



**Executive Board of the
United Nations Development
Program, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
3 July 2017

Original: English

Second regular session 2017

5 to 11 September 2017, New York

Item 10 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Papua New Guinea

Proposed indicative UNFPA assistance: \$16.1 million: \$5.6 million from regular resources and \$10.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Sixth

Category per decision 2013/31: Orange

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.8	5.5	8.3
Outcome 3	Gender equality and women's empowerment	1.0	1.5	2.5
Outcome 4	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

* Reissued for technical reasons.



I. Programme rationale

1. Papua New Guinea, a lower middle-income country, is the largest in the Pacific region with a population of 7.3 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 relies on subsistence agriculture. About 40 percent of the population live on less than \$1.90 per day.

2. The gender inequality index at 0.611 reflects high inequalities in women's health, empowerment and economic status. The country has a low female political participation (3 per cent) and 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. In a recent study, 67 per cent of women reported having experienced some form of physical and/or sexual violence in their lifetime.

3. 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.

4. With 58 per cent 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. The high teenage pregnancy rate (13 per cent) and adolescent fertility rate of 65 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.

5. Papua New Guinea has a high maternal mortality ratio at 733 per 100,000 live births. About 88 per cent 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 (4.4), 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 remain challenging.

6. Since independence in 1975, the country has faced periods of fluctuating political stability. The 10-year civil war (1988-1998) in Bougainville hampered the development of the country. Political tension continues to linger amid efforts at reconciliation and peacebuilding. 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.

7. 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.

8. Lying 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 the sea level. These hazards often cause the internal displacement of people, reducing their access to essential sexual and reproductive health services and exacerbating the already high levels of gender-based violence.

9. 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.

10. The 2016 country programme evaluation found the work of UNFPA to be relevant to the needs of the country, particularly in addressing national priorities on reproductive health, gender equality, violence against women and population and development. The evaluation noted that adolescent sexual and reproductive health was not adequately addressed and that the high-cost small-scale in-service training of health workers had a limited impact. Gaps in the implementation of national policies, particularly at the provincial levels, were noted.

II. Programme priorities and partnerships

11. The programme priorities are based on analysis of sexual and reproductive health, gender, youth and population issues confronting Papua New Guinea. It recognises that gender equality and women's empowerment are crucial for improving sexual and reproductive health outcomes. The programme takes into account recommendations from the United Nations Development Assistance Framework evaluation and UNFPA country programme evaluation, and is aligned to national development priorities.

12. Centred on supporting the implementation of the Sustainable Development Goals, the programme will be linked to the Sustainable Development Goals, mainly Goals 1, 3, 4 and 5, aiming to reach the most vulnerable and to leave no one behind.

13. The programme aims to achieve universal access to sexual reproductive health, realize reproductive rights, reduce maternal mortality and reduce the unmet need for family planning in order to accelerate progress on the International Conference on Population and Development agenda and to improve the lives of women, adolescents and youth. This will reduce preventable maternal deaths by increasing coverage of skilled birth attendants and supporting the availability of life-saving medicines. It will also advance gender equality and reproductive rights, prevent and respond to gender-based violence, strengthen access to family planning and increase evidence-based planning, implementation and monitoring of national policies.

14. Building on lessons learned, UNFPA will address adolescent and youth health through an integrated approach to sexual and reproductive health, particularly, to safeguard the sexual and reproductive rights of the adolescent girl and protect her from gender-based violence. The programme will support evidence-based advocacy to promote investments for youth sexual and reproductive health and youth engagement in peace and sustainable development. Sustained and effective approaches to capacity development will consider high-impact delivery approaches.

15. UNFPA will support the national Government and provincial partners in priority provinces to translate national policies into actions. Sexual and reproductive health, population, youth and gender national level policies will be aligned to strategic global and regional initiatives, such as Family Planning 2020.

16. The programme will be delivered in five priority provinces (Central, Milne Bay, Eastern Highlands, Morobe and Bougainville) through upstream advocacy, capacity development and knowledge-management interventions. The priority provinces were selected based on a number of factors: (a) commitment from relevant provincial authorities, (b) poor reproductive and maternal health indicators, including high population growth rates, low skilled births attendants coverage, between 22.2 per cent and 65.2 per cent; high maternal deaths and low contraceptive prevalence rates; and (c) the opportunity to ensure synergy with other United Nations agencies.

17. Within the "Delivering as One" context, UNFPA builds on its established niche and cooperation with United Nations agencies, and will continue to lead inter-agency efforts on data for development, youth and gender-based violence.

18. Building on the UNFPA comparative advantage, with access to global experience and international best practices, the programme will bring a broad spectrum of advisory, normative and operational capacities to support the implementation of national population and development priorities. UNFPA will support national institutions to generate, analyse and utilize population data. The partnership plan developed will guide the convening role of UNFPA to strategically engage a range of partners to leverage financial and other resources. The partnership plan includes engaging the Government, parliamentarians, the private sector, international and national civil society organizations, traditional and religious community leaders and traditional donors.

A. Outcome 1: Sexual and reproductive health

19. 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 will 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.

20. Output 2: Increased institutional capacity in the priority provinces to deliver comprehensive maternal health-care services. Interventions will include: (a) supporting the scale-up 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.

B. Outcome 2: Gender equality and women's empowerment

21. 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 will 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.

C. Outcome 3: Population dynamics

22. Output 1: National institutions have the capacity in place for high-quality data collection, analysis and utilization. Interventions will include: (a) supporting the dissemination of the 2016 Demographic and Health Survey findings and recommendations; (b) resource mobilization and technical assistance to conduct the 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.

III. Programme and risk management

23. The programme will be coordinated by the Department of National Planning and Monitoring, and framed under the UNDAF. The country programme will be jointly implemented by strategic national partners, including the Government's implementing partners and non-government agencies, faith-based organizations and the private sector through the National Execution modality.

24. In the event of a national emergency, UNFPA may, in consultation with the Government, reprogramme its activities, particularly life-saving measures to better respond to emerging issues. The Government is responsible for the safety and security of UNFPA staff and the UNFPA country office.

25. A review of UNFPA staff needs will be undertaken to ensure the right combination of competencies, experience and skill sets are in place to fully deliver, monitor and evaluate the proposed programme. The UNFPA country office will seek technical support from the Pacific Subregional Office, Regional Office and headquarters as needed. Consultants may also be utilized to provide technical expertise when required.

26. A major risk in programme implementation is the further reduction of core resources for the country. To mitigate this, UNFPA will broaden its resource base, based on a Resource Mobilization Plan, and engage in strategic partnerships to mobilize non-core funding and leverage core resources to generate innovative policy solutions. UNFPA will conduct environmental scanning on a quarterly basis to identify, monitor, mitigate and manage adverse effects. UNFPA will include security issues and associated costs in its programme planning and budgeting.

27. This country programme document outlines the UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the UNFPA internal control framework.

IV. Monitoring and evaluation

28. UNFPA will pursue results-based management approaches to maximize impact, according to UNFPA guidelines and best practices. A costed monitoring plan will be developed to monitor all indicators of the integrated results and resources framework, guided by UNFPA guidelines and best practices. The plan will assign roles and responsibilities for monitoring, identify mechanisms to collect data, provide a timetable for data collection and determine data sources. Annual programme reviews and work planning will be informed by monitored data and provide corrective measures to achieve the desired results.

29. Seven per cent of the regular resources will be allocated for monitoring and evaluation activities, with additional non-core funding. This will ensure adequate resources for tracking programme results. A costed evaluation plan will be implemented. This will include a country programme evaluation towards the end of the programme cycle to determine what worked, what did not work and why. It will also identify lessons learned to improve programming and share good practices. The plan will include project evaluations, as and when required.

30. UNFPA will support the National Statistical Office in identifying data gaps and strengthening the national monitoring and evaluation systems. Nationally collected data, analysis and evidence will be used to monitor the country's progress towards the population-based Sustainable Development Goals, as per Government localized indicators. It will also help track the contributions of UNFPA.

31. Joint monitoring and assurance activities will be implemented by UNFPA, with United Nations partners and national institutions, using the harmonized approach to cash transfers framework.

RESULTS AND RESOURCES FRAMEWORK FOR PAPUA NEW GUINEA (2018-2022)

<p>National priority: Achieve an efficient health system which can deliver an internationally acceptable standard of health services (Development Strategic Plan 2010-2030)</p> <p>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</p> <p>Indicators: Maternal mortality ratio. Baseline: 733 per 100,000 live births; Target: 300 per 100,000 live births Adolescent fertility rate. Baseline: 65 per 1,000 women aged 15-19 years; Target: 40 per 1,000 women aged 15-19 years</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner Contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Contraceptive Prevalence Rate <i>Baseline: 24.1%, Target: 27%</i> Proportion of live births attended by a Skilled Birth Attendant <i>Baseline: 40%; Target: 60%</i> Percentage of health facilities reporting no stock-out of contraceptives in the last six months <i>Baseline: 44%; Target: 60%</i> 	<p><u>Output 1:</u> 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.</p>	<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> 	Department of Health; Provincial Government; Marie Stopes Papua New Guinea; National Disaster Centre	\$8.3 million (\$2.8 million from regular resources and \$5.5 million from other resources)
	<p><u>Output 2:</u> Increased institutional capacity in the priority provinces to deliver comprehensive maternal health care services</p>	<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> 	Department of Health; Provincial Government; Midwifery Society; World Health Organization	
<p>National priority: All citizens, irrespective of gender, will have equal opportunity to participate in and benefit from development of the country</p> <p>UNDAF outcome: By 2022, people in Papua New Guinea, especially the most marginalized/vulnerable, increasingly demand and use basic social and protective services.</p> <p>Indicator: Gender-based violence from a current or former partner. <i>Baseline: 68%; Target: 50%</i></p>				
<p>Outcome 3: Gender equality and women's empowerment</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> National gender equality action plan that integrates reproductive rights with specific targets and public budget allocations by 2022 <i>Baseline: No; Target: Yes</i> 	<p><u>Output 1:</u> National institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings</p>	<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 	Ministry of Education; Department of Health; National Statistical Office; Department of Community Development and Youth; UNDP, UN-Women; UNICEF;	\$2.5 million (\$1.0 million from regular resources and \$1.5 million from other resources)

		<p>minimum standards on gender-based violence in emergencies <i>Baseline: 0; Target: 5</i></p> <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> 	faith-based organizations; civil society organizations	
<p>National priority: Achieve a population growth rate that is sustainable for society, the economy and the environment UNDAF outcome: By 2022, Papua New Guineans have increased access to, and utilization of, financial services and markets with enhanced opportunities to participate in the labour market, contributing to equitable and sustainable inclusive growth. Indicator: Total fertility rate. <i>Baseline: 4.4 children per woman; Target: 3 children per woman</i></p>				
<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Census completed, analysed and disseminated, following internationally agreed standards. <i>Baseline: 0; Target: 1</i> 	<p><u>Output 1:</u> National institutions have capacity in place for high-quality data collection, analysis and utilization</p>	<ul style="list-style-type: none"> • Demographic and Health Survey 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> 	Department of Planning and Monitoring; National Statistical Office; provincial governments; parliamentarians	\$4.5 million (\$1.0 million regular resources and \$3.5 million other resources)