



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

Distr.: General  
27 November 2023

Original: English

**First regular session 2024**

29 January to 2 February 2024, New York

Item 9 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:	\$17.5 million: \$9.7 million from regular resources; and \$7.8 million through co-financing modalities or other resources
Programme period:	5 years (2024-2028)
Cycle of assistance:	Seventh
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

*Note: The present document was processed in its entirety by UNFPA*

24-01448X (E) 290124



Please recycle The recycling symbol, consisting of three chasing arrows forming a triangle.



## I. Programme rationale

1. Papua New Guinea is ethnically diverse, with approximately 839 language groups, subgroups and clans. It is an island country with an area of 178,700 square miles spread over 600 islands. The estimated population in 2021 was 11.78 million, 87 per cent of which live in rural areas; 57.3 per cent are estimated to be below the age of 25 and 42.8 per cent below the age of 18.
2. Currently a lower-middle-income country, Papua New Guinea aspires to upper-middle-income status by 2030. The gross domestic product (GDP) per capita declined between 2019 and 2020, from \$2,829 to \$2,636, due to the economic contraction caused by the COVID-19 pandemic. Public finances have deteriorated due to declining tax revenue, resulting in a debt-to-GDP ratio of 52 per cent in 2022. Papua New Guinea ranks 155 of 191 countries in the Human Development Index 2022. About 56.6 per cent of the population are classified as multidimensionally poor. The literacy rate in 2020 was estimated at 61.6 per cent.
3. The latest estimates of the maternal mortality ratio are 192 maternal deaths per 100,000 live births, which is underestimated. Skilled birth attendance is at 55 per cent. Most women are not delivering in health facilities primarily due to: (a) the absence of skilled birth attendants in rural areas; (b) the high cost of transportation to health facilities for mothers in the lowest income quintile; (c) low literacy levels: only 31 per cent of births were delivered in a health facility for mothers with no education and 95 per cent for mothers with a higher education; (d) poor quality of health infrastructure and services; and (e) lack of life-saving commodities. The scale of maternal death is unknown as the maternal and perinatal death surveillance and response system is at a rudimentary stage and does not fully capture deaths at community levels. The risk of dying in childbirth for women living in rural areas is four to eight times higher compared to urban areas. Child marriage and adolescent pregnancy lead to high maternal mortality and morbidity, including obstetric fistula. Anecdotal evidence shows that the number of obstetric fistula cases ranges from 4,600 to 16,000 among women in the Highlands region of the country.
4. Papua New Guinea a total fertility rate of 4.2 children per woman, with rates of 4.4 for rural and 3.6 for urban areas (DHS 2018). The adolescent birth rate is 13 per 1,000 girls aged 10-14 years and is 68 per 1,000 women among adolescents aged 15-19 years (2016). The country's modern contraceptive prevalence rate is 31 per cent for married women and 16 per cent for unmarried women. The prevalence of unmet need for family planning declined from 26 per cent in 2020 to 22 per cent in 2022 among married women and remains at 32 per cent among currently married women aged 15-19 years and 7 per cent for sexually active unmarried women. The 2022 facility-based survey on reproductive health commodities and services reported that 53 per cent of health facilities experienced stockouts of one or more modern contraceptive methods in the three months preceding the survey.
5. Papua New Guinea has among the highest rates of curable sexually transmitted infections (STIs) globally and the highest burden of HIV in the Pacific region. In 2022, HIV prevalence for the general population was estimated at 1.0 per cent, with 72,000 people living with HIV. More than half of the people among the vulnerable populations have not taken a test to know their HIV status. Laws that criminalize sex work and same-sex sexual acts have led to high levels of stigma, discrimination and sexual violence in key populations. Parental consent for HIV testing is required for adolescents younger than 18 years.
6. The country has some of the highest rates of gender-based violence (GBV) in the world. Among the age group 15-49 years, 58 per cent of women have experienced physical violence since the age of 15 and 28 per cent have experienced sexual violence. About 70 per cent of women and men agree that violence from an intimate partner is justified under specific circumstances. Despite the launch of the national strategy on GBV in 2016, it has not been fully implemented. Services to respond to GBV remain inequitably distributed across the country, with only 15 per cent of women who experienced violence seeking help. Sorcery-accusation-related violence (SARV) shares the risk factors with but is distinct from GBV, with 6,000 estimated SARV incidents between January 2000 and June 2020, resulting in an estimated 3,000 deaths. Women are far less likely to be able to have their perpetrators prosecuted, despite constituting half the total number of victims.
7. The country is characterized by a predominantly patriarchal society where men make most of the decisions in the family and control most of the resources, especially ownership of land. Women are underrepresented at all levels of government, representing only two out of 111 parliamentarians, limiting their power to influence public policy and discourse.

8. Papua New Guinea is currently ranked 26th globally of the countries most at risk from disasters, according to the INFORM Risk Index. Prevalent hazards include earthquakes, cyclones, volcanic eruptions, flooding, landslides, coastal erosion, epidemics and droughts. It ranks 167 out of 185 countries assessed on its vulnerability to climate change and other global challenges in combination with its readiness to improve resilience per the Notre Dame-Global Adaptation Index. While women and girls are more at risk in such situations, their unique needs are not sufficiently integrated into relevant policies on climate change, disaster risk reduction and preparedness, and there is a lack of institutionalization of key standards.

9. The Common Country Analysis identified significant challenges in peace and security despite the strides the country has made. The Highlands remain most at risk for communal violence, resulting in displaced and affected populations with humanitarian needs. Violence remains largely unpredictable, can occur with little warning and escalate rapidly. In the Autonomous Region of Bougainville, with the vote for independence and the start of the post-referendum consultation process, complex challenges remain and may contribute to additional risks to sustaining peace. The post-referendum period will ultimately determine the political future of Bougainville, which will require awareness-raising and engagement of the population to make informed decisions.

10. Several future scenarios and megatrends are expected for the country. First, rapid population growth is expected to accelerate, which may require a stronger focus on a comprehensive sexual and reproductive health and rights (SRHR) agenda that addresses the intersectionality of vulnerabilities, disparities and disabilities and leverages the demographic dividend. Second, the increasing impact of climate change is likely to be accompanied by lower economic growth, increasing political instability and vulnerabilities, and weakened social contract due to strained government capacity. Third, highly dispersed populations due to remote geography may exacerbate unequal access to information, services and commodities, resulting in a greater digital divide. Finally, social polarization may increase due to low levels of education, rising poverty, inequality and conflict over land which may exacerbate violence. These factors may jeopardize efforts towards achieving the Sustainable Development Goals, the International Conference on Population and Development (ICPD) Programme of Action and the three transformative results.

11. The country programme design is informed by the recommendations from the evaluation of the previous country programme. Key lessons learned include the need for improving access to quality sexual and reproductive health (SRH) services and harnessing the demographic dividend of a youthful population. The evaluation suggests that UNFPA intensify its efforts on enhancing: (a) gender mainstreaming in all aspects of the programme; (b) demographic dividend, monitoring and evaluation, humanitarian preparedness and response, and enhanced human resource capacities in these areas of work; (c) the selection of target provinces with clear criteria that consider all factors which drive inequality; (d) the operationalization of subcluster working groups and benefits from strengthened emergency preparedness and capacity to support the incorporation of related standards in national, provincial and district-level emergency preparedness plans; and (e) accelerate peacebuilding as an entry point for women and youth empowerment and addressing gender-based physical and psychological violence. All these interventions will require a sustained focus on quality data and analysis and build on the UNFPA comparative advantage as a critical link in the peace, humanitarian and development nexus on SRHR.

## **II. Programme priorities and partnerships**

12. The overall programme vision is to accelerate progress towards transformative results to ensure that women, girls and young people have access to SRHR, by transforming harmful social and gender norms and using data and evidence to inform decision-making and translate political commitments into action. The programme was developed in consultation with the national Government, civil society, United Nations organizations and other stakeholders at national and subnational levels, representatives of those left furthest behind, women, young people and persons with disabilities based on the principles of inclusion, human rights and gender equality.

13. The programme will support implementation of the recommendations of the universal periodic review (UPR) and commitments of the Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of Persons with Disabilities, and other human rights mechanisms. The country programme is aligned with the Government's Medium-Term Development Plan 4, Vision 2050, the Sustainable Development Goals, the ICPD Programme of Action and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024-2028.

14. The programme will contribute directly to four of the five outcomes of the UNSDCF: equality for women and girls; inclusive human development; governance, peace, and social cohesion; and environment and climate change. To ensure no one is left behind, the programme will focus on supporting women, girls, youth, adolescents and persons with disabilities in the target provinces by adopting an integrated approach to SRHR, GBV and population data.

15. The programme will scale up efforts towards the three transformative results through the following accelerators: (a) evidence and data disaggregated by age, sex and disability for evidence-based policy advocacy; (b) human rights-based and gender-transformative approaches to transform harmful social and gender norms; (c) innovation and digitalization to improve health-seeking behaviours and computer-aided approaches for the census and demographic and health surveys; (d) partnerships, South-South cooperation and financing to support the Government's efforts to increase public investments, budget allocations and spending for the three transformative results and to strengthen partnerships with non-traditional partners (including international financial institutions); and (e) leaving no one behind and reaching the furthest behind first.

16. To build good practices or models, the country programme will decentralize the implementation of the initiatives it supports in target provinces based on the following criteria: (a) SRHR, GBV and other social and economic indicators; (b) the willingness of provincial government leaders to work on SRHR and GBV; (c) feasibility of delivering a comprehensive SRHR-GBV-data programme taking into account security and accessibility; (d) level of support from development partners; and (e) potential convergence of provinces for joint United Nations programmes. The programme will build upon its previous good practices in SRHR and GBV in humanitarian, development and peacebuilding contexts, harnessing culture and other platforms for inclusive and sustainable development.

17. The programme will adopt an integrated programmatic approach, with its five outputs mutually reinforcing each other, aligned to the six UNFPA Strategic Plan outputs, and contributing to the achievement of the three transformative results. Joint interventions with other United Nations agencies will be operationalized through joint workplans and budgets.

**A. Output 1. By 2028, national and subnational capacities to prevent and respond to pregnancy, delivery and post-partum complications are strengthened, particularly in hard-to-reach, underserved and conflict- or disaster-affected areas.**

18. This output will contribute to the UNSDCF outcome on equality for women and girls by supporting health systems strengthening for maternal mortality and morbidity reduction. The programme will focus efforts on ensuring health services including comprehensive SRH and emergency obstetric and newborn care (EmONC) are equitably distributed and functional; that the reproductive, maternal, neonatal, child and adolescent health (RMNCAH) workforce, particularly midwives, are trained according to international standards and equitably deployed across the country; the quality of health systems data is improved and capacities to analyse and use data for decision-making will be strengthened; improvements in accountability for maternal deaths and morbidities will be fostered at all levels of the health system, including increased domestic financing; strengthened coordination at national and subnational levels will ensure a coherent policy implementation environment. Key UNFPA interventions will include (a) prioritization of a network of health facilities which can provide comprehensive SRH services, including EmONC, with referral linkages established; (b) supporting interventions for obstetric fistula management; (c) engage communities/institutions to promote women and young people's SRHR and empower them on these issues; (d) midwifery curriculum revision and support to faculty development in tandem with a system for continuous professional development of deployed midwives, nurses and community Health Workers; (e) development of a national guideline for the maternal and perinatal death surveillance and response system with capacity-building for implementation at facility and community level in selected provinces; (f) strengthened policy environment for SRH services within universal health coverage, including sustainable financing and advocacy for increased government investment; (g) establishing a surge roster with people trained on the minimum initial service package in emergencies for deployment to conflict- or disaster-affected areas, complementing GBV prevention and response efforts; (h) supporting the development of strategies and costed implementation plans, resulting in increased public budget allocations and spending for SRH, including earmarked budgets in disaster risk reduction, climate change adaptation and preparedness, at all levels; and (i) strengthening national and subnational SRH coordination mechanisms which ensure functionality across the humanitarian-development nexus. These interventions will be implemented in a manner that enhances the acceleration of progress on other country programme outputs, particularly outputs 2 and 3.

**B. Output 2. By 2028, the availability and continuity of quality family planning services, information and commodities are improved, at all times, including during escalating conflicts or disasters.**

19. This output contributes to the UNSDCF outcomes on governance, peace and social cohesion and inclusive human development by supporting health system strengthening for family planning including integrating it with HIV prevention and within the universal health care national benefit packages and social protection schemes. The approach includes: (a) advocating for budgetary allocation and release of funds by the Government in support of contraceptive and reproductive health commodity procurement; (b) galvanizing multi-stakeholder support and partnerships for the development and implementation of the costed family planning implementation plan and the reproductive health commodity security strategy; (c) supporting the provision of high-quality, integrated rights-based family planning services and expanding the family planning method mix; (d) strengthening procurement and improvements in the national supply chain management system of reproductive health commodities and contraceptives to assure delivery to the last mile and reduce stockouts; (e) providing SRH services and supplies in humanitarian settings; (f) supporting the production and use of evidence-based data for decision-making on family planning and sexual and reproductive health; (g) strengthen family planning and reproductive health commodity security programme governance and coordination at national and focus-province level; (h) using innovative approaches towards demand creation for family planning and SRH among adolescents and young people; (i) mobilizing and empowering communities and civil society organizations (CSOs) to raise awareness of and demand for SRH, family planning and GBV response services; and (j) implementation of community-based condom programming for prevention of HIV/STIs and unintended pregnancies in selected provinces.

**C. Output 3. By 2028, women and girls who experience or are at risk of gender-based violence or sorcery-accusation-related violence, especially in hard-to-reach, underserved and conflict- or disaster-affected areas, have access to quality, timely and well-coordinated multisectoral services.**

20. This output contributes to the UNSDCF outcome on equality for women and girls and complements country programme outputs 1, 2, 4 and 5. Key interventions under this output include: (a) strengthening policy advocacy for the accountability of national and subnational governments to allocate resources and implement GBV strategies, policies and legal frameworks; (b) enhance use of evidence-based GBV curricula to strengthen capacity of institutions and duty bearers to prevent and respond to GBV and sexual violence; (c) strengthening inclusion of GBV prevention and response in disaster risk reduction, management, policies and plans; (d) strengthening institutional coordination of the National GBV Secretariat at all levels towards multisectoral service provision and case management for GBV and sexual violence across the development, humanitarian and peace nexus; (e) create cost-effective case management models to enhance the quality of essential SARV/GBV services, referral pathways and psychosocial support; (f) strengthen the health sector response to GBV and SARV; (g) work with organizations providing economic empowerment programmes to strengthen GBV prevention and response at community level; and (h) undertake action research to demonstrate “what works” in GBV and SARV prevention and response.

**D. Output 4. By 2028, the capacity of key stakeholders to transform social and gender norms is strengthened to promote non-discriminatory practices, support positive attitudes of service providers and promote access to SRH, GBV and SARV protection and services.**

21. By supporting community mobilization and activism to bring transformative change in social and gender norms, this output contributes to the UNSDCF outcomes on equality for women and girls and on inclusive human development, and accelerates progress on country programme outputs 1, 2, 3, 5 and on the three transformative results in target provinces. Key interventions under this output include: (a) advocacy with and capacity development of religious and cultural institutions and opinion leaders; (b) engaging CSOs and youth groups in peacebuilding and conflict prevention to promote peaceful societies; (c) strengthening capacities of national human rights institutions and mechanisms for monitoring the implementation of national policies and commitments and in conducting evidence-based advocacy; (d) supporting measurement and action research on social and gender norms; (e) strengthening the use of evidence-based curricula and psychosocial approaches at community levels, (f) promoting safe and ethical reporting of GBV and SARV issues in national media to increase awareness on the issue, and strengthening the monitoring of changes in social norms, attitudes and perceptions; and (g) implementing comprehensive sexuality education for adolescents in and out of school in selected provinces, and linking young people to services. These interventions will be implemented in alignment with

interventions under other outputs, particularly outputs 1, 2 and 5, and contribute towards improved SRH service provision that is resilient and ensures high uptake of family planning services.

**E. Output 5. By 2028, national and subnational government capacities and political and financial commitment for collecting, analysing and disseminating disaggregated data and evidence will be strengthened for policy advocacy and programme development, implementation and monitoring to accelerate progress towards the three transformative results.**

22. This output contributes to the UNSDCF outcomes on equality for women and girls and inclusive human development. The programme will strengthen the capacity of government at the national and subnational levels to collect, analyse and disseminate quality and timely data disaggregated by sex, age and disability to inform evidence-based policy advocacy across the development-humanitarian nexus and to accelerate progress across all country programme outputs. Key interventions are: (a) strengthening technical support to the Census of Population and Housing and other surveys; (b) enhancing national and subnational capacity for the target provinces to use disaggregated population data and monitor progress to inform policies, plans, and programmes across the nexus; (c) providing technical support to the Civil and Identity Registration Office in the collection, analysis and dissemination of data and advocacy to use vital statistics and civil registration data, especially for decentralized monitoring and review. This includes modernizing government efforts through the use of tablets for data registration and processing; and (d) supporting data literacy and utilization as well as research on population dynamics and sustainable development. The programme will establish and strengthen partnerships with relevant government departments, academia, think tanks, the private sector and others including through South-South and triangular cooperation. These initiatives aim to strengthen the technical capacities of partners in population and development to influence the review and updating of the national population policy and exchange innovative best practices on population data collection, analysis and dissemination.

### III. Programme and risk management

23. To ensure national ownership and sustainability of results, the programme will be implemented under the overall coordination of the Department of National Planning and Monitoring. The programme is aligned with the UNSDCF and supports SRH (including family planning and maternal health), population, gender and demographic dividend aspects of the Papua New Guinea Medium-Term Development Plan IV. The country programme will be implemented in partnership with national government partners, faith-based organizations and CSOs, including representatives of the populations left furthest behind, and United Nations agencies.

24. A review of the UNFPA office structure will be undertaken to ensure that the right combination of competencies is in place to position UNFPA as a thought leader, to fully deliver the proposed programme. UNFPA will continue to actively engage with the United Nations country team to ensure that opportunities for cooperation are maximized and seek technical support from the Regional Office and headquarters as needed. The programme implementation will benefit from the deployment of United Nations Volunteers for additional expertise, to ensure diversity and inclusion, and to bridge any identified capacity gaps. UNFPA will also support mutually beneficial South-South and triangular cooperation initiatives to facilitate technical and knowledge-sharing.

25. Key risks in programme implementation are: (a) economic instability which may result in reduced investments in health and social services; (b) environment and climate change-induced shocks; and (c) the security situation of the country. To mitigate the impact of economic instability on reduced funding for the ICPD agenda, UNFPA will invest in strategic communication for partnership strengthening with a range of partners such as the private sector, international financial institutions, think tanks and academia, based on the integrated partnership and resource mobilization plan. The programme will undertake an environmental scanning quarterly to identify and manage adverse effects. On security issues, UNFPA will continue to work closely with the United Nations Department of Safety and Security, be guided by programme criticality, strengthen capacities for contingency planning and set aside associated resources for security in its programme planning and budgeting.

26. In the event of a national emergency, UNFPA may, in consultation with the Government, reprogramme funds towards 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. The programme will apply the UNFPA social and environmental standards to ensure that there is no unintended harm to people and the environment.

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 internal control framework.

#### **IV. Monitoring and evaluation**

28. A costed monitoring and evaluation plan for the programme has been developed in alignment with the UNFPA Strategic Plan and the UNSDCF results framework. UNFPA will contribute to and leverage data from UNInfo. Following the UNFPA programme management and evaluation policies and procedures, using adaptive results-based management and accountability frameworks, programme monitoring and evaluation will be implemented jointly with the government coordinating bodies and other national and subnational partners for development and humanitarian settings by: (a) conducting annual and quarterly programme reviews and joint annual monitoring missions; (b) supporting rapid assessments, baseline and end-line surveys and data collection so that UNFPA would be a repository of knowledge and tools for demographic information during the emergency preparedness phase; (c) conducting a midterm review in 2026, to inform priorities and strategies for the remaining years of the programme cycle; and (d) conducting a country programme evaluation in the penultimate year to provide evidence base for the next programme cycle. UNFPA will participate in the UPR process.

29. UNFPA will play a key role in the data working group in close collaboration with the World Bank, United Nations Economic and Social Commission for Asia and the Pacific), the Resident Coordinator's office, other United Nations agencies and other development partners. It will be a proactive member of the United Nations Monitoring and Evaluation Group that helps plan and monitor the implementation and evaluation of the UNSDCF. UNFPA will continue to contribute to the United Nations country team efforts to maintain an indicator database on the ICPD, the Sustainable Development Goals and the UNSDCF, as well as UNInfo.

## RESULTS AND RESOURCES FRAMEWORK FOR PAPUA NEW GUINEA (2024-2028)

<b>NATIONAL PRIORITY:</b> Vision 2050; MTDP IV 2023-2028 Strategic Priority Area 04: Quality and Affordable Health Care				
<b>UNSDCF OUTCOME(S):</b> By 2028, people in Papua New Guinea, especially the most marginalized, benefit from gender-sensitive, shock-responsive, rights-based and quality basic and social services, and equitably realize their full potential to meaningfully contribute to PNG development				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in preventable maternal deaths has accelerated				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>National maternal mortality ratio (MMR) - Maternal deaths per 100,000 live births <i>Baseline: 192 (2021); Target: &lt;100 (2028)</i></li> <li>Skilled birth attendance <i>Baseline: 55% (2016-2018); Target: 80% (2028)</i></li> </ul>	<p>Output 1. By 2028, national and subnational capacities to prevent and respond to pregnancy, delivery and post-partum complications are strengthened, particularly in hard-to-reach, underserved and conflict- or disaster-affected areas.</p>	<ul style="list-style-type: none"> <li>Proportion of health facilities providing 24/7 basic EmONC services which are functional and within two hours of travel time for women of reproductive age in target provinces <i>Baseline: 44% (2023); Target: 80% (2028)</i></li> <li>Proportion of selected provincial and district hospitals in target provinces that implement the maternal and perinatal death surveillance and response system, according to international standards <i>Baseline: 0 subnational (2023); Target: 80% subnational (2028)</i></li> <li>Number of obstetric fistula cases repaired with support from UNFPA, disaggregated by age <i>Baseline: 0; Target: 500</i></li> <li>Number of policies, strategies and costed implementation plans developed that include integrated SRH services as a part of national and subnational risk pooling and prepayment universal health coverage schemes <i>Baseline: 0 subnational (2023); Target: 8 subnational (2028)</i></li> <li>Number of functional national and provincial RMNCAH Technical Advisory Committees leading and coordinating preparedness and response services across the humanitarian-development peacebuilding continuum <i>Baseline: 1 national (2023); Target: 8 provincial (2028)</i></li> </ul>	<p>Departments of National Planning and Monitoring; Community Development and Religion, Justice and Attorney General; Ministries of Finance; Health; Education; Provincial health authorities; National Disaster Centre; Climate Change and Development Authority; Youth representatives and ILeaders; national disability organizations; National Youth and Development Authority (NYDA); UNICEF, WHO, World Bank; Australian Government Department of Foreign Affairs and Trade (DFAT); United States Agency for International Development (USAID); faith-based organizations; church groups; CSOs; PNG Obstetrics and Gynaecological Society; PNG Midwifery Society; PNG Institute of Medical Research; Burnet Institute; Melanesian Institute; University of Goroka School of Midwifery; academia; media; and private sector companies.</p>	<p>\$3.9 million (\$2.6 million from regular resources and \$1.3 million from other resources)</p>



<b>NATIONAL PRIORITY:</b> Vision 2050; MTDP IV 2023-2028 Strategic Priority Area 04: Quality and Affordable Health Care.				
<b>UNSDCF OUTCOME:</b> By 2028, people in Papua New Guinea, especially the most marginalized, benefit from gender-sensitive, shock-responsive, rights-based and quality basic and social services, and equitably realize their full potential to meaningfully contribute to PNG development				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet need for family planning has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age 15-49 who have their need for family planning satisfied. with modern methods (SDG indicator 3.7.1) <i>Baseline: 37% (2023); Target: 66% (2028)</i></li> </ul> <p><u>Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of women aged 15-49 with unmet needs for family planning <i>Baseline: 22% (2022); Target: 16% (2028)</i></li> </ul>	<p>Output 2. By 2028, the availability and continuity of quality family planning services, information and commodities will be improved, at all times, including during escalating conflicts or disasters.</p>	<ul style="list-style-type: none"> <li>Proportion of a of primary Service Delivery Points that have at least four modern methods of contraception available <i>Baseline: 47 % (2023); Target: 80 % (2028)</i></li> <li>Proportion of family planning service delivery points in target provinces providing services with at least two service providers trained in Family Planning Competency-Based Training <i>Baseline: 0% (2023); Target: 100% (2028)</i></li> <li>Proportion of provinces in target priority areas implementing condom programming for prevention of HIV/STIs, unintended pregnancy <i>Baseline: 0% (2023); Target: 100% (2028)</i></li> </ul>	<p>Departments of National Planning and Monitoring; Community Development and Religion; Justice and Attorney General; Ministries of Finance; Health; Education;; National AIDS Council; Provincial Health Authorities; National Disaster Centre; Climate Change and Development Authority; National Statistics Office; youth representatives and leaders; national disability organizations; NYDA; UNAIDS, UNDP, UNESCO, UNICEF, UN-Women, WHO, World Bank; Australian Government DFAT; USAID; regional organizations; faith-based organizations; church groups; CSOs; Marie Stopes International; PNG Family Health Association; PNG Midwifery Society; PNG Institute of Medical Research; Burnet Institute; academia; media; private sector companies.</p>	<p>\$3.5 million (\$1.0 million from regular resources and \$2.5 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> MTDP IV: SPA 1- Strategic Economic Investment (Output 1.3), SPA 4: Quality Education and Skilled Human Capital (Output 1.4), SPA 5: Rule of Law and Justice (Output 1.4), SPA 7: Good Governance and Public Service Transformation (Output 1.1 & 1.2), SPA 11: Population Dynamics and Development (Output 1.4; Output 1.3), SPA 12: Strategic Partnerships.				
<b>UNSDCF OUTCOME:</b> By 2028, women and girls in Papua New Guinea, especially the most marginalized and vulnerable, will exercise their rights and agency and live a life free from all forms of discrimination and violence.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>

<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage 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 (SDG 5.2.1) <i>Baseline: 54% (2016); Target: 30% (2028)</i></li> </ul>	<p>Output 3. By 2028, women and girls who experience or are at risk of gender-based violence or sorcery-accusation-related violence, especially in hard-to-reach, underserved and conflict or disaster-affected areas, have access to quality, timely and well-coordinated multisectoral services.</p>	<ul style="list-style-type: none"> <li>Number of laws, policies and plans developed, revised, and monitored with UNFPA support to strengthen GBV-SARV preparedness, prevention and response <i>Baseline: 2 (2023); Target: 8 (2028)</i></li> <li>Proportion of provinces in target priority areas with GBV/SARV coordination mechanisms functional as per the Standard Operating Procedure and with updated referral pathways <i>Baseline: 0% (2023); Target: 100% (2028)</i></li> <li>Number of Family Support Centres in target priority areas that provide survivor centred GBV services as per the Essential Services Package for Women and Girls Subject to Violence <i>Baseline: 0% (2023); Target: 100% (2028)</i></li> </ul>	<p>Departments of National Planning and Monitoring; Community Development and Religion; Justice and Attorney General; Ministries of Finance; Health; Education; Permanent Parliamentary Committee on Gender Equality and Women’s Empowerment and Gender-based Violence; provincial health authorities; National Statistics Office; National Disaster Centre; Climate Change and Development Authority; youth representative and leaders; national disability organizations; NYDA; UNDP, UNICEF, UN-Women, WHO, World Bank; Australian Government DFAT; Korea International Cooperation Agency; USAID; faith-based organizations; church groups; CSOs; academia; media; and private sector companies.</p>	<p>\$4.5 million (\$2.0 million from regular resources and \$2.5 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> MTDP IV: SPA 1- Strategic Economic Investment (Output 1.3), SPA 4: Quality Education and Skilled Human Capital (Output 1.4), SPA 5: Rule of Law and Justice (Output 1.4), SPA 7: Good Governance and Public Service Transformation (Output 1.1 &amp; 1.2), SPA 11: Population Dynamics and Development (Output 1.4; Output 1.3), SPA 12: Strategic Partnerships</p>				
<p><b>UNSDCF OUTCOME(S):</b> By 2028, Women and girls are free from discrimination, violence and torture through a whole-of-society approach to the promotion of gender-equitable socio-cultural attitudes, norms and behaviours</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet need for family planning has accelerated; By 2025, the reduction in preventable maternal deaths has accelerated; By 2025, the reduction in gender-based violence and harmful practices have accelerated</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Number of laws and regulations, based on international human rights norms and standards, developed with United Nations support to eliminate violence against women and girls, including</li> </ul>	<p>Output 4. By 2028, the capacities of key stakeholders to transform social and gender norms are strengthened to promote non-discriminatory practices, support positive attitudes</p>	<ul style="list-style-type: none"> <li>Proportion of stakeholders in provinces in target priority areas with evidence generated on non-discriminatory practices and positive attitudes of service providers to increase access to GBV, SRH and SARV protection and services <i>Baseline: 0% (2023); Target: 100% (2028)</i></li> <li>Proportion of stakeholders in provinces in target priority areas with evidence-based gender responsive and/or</li> </ul>	<p>Departments of National Planning and Monitoring; Community Development and Religion; and Justice and Attorney General; National Statistics Office; Ministries of Health and Education; CSOs for SRH and GBV services; academic and</p>	<p>\$2.0 million (\$1.5 million from regular resources and \$0.5 million from other resources)</p>

<p>harmful practices <i>Baseline: Draft Human Rights Defenders Policy; Target: Finalized Human Rights Defenders Policy</i></p> <ul style="list-style-type: none"> <li>Promote equal access to SRH care, information and education (SDG 5.1.1.1) <i>Baseline: One - Vision 2050 (2023). Target: Two Policies/Legislation Passed and Operationalized - Midwifery Policy and Adolescent Health Policy (2028)</i></li> </ul>	<p>of service providers and promote access to SRH, GBV and SARV protection and services.</p>	<p>gender-transformative activities, including but not limited to community mobilization approaches, value-based dialogues, edutainment, youth-led campaigns, etc. towards eliminating discriminatory social and gender norms, stereotypes and practices, as well as GBV and SARV <i>Baseline: 0% (2023); Target: 100% (2028)</i></p> <ul style="list-style-type: none"> <li>Proportion of provinces in target priority areas with in-school and out-of-school comprehensive sexuality education operationalized following the UNESCO International Technical Guidelines standards <i>Baseline: 0% (2023); Target: 100% (2028)</i></li> </ul>	<p>research institutions; PNG Institute of Medical Research; other United Nations agencies; youth groups.</p>	
<p><b>NATIONAL PRIORITY:</b> Vision 2050; MTDP IV 2023-2028 including SPA 7: Digital Government, National Statistics and Public Service Governance; SPA 11: Population, Youth and Gender Development</p>				
<p><b>UNSDCF OUTCOME:</b> By 2028, people in Papua New Guinea, especially the most marginalized and vulnerable, participate in and benefit from more accountable, gender responsive, inclusive and transparent governance that promotes peace, security, equality and social cohesion; Strengthened national and subnational planning, monitoring, data, and public finance management systems for improved effectiveness and efficiency in service delivery.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet need for family planning has accelerated; By 2025, the reduction in preventable maternal deaths has accelerated; By 2025, the reduction in gender-based violence and harmful practices have accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of provinces with data collection and/or analysis mechanisms providing disaggregated data to monitor progress towards the Sustainable Development Goals (SDGs) <i>Baseline: 5% (1 out of 22) (2023); Target: 45% (10 out of 22) (2028)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>The country has conducted at least one population and housing census during the last 10 years <i>Baseline: No (2023); Target: Yes (2028)</i></li> </ul>	<p>Output 5. By 2028, national and subnational government capacities and political and financial commitment for collecting, analysing and disseminating sex, age and disability-disaggregated quality and timely data and evidence will be strengthened for policy advocacy and programme development, implementation and monitoring to accelerate progress towards three transformative results.</p>	<ul style="list-style-type: none"> <li>Census of Population and Housing conducted following internationally accepted standards <i>Baseline: No (2023); Target: Yes (2028)</i></li> <li>Proportion of provinces with partnerships established to strengthen data literacy for national and local planners, youths, academe, and CSOs and utilization by key decision makers <i>Baseline: 0 (2023); Target: 100% (2028)</i></li> <li>Proportion of provinces in target priority areas with timely submission, analysis and dissemination of sex, age, and disability disaggregated e-NHIS data and statistics on vital and civil registration with age and sex disaggregation <i>Baseline: 0 (2023); Target: 100% (2028)</i></li> <li>Proportion of platforms established for discussion of population dynamics and sustainable development <i>Baseline (2023): 0 (national and subnational); Target (2028): 100% (3 national and 8 subnational)</i></li> </ul>	<p>National Statistics Office; Departments of National Planning and Monitoring; Community Development and Religion; National Population Commission; Special Parliamentary Committee on Population; Ministries of Health; Education; National Disaster Management Committee; youth-focused organizations and networks; organizations of people with disabilities; faith-based organizations; churches; CSOs supporting emergencies; Office for the Coordination of Humanitarian Affairs.</p>	<p>\$3.0 million (\$2.0 million from regular resources and \$1.0 million from other resources)</p>

Programme coordination and assistance	\$0.6 million from regular resources
---------------------------------------	--