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Country note**

Papua New Guinea

Summary

The Executive Director presents the country note for Papua New Guinea for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. Although it is classified as a middle income country, Papua New Guinea has seen its per capita gross national product decline from $1,300 in 1994 to an estimated $740 in 2000. Prospects for an early return to economic growth are bleak. A recent World Bank study placed 37 per cent of the population below the poverty line, more than 90 per cent of whom live in rural areas. The population has increased from 3.1 million in 1990 to 5.13 million in 2000. The high fertility rate of 4.9 per cent and the annual population growth of 3.1 per cent aggravate the economic pressure on already impoverished families and communities. The population is widely dispersed over 462,840 square kilometres of land area, is young and has a high proportion of unemployed.

2. Progress towards the end-decade goals for children has been disappointing. The World Health Organization (WHO) ranked Papua New Guinea 149th in terms of responsiveness of the health system to the health needs of the population. The infant mortality rate of 79 per 1,000 live births in 2000 has shown no reduction since 1996. Under-five mortality, at 112 per 1,000 live births, is the highest in the region and ranked 45th globally. The maternal mortality ratio is very high at 370 per 100,000 live births. Maternal and neonatal deaths due to tetanus are also the highest in the region at 2.58 per 1,000 live births. The 10 per cent prevalence of low birth weight, reflecting poor maternal health status during pregnancy, places children at a disadvantage at the very start of life. This deprivation continues, with 29 per cent of children under five years old moderately or severely under weight. Nutritional anaemia affects some 30 per cent of pregnant women. Malaria, one of the 10 leading causes of morbidity and mortality, is also a major contributor to anaemia.

3. Papua New Guinea was declared polio free in 2000. However, immunization coverage has stagnated in the last decade, with only about one half of children under

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

one year old being reached with polio and measles vaccines, and only 44 per cent of pregnant women receiving tetanus toxoid immunization. Preventable diseases, such as measles, pneumonia and diarrhoea, are still the major causes of morbidity and mortality. The inadequate coverage of antenatal care (67 per cent) and the low number of births attended by trained health professionals (43 per cent) increase the risk to both mother and child during delivery. Access to potable water and sanitary latrines remains limited only to urban areas.

4. Literacy remains low, with only 50 per cent of men and 40 per cent of women literate in 1990. Disparities in school enrolment were observed. In 1999, primary school enrolment data showed that girls made up around 45 per cent of those enrolled in grades 1-6; in secondary school (grades 7-12), the national average of girls enrolled was 41 per cent. Despite some progress in educational reform to promote access to education, only about one half of the total number of children entering grade 1 reach grade 6. The absence of a national policy or programme to promote early childhood development (ECD), especially psychosocial stimulation, remains a major shortfall.

5. While Papua New Guinea has ratified the Convention on the Rights of the Child, policies and programmes related to the protection of children and women need strengthening. Only 2 per cent of births were registered in 2000. There is little information on child labour and child abuse. Anecdotal accounts alone suggest the magnitude and severity of widespread domestic violence. Intermittent but persistent tribal conflicts affect children and women negatively. The Bougainville conflict has recently reached a negotiated peace, but the decade-long conflict has left a legacy of women, children and youth who will need considerable support to re-establish their lives.

6. A 1992 Juvenile Courts Act transferred responsibility for juvenile justice from the Department of Social Welfare and Development to the Department of Justice. However, due to concerns about resources, only the sections dealing with juvenile institutions were formally enacted. As a result, many juveniles still find themselves in adult courts and adult prisons, particularly as there is an over-reliance on prison as a sentencing option.

7. HIV/AIDS is a fast emerging problem. Currently, women and young girls 15-19 years old are reportedly infected at a faster rate than men. HIV/AIDS further contributes to infant and maternal mortality. With a prevalence of 0.6 per cent, Papua New Guinea has an estimated 15,000 HIV-infected people aged 15-49 years. A total of 220 HIV-infected children (under 15 years old) have been detected. There were 450 confirmed AIDS deaths in 1999, creating 1,100 AIDS orphans. While the dominant mode of transmission is still heterosexual, mother-to-child transmission (MTCT) accounts for 9 per cent of reported cases.

8. New Guinea is prone to natural disasters, and in the last decade alone has experienced multiple incidences of earthquakes, tsunamis, volcanic eruptions, floods, droughts and killer frost that have resulted in a loss of lives; displacement of families; destruction of crops, property and livelihoods; and disruption to social services, such as health and education.

9. Development support to Papua New Guinea comes overwhelmingly from Australia, with an annual contribution exceeding $150 million. While this is extremely important, the predominance of a single donor tends to deter other

interests, and other major donors or non-governmental organizations (NGOs) are few. The European Union is developing a country strategy paper for Papua New Guinea and is expected to provide substantial support to education, rural water supply and governance from 2003. The potential for synergy with the UNICEF programme is considerable.

Lessons learned from past cooperation

10. The mid-term review (MTR) of the current country programme held in 2000, the documentation and evaluation of the field models in early 2001, and the strategy meeting held in 2001 highlighted a number of lessons learned as foundations for the next country programme. The first lesson was that elevation of the UNICEF-Papua New Guinea office from a sub-office to a full country office during the implementation of the previous country programme heightened expectations and the demand for technical competency from within the office. This has important management implications, such as being able to maintain advocacy, social mobilization and capacity development activities when key staff members have to be away from the office.

11. The MTR and strategy meeting also highlighted the importance of forging closer collaboration between national and local (district/province) counterparts. The 1998-2002 programme (E/ICEF/1997/P/L.8/Add.1) had focused almost exclusively on developing community-based models, but advocacy/demonstration efforts at the central level are a necessary complementary activity to that community work, and will receive increased attention in the 2003-2007 programme.

12. The value of promoting technical exchanges with other countries to promote best practices for child survival, development and protection was recognized in the 1998-2002 programme. It is essential for Papua New Guinea to be able to learn from countries in a similar condition in the region. The visit of counterparts from the National Aids Council secretariat to Thailand paved the way for the efforts to start work on MTCT and the establishment of a community-based support system for the care of AIDS victims. The Papua New Guinea intersectoral team visit to the Philippines to observe ECD programmes created serious interest to model a community-based integrated ECD programme that will provide ample in-country experiences for sound policy and programme formulation. Papua New Guinea's participation in the technical exchange on iodine deficiency disorders held in China strengthened the resolve of the National Department of Health to accelerate implementation of the universal salt iodization programme.

13. The MTR also emphasized that the country programme must continue its efforts to broaden partnerships with NGOs, community-based organizations, media, churches and the private sector to further strengthen the development of a national movement for children. An example of this partnership was the success of the campaign to complete the first national report on implementation of the Convention on the Rights of the Child in influencing the Pacific Islands News Agency to focus on children as its central theme during its latest regional conference in 2001 in Papua New Guinea.

Proposed country programme strategy

14. The 2003-2007 programme of cooperation will build on the experience and lessons learned in the last country programme, the directions of the UNICEF medium-term strategic plan (MTSP) and the recommendations made during the strategy meeting. It will be designed and implemented in line with the recently harmonized planning cycles of United Nations agencies in the country and within the context of the Government's National Charter of Reconstruction and Development. Within the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) currently in process, UNICEF will work closely with WHO, the United Nations Population Fund and the United Nations Development Programme, and be guided by its rights-based framework.

15. The country programme will contribute to the progressive realization of children's and women's rights as defined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women by designing a comprehensive and integrated response to the needs. The programme will continue to design and test community-based models that are sustainable and enhance ownership at various levels; broaden partnerships and alliances for children with NGOs, religious groups and the media; and build emergency and humanitarian preparedness.

16. There will be five components in the new country programme, as identified in the situation analysis, recommended during the MTR and emphasized during the strategy meeting, and which are consistent with the directions of the MTSP. These respond to the problems and needs identified in the CCA and are consistent with the national government's priorities. The programme structure will include: (a) health and nutrition, including ECD; (b) HIV/AIDS prevention; (c) child protection; (d) promoting girls' education; and (e) planning and communication. Within this structure, UNICEF support for the reintegration and rehabilitation of Bougainville will be a project under child protection, while maintaining a strong linkage with other programmes. Emergency preparedness will be heightened to allow UNICEF to effectively and appropriately respond to emergencies within the limits of its resources.

17. The **health, nutrition and ECD** component will contribute to a reduction in infant, under-five and maternal mortality and morbidity through a mix of national and local interventions. The specific strategies are to: (a) provide an integrated essential care package that includes child health, immunization and the control of micronutrient deficiencies; (b) carry out safe motherhood interventions; (c) assist in providing potable water and safe waste disposal; (d) encourage caring and nurturing of the young child; and (e) empower families to demand services for their children's growth and development through a refined participatory and integrated approach. Efforts will be made to achieve sectoral convergence to complement the above.

18. The **HIV/AIDS prevention** component will focus on reducing MTCT through (a) the development of a national MTCT policy and protocol, in collaboration with the National AIDS Council; (b) equipping health workers with skills in voluntary counselling and testing, the promotion of obstetric techniques for the prevention of MTCT during conception and delivery, and feeding options for babies of HIV-positive mothers; and (c) assisting in the testing of appropriate retroviral drugs. The programme will also collaborate with the education sector to promote behavioural change and the care of orphans at the community level.

19. The **child protection** component will provide support to the Child Rights Monitoring Committee and work towards a National Plan of Action for Children. The programme will: (a) advocate for the official publication of the Juvenile Justice Act; (b) ensure that children in conflict with the law are rehabilitated rather than jailed; (c) create awareness, through a pilot project in the capital territory, on family violence, with an emphasis on child abuse, including sexual abuse and neglect; (d) expand birth registration nationwide; (e) advocate for the elimination of the worst forms of child labour, in particular sexual exploitation; and (f) focus on Bougainville for post-war trauma counselling.

20. The **promoting girls' education** component will continue to ensure that children have equitable access to basic education through (a) supporting the education reform process; (b) creating awareness among parents about the value of education, particularly for girls; (c) contributing, in selected districts, to security measures for girls attending school away from home; and (d) ensuring that schools have effective sanitation for girls.

21. The **planning and communication** component will (a) take primary responsibility for emergency preparedness and collaborate with the child protection programme for Bougainville; and (b) operationalize the two Conventions.

22. A country programme management plan will determine the optimum UNICEF office/staff structure to ensure responsiveness to disparity reduction and ensure that UNICEF remains operationally oriented and rights-based. The Government and UNICEF, promoting co-financing with key allies (e.g. the Australian Agency for International Development, the European Union, the Asian Development Bank and the Governments of Canada, Japan and New Zealand) will mobilize resources. All sectors will be encouraged to become partners in development for children, and UNICEF will advocate for increased government commitments to priority areas for children.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health, nutrition and early childhood development	1 629	1 000	2 629
HIV/AIDS prevention	1 326	500	1 826
Child protection	1 326	500	1 826
Promoting girls' education	543	500	1 043
Planning and communication	543	-	543
Total	**5 367**	**2 500**	**7 867**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.