>

[https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20(1).pdf)

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[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20(1).pdf)

Eastern Highlands Province

Eastern Highlands Province is located in the Highlands regions of Papua New Guinea. The province covers an area of 11, 200 sq km and the provincial capital is Goroka. The total population is 578, 472 in 2011 census. There are eight districts and eight local level governments that comprised the province. The province shares a common administrative boundary with, Morobe, Madang, Gulf and Simbu Provinces. It has a temperate climate which is changing as a result of global warming. The province is the home of the Asaro Mud Mask that is displayed at shows and festivals within the province and in the country. It is reachable by air and road transport. The main produce is coffee and honey and local vegetables. The province has a newly built provincial hospital which is a referral hospital for the Highlands region. The Institute of Medical Research is located in the province.

Selected Indicators	Female	Male	Total
Population			
Population(2011)	278,379	299,863	578,242
Population growth rate			2.6
Sex ratio			108
Drinking water and Sanitation			
Improved source of drinking water (%)			54.5
Improved sanitation facilities (%)			35.5
Birth registration			
Birth registration under age 5 (%)			28.1
Education attainment: age 15-49			
Completed primary School (%)	6.3	11.3	
Completed secondary School (%)	4.4	4.7	
Literacy			
Percentage literate (%)	60.5	79.2	
Median age at Marriage			
Median age at first marriage age age 25-49 (years)	18.9		
Median age at first sexual intercourse age 20-29 (Years)	17.5	18.6	
Fertility & teenage pregnancy			
Teenage pregnancy age 15-19 (%)	13.9		
Total fertility rate per women	3.6		
ANC and Family planning			
Delivery by skilled health provider (%)	40.5		
Visit to health facility for FP methods/consultations age 15-49 (%)	7.5	2.0	
Unmet need for family planning	21.7		
Contraceptive prevalence rate women age 15-49 :			
All Methods (%)	42.5		
Modern Method (%)	37.8		
HIV/AIDS and STI			
HIV tested and received results (%)	9.6	6.4	
Self-reported STI age 15-49 (%)	9.7	6.5	
Domestic violence			
Physical violence experienced since age 15 by women age 15-49 (%)	66.1		

Source: NSO, 2019, DHS 2016-18 Report and 2011 census report

<https://www.nso.gov.pg/statistics/population/PNG-Final-Figures-2011-Booklet.pdf>

[https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Islands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Islands-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20(1).pdf)

Milne Bay Province

Milne Bay Province is the largest maritime province and is located around the south-eastern tip of the country. It covers a total area of about 270,000 km². The administrative provincial capital is Alotau. The total population is 275, 932 with the population growth rate of 2.5% per annum recorded in the 2011 census and the total fertility rate of 4.5 per woman. It shares the common administration boundary with Northern Province and Central Province on the mainland and maritime boundary with Easter and West New Britain and the AroB in the Solomon Sea. The larger islands are the Trobriands, the D'Entrecasteaux Islands, Woodlark Island, the Louisiade Archipelago and Goodenough islands with in addition many small islets. Transportation by road and sea is a major challenge in the province. Air travel is mostly limed to Alotau town by Air Niugini and Papua New Guinea Air. which can in addition only reach few remote islands such as the Trobriand Islands. Fishing, agriculture and forestry are main income generation activities by the people for their daily livelihood and sustenance. The province had been relatively peaceful until in 2021 it experienced law and order challenges by youth gangs.

Selected indicators	Female	Male	Total
Population			
Population(2011)	132,613	143,319	275,932
Population growth rate			2.5
Sex ratio			108.1
Drinking water and Sanitation			
Improved source of drinking water (%)			59.5
Improved sanitation facilities (%)			24.2
Birth registration			
Birth registration under age 5 (%)			14.9
Education attainment: age 15-49			
Completed primary School (%)	18	19.9	
Completed secondary School (%)	3.0	3.6	
Literacy			
Percentage literate (%)	79.0	84.5	
Median age at Marriage			
Median age at first marriage age 25-49 (years)	20.3		
Median age at first sexual intercourse age 20-29 (Years)	18.5	19.7	
Fertility & teenage pregnancy			
Teenage pregnancy age 15-19 (%)	17.0		
Total fertility rate per women	4.5		
ANC and Family planning			
Delivery by skilled health provider (%)	49.5		
Visit to health facility for FP methods/consultations age 15-49 (%)	9.7	1.6	
Unmet need for family planning (%)	24.1		
Contraceptive prevalence rate women age 15-49 :			
All Methods (%)	53.6		
Modern Method (%)	44.0		
HIV/AIDS and STI			
HIV tested and received results age 15-49 (%)	6.5	6.1	
Self-reported STI age 15-49 (%)	0.6	2.4	
Domestic violence			
Physical violence experienced since age 15 by women age 15-49 (%)	63.7		

Source: NSO, 2019, DHS 2016-18 Report and 2011 census report

<https://www.nso.gov.pg/statistics/population/PNG-Final-Figures-2011-Booklet.pdf>

[https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Islands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Islands-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20(1).pdf)

Morobe Province

Morobe Province is located on the North Eastern part of Papua New Guinea with a total population of over 600,000 (2011 census). It is the most populous province in the country. The province is divided into nine districts and contains 230 distinct languages spoken in the province besides English and Tok Pidgin. The province shares common borders with Madang, Eastern Highlands, Gulf, West New Britain, Central and Northern Provinces. It is situated at the mouth of Markham River and the start of the Highlands Highway. The Markham River valley runs through the center of the province and is the gateway to the highland highways and Madang Province by road. The climate is extremely humid as a result of high mountains and deep valleys. More than 5,080 mm of rainfall is recorded annually in the capital, Lae city. There are 9 major districts in the Morobe Province. The total area of the province measures 34,650.6 square kilometers which is the largest in the country, with a total land area of 33,931.6 square kilometers and a maritime area of 719 square kilometers. The province can be grouped into several main geographic areas, including the coastal, island and mountain areas and river and valley areas. The total fertility rate is 3.9 per woman and teenage pregnancy is about 19% according to the 2016-18 DHS results. The capital, Lae city, is the second largest city and the industrial hub of the country. It is the main industrial center and serves as the distribution port for all highlands provinces, including Madang for imported merchandise as well as the country as whole. The city is the base for major manufacturing industries such as the Lae biscuits company, fish canneries, Tahyo Cement Factory. The rural parts of the province contain the 'hidden valley' and the Wau-Bulolo goldmines. Urban and rural economic activities provide important employment opportunities for the residents of the province and beyond.

Selected indicators	Female	Male	Total
Population			
Population (2011)	323,573	349,875	673,448
Population growth rate			2.0
Sex ratio			108
Drinking water and Sanitation			
Improved source of drinking water (%)			49.9
Improved sanitation facilities (%)			39
Birth registration			
Birth registration under age 5 (%)			8.4
Education attainment: age 15-49			
Completed primary School (%)	12.2	18.6	
Completed secondary School (%)	9.7	15.7	
Literacy			
Percentage literate (%)	72.1	88.7	
Median age at Marriage			
Median age at first marriage age 25-49 (years)	20.7		
Median age at first sexual intercourse age 20-29 (Years)	18.9	19.0	
Fertility & teenage pregnancy			
Teenage pregnancy age 15-19 (%)	18.9		
Total fertility rate per women	3.9		
ANC and Family planning			
Delivery by skilled health provider (%)	34		
Visit to health facility for FP methods/consultations age 15-49 (%)	9.2	0.3	
Unmet need for family planning	28.2		
Contraceptive prevalence rate women age 15-49 :			
All Methods (%)	39.0		
Modern Method (%)	34.1		
HIV/AIDS and STI			
HIV tested and received results aged 15-49 (%)	7.5	10.9	
Self-reported STI age 15-49 (%)	6.6	3.1	
Domestic violence			
Physical violence experienced since age 15 by women age 15-49 (%)	59.2		

Source: NSO, 2019, DHS 2016-18 Report and 2011 census report

<https://www.nso.gov.pg/statistics/population/PNG-Final-Figures-2011-Booklet.pdf>

[https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/PNG-National-Report-2011-Census%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Southern-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Momase-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Islands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Islands-Region%20(1).pdf)

[https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20\(1\).pdf](https://www.nso.gov.pg/statistics/population/Census-Figures-by-Wards-Highlands-Region%20(1).pdf)

ANNEX 9:**Methodological Details**

In line with the TOR, the evaluation focused on the assessment of seven evaluation criteria, with in particular the latter two focused on humanitarian support:

- | | |
|--------------------|--------------------|
| i. Relevance | v. Sustainability |
| ii. Coherence | vi. Coverage |
| iii. Effectiveness | vii. Connectedness |
| iv. Efficiency | |

Box: Evaluation questions

Relevance: 1: To what extent has the UNFPA support been relevant, including in the fields of SRHR and rights, population and development, and gender equality and women's empowerment and the cross cutting area of adolescents and youth?

2: To what extent did the design and implementation of the country programme integrated human rights, gender equality and women's empowerment, and disability inclusion?

Coherence: 3: To what extent the interventions are coherent (complements, coordinates with, and adds value to and leveraged opportunities for) programmes and interventions in SRHR, GEWE, Population and Development, and Adolescents and Youth, including for the COVID-19 and other humanitarian response and recovery efforts of the government, development partners, including the UN agencies, and CSOs?

4: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the Humanitarian Country Team?

Effectiveness: 5: To what extent have: the intended programme outputs been achieved, the outputs contributed to the achievement of the planned outcomes and what was the degree of achievement of the outcomes, and what were the factors that facilitated or hindered the achievement of intended and unintended results?

Efficiency: 6: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools, approaches and partnerships to pursue the achievement of the results defined in the 6th CP?

Sustainability: 7: To what extent are the net benefits of the country program likely to continue after the discontinuation of the interventions?

8: To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects across the development and humanitarian continuum?

Coverage: 9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women, adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; LGBTIQ populations, etc.) affected by disasters, including COVID-19 pandemic, conflicts and natural disasters?

In order to ensure a gender responsive approach to the evaluation, gender was an important cross-cutting aspect throughout the evaluation. This concerned gender aspects in the stakeholder analysis, gender considerations as part of the desk review, making use of existing gender assessments and ensuring the inclusion of male and female respondents in semi-structured interviews, including gathering data separately from women and girls and men and boys of stakeholder groups. When making use of focus group discussions, separate meetings were organized with male and female participants. Gender was, moreover, an important aspect of data analysis, looking both at the viewpoints of women and men, their involvement in programme initiatives and benefits concerned. The evaluation followed a gender-sensitive approach and ensured – to the extent possible – equal representation of women, men girls and boys in all data gathering activities. Furthermore, the

evaluation endeavoured to capture the widest perspectives of beneficiaries coming from different backgrounds. The gender balanced composition of the evaluation team, including male and female members, facilitated this approach.

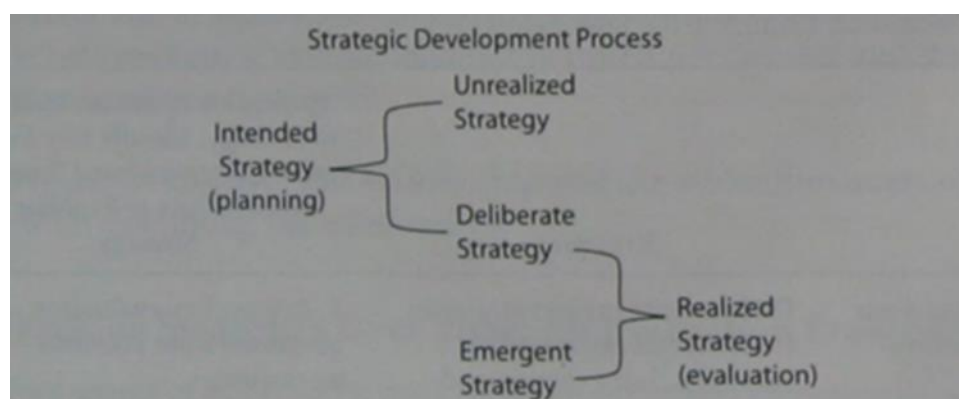
Throughout the evaluation process, gender was applied consistently and coherently across the evaluation methodologies and tools, which included:

- Incorporation of principles of equality, inclusion, participation, non-discrimination and fair input into the evaluation process and products, ensuring a process that is inclusive, participatory and respectful of all stakeholders
- Assessing how UNFPA programmes affected women and men differently and the degree to which gender and power relationships changed as a result of the interventions, which was applied to all types of interventions, including but not limited to gender-specific work
- Informing recommendations in relation to programme design that provided relevant benefits to women, men, girls and boys and contributed to positive changes in gender relations.
- Enabling UNFPA to account for and ‘tell the story’, of how its interventions have helped achieve UNFPA and wider UN objectives on gender.

The evaluation combined a deductive approach, which starts from pre-defined analytical categories, with an inductive approach that left space for unforeseen issues or lines of inquiry that had not been identified at the inception stage, which eventually led to the ability to capture unintended outcomes of UNFPA operations, either positive or negative in relation to results for programme and implementing partners as well as beneficiaries.

In order to inform an understanding of the dynamic aspects of the implementation of the country programme in Papua New Guinea, the evaluation made use of the framework for tracking strategy of Mintzberg, adapted by Patton & Patrizi (see figure below). This framework recognizes that not all parts of a strategy are implemented in practice and that new elements are often added to an existing strategy that were not included in its design. Thus, the framework allowed the evaluation to distinguish the actual implemented country programme (realized strategy) from the designed programme as reflected in the CPD (intended strategy). Adaptations and changes concerned, including unrealized as well as emergent aspects, included important pointers that informed the formulation of recommendations for the contents of the UNFPA strategy for the next programme period in Papua New Guinea.

Figure: Evaluation framework for tracking strategy



Source: Adapted from Mintzberg 2007, in Patton, M.Q. & Patrizi, P.A. (2010). Strategy as the focus for evaluation. In P.A. Patrizi & M.Q. Patton (Eds.), *Evaluating strategy. New directions for Evaluation*, 128: 5-28.

Methods for Data Gathering

Methods for data collection included desk review, semi-structured interviews, focus group discussions, where relevant complemented with field observations and email communications. Details on each of these methods are presented in table 7 below.

Table: Methodologies for data gathering and key characteristics

Method	Description	Objective	Comments
Desk review and review of the monitoring data gathered at a variety of levels	Study and review of selected documents relevant to the present evaluation	To get informed on the background and context as well as documented details of the country programme and its results through secondary resources	Main learnings from the desk review have been used to develop this design report, which details the approach and methodology applied in the evaluation process
	Assessment of the regular monitoring data gathered at the level of the programme and individual initiatives	To assess the quantity and quality of monitoring data gathered at the various levels and to inform result level changes achieved	Review of monitoring data informed both the results achieved at the various result levels of the programme as well as the assessment of the CP6 monitoring system and its use to inform results-based management
Semi-structured interviews including online discussions with stakeholders not available for in-person meetings or due to COVID-19 restrictions	Face-to-face and online interviews at national level and selected sub-national locations	To gather qualitative and quantitative data on the programme, including its design implementation and results at national and sub-national levels	Topics for discussion informed by the desk review and guided by the evaluation matrix
	Interviews with selected stakeholders not present on site during visits as well as those located outside of the country	To include stakeholders that are not available during field visits as well as support from UNFPA APRO and otherwise	With selected stakeholders
Focus Group discussions	Discussions in groups of selected participants on identified topics at sub-national level	To gather information at the sub national and local level	Topics for discussion informed by the desk review and guided by the evaluation matrix
Field Observations	Structured as well as un-structured observations in selected health facilities at provincial, district and local level	To gather data on the actual practices and related capacities of staff and the availability and use of equipment and facilities	Observation dependent on the ability to visit offices and facilities in view of the restrictions related to the on-going COVID-19 pandemic
E-mail communication	Focused e-mail messages	To address specific gaps in data and information to be obtained from specific persons and stakeholders	As needed

Sampling took place at two levels, the national and the sub-national level. At national level the evaluation team connected with all national level stakeholders of the UNFPA CP6. This included

national Ministries and Departments, sister UN Agencies, national CSOs and Academia as well as the UNFPA CO senior management and staff and UNFPA APRO staff.

Moreover, sampling was done at the sub-national level. The ongoing COVID-19 pandemic put severe constraints on the conduct of the field phase of the evaluation. This included the travel and other restrictions put in place to curtail the spread of the disease as well as the risks involved in fieldwork in terms of contracting as well as the possibility of through meetings and gatherings contributing to spreading the disease. Therefore, the fieldwork phase of the evaluation limited the number of sub-national areas to be visited and make optimal use of online meetings.

Given these considerations, at sub-national level three of the five priority provinces were selected for fieldwork, including AroB, Eastern Highlands and Morobe province. For selection of sub-national areas use was made of an overview of all country programme supported initiatives at the sub-national level and their location (for details see table in Annex 6). From this inventory it could be observed that most of the interventions had taken place in the priority provinces,²⁵⁸ with AroB being the area with all types of development interventions represented. In terms of successfulness of implementation, UNFPA considered work in AroB and Milne Bay to have been most successful and support in Eastern Highlands and Morobe having been more challenging in reaching results. Given the need to represent both successful and challenging aspects of UNFPA's programming as well as the need to inform ways to address challenges encountered for the formulation of the next country programme, Eastern Highlands and Morobe provinces were sampled in addition to AroB.

Eastern Highlands Province is part of the Highlands region of the country, which comprises about one third of the population of the country. Morobe is located in Momase region and the most populous province. Its capital, Lae city, is the industrial centre of the country, which sets Morobe province apart from other provinces in the country. AroB Malzberg is located in the New Guinea Islands Region of the country. The province represents a particular development challenge as it has sought independence.

These three areas represented provinces and areas in which UNFPA has provided substantial support in the various outcome areas and mainstreamed theme of the programme and this selection included areas in which the programme was considered as successful as well as more challenging contexts in terms of programme implementation. The selection represented a variety in socio-geographical terms, including areas from three main socio-geographical regions in the country.

Moreover, UNFPA has provided some support in the National Capital District²⁵⁹ with a focus on youth rights and needs in access to SRH information and services and youth attitudes and behaviour in terms of GBV. It was important in the CPE to also reflect this part of the country programme.

Regarding humanitarian response, three initiatives stood out: the UNFPA response to the earthquake in the Central Highlands in 2018, the response to the violence that broke out in Tari town, Hela Province in 2021 and the response to the COVID-19 pandemic from 2020 onwards. While for the responses of the earthquake and the response in Tari it was feasible to depend on desk review of secondary documents, for the COVID-19 response in Western Province, it appeared most viable to include this response as part of the field work for the evaluation, given its on-going character. With the recent identification of the new Omicron variant of COVID-19 identified in this province, travel to the province in the timeframe of the evaluation became unlikely, leaving the evaluation team to depend on virtual interviewing in terms of primary data gathering regarding UNFPA's humanitarian response.

²⁵⁸ The priority provinces were selected by UNFPA based on identified needs in terms of the mandate areas of UNFPA and political will regarding working with UNFPA on the issues concerned.

²⁵⁹ Reference here is made to support to initiatives in National Capital District, focusing on beneficiaries in this geographical area and is apart from support provided to Central Province.

The limited number of initiatives supported outside of the priority provinces were included through the desk review, making use of the work plans and reporting available. Regarding UNFPA participation in the peace building initiative in Southern Highlands and Hela provinces, use was made of the recently conducted evaluation of this UN Joint Programme.²⁶⁰

The process of stakeholder consultation made use of a participatory approach, including as much as possible stakeholders involved in the country programme in the evaluation process. This included government partners, sister UN agencies, civil society organizations, faith-based organizations and academia. This included stakeholders at national and sub-national levels. In interviews concerned, the team introduced the country programme evaluation as well as the evaluation team and gave the respondents the opportunity to introduce themselves. Interviewees were made aware of the UNEG standards and ethical guidelines used in the process, including confidentiality of the information provided, with the analysis focusing in the issues concerned without revealing who provided what information. Interviewees were also told that they could refrain from answering any questions that they would feel uncomfortable with and were informed of the independence of the evaluation team. Before starting the interview, participants were requested to introduce themselves, including the interviewee's role vis a vis their organization and the UNFPA country programme. As part of the interview, respondents were systematically asked to identify recommendations for the next programme cycle from their perspective, including strategic as well as managerial aspects.

Given the on-going COVID-19 pandemic, the evaluation team proposed to limit the provinces for fieldwork and to make use of a hybrid setup of meetings, at national as well as sub-national levels. This approach was meant to protect UNFPA staff, Government agency and other partner staff and beneficiaries as well as CPE team members as much as possible from possible risk of infection.

Data analysis focused on the evaluation criteria and questions as presented above and made use of the assumptions and indicators concerned as identified in evaluation matrix, which provided an overall analytical framework in terms of the issues concerned in answering each of the evaluation questions, responding to the selected evaluation criteria. Moreover, the following analytical methods were used:

- **Qualitative content analysis** was used for categorizing and coding in order to break down large amounts of qualitative data into manageable portions in relation to assumptions and indicators identified in the evaluation matrix.
- **Context analysis** was used in order to assess the contextual enablers and constraints in programme implementation.
- **Analysis of the TOC and the Results Chain of the programme:** The TOC and the CPD results framework provided a logical sequence between activities, their direct outputs, and outcome level changes. It provided a framework for assessing whether objectives were likely to be achieved through a stepped approach of monitoring of indicators at the levels of the framework.
- **Contribution Analysis:** Provided an assessment whether the program was based on a plausible theory of change, whether it was implemented as intended, whether the anticipated chain of results occurred, the extent to which UNFPA contributed to outcome level changes through the realization of output level results and the extent to which other factors influenced the program's achievements.
- **Timeline analysis:** Analysis of programme implementation from a chronological perspective, linking programme design and implementation as well as adaptations concerned with internal organizational processes as well as changes in contextual issues in-country and beyond.
- **Policy analysis:** With inclusion of policy engagement and advocacy in the country programme, the analysis made use of a number of tools to assess and analyse initiatives and their results, including

²⁶⁰ Robertson et. al., 2021.

the policy cycle (to understand to what phases of the policy cycle initiatives aimed to contribute and the kind of policy results expected), type of policy engagement (assessing audience and influence sought), theory of change (to analyse the logic of how policy engagement was meant to deliver results) and partnership analysis (to analyse UNFPA's partnering with other organizations to reach policy objectives).

- **SWOT analysis:** Looked at strengths and weaknesses in terms of internal capabilities of UNFPA's programme interventions, and at opportunities and threats to highlight external factors. Strengths and opportunities were used to assess aspects to be further developed and reinforced, while weaknesses and threats were used to identify those internal as well as external issues that need to be addressed and mitigated against.

The evaluation team consisted of five members:

- Frank Noij, Team Leader, Specialist in Complex Evaluation and Review
- Agnes Mek, Independent Specialist Sexual and Reproductive Health and Rights
- Eleina Butuna, Independent Specialist Population and Development
- Pamela Kamya, Independent Specialist Gender Equality and Women's Empowerment
- Alexis Esekia, Young and Emerging Evaluator

Team leader and team members each provided specific inputs into the draft and final design report and the draft and final evaluation report as agreed upon at the outset of the evaluation process.

The evaluation process was managed by the UNFPA PNG Assistant Country Representative, who was assigned the function of evaluation manager for the implementation of the CPE, and who provided support to the evaluation throughout the process. The implementation of the evaluation was, moreover, guided by the Evaluation Reference Group, in the design, field and reporting phases of the evaluation, in line with the details presented in the TOR of the evaluation (see Annex 1).

Data Gathering Tool

(Adapted for specific target groups based on the Evaluation Matrix with details presented in the Design Report)

Introduction:

- a. Explanation of the Country Programme Evaluation purpose and objectives and expected use of results
- b. Introduction Evaluation Team and participants to the discussion
- c. Ethical considerations including confidentiality of discussion

1. UNFPA Support provided

- a. In programme outcome area concerned

2. Fit with national and organizational strategies and policy frameworks

- a. Issues of targeting of equity, gender and vulnerability
- b. Adaptations made to contextual change incl. COVID-19 pandemic
- c. Ways in which human rights, gender equality and disability approach were included

3. Results achieved compared to planning - focus on output level change and contribution to outcome level change

- a. Results achieved at output levels, contribution of UNFPA to outcome level change, results on gender equity and youth mainstreaming

- b. What has worked / what has not worked
- c. Enabling and constraining factors for reaching results
- d. Unintended results, both positives and eventual negatives
- e. Effects of the COVID-19 pandemic and measures to prevent the spread of infections on the socio-economic and health context and results achievements
- f. Results of emergency response

4. Capacities developed so far / Ownership concerned

- a. Capacity improvement / levels concerned – what is still required
- b. Use of enhanced capacities and organizational resources put to realize results
- c. Expected sustainability of results

5. Humanitarian Response

- a. Coverage of UNFPA support, in particular in terms of vulnerability and informed by an assessment
- b. Connectedness of humanitarian response to development programming and attention to the interconnectedness of problems to be addressed

6. Partnerships and process issues

- a. Viewpoints of UNFPA as a partner, short vs long term partnerships
- b. Partnership strategy in place
- c. Partnership in Joint UN programmes

7. Process issues

- a. Efficiency and timeliness of support provided
- b. Cost effectiveness of UN Joint Programmes and opportunities for enhancing process and results, transaction costs versus benefits in terms of results
- c. Financial procedures in place and their efficiency in supporting results
- d. Resource mobilization strategy
- e. UNFPA country office staff composition versus programme requirements
- f. Technical capacities of the country office vs programme requirements

8. Monitoring and Evaluation

- a. M&E system in place – own system and reporting of data to UNFPA – fit concerned
- b. Disaggregation of data for monitoring purposes
- c. Use of data to inform programme management / Other use of M&E data
- d. M&E capacities built

9. Coherence with other stakeholders' initiatives and comparative advantage and value added of UNFPA

- a. Main interventions Government and other stakeholders in relation to UNFPA outcome level results
- b. Coherence of UNFPA interventions with other initiatives / overlap concerned
- c. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/ (I)NGOs
- d. Added value of UNFPA over the time of the programme cycle
- e. UNFPA's role in the UNCT coordination mechanisms

10. Lessons learned

- a. Which learnings / experiences would be useful for application beyond the context in which they were obtained

11. Recommendations for future support

- a. What would UNFPA need to focus on from your perspective in the next programme cycle
- b. What adaptations if any would be needed in terms of the ways in which results are aimed to be achieved

ANNEX 10:

Australian Government Bilateral Support to Papua New Guinea

Project partner	Project name	Duration	Amount
Outcome: Leadership and decision making			
UN Women	Women Make the Change: Increased voice for women in political processes	2019–2022	\$5,077,010 ²⁶¹
Pacific Women Support Unit	Support in extractive industry activities	2017–2020	\$944,753 ²⁶²
Department of Pacific Affairs, Australian National University	Women in Leadership Support Program	2016–2022	\$1,937,592 ²⁶³
US Embassy with the Department for Community Development and Religion	Women's Forum	2016–2019	\$123,069 ²⁶⁴
International Women's Development Agency in partnership with Bougainville Women's Federation	Young Women's Leadership Project	2016–2018	\$1,402,906
World Bank and the AROB	Inclusive Development in post-Conflict Bougainville	2015–2018	\$2,500,000
Outcome: Economic Empowerment			
Ginigoada Foundation	Safe Public Transport – Meri Buses in Port Moresby and Lae	2018–2020	\$856,586
UN Women	Safe and Prosperous Districts – Sepik	2018–2020	\$856,586 ²⁶⁵
Community Development Workers Association Inc.	Kirapim Kaikai na Maket	2016–2020	\$58,686
Center for International Private Enterprise	Creating an entrepreneurial ecosystem for women in Papua New Guinea	2015–2020	\$2,319,871 ²⁶⁶
Family Farm Teams	Increasing economic opportunities for women smallholders and their families	2015–2019	\$3,127,208 ²⁶⁷
Business Coalition for Women originally through the International Finance Corporation	Strengthening the Business Coalition for Women	2014–2021	\$4,920,420
CARE International	Coffee Industry Support Project	2013–2020	\$5,466,874
Outcome: Ending Violence against Women			
Equal Playing Field	Safe Schools Strong Communities	2019–2022	\$2,717,134

²⁶¹ The New Zealand Government contributes financially to this project as well.

²⁶² Frieda River Limited contributes substantial in-kind logistical support to this project

²⁶³ The Australian National University contributes financially to this project as well

²⁶⁴ This event is financially supported by the United States Embassy PNG as well as several private sector supporters.

²⁶⁵ This initiative also receives financial support from the New Zealand Government.

²⁶⁶ This project was co-funded with the United States Government in its first phase

²⁶⁷ The University of Canberra contributed financially to this project as well.

Bel Isi Papua New Guinea	Improving services and inspiring leadership to address family and sexual violence in Port Moresby	2018–2023	\$4,500,000 ¹⁴
Oil Search Foundation	Mamayo- community support for women's access to reproductive and maternal health and greater participation in economic opportunities and benefits	(2018–2021)	\$4,120,000
CARE International	Kisim Femili Plenin Strongim Kommuniti - FP services, for adolescent girls and unmarried women in Aitape-Lumi District, West Sepik and Maprik District, East Sepik Provinces	2018–2021	\$753,534
FHI 360	Gutpela Sindaun bilong ol Meri na Pikinini- coordinated response to the humanitarian crisis in Hela and the SHP due to earthquakes in February-March 2018. Provided support & protection to women & children during the disaster response & promoted women's voices & leadership during the relief period.	2018	\$880,700
UN Women in partnership with UNICEF and UNFPA	Establishment of Family Support Centres in Arawa Hospital, Bougainville and Daru Hospital, Western Province	2016–2018	\$1,200,000
Health and Education Procurement Facility; Health and HIV Implementing Provider services	GBV to Gender Justice and Healing in ARB	2015–2022	\$6,605,124
International Women's Development Agency in partnership with the Nazareth Centre for Rehabilitation	Creating a movement to end violence against women in Papua New Guinea: The SASA! Pilot and Family Support Centre Assistance Project	2015–2020	\$5,310,840
Population Services International	Kommuniti Lukautim Ol Meri –GBV project in East and West Sepik and WHP	2015–2021	\$5,100,000
(FHI 360)	Safe Public Transport for Women, Girls and Children	2015–2020	\$3,324,290 ²⁶⁸
UN Women with Ginigoad Foundation	Parenting for Child Development –to reduce family sexual violence.	2015–2018	\$1,787,760
UNICEF and Menzies School of Health Research in partnership with Catholic Archdioceses	End Violence against Children Campaign	2015–2018	\$1,995,000
UNICEF	Family and Sexual Violence Case Management: Building on Success for National Impact	2014–2022	\$8,092,186
Femili, originally through Oxfam in Papua New Guinea			

²⁶⁸ The UN Women Safe Public Transport project also received financial and in-kind support from UN Women Australia and Australian private sector companies, including Ventura Bus Company.

Oxfam in Papua New Guinea	Responding to Gender Based and Sorcery Related Violence in the Highlands	2014–2020	\$3,728,016 ²⁶⁹
Institute of National Affairs (INA)	Building the capacity of Papua New Guinea's Family and Sexual Violence Action Committee	2014–2020	\$1,481,227
United Nations Development Programme	Support for strengthening national coordination, implementation and monitoring mechanism to prevent and respond to family and sexual violence	2014–2019	\$4,000,000
UN Women	Port Moresby: A Safe City for Women and Girls Program	2013–2019	\$5,750,000 ²⁷⁰
Outcome: Enhanced Knowledge and Understanding			
International Finance Corporation with the Business Coalition for Women	Bel isi Papua New Guinea: Measuring the Business Case- collecting evidence of the measurable benefits to businesses of addressing FSV & supporting survivors in the workplace.	2020–2022	\$396,090
	A study of the use and efficacy of protection orders as a key response to domestic and family violence - Investigating the expectations, use and efficacy of family protection orders since the introduction of the <i>Family Protection Act</i> 2013.	2019–2020	\$188,954 ²⁷¹
Department of Pacific Affairs, Australian National University	Research Training Program- building research skills of organizations and practitioners who are researching approaches to address gender inequality in Papua New Guinea. -	2017–2020	\$506,504 ²⁷²
School of Regulation and Global Governance (RegNet), Australian National University	Improving the impact of state and non-state interventions in overcoming accusation related violence in sorcery Papua New Guinea	2016–2020	\$1,043,875 ²⁷³
World Bank Group	Gender-differentiated Labor Allocation in Agriculture in Papua New Guinea: Time-Use Survey	2016–2018	\$210,100
International Planned Parenthood Federation (IPPF)	Partnerships for Health and Rights: Working for Sexual and Reproductive Health and Rights for all in the Pacific including Papua New Guinea	2015–2022	\$3,000,000

Source: <https://png.embassy.gov.au/pmsb/cooperation.html> website

²⁶⁹ Oxfam's Gender Justice program also receives financial support from the Australian Government's NGO Cooperation Program, the British High Commission in Port Moresby and from Oxfam core funding

²⁷⁰ The UN Women Safe City program receives financial support from other the New Zealand and Spanish Governments as well as UN Women. The Papua New Guinea National Capital District also contributes substantial co-funding toward related activities.

²⁷¹ The Australian National University contributes financially to this project.

²⁷² The Australian National University contributes financially to this project

²⁷³ The Australian National University contributes financially to this project

ANNEX 11: List of UNFPA supported Interventions

Donor	Implementing agency							Other partners						Rights holders		Other
	Gov.	Local NGO	Int. NGO	WRO	Other LIN	Academi	Other	Gov.	Local NGO	Int. NGO	Women Rights Organization	Other LIN	Academia	Other		
OUTCOME 1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS																
Strategic Plan (2018-2021) Outcome 1 Achieve an efficient health system which can deliver an internationally acceptable standard of health services (Development Strategic Plan 2010-2030)																
<ul style="list-style-type: none"> CPD Output 1: Government and civil society capacities strengthened in the priority provinces to deliver integrated sexual and reproductive health and family planning services, including in humanitarian settings (Atlas Project: PNG06FPP) CPD Output 2: Increased institutional capacity in the priority provinces to deliver comprehensive maternal health care services 																
<ul style="list-style-type: none"> PNG06FPP – FAMILY PLANNING PROGRAM 1. PNG06MHP – MATERNAL HEALTH PROGRAM 2. PNG06COV-Humanitarian Funds for Covid 19 Response 3. PNG06EFL Humanitarian Funds for Maternal Health and Covid 19 4. FPRHCPNG Family Planning Reproductive Health Commodity Program 5. UBRAF PNG-UBRAF Funds for HIV 																
<ul style="list-style-type: none"> DFAT Hela Prov. Government 	<ul style="list-style-type: none"> NDOH: PGPG0 EHPHA PGPG08 Tari PHA PGPG17 MBPPHA PGPG09 ECPNGHS PN7392 	<ul style="list-style-type: none"> FHA/IPPF: PN6838 YWCA PN4363 	MSPNG (PN6755)			U N D P			<ul style="list-style-type: none"> Morobe Province Health Authority National Museum and art Gallery (NM) Bougainville Youth Federation (BYF) 	<ul style="list-style-type: none"> FHI 360 Susu Mamas PNG Inc. 	UNICEF UNWomen OHCHR IOM	PNG Institute of Medical Research				

Donor	Implementing agency							Other partners						Rights holders		Other
	Gov.	Local NGO	Int. NGO	WRO	Other LIN	Academi	Other	Gov.	Local NGO	Int. NGO	Women Rights Organization	Other LIN	Academia	Other		
OUTCOME 2: GENDER EQUALITY AND WOMEN'S EMPOWERMENT																
UNFPA Strategic Plan outcome: All citizens, irrespective of gender, will have equal opportunity to participate in and benefit from development of the country																
CPD output: : National institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings																
1. PNG06GBV: GENDER AND GBV 2. PNG06SIP: Spotlight initiative against VAWG 3. PNG06PBF Peace Building Fund Youth and Peace building 6. PNG06EFT Humanitarian Funds for Hela Conflict response 4. PNG06EFP Humanitarian Funds for El Nino Preparedness																
PBF EU Zonta	ENB PHA: PGPG15 DJAG: PGPG14 UPNG PGPG04 ABGDFCG PGPG10 NYDA PGPG06 NDOE PGPG03	<ul style="list-style-type: none"> • EPF (PN7101) • DOM: PN6873 • ECPNGH S PN7392 	CF PN7373						Department of Community Development and Religion Police/FSVU Morobe Province Health Authority National Museum and art Gallery (NM)	Diocese of Hela Voice Inc. FHI 360 Bougainville Youth Federation (BYF)			PNG Institute of Medical Research			

Donor	Implementing agency							Other partners						Rights holders		Other
	Gov.	Local NGO	Int. NGO	WRO	Other LIN	Academi	Other	Gov.	Local NGO	Int. NGO	Women Rights Organi- zation	Other LIN	Academia	Other		
OUTCOME 3: POPULATION DYNAMICS																
UNFPA Strategic Plan outcome: <i>Achieve a population growth rate that is sustainable for society, the economy and the environment</i>																
CPD output: <i>(National institutions have capacity in place for high-quality data collection, analysis and utilization)</i>																
1. PNG06PDP POPULATION DEVELOPMENT PROGRAM 2. PNG06PDC: Demographic Dividend Project 3. PNG05DHS Demographic health survey																
DFAT	NSO PGPG05															
ESCAP	DNPM PGPG01															

ANNEX 12: Stakeholder Analysis

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
1	National Department of Health	PGPG02	SRHR	National government agency responsible for sexual reproductive health, family planning, as well as medical supplies procurement and distribution throughout the country.	UNFPA mainly works with the Population and Family Health Services (PFHSB) and the Medical Supplies Procurement and Distribution (MSPDB) branches to improve SRH, and family planning indicators through policy reviews, capacity building interventions and technical support as well as ensuring domestic financing and accessibility and availability of RH commodities to the last mile.
			GBV	National Government Agency responsible for health gender response throughout the Country	UNFPA works with the NDoH gender team to provide support to Family Support Centres around the country that are located within Provincial Hospitals under administrative care of Provincial Health Authorities
			MNH	National government agency responsible for safe motherhood and women's health throughout the country;	UNFPA works with the safe motherhood and women's health team to develop policy and improve the capacity of health workers at national and sub-national level to be women's adequately skilled to provide quality maternity and delivery services in the country.
			ASRHR	National government agency responsible for young and adolescent health interventions throughout the country	UNFPA works with the PFHSB team to provide technical support;

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
2	Department for Community Development and Religion		GBV	National Government Agency responsible for GBV policy making at the national level with the National GBV strategy in place that guides the multisectoral response to GBV	UNFPA through spotlight supports the National GBV strategy through forged partnerships with the Department for Community Development and Religion
3	FHA/IPPF	PN6838	SRH	Member-affiliate of IPPF in PNG providing advocacy and awareness as well as service provision in SRH/R, S/GBV, family planning and youth and adolescent health programmes;	UNFPA works with this implementing partner to provide advocacy and awareness campaigns on SRH/R, S/GBV. Conduct school health programmes focuses on SRH/R and S/GBV, and manage youth-friendly clinics to provide SRH and family planning services to communities including young people.
4	ECPNG Health service	PN7392	SRH	Faith-based agency providing health services including sexual reproductive health services and maternity and delivery services.	UNFPA worked with the IP to provide SRH, FP and improved maternity and delivery services to the communities as well as outreach services.
			MNH	Faith-based agency providing health services including sexual reproductive health services and maternity and delivery services.	UNFPA worked with the IP to provide SRH, FP and improved maternity and delivery services to the communities as well as outreach services.
5	Catholic Church health service	PN7393	SRH	Faith-based agency providing health services including sexual reproductive health services and maternity and delivery services.	UNFPA worked with the IP to provide SRH, FP and improved maternity and delivery services to the communities as well as outreach services.
			MNH	Faith-based agency providing health services including sexual reproductive health services and maternity and delivery services.	UNFPA worked with the IP to provide SRH, FP and improved maternity and delivery services to the communities as well as outreach services.

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
6	Family Planning NSW	PN7171	SRH	International NGO providing capacity building interventions and services in family planning.	UNFPA worked with the IP to develop capacity building materials and capacity building activities in family planning.
7	Susu Mamas PNG Inc.	PN6839	SRH	National NGO providing SRH and family planning services at national and sub-national level in the country.	UNFPA supported this IP to provide SRH and FP services by providing commodities through its static and mobile clinics as well as capacity building activities.
			MNH	National NGO providing maternity services at national and sub-national level in the country.	UNFPA supported this IP to provide ante natal care services by providing commodities through its static and mobile clinics.
8	Marie Stope PNG	PN6755	SRHR	International NGO providing capacity building interventions and service delivery in family planning.	UNFPA supports this IP with FP commodities for FP service provision, capacity building interventions in FP and monitoring and supportive supervision.
			ASRHR	International NGO providing capacity building interventions and service delivery in family planning.	Advocacy and awareness of FP to young people.
9	Milne Bay Provincial Health Authority	PGPG09	SRH/MNH	Sub-national authority responsible for all aspects of health in Milne Bay province.	UNFPA supports the IP with SRH, FP and maternal health interventions at the provincial level.
			GBV	Support to the Family Support Centre	UNFPA through Zonta project supports the Family Support Centre, which is inclusive of infrastructure, procurement of essential medical supplies, and capacity building of staff at the facility.

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
10	Eastern Highlands Provincial Health Authority	PGPG08	SRH	Sub-national authority responsible for all aspects of health in Eastern Highlands Province.	UNFPA supports the IP with SRH, FP and maternal health interventions at the provincial level.
			GBV	Support to the Family Support Centre	UNFPA through Spotlight project supports the Family Support Centre, which is inclusive of infrastructure, procurement of essential medical supplies, and capacity building of staff at the facility.
11	Hela Provincial Health Authority	PGPG17	SRH	Sub-national authority responsible for all aspects of health in Hela Province	UNFPA supports the IP with SRH, FP and maternal health interventions at the provincial level.
			GBV	Support to the Family Support Centre	UNFPA through Spotlight project supports the Family Support Centre, which is inclusive of infrastructure, procurement of essential medical supplies, and capacity building of staff at the facility.
12	East New Britain Provincial Health Authority	PGPG15	SRH	Sub-national authority responsible for all aspects of health East New Britain Province	UNFPA supports the IP with SRH and maternal health interventions at the provincial level.
			GBV	Support to the Family Support Centre	UNFPA through Spotlight project supports the Family Support Centre, which is inclusive of infrastructure, procurement of essential medical supplies, and capacity building of staff at the facility.
13	Bougainville Department of Health (BDoH)		GBV	Support to the Family Support Centre	UNFPA through Zonta project supports the Family Support Centre, which is inclusive of infrastructure, procurement of essential

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
					medical supplies, and capacity building of staff at the facility.
14	Department of Education	PGPG03	SRH	National government body responsible for education programs and curriculum development in the country	UNFPA provided support in the previous country programme in the area of Population Education. This will continue under the spotlight program through the comprehensive sexuality education program.
			Gender	National Government Agency responsible for education programs and curriculum development throughout the Country	Under the Spotlight project, UNFPA provides support to curriculum development to include gender and SRH awareness
15	Young Women Christian Association (YWCA)	PN4363	Gender and GBV	A Civil Society Organisation that works with young women and girls through various programs in and out of school	Peer education modules cover GBV awareness through youth and adolescents and primary and tertiary levels of education
			SRH	A Civil Society Organisation that works with young women and girls through various programs in and out of school	Peer education modules cover SRH and family planning awareness through youth and adolescents and primary and tertiary levels of education
16	University of PNG Peer education	PGPG04	Gender	UPNG is one of the largest premier Universities in Papua New Guinea	Under the Spotlight project, UNFPA provides support to the peer education programs for youth and adolescents through school programs.
			GBV	UPNG is one of the largest premier University's in Papua New Guinea.	Peer education modules cover Gender Based Violence awareness through youth and adolescents and primary and tertiary levels of education.
			SRH	Premier university in PNG	Peer education modules cover SRH and family planning awareness through youth

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
					and adolescents and primary and tertiary levels of education
17	Child Fund	PN7373	Gender and GBV	An International Non-Government Organisation that supports GBV response and prevention	Peer education modules cover GBV awareness through youth and adolescents and primary and tertiary levels of education.
18	Department of Justice and Authority general	PGPG14	GBV	National Government Agency responsible for all legislative reforms at the national level.	The Department of Justice led the drafting of the Family Protection Act, the Women's Health Protection Bill, review of the Criminal Code which are all important legislations supported by UNFPA
19	Institute of National Affairs	PN4563	Gender	Semi-private not-for-profit research institute under the Department of Planning and Monitoring, responsible for policy research and commentary at the national level. The Institute of National Affairs administratively hosts the Consultative Implementation & Monitoring Council as an independent organisation that provides secretarial support to the Family Support Violence Action Committee.	
			GBV	The Family Support Violence Action Committee (FSVAC) provides coordination support to all partners involved in the prevention and response to family sexual violence, facilitating effective referral linkages for survivors of violence to service providers	Under the Spotlight project, UNFPA provides support to the functions of the FSVAC in strengthening the referral linkages for survivors of family sexual violence.

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
20	Equal Playing Field	PN7101	GBV / SRH	A local NGO, which has an overall goal focused on preventing violence against women through promoting gender equality. Equal Playing Field has a number of programs / initiatives which focus on training of various age groups including children from 12 year onwards and youth till 35 years of age of both sexes as well as teachers on promoting gender equality and changing the attitudes and behaviours that enable violence against women to occur, developing capacities for facilitators and advocates of gender equality	Under the Spotlight project, UNFPA provides support to the peer education programs for youth and adolescents through school programs.
			Youth/Peace building		In collaboration with UNFPA implement and mainstream SRH, Gender & GBV from various program areas in activities (e.g. Youth Leadership summit). UNFPA also utilizes the concepts of sports and implements various sports activities and programs aimed at youths and adolescents
21	ABG Department of Community Development	PGPG10	Gender Youth/Peace building	Government Agency responsible for policy making and community initiatives that involve women and youths under the Autonomous Region of Bougainville.	UNFPA through peacebuilding fund GYPI project supports community initiatives through the established Youth Centres that build women's empowerments in community leadership
			Youth/Peace building	The ABG Department of Community Conversation is responsible for and coordinates implementation of the	Collaborate with the Bougainville Youth Federation in Partnership with the UNFPA
					Country Office to implement activities such as training on conflict resolution, dialogue
					facilitation, referendum awareness, Youth Action Plan awareness, conduct Peace Comm Initiative, community-based incentives for youth associations for peace.

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome (Sub-) Area	Stakeholder role in this (part of) outcome area	Stakeholder role in the UNFPA programme
22	Diocese of Mendi	PN6873	Youth	Church Agency as an influential Implementing partner that had effective community reach Facilitating and proving of training towards the Peacebuilding activities in Southern Highlands Province under the Youth in Peace Building Project	Project on behaviour change efforts through engaging with youth and women's groups including an awareness raising campaign by field monitors, peace advocates, and peace mediators as well as facilitating advocacy of both women and men's (including youth) mediation roles within communities.
			Gender		UNFPA through peacebuilding fund GYPI project supports community initiatives through the established Youth Centres that build women's empowerments in community leadership.
23	National Youth Development Authority	PGPG06	Youth	Provision of and implementation of the legislation on youth issues, initially the National Youth Policy 2007-2017 which led to The National Youth Policy 2020-2030 (which built from the earlier National Youth Policy of 1983) proposes strategic interventions that will fill the gaps and challenges in youth development.	The role of National Youth Development Authority is providing technical legislative, policy and implementation advice to Stakeholders and implementing partners Youth & Adolescents related activities.
24	Department of National Planning and Monitoring	PGPG01	PD	National government department responsible for National Population Policy and the Demographic Dividend coordination	Interventions on national population policy and the demographic dividend in collaboration with NSO and provincial planners at sub-national levels
25	National Statistics Office	PGPG05	PD, data	The official government statutory agency for the implementation of national DHS data collection, analysis, publication and dissemination	Support to DHS analytics, and 2020 census and demographic dividend interventions in collaboration with DNPM.

Other Partners				
#	Agency	Focus Area	Role in the Focus Area	Joint activities with UNFPA
26	Department of Community Development and Religion	Violence against women and girls/ Gender Based Violence	Beneficiary as custodian of the National Gender Based Violence Policy	
27	PNG Institute of Medical Research	Sexual and reproductive health and rights	Worked with UNFPA and Population Services International (PSIPNG) on the consumer study on the barriers to family planning	No joint activities
28	Voice Inc.			
29	FHI 360	Violence against women and girls/ Gender Based Violence	FHI 360 has support from USAID and DFAT to support family support Centres and a partner to NDoH	No Joint activities
30	Police/FSVU	Referral for survivors of family, gender, sexual violence	Beneficiary	
31	National Museum and art Gallery (NM)			Advocacy campaign with UNFPA
32	Province Health Authority in priority provinces	SRHR / GBV	Health response to family, gender, sexual violence, and Sexual Reproductive Health	Beneficiary as custodians of Family Services include Family Support Centres for survivors of violence and Family clinics for Sexual Reproductive Health services
33	Bougainville Youth Federation (BYF)	Youth & Adolescents	Collaborating with ABG Department of Community Development in implementation of Youth and Adolescents activities in ARoB.	Collaborate with UNFPA in partnership with ABG in providing feedback and in advisory role in activities implemented by ABG in relations to Youth and Adolescents

Other Partners				
#	Agency	Focus Area	Role in the Focus Area	Joint activities with UNFPA
34	Provincial Census Coordinators (NSO)	Population dynamics	DHS and 2020 Census preparation and collection at sub-national, district and household level through NSO	Support from UNFPA through NSO for the implementation of the DHS and Census data collection and analytics.

UN Agencies				
#	Agency	Focus Area	UN Joint Programming with UNFPA	Other joint activities with UNFPA
35	RC Office	All outcome areas	Leadership of the UNCT, including resource mobilization as well as design, monitoring and evaluation of programmes in line with the UNDAF	
36	UNICEF	Activity implementation initiatives that focus on prevention and response to violence against women and girls	Spotlight program is joint program with UNFPA, UN Women, UNICEF and UNDP	Implementation of SRH/R and maternal health services through the LEP programme with UNICEF and UN Women under the earthquake humanitarian response in 2018 and UN MPTF joint programme with UNICEF and IOM in North Fly District, Western Province in 2020/21.
37	UN Women	Activity implementation initiatives that focus on prevention and response to violence against women and girls	The Gender Youth Peace Initiative (GYPI) Peace Building Fund project in ARoB and Highlands was a joint program. UN Women being the convening agency in the program	Spotlight initiative is jointly also with UN Women, UNDP, and UNICEF. Implementation of SRH/R and maternal health services through the LEP programme with UNICEF and UN Women under the earthquake humanitarian response in 2018

UN Agencies				
#	Agency	Focus Area	UN Joint Programming with UNFPA	Other joint activities with UNFPA
38	IOM	Activity implementation initiatives that focus on building community resilience	The Gender Youth Peace Initiative (GYPI) Peace Building Fund project in Highlands was a joint program. UN Women being the convening agency in the program, IOM being a partner. Partner in the Disaster management team	Implementation of SRH/R and maternal health services through the UN MPTF joint programme with UNICEF and IOM in North Fly District, Western Province in 2020/21.
39	WHO	Activity implementation initiatives that focus on SRH/MNCH services		No joint activities but through partnerships, dialogue and joint Implementation of SRH and MH interventions at the national level
40	UNDP	Activity implementation initiatives that focus on prevention and response to violence against women and girls	Spotlight program is joint program with UNFPA, UN Women, UNICEF and UNDP	Peace building in the Highlands project with UNDP as the convening agency also has components implemented by UNFPA

Donors				
#	Agency	Focus Area	Role in the Focus Area	Support provided to UNFPA
41	DFAT	PD	UNFPA major development partner that has contributed about Aus\$10million to support DHS and Census 2020	Financial and technical support in the DHS Data analytics and the funding of the 2020 national census now deferred to 2024.
42	EU	GBV	Support to build country capacity to respond to Gender Based Violence at all levels of governance	Spotlight
		PD	Resource mobilization intervention	Provided technical assistance on GIS/Mapping and data processing

Donors				
#	Agency	Focus Area	Role in the Focus Area	Support provided to UNFPA
				experts through UNFPA to NSO, DHS and 2020/2024 national population census.
43	US Embassy	Population dynamics	Resource mobilization intervention	Us Embassy initially wanted to provided satellite images for data mapping but it did not eventuate due to technical issues
44	Zonta	Violence against women and girls	Support to Family Support Centres in Milne Bay and AROB which are not Spotlight Provinces	2-year grant between PNG and Timor Leste.

Other Relevant Stakeholders				
#	Agency	Focus Area	Role in the Focus Area	Options for involvement in the CPE
45	Pacific Adventist University College	Private higher education institution	Indirect role as a tertiary institution for training in geography, migration and nursing program. This is an emerging private university but has schools in humanities including migration and nursing training as well	For validation of DHS data utilization in training programs and participation in the 2020 Census User Advisory Committee; validation concerning the use of DHS data and other UNFPA supported demographic analytics in the Demographics course or otherwise and in support of the demographic dividend.
46	University of PNG, Demographics Department	Population Studies within the Environmental Science and Geography Division, School of Natural and Physical Sciences, NCD	UPNG contributes significantly to national training of population censuses and demographic analytics; technical role in the 2020 Census User Advisory Committee and other UNFPA support program for the population study courses such as the MDGs and SDGs.	Validation concerning the use of DHS data and other UNFPA supported demographic analytics in the demographics courses including the demographic dividend and SDGs in the curriculum.

Other Relevant Stakeholders				
#	Agency	Focus Area	Role in the Focus Area	Options for involvement in the CPE
47	National Research Institute, National Capital District	PD	Indirect role: For validation of DHS analytics and technical role in the 2020 Census User Advisory Committee and other UNFPA support program for public policy development and think tank as a statutory research agency	Validation concerning the use of DHS data and other UNFPA supported demographic analytic in research and policy documents and population monographs and role in the 2020 Census Advisory Committee
48	University of Goroka, Eastern Highlands Province	PD	UOG is the only tertiary institution for training high school and secondary school teachers in the country at present based in Eastern Highlands Province	Indirect role for validation of utilization of DHS and Census data analytics; validation concerning the use of DHS data and other UNFPA supported demographic analytics in research and policy documents and population monographs and role in the 2020 Census

ANNEX 13:

Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Evaluators should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence-based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System.

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

ANNEX 14:

Evaluation Workplan

Preparatory phase																																												
Evaluation Phases and Tasks	2021																2022																											
	Aug				Sept				Oct				Nov				Dec				Jan				Feb				Mar				Apr				May				June			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
Preparation of letter for government and other key stakeholders																																												
Establishment of the ERG																																												
Compilation of background information and documentation																																												
Drafting ToR (without annexes)																																												
Review and approval of ToR																																												
Publication of call for evaluation consultancy																																												
Completion of annexes to the ToR																																												
Pre-selection of consultants																																												
Review and approval of annexes to the ToR																																												
Pre-qualification of consultants																																												
Recruitment of the evaluation team																																												
Design phase																																												
Evaluation Phases and Tasks	2021																2022																											
	Aug				Sept				Oct				Nov				Dec				Jan				Feb				Mar				Apr				May				June			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
Kick-off meeting with the evaluation team																																												
Development of initial communication plan																																												
Desk review of background information and documentation																																												
Drafting design report																																												
Review of draft design report																																												
Presentation of draft design report to the ERG																																												
Revision of design report and submission of final version for approval																																												
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report)																																												

Field phase																																												
	2021																2022																											
Evaluation Phases and Tasks	Aug				Sept				Oct				Nov				Dec				Jan				Feb				Mar				Apr				May				June			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
Inception meeting for data collection with CO staff																																												
Individual meetings of evaluators with relevant programme officers at CO																																												
Data collection (document review, site visits, interviews, group discussions, etc.)																																												
Debriefing meeting with CO staff and ERG																																												
Update of communication plan (as required)																																												
	2021																2022																											
Evaluation Phases and Tasks	Aug				Sept				Oct				Nov				Dec				Jan				Feb				Mar				Apr				May				June			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
Reporting phase																																												
Preparation of draft evaluation report																																												
Review of draft evaluation report																																												
Development of EQA of draft evaluation report																																												
Drafting final evaluation report																																												
Submission of final evaluation report to EO																																												
Development of independent EQA of final evaluation report																																												
Update of communication plan (as required)																																												
	2021																2022																											
Evaluation Phases and Tasks	Aug				Sept				Oct				Nov				Dec				Jan				Feb				Mar				Apr				May				June			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4								
Dissemination and facilitation of use phase																																												
Preparation of management response and submission to PSD																																												
Finalization of communication plan for implementation																																												
Development of PowerPoint presentation of key evaluation results																																												
Development of evaluation brief																																												
Publication of final evaluation report, independent EQA and management response in UNFPA evaluation database																																												
Publication of final evaluation report, evaluation brief and management response on CO website																																												
Dissemination of evaluation report and evaluation brief to stakeholders																																												

ANNEX 15: Overview of UN Programme Working Groups

Pillar	UN Agencies	Co-Chairs	(Co-)Secretariat
People	OHCHR, UNFPA, IOM, WHO, UNICEF, UNAIDS, UNDP, FAO, UNWOMEN, UNOPS	UNICEF, WHO	UNICEF, WHO
Peace	UNICEF, UNFPA, UNWOMEN, UNDP, IOM, OHCHR, ILO	UNDP, UN Women	UNDP, UN Women
Prosperity	ILO, FAO, UNFPA, WHO, UNWOMEN, UNDP, UNCDF, UNOPS, IFAD, IOM, UNESCO, OHCHR	FAO, UNCDF	FAO
Planet	IOM, UNDP, UNESCO, OHCHR	IOM, UNDP	UNDP

Source: Country Office Excel Spreadsheet UN PNG PWG members 2022, Internal Document.

ANNEX 16:

The *Bilum* Campaign²⁷⁴

Bilums are handwoven shoulder bags made and used by women, building on traditional wisdom from the past and taking on new functions in the present. Everything about *Bilums* relates to women and to their identity as the source of life. Patterns are made by women and through these patterns one can identify the tribe of the woman concerned. As one of the women involved remarked: "*Bilum, it is a woman thing*".

The *Bilum* as such as well as one of the patterns used more in particular, represents the woman's womb. Other designs are specifically meant for unmarried girls, represent patience before marriage or are for older women and those without a husband, and some of the *Bilum* patterns represent the mountains, specifically for women in mountainous areas. The weaving of *Bilums* has become a way to produce income for vulnerable women who have few other means of livelihood. These women are called *Bilum Mamas*. Through these economic opportunities for women, the livelihoods, health and education of them and their children are supported.²⁷⁵

The *Bilum* Campaign leveraged the wisdom and culture of Papua New Guinea's women to mobilize support for investments in a strong primary health and education sector that prioritizes reproductive health services and information. The campaign enabled conversations on SRH, a topic not so much forbidden but considered sacred, and passing on of relevant knowledge from the elderly to the younger generation in male and female discussion groups in line with the tradition of passing on knowledge between the generations. The initiative focused on awareness raising on gender equality and women's empowerment, puberty, motherhood and women's daily challenges. It revisited the traditional role of women and aspects of their reproductive health and supported discussion on social norms for men and women within the context of a modern PNG identity. The campaign raised awareness about the urgent need to invest in access to SRH services in PNG as a requirement for achieving its sustainable development goals. The campaign made use of *Bilum*, the iconic string bags the women use to carry stuff and which pattern conducts meaning in relation to the bearer. In this way the initiative aimed to harness PNG traditional culture to advance gender equality and bodily autonomy.

The initiative referred in its objectives back to the preamble of the constitution of the Independent State of Papua New Guinea, from 1975,²⁷⁶ which included as directives in pursuing their aims: Integral human development; Equality and participation (including equal participation by women citizens in all political, economic, social and religious activities); National sovereignty and self-reliance; Natural resources and environment (to be conserved and used for the collective benefit of all and be replenished for the benefit of future generations); and the use of Papua New Guinean forms of social, political and economic organization to achieve development. Moreover, the preamble to the Constitution outlined a set of human rights for all persons in the country, as well as basic social obligations for all, to themselves and their descendants, to each other and to the Nation. While the *Bilum* campaign has been well documented, this goes much less for monitoring and evaluation of results achieved through the initiative.

²⁷⁴ UNFPA, About the *Bilum* Campaign, UNFPA Papua New Guinea, leaflet; <https://png.unfpa.org/en/bilumcampaign>; <https://www.youtube.com/watch?v=mjakndaxvsk>; Key informant interviews.

²⁷⁵ The small business-related aspects of *Bilum* production were supported by the International Trade Centre, Eastern Highlands Province in Papua New Guinea and aimed to enable access to an international market for products of the *Bilum Mamas*. Source: <https://www.youtube.com/watch?v=033p3sezlT0>.

²⁷⁶ Constitution of the Independent Stage of Papua New Guinea, Preamble.