PROTECTION, CARE AND SUPPORT FOR CHILDREN VULNERABLE TO VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT IN THE CONTEXT OF THE HIV EPIDEMIC IN PAPUA NEW GUINEA

4 YEAR NATIONAL STRATEGY 2008 – 2011

FINAL DRAFT
“I am a thirteen-year-old boy from Central Province. I live alone and try to take care of myself. I know I don’t have a home and I have to survive each day. As no-one is responsible for me, I have to look for my own food. I do not know if my parents are alive or dead. If they are dead, I have no idea of the sickness from which they may have died. I do not go to school and I don’t even know anything about school. I am usually on the streets of Port Moresby begging for people to help me with food and money. I look after myself. On the streets, my worst enemies are security guards and other people. They chase me and beat me when I ask the wrong person to assist me. When I follow people to ask them for money and food, the security guards abuse me physically and verbally. Generally, life is okay now and I like doing what I do. This is my way of life. I still wish that I had a good family to take care of me. I also wish they provided care and love that I have never experienced. And I also wish I was able to go to school.”

From an interview with a boy living on the streets

“From an interview with a young women

“I am a sixteen-year-old girl and I am from a mix parentage of Simbu and Gulf Provinces. I live with my big sister and uncle. There are approximately ten other people living with us in the same house. I have not been to school, as there is no money to pay for my school fees. I left school after my mother died of HIV/AIDS. Most of the time during the day I am with my friends looking for men to give us money in exchange for sex. So now I am into sex work. On one occasion, my sister’s husband sexually assaulted me and insisted on having sex with me. Even my uncle is nasty and so are the street boys. On one occasion, my uncle and the street boys took me to another suburb where they gave me alcohol and I was raped there. I have shared this story with the officers at the City Mission and now I am telling you. I have gone to the clinic for health checks. I was infected with some diseases, but I am fine now. The only person who cares is my sister.”

From an interview with a young women
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1.0 STRATEGY-AT-A-GLANCE

The Government of Papua New Guinea is committed to the protection, care and support of children vulnerable to violence, abuse, exploitation and neglect. The HIV epidemic in Papua New Guinea is not only challenging the situation for children and their protection, but also necessitates an urgent and comprehensive response. This strategy provides a clear example of this commitment. The Government recognises that the development of the nation is contingent on the improved protection of children through decisive coordinated action from Government and partners, including communities, families and children themselves. As such, the Government presents this strategy with its full endorsement as a matter of priority.

The four-year goal of this strategy is to improve the wellbeing of children vulnerable to violence, abuse, exploitation and neglect by increasing their access to essential services in the areas of protection, education and health and by strengthening family, community, civil society and Government, child protection systems.

Wellbeing in this strategy is defined as the absence of extreme poverty, homelessness, ill health, violence, abuse, neglect, exploitation, fear and conflict. Furthermore, wellbeing incorporates the presence of peace, health, civil relationships with others, opportunities for emotional, physical, intellectual and creative expression and fulfilment and the opportunity to realise the rights provided through the Convention on the Rights of the Child and the Lukautim Pikinini (Child) Act (2007). As per the definition outlined in the Lukautim Pikinini (Child) Act (2007) and the United Nations Convention on the Rights of the Child, a child means a person under the age of 18 years.

The goal of this strategy falls within the framework of the Declaration of Commitment from the 2001 United Nations General Assembly Special Session on HIV/AIDS, which explicitly recognised the role of governments in protecting children living in a world of HIV and AIDS. The Declaration pledged to, “Protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.”

The strategy goal also draws from a larger vision that seeks to move children, their value and their protection to the centre of development and nation building. In the context of an escalating HIV epidemic, it is critical that Papua New Guinea develops a comprehensive system to protect, care for and support vulnerable children, as the numbers of children at risk of violence, abuse and exploitation will increase significantly in the face of this epidemic. This strategy seeks to build a bridge between legal, social, and HIV sectors at all levels to enable vulnerable families and children to claim their rights to accessible and quality Government services and to claim their rights to resources and assistance to improve their overall wellbeing.

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<tr>
<th>OBJECTIVES</th>
<th>STRATEGIES</th>
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<td>1. Social protection</td>
<td>1. Strengthen capacity of families</td>
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<td>2. Legal protection and justice</td>
<td>2. Mobilise and support community based responses</td>
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<td>3. Extended community-care in the community</td>
<td>3. Ensure access to essential services</td>
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<td>4. Human Services coordination</td>
<td>4. Increase Government leadership for protection</td>
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<td>5. Raise awareness to create supportive environments</td>
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The strategy draws from local knowledge and international experience to deliver 41 actions for children over 4 years at a cost of 18 million kina (USD 7.2 million).

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The strategy adopts eight guiding principles to ensure an effective and contemporary response that encompasses international and local best practice.

1. The best interests of the child will always prevail
2. The strategy will work within the “three ones” approach
3. Sustainability will be achieved through the strengthening of existing processes and systems, and by adopting a systems approach
4. Programming will integrate responses for the protection, care and support of children and families affected by HIV and AIDS within a systems approach to child protection
5. Programming will aim to strengthen protection and care within families and communities
6. Institutional care will not be supported
7. A Human Rights Based Approach will be used
8. Child and youth participation will be built into every activity

The management structure for the strategy draws from the key recommendations of the *Families and Children Affected by HIV/AIDS and Other Vulnerable Children in Papua New Guinea* (2006). The study emphasises cross agency collaboration at national and sub-national levels, skills development of national officers and the establishment of technical teams within the four key agencies of the Department for Community Development, the National Department of Education, the National Department of Health and the National AIDS Council.
2.0 SITUATION ANALYSIS

2.1 THE PROGRAMMING ENVIRONMENT

Papua New Guinea’s population is estimated to have passed the 6.5 million mark as of the end of 2007\(^2\). This represents a population increase of 23 per cent since 2000\(^3\) and is one of the highest annual population growth rates in the Pacific region. The proportion of young people (10-24 years) is expected to increase from 1.9 million in 2005 to 3.96 million by 2015\(^4\). Whilst around 85 per cent live in isolated and rural areas, many are now drifting towards urban areas\(^5\). There remains limited access to communication and transport infrastructure or health, education and protection services in the rural areas. Urban centres are struggling to meet the requirements of their rapidly expanding populations.

Papua New Guinea is one of the most multicultural of nations with 820 active languages\(^6\) (approximately a quarter of the total languages in the world) and communities continue to maintain strong traditional linkages. These communities are largely isolated from each other by rugged mountain chains, rivers, dense forestation and seas. For example, in Southern Highlands Province alone, around 20 percent of the population (approximately 100,000 people) live in areas which are only accessible by air or foot\(^7\). The country is also susceptible to a multitude of natural disasters, having experienced earthquakes, volcanic eruptions, flooding and tsunamis in recent years\(^8\). Most recently, Cyclone Guba and the resultant floods in Oro Province in 2007 has devastated the lives of more than 133,000 people. Rising sea levels are leading to the relocation of 1,500 residents of Carteret Island in the Autonomous Region of Bougainville. In 1988, the North Solomons Province became the site of an armed conflict that persisted for almost a decade and led the deaths of around 20,000 people. A series of Peace Agreements, developed from 1997 to 2002, led to the formation of an Autonomous Government and the area is now known as the Autonomous Region of Bougainville\(^9\).

Despite recent improvement of economic activity, poverty, crime and growing social disparity continue to affect children and most human development indicators have deteriorated. Papua New Guinea is ranked at 145 of 177 countries on the UNDP Human Development Index\(^10\). There are indications that income poverty levels have increased sharply, from 37.5 per cent in 1996

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\(^2\) Papua New Guinea Year Book 2008
\(^3\) Papua New Guinea 2000 Census, National Statistical Office
\(^7\) Hanson, L.W.; Allen, B.J.; Bourke, R.M.; McCarthy, T.J. (2001). Papua New Guinea Rural Development Handbook. ANU: Canberra
(1.73 million people) to about 54 per cent by 2003\textsuperscript{11}, and the rising costs of food and fuel are contributing to ongoing economic hardship for many families. The Government’s development budget relies heavily on donor support and communities continue to rely on civil society to deliver basic services, particularly in the rural and remote areas. Faith based organisations are critical for the provision of social services, including more than half the rural health services and schools. People are increasingly leaving their traditional family support networks to migrate to urban environments, where they often fail to secure employment.

Of particular concern is the disproportionate vulnerability of girls and women, who face increased risk of having their right to education, health and protection violated throughout their childhood\textsuperscript{12}. In the home, around 75 per cent of women and children experience family violence, one of the highest rates of in the world\textsuperscript{13}. Widespread discriminatory and harmful practices include early marriage, bride price and the use of compensation as a response to sexual violence\textsuperscript{14}. Women who seek employment are faced with sexual discrimination in the work place and those women who do work tend to be at the low end of the income spectrum. Children suffer because of their mothers’ low social and economic status. The net education enrolment rate for children is estimated at around 50 per cent of all school-aged children and around 41 per cent for girls\textsuperscript{15}. Girls drop out of school due to the high cost of school fees, harassment by boys and teachers, sexual abuse or lack of psychosocial support. The culturally defined domestic expectations placed on girls (such as remaining at home to work in the garden or attend to household duties) remain a significant contributor to their low enrolment rate.

HIV and AIDS is a growing problem. By the end of 2006, up to 80,000 people were estimated to be infected with HIV and some projections suggest that, in the absence of effective interventions, this may rise to over half a million people, or 10 per cent of the adult population, by 2025\textsuperscript{16}. The prevalence rate is highest in the 15-39 age group. In the 15-29 age group, there are significantly more females than males affected and because 70 per cent of pregnant women also fall in this age bracket, the risk of mother to child transmission remains high. The risk of acquiring HIV for women is compounded by the social conditions that affect their status and their access to, and control of, resources. Children who are affected by HIV are now recognised as a particularly vulnerable group, as they are more likely to be orphaned, drop out of school, live in child-headed households and experience stigmatisation and discrimination\textsuperscript{17}.

Against this backdrop, ensuring that all children enjoy their right to protection in this context remains a considerable challenge.

2.2 THE SITUATION ANALYSIS FRAMEWORK

The Government of Papua New Guinea has adopted a framework for considering Child Protection programming based on international best practice. This situation analysis is build around the eight elements of this framework, entitled the Protective Environment for Children Framework\textsuperscript{18}. The Framework is comprised of eight elements and each element is designed to achieve a broad range of results for vulnerable children. Examples of these results are included in Table 1.

\textsuperscript{11} 1996 National Household Survey
\textsuperscript{15} Department of Education (2006). Net Enrolment Study. NDoE: Port Moresby.
\textsuperscript{17} GoPNG (2007). Orphans and Other Vulnerable Children – Strategic Plan 2008-2012 (draft). DfCD: Port Moresby.
Table 1 The eight elements of the Framework and examples of the intent of each element

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<th>#</th>
<th>Element</th>
<th>Examples of the intent of each element</th>
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| 1  | Government commitment to and capacity for fulfilling protection rights | • Signing and implementation of international instruments such as the Convention on the Rights of the Child (1989) and the two optional protocols prohibiting the sale and sexual exploitation of children and the recruitment of child soldiers, which came into force in 1990 and 1992 respectively.  
  • Public statements against child maltreatment.  
  • Budget allocations to translate such statements into meaningful responses. |
| 2  | Legislation and enforcement                                             | • Enabling legislative frameworks for child protection.  
  • Enforcement of child protection legislation.  
  • Policy responses to protect the most vulnerable and to eliminate the causes of vulnerability. |
| 3  | Culture and customs                                                     | • Decision making at the community and village level enables parents and community leaders to strengthen protective child rearing practices and to eliminate those practices that are harmful.  
  • Elimination of early childhood marriage.  
  • Girls and boys have equal access to education.  
  • Girls are no less valued than boys. |
| 4  | Open discussion (Including engagement of civil society and the media)    | • Communities openly discuss child maltreatment, its causes and consequences for both the child and the perpetrator.  
  • Children are able to raise child protection issues at home, at school, and with each other without being threatened or ostracised as a result. |
| 5  | Children’s life skills, knowledge, and participation                    | • Children know their rights and how to claim them, including the right to participation and protection.  
  • Children have skills in decision making, problem solving and non violent forms of conflict resolution. |
| 6  | Capacity of families and communities                                    | • Child protection actors (parents and other care givers) have the capacity to fulfil their obligations as duty bearers to children’s rights. |
| 7  | Essential services – basic and targeted                                 | • All school age children receive a quality education.  
  • Children who are vulnerable to violence, abuse and exploitation have access to specialise services as required. |
| 8  | Monitoring, reporting and oversight                                     | • Data on child maltreatment is available.  
  • The situation of vulnerable children is monitored with the aim of reducing vulnerability. |

A core premise of the Framework is that if all eight elements are in place and connected, children’s development will be unobstructed, resulting in a protected child.

2.3 LEADERSHIP

The Government ratified the Convention on the Rights of the Child in 1993 and is a signatory to other important international covenants, including the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Elimination of All Forms of Racial Discrimination and the Stockholm Agenda for Action. Most recently, the Government ratified the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights in July 2008. The Government is now moving to ratify the Optional Protocols on the Convention on the Rights of the Child.\(^\text{19}\)

At a domestic level, the Department for Community Development has made considerable efforts to raise the profile of children in its leadership circles. After almost ten years of inaction, the Child Welfare Council was reinvigorated in 2006. This committee coordinated the first bi-annual Leadership Forum for Children in 2007, attended by representatives from all provinces and resulting in a commitment to develop Provincial Plans of Action for Children. A further demonstration of the Government’s increasing focus on child rights is the upgrading of the

\(^{19}\) Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts; Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
Department for Community Development to a mid-level department. This will entitle the Department to increased budget allocations in 2008 and increase the capacity of its agencies to deliver protection services. Other increases in budgetary allocations are also indicative of a growing appreciation of the importance of child protection to national development. In 2006, the Government allocated over K2 million to support the implementation of the National Disability Policy and committed to around K500,000 in 2008 to support the Child Welfare Council. In 2007, a further K7,000,000 was allocated for birth registration. The Law and Justice Sector Program continues to make budgetary commitments to support initiatives to tackle family and sexual violence, allocating over K1.3 million to this cross cutting issue in 2007. In the same year, around K1.2 million was allocated to support the juvenile justice reforms.

Despite these advances, there remains considerable scope for enhancing the leadership for children, both nationally and at sub-national levels. Nationally, child protection continues to be perceived to be the primary responsibility of the Department for Community Development, rather than a cross-cutting and multi-sectoral priority. Political discussions at the national level rarely relate directly to the protection of children and women. Despite making allocations for children, no departments specifically report how much of their budget is allocated to protecting the rights of children and there remains little recognition that child rights violations have a considerable adverse impact on economic development. Sub-national governments are also yet to buy-in to the concept of child friendly budgeting, although four provincial administrations are now in the process of developing 5 year Action Plans for Children, which will include costings to inform their annual planning and budgeting processes.

Law and order problems continue to hamper efforts to promote good governance and leadership. A recent administrative review of the Royal Papua New Guinea Constabulary reported that communities rarely reported confidence in the competence of the police force to maintain law and order, or to act fairly and impartially. This is resulting in low morale within the Constabulary and under-funding by successive governments have resulted in the police performing their duties without proper uniforms, adequate vehicles and operational support and the deterioration of housing and welfare support for officers and their families. The review reported a “leadership vacuum”, contributing to the widespread abuse and misuse of police power, including the use of unnecessary violence, rape and sexual assaults of prisoners in stations and cells, the use of police firearms and vehicles to commit criminal offences, performance of duties whilst under the influence of alcohol and the use of threats and violence to extort money from members of the community. The report further suggests that the passive acceptance and failure to adequately investigate disciplinary breaches has resulted in a culture of impunity.

At the community level, there are low levels of rights literacy amongst village and community leaders, and many of the decisions made in the 3,000 village courts throughout Papua New Guinea discriminate against women and children. Recent reports also suggest that many community leaders, including police, pastors and teachers, are some of the most common perpetrators of violence and sexual exploitation, continuing to expose children to a generation of role models that promote these rights violations as acceptable forms of behaviour. To promote greater leadership by community leaders, including village courts officials, the Village Courts Secretariat within the Department of Justice and Attorney General has developed a Child Protection Program that is currently being trialled in 6 districts. Supported by one national and six provincial child protection advisors, the Village Courts Secretariat facilitated child protection training for all Village Court Magistrates in a total of 12 village courts in the five districts, and an equal number of women and youth leaders by the end of 2007. Based on the Protective Environment Framework, the Triple A Community Consultation tool and the Human Rights Based

Approach to Programming, this training has supported Magistrates and community leaders to identify a range of community-based initiatives to strengthen the protective environment of a total 71,000 children across these districts, including putting up signs that advise communities that serious offences will be referred to higher courts and conducting awareness campaigns in market places. This program is now being taken to scale in 5 districts.

The Family and Community Support Focus Area of the National HIV and AIDS Strategic Plan recognises the need to provide care and support for vulnerable children and their families. This is an emerging element of the national HIV response that is beginning to develop with the appointment of an Orphans and Other Vulnerable Children Program Officer within the National AIDS Council Secretariat. Building the capacity of the HIV sector to protect, support and care for vulnerable children as part of the national HIV response is crucial. The HIV and AIDS Management Prevention Act (2003) provides the legal framework for protecting people affected by HIV and AIDS. Section 6 (1), states that ’it is unlawful to discriminate against a person to the detriment of that person on the grounds that the person is infected or affected by HIV/AIDS’. The strategy and legislation are critical initiatives of the Government in addressing the gap that has existed in the policy framework to provide protection, care and support for children affected by HIV and AIDS.

2.4 LEGISLATION AND ENFORCEMENT

Papua New Guinea has strong legislative and policy frameworks for child protection. Contemporary child protection legislation (the Lukautim Pikinini Act) was passed by Parliament in April 2007, focusing national child protection priorities on the Convention on the Rights of the Child obligations, increasing the emphasis on prevention and family strengthening, and legislating a move away from institutional care. This Act is complemented by a range of policies that aim to protect children, including the National Disability Policy (2006) and the Early Childhood Care and Development Policy (2007). A review of all Family Law is underway to bring these legislations in line with the Convention on the Rights of the Child. A review of the Village Courts Act is also in progress. Draft frameworks are also nearing their final stages, including the National Action Plan against the Commercial Sexual Exploitation of Children. This strategy contributes greatly to the framework of policies in place for the protection of children.

Similar frameworks have been developed to support children who come into contact with the law. Under amendments to the Evidence Act (2002), children who are survivors and witnesses are now entitled to give evidence to a Court under child friendly conditions (using special measures orders), including giving evidence directly to a magistrate or in the absence of the alleged perpetrator. Amendments to the Criminal Code (2002) now explicitly criminalize sexual offences against women and children, have removed marriage as a defence for rape, and have raised the penalties for sexual offences. Complementing these legislative amendments is a new Family and Sexual Violence Strategy (2008) that commits Government to a more holistic and multisectoral approach to dealing with sexual violence. Complementing this are a range of more targeted strategies, including the Law and Justice Sector Gender Strategy, which requires Government and partners to place greater emphasis on resolving the barriers facing women who wish to access formal and traditional justice systems.

A review of the juvenile justice system in 2002 showed that Papua New Guinea lacked a comprehensive juvenile justice system and children in conflict with the law were dealt with under the outdated provision of the Child Welfare Act. Parliament passed a new Juvenile Court Act in 1991, which was fully enacted in 2003. This Act makes provision for diversionary alternatives to detention and has enabled the Magisterial Services to establish specialized Juvenile Courts to hear all matters concerning children under the age of 18. A legislative review is almost completed and a more contemporary rights based Act, grounded in the cultural context of Papua New

24 Law and Justice Sector Program. (n.d.) Law and Justice Sector Gender Strategy. LJSP: Port Moresby.
Guinea, is expected to be presented to Parliament before the end of 2008. These Acts are complemented by an approved National Juvenile Justice Policy (2007) that reiterates the Government’s commitment to prevention, diversion and the protection of the rights of children who come into conflict with the law. A National Police Juvenile Policy and Protocols (2004), a Juvenile Court Protocol and Minimum Standards for Institutions have been endorsed to provide specific guidance to stakeholders and actors on how to implement the Act and the National Policy.

Across the board, the greater child protection challenge lies in enforcement. The country’s Initial Report to the Committee of the Convention on the Rights of the Child states that 95 per cent of youth crimes are property related, stealing, shoplifting and pick pocketing. The report does raise concerns over a growing number of drug-related offences and it is reported that more serious offences such as rape and armed robbery committed by youth is on the rise. It is unclear whether this is a national trend, specific to urban areas, or simply a consequence of greater media attention on youth crime. A recent review of progress by the National Juvenile Justice Working Committee notes that there is encouraging progress in the administration of juvenile justice. A review of Correctional Services Data from 2001 – 2007 indicates that there has been a 62 percent reduction in the number of children held on remand, and a 27 percent reduction in the number of children who are sentenced to detention. Combined, these figures suggest that there has been a 47 percent reduction in the use of correctional services facilities to detain children. Notably, CIS data also indicates that the use of detention for adults (both remand and sentences) appears relatively stable. Data from Magisterial Services also indicates that the use of detention sentences has decreased since 2003 from 24 percent, to 10 percent in 2007. Similarly, there has been a reduction in the use of detention for minor or non-violent offenders with the percentage of completed cases dropping from 24 percent in 2003 to 8 percent in 2006. Provincial data records between January and October 2007 also recorded a total of 397 cases of police and Court diversion in 5 centres.

Despite this progress, the review by the National Juvenile Justice Working Committee also found that many children are still not accessing to diversionary alternatives to arrest, remand and detention sentences. Many children are denied bail because police are unable to locate parents, citing transport and communication constraints, in addition to a paucity of trained Juvenile Court Officers to facilitate family contact. Some police have also reported that many parents refuse to collect children when they are arrested, rather demanding that police use remand as a means of deterring recidivism. Remand is also overused by magistrates and Correctional Services’ statistics suggest that 49 per cent of all juvenile inmates are detained at the pre-trial stage. For those children who are detained, most are detained in inhumane conditions, often with adults, and rarely with adequate access to legal or

26 GoPNG (2003). Initial Report to the Committee on the Rights of the Child. DFA: Port Moresby
28 CIS Data indicates that the total number of adult detainees between 2003 – 2006 remained between 6,600-6,850 during this four year period.
29 Data collected by police in Rabaul/Kokopo, Alotau, Lae, Anglimp South Waghi and Port Moresby.
medical support, or independent and transparent oversight of their treatment, in contravention of
the Minimum Standards for Institutions. Unfortunately, initial data from recent Visiting Justice
inspections also suggest that some children are still sentenced under legislation intended for
adults, as police and Court officers lack the capacity to accurately identify the age of alleged
offenders.

A 2005 review by Human Rights Watch of police violence against children suggests that
widespread impunity and a lack of enforcement by existing accountability mechanisms is
contributing to around 75 per cent of children who come into conflict with the law experiencing
some form of police violence30. This includes ‘panel beating’, the colloquial term used to describe
severe physical assault (often with the use of gun buts, fan belts and steel bars), rape and other
forms of sexual abuse, torture and extra-judicial shootings. Anecdotal evidence also suggests
that girls are frequently subject to physical and sexual abuse by police (often in return for being
released without charge), however, girls remain invisible in the statistics that are currently
available. Similarly, boys who identify as homosexual and both boys and girl survivors of
commercial sexual exploitation are also targeted because they are perceived to engage in illegal
behaviour and are threatened with further persecution if they complain about their
maltreatment31.

The enforcement of protective legislation for survivors of violence, exploitation and abuse is also
lacking. To date, the Family and Sexual Violence Action Committee report that they are aware of
only two special measures that have been granted since the gazettal of amendments to the
Evidence and Sexual Offences Acts. This is, in part, due to an absence of legal professionals or
practice directions to support children who are required to give evidence, and even then, many
legal professionals lack sufficient knowledge on the existing amendments or recognise their
value. For example, on 30 July 2008, reports suggest that a magistrate permitted the public
whipping of a man convicted of assaulting his wife to prevent her experiencing the additional
economic hardship that would follow if he were imprisoned32. The same week, the paper reported
a National Court Judge lamenting the decision of prosecutors not to invoke provisions in the
Criminal Code that would allow for harsher penalties to be issued for perpetrators of sexual
abuse who abuse a position of trust33. In addition, many police and their communities are not
aware of the 2007 Police Commissioners Circular that outlines the obligations of police officers to
respond to family and sexual violence and many other justice actors, preventing many children

32 "Magistrate Caned for Whipping," Post Courier, 30 July 2008 (p.3)
33 "10 Years for Revenge Rape," Post Courier, 01 August 2008 (p.4).
and women from seeking survivors from seeking redress. The Department of Community Development, along with UNIFEM and the UN Trust Fund, are now beginning work to improve the implementation of the law in Simbu and East New Britain, including the prosecution of marital rapes. These pilots are expected to promote greater use of the protective provisions in these amendments.

The enforcement of other protective legislations to safeguard the rights of children who experience violence, abuse and exploitation requires increased capacity at the community level to both identify the rights violations and the respective legislative provisions that make recourse available. With around 85 percent of the population unable to access the formal justice system, the most relevant justice mechanism in communities is often the Village Court, and anecdotal evidence suggests that officials frequently exceed their jurisdiction or make orders that contravene the protective provisions in domestic law, the Constitution and the international treaties. This is because many communities lack the legal literacy necessary to understand the different jurisdictions and community pressure to endorse compensation as the means to maintain peace between conflicting parties.

### 2.5 Open Discussion

Consultations with children reveal that many children are not confident that their views will be respected by adults. This limits the capacity of children to meaningfully participate in the development, implementation and monitoring of programs that directly impact on their quality of life. There is no Government policy on child participation and as a result, many Government led efforts to facilitate child participation often lack rights-based principles. As a result, the most vulnerable children are often excluded from opportunities to raise their concerns and propose solutions. Many of the rights violations experienced by children and women also continue to remain invisible because of a lack of discussion within the communities that they live. Recent evidence from a Regional Review of the Commercial Sexual Exploitation of Children and Child Sexual Abuse suggests that most sexual abuse occurs within the home. Shame, sex-based discrimination and family and community pressure to maintain family units promotes a culture of silence around this issue. Similarly, formal agencies and communities are reluctant to intervene in cases of family violence, as this is perceived to be a domestic issue.

Several efforts have been made to stimulate discussion through the publication of research on sensitive rights violations. These include three situation analysis by the Government and UNICEF:

on orphans and other vulnerable children\textsuperscript{39}; the wellbeing and development of the girl children\textsuperscript{40}; and the commercial sexual exploitation of children and child sexual abuse\textsuperscript{41}. A study on violence against women (Amnesty International\textsuperscript{42}) and two reviews by Human Rights Watch\textsuperscript{43} on police use of violence against children also provide critical insights into the situation of women and children. Whilst these reports have promoted the development of policies, frameworks and programs at the national level, the linguistic and cultural diversity, coupled with low rights literacy, the pervasive acceptance of some harmful cultural practices, widespread discrimination and limited community capacity continue to pose challenges for the Government, partners and individual advocates in their efforts to facilitate discussions at the community level.

The specific issues relating to child protection and the links between protection and development continue to remain absent in much of the international discussion about development strategy. For example the documented discussions at recent conference on the situation in Southern Highlands Province (where conflict, and weak service delivery continue to place children at considerable risk of violence and abuse) discussed children on only three occasions, and only in the context of their limited access to health and education services\textsuperscript{44}. Similarly, the current AusAID strategy for development assistance to Papua New Guinea aims to focus on governance, economic development and combating HIV and AIDS, but the strategy makes only two references to children, in the context of child mortality statistics\textsuperscript{45}. NZAID make specific reference to supporting the improvement of child health outcomes, but do not discuss child protection in their development assistance strategy\textsuperscript{46}.

\subsection{2.6 Custom and culture}

The cultural diversity in the country makes it impossible to fully assess the degree to which culture, custom and rights are synergised. Despite this, a number of harmful traditional practices have been identified in many parts of the country. Forms of sexual exploitation, such as early marriage, polygamy and the payment of bride price remain legal, and are commonly practiced in many communities, with some girls being married as young as 12 years of age\textsuperscript{47}. Recent Government consultations found girls in some provinces are being sold for between K100 and K200\textsuperscript{48}. The most recent Census found at least 3870 married girls between the ages of 10 and 14\textsuperscript{49}. The social contracts that develop out of these practices have been linked with a heightened vulnerability of girls and women to violence and abuse, as some families reportedly condone or ignore the perpetration of violence to avoid inter-clan conflict, the repayment of bride price and custodial issues that would arise in relation to children.

\begin{quote}
“My parents married me off to a 50 year old man when I was 16. He was a candidate for the elections. He paid them some money and they thought he was a big man and had lots of money...He took me away for two years, but left me when he lost in the elections. I came to Lae and got involved in selling sex.” (Woman, now 24 years)
\end{quote}

AusAID strategy for development assistance to Papua New Guinea aims to focus on governance, economic development and combating HIV and AIDS, but the strategy makes only two references to children, in the context of child mortality statistics\textsuperscript{45}. NZAID make specific reference to supporting the improvement of child health outcomes, but do not discuss child protection in their development assistance strategy\textsuperscript{46}.

\textsuperscript{40 GoPNG & UNICEF. (2006). Development Programming and the Wellbeing of Girls in Papua New Guinea}
Widespread and pervasive discriminatory attitudes and practices also give rise to some of the highest rates of violence and abuse of both children and women in the world. Seventy-five per cent of children report living in homes where violence is endemic and around 80 per cent experience verbal abuse. Of particular concern is the apparent rise in the rates of family violence. General lawlessness has also contributed to around 50 per cent of children feeling unsafe in their communities at night. Girls are particularly at risk. Traditional protective social support structures are increasingly breaking down and many parents lack the parenting skills required to identify and utilise alternative methods of discipline. In addition to the high levels of child abuse, many children are made vulnerable through the endemic rates of violence perpetrated against women. Sixty seven per cent of women report experiencing family violence, and in some remote highlands communities, this figure rises to 90 per cent. In the urban centres, around 1 in 6 women report receiving hospital treatment for injuries inflicted on them by their husbands.

**Bomigila (15yrs) was pursued by Mitana, a Kiriwina man who lives and works in Port Moresby. Although he had never met Bomigila, Mitana began to send her family money and gifts in the lead up to their marriage. Bomigila was very frightened at the idea of marrying an older man and told her family that she did not want to marry Mitana. Her family agreed that it was not fair that she be forced to marry a stranger and were concerned at the thought of her going to live with a stranger in Port Moresby. Despite these concerns, the family believed that they could not stop the marriage from taking place, because they had already spent some of the money given to them by Mitana.**

Bomigila’s family approached the local Village Court Magistrate. Having recently completed the child protection program, the Village Court Magistrate noted that the forced marriage was a violation of Jenny’s right to protection. The Village Court Magistrate decided that the family should repay the money in installments. On the day of Mitana’s arrival, two Village Court Magistrates and a local women leader met John at the airport and advised him that they would not permit the marriage to take place. Bomigila now continues to live with her parents and Mitana has returned to Port Moresby. (Extract of case study collected by Village Courts Secretariat, 2008)

Sexual violence is also perpetrated against women and children with alarming frequency. Nearly half of reported rape survivors are under the age of 15, while 13 per cent are under the age of seven, and even then, most cases are not reported. The Port Moresby General Hospital reports treating cases of child rape every day. Some of these survivors are infants. There are similar rates of sexual violence against women, with one study in the Highlands finding that 55 per cent of women reported having been raped, mostly by a male known to them. The same study found 60 per cent of males reported having perpetrated rape. Over 50 per cent of these reported cases have involved more than one male perpetrator. Official police statistics in the 1990s reported that sexual assault was the most commonly reported crime against a person, with 80 in 100,000 women experiencing rape. Whilst much lower than the rates found in the Papua New Guinea Institute of Medical Research study above, this rate remains amongst the highest in the world and it is widely recognised that most cases of sexual assault are not reported to police.

Further problems are arising because of the rapid social transition being experienced in urban communities, due to large resource projects, and by communities with increasing contact with western cultural practice. Commercial sexual exploitation in the form of child prostitution, particularly of girls, is becoming increasingly recognised as a significant problem. Around 50 per cent of girls are at risk of commercial sexual exploitation, however it should be noted that this figure is an estimation based on a number of general vulnerabilities, such as being out of school, or informally adopted or fostered. Recent studies suggest that a considerable proportion of sex workers are actually child victims of commercial sexual exploitation. A 1994 study by the Institute of Medical Research found that 30 per cent of the 350 sex workers they interviewed were between 13 and 19 years of age, and some were as young as 11. World Vision reported similar findings in 2004, where they found 35 per cent sex workers were aged between 14 and 24. 100 per cent of these girls reported taking drugs/alcohol whilst having sex. These girls are often targeted around urban hotels, large resource projects and in the burgeoning entertainment industry where male employees are seeking exploitative forms of leisure on which to use their disposable incomes. To exemplify the breadth of the problem, a recent small scale survey suggests that in some areas, two in three women aged 15-24 years and two in five older women accept cash or gifts in exchange for sex. This has become termed ‘sex for favours’, recognizing that the sexual exchanges are made for basic needs, such as accommodation, food and clothing. Unlike the cultural practices such as early marriage and bride price that have become ingrained in communities, the issues surrounding commercial sexual exploitation are relatively new. As a result, Government and communities are yet to develop the capacity to identify risks and implement protective strategies in areas of rapid transition. The key protective actors, such as teachers, health professionals and the law and justice sector are yet to receive training in the identification of risks and are yet to develop the specialized skills necessary to provide child-friendly interventions. In some cases identified in the recent situational analysis, some traditional support networks are now encouraging the commercial sexual exploitation of children as a means of addressing poverty and the lack of alternative employment opportunities.

2.7 CHILDREN’S LIFE SKILLS, PARTICIPATION AND KNOWLEDGE

With the proportion of the population aged between 10 and 24 years increasing, there will be increasing competition for opportunities and resources, and a greater burden on service providers that are accessed by young people. Addressing this challenge is also central to efforts to curb the law and order problems that continue to place children at risk of violence and abuse.

The involvement of children in research has led to a richer empirical base from which to develop evidenced based programmes for children and young people. For example, the stories of seventeen child soldiers from the Bougainville conflict provide a record of the reasons children entered the armed forces, their experiences as child soldiers and the long term effects on their wellbeing. Some reported the experience of intense emotional turmoil during their time as soldiers and ongoing anger management problems and a reliance on drugs and alcohol to cope, since their

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58 National Sex and Reproduction Research Team (NSRRT) and Jenkins, C., 1994, National Study of Sexual and Reproductive Knowledge and Behaviour in Papua New Guinea, Monograph No. 10. Goroka: Papua New Guinea Institute of Medical Research
59 World Vision 2004a, Demographic and Behavioural Survey of Sex Workers and their Clients in Port Moresby: Survey Report (Unpublished Report by Eunice Bruce)
return to civilian life. Others reported losing their opportunity to complete their education and their ambitions to take on leadership roles in their communities as adults\(^{61}\). The stories of children from four provinces have also been captured in research on inheritance rights\(^{62}\). Both studies involved in-depth interviews with children, but did not engage children as researchers.

Some local research has used methodologies that developed the capacity of young people to conduct research in their own communities. For example, a recent participatory youth needs assessment\(^{63}\) in the Autonomous Region of Bougainville trained 30 youth researchers, who then facilitated focus groups consisting of 1423 young people from 28 communities. This research identified a range of priority issues for local young people including limited education and vocational opportunities, child abuse, family violence and substance abuse. These findings have contributed to the development agenda of the Region and the subsequent development assistance provided by partners.

There is currently no national policy on child participation in research or programming, however the recent amendments to the child protection legislation stipulate that children must be involved in decisions affecting their right to protection. International Children’s Day is widely celebrated, providing many children with the opportunity to learn about their rights. For example, in 2007 the Global Study on Violence against Children was launched by the Department for Community Development, in partnership with UNICEF and Save the Children, with the multi-media awareness campaign reaching 2.1 million people by radio, over 1.7 million people through television and 55,000 people through print media, of which approximately 75 per cent are women and children. On the same day, six focal provinces conducted awareness campaigns focusing on the prevention of violence against children.

The capacity of the Government to deliver more systematic and standardised rights awareness to children remains weak. This can be attributed to both the limited reach of essential services to rural and remote communities, where around 85 per cent of the population lives, and the lack of technical capacity within service providers to understand and deliver rights-based messages.

Basic primary education is widely recognised as crucial to improving the capacity of children to contribute to their own protection. In Papua New Guinea, only 53 percent of children who begin Grade 1 go on to complete their primary education. Gross primary enrolment rates are the lowest in the Asia-Pacific region at 75 per cent, and recent data suggests that in some areas, net enrolment is as low as 32 per cent\(^{64}\). Girls are disproportionately under-represented, and their ability to access, and stay in school is compromised by harmful cultural beliefs and practices, abuse by male students and teachers and inadequate psychosocial support, water and sanitation facilities. Girls in some communities cannot safely travel to and from school. Self-reported literacy amongst young people is officially 62 percent\(^{65}\), however some suggest this may be an overestimation, with some direct testing suggesting that the literacy rate is considerably lower\(^{66}\).

There are limited resources in Papua New Guinea to ensure that local children with disabilities are able to access appropriate education. Mt Zion in the Eastern Highlands teaches children with mild disabilities the basic skills necessary to enable them to access mainstream schools. Callan Services in Milne Bay offers education to 62 children. Given that the prevalence of disability in other Pacific countries has been estimated to be between 7 – 10 per cent\(^{67}\) it is likely that many

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\(^{64}\) GoPNG (2006, draft). Net Enrolment Study. Department of Education: Port Moresby


children with disabilities are not yet enjoying their right to education, further heightening their vulnerability to protection risks.

2.8 FAMILY AND COMMUNITY CAPACITY

Much of the country’s efforts to bolster family and community capacity are focussed on strengthening networks. The Family and Sexual Violence Action Committee has established provincial networks in all provinces and is regularly producing reports and tools to assist partners address family and sexual violence. Their capacity is variable and in the absence of systematic financial support from Government, continues to rely heavily on funding from donors and external partners. Similarly, the People against Child Sexual Exploitation have focal points in most provinces, often sharing its membership with the Family and Sexual Violence Action Committee. Other agencies, such as Save the Children in Papua New Guinea are also supporting the development of child protection networks in some provinces. To address the limited access to psychosocial care, a network of over 160 counsellors have been trained around the country by a team of 6 trainers and the resultant network has boosted the capacity of communities to respond to the psychosocial needs of women and children, particularly in emergency contexts. The capacity of these counsellors to share experiences and lessons continues is largely untapped, however, because there are no recurrent budgetary provisions from Government to support a coordinating body, such as the People Against Child Sexual Exploitation.

There are many other organisations and champions who are building community capacity to promote child protection, including (but by no means limited to) ICRAF, Family Voice, Leitana Nehan, Nazareth Centre for Rehabilitation, Mercy Works, Catholic Family Life, Haus Ruth, HELP Resources, and Nana Kundi Crisis Centre. Despite the establishment of networks, the capacity of family and communities to take preventative and proactive measures to address child protection risks remains vastly under-developed. Of all the stakeholders interviewed in the development of the National Family and Sexual Violence Strategy, an overwhelming majority of communities and Government service providers reported having received no training in appropriate responses to family and sexual violence survivors. Many communities lack access to information on rights and pervasive discrimination of women precludes many women from active contribution during decision-making. Few women and communities are equipped with the knowledge and skills to enable them to support survivors to access specialised services. The capacity of networks to fill these gaps remains heavily dependent on donor support and is therefore often limited to focal areas that are prioritised by Government or the donor community.

In addition to the widespread poverty, isolation and limited access to information and services, communities are at increasing risk from the generalised HIV epidemic. At the end of 2006, 1.28 per cent of 15-49 years was believed to be living with HIV with two thirds of all infections in the rural population. Around 1.8 per cent of the population is believed to be living with HIV and AIDS, and over the last decade the number of people living with HIV has increased by some 33 per cent. In 2005, the Government made an allocation of K2.3 million to HIV and AIDS related activities are there are considerable resources available from international partners including the Australian Government, Global Fund and the United Nations System. Despite these combined efforts, there is a rapidly increasing number of young people living with HIV, an increased rate of HIV amongst women of reproductive age, and an increasing number of children are at risk of mother to child transmission as the infected populations become the next generation of parents.

68 For example, see Family and sexual violence: A Manual for facilitators and trainers in Papua New Guinea.
Consequent to this trend, the population of single parent and child headed households and the overall population of orphans is expected to continue to grow.

The increasing prevalence of HIV amongst young women, coupled with limited access to maternal health services, is also creating a burgeoning number of orphaned children. The maternal mortality rate is estimated at between 300 and 370 in every 100,000 women. Only 45 per cent of births are supervised and of these, only 11 per cent take place in a health facility. Four-point-two per cent (4.2 per cent) of children are maternal orphans, 9,400 of which have been orphaned because of HIV and AIDS. Estimates suggest that 138,108 children are living with parents who are HIV positive, 10,946 children are now living with HIV and a further remain 620,585 at risk of infection.

Over the last decade, the public health infrastructure, including the maternal child health system has deteriorated dramatically. Many health care facilities, including the most basic health care centres (aid posts), are no longer functioning. As a result, the antenatal care attendance has dwindled from about 80 per cent in 1996 to 60 per cent in 2004. Only around 53 percent of deliveries are supervised. This is believed to be a major contributing factor in the worsening maternal mortality ratio which has more than doubled, from 370 to 733 per hundred thousand live births (currently the highest in the world). Even within the National Capital District, where the capacity to deliver health services is greater than rural areas, infants and young children who are HIV positive, have a relatively poor prognosis, experiencing multiple episodes of hospital admissions and an inadequate quality of psychosocial and medical care.

Informal adoption and fostering is commonplace, with around 22.4 per cent of children residing away from their biological parents. Rapid social transition, coupled with the worsening HIV epidemic, is placing additional pressure on traditional community safety nets. Children who rely on these safety nets are subsequently at greater risk of abuse, violence, exploitation and discrimination. Whilst birth registration is an important protection mechanism for these children, Papua New Guinea in the unenviable position as one of the countries with the lowest number of registered births in the world. The Civil Registry Office of the Department for Community Development is tasked with registration of births, deaths and marriage. The (historical) centralisation of the majority of Government services has hindered the ability of rural families to access birth registration services. The maintenance of birth registration fees at pre-independence levels coupled with a general lack of knowledge and understanding on the importance of birth registration amongst communities enabled only 3 percent of the total population to be registered in 2003 (a majority of whom lived in Port Moresby). This was one of the lowest rates of birth registration in the world. To combat this, the Civil Registry Office has embarked on a decentralisation program that has already established decentralized Registries in 80 per cent of provinces and registered over 350,000 children. Provincial administrations are also making increasing budgetary contributions to the decentralisation process. Western Province has allocated K100,000 for 2008, three provinces have established Birth Registration posts within the Government and one province has also established five district positions. A partnership with the Departments of Health and Education has resulted in all 8,000 schools and health centres becoming official registration points. As a result of these reforms, 15 percent of children have now had their births registered (compared to a baseline of less than one percent in 2003).

The Civil Registry Office is also placing greater focus on the most vulnerable children. In 2005, the Office registered around 98 percent of all refugee children in Western Province. It has also developed a partnership with the Council of Churches to focus on children under five years of age that has enabled over 21,000 children to have their births registered shortly after birth, considerably more children than are currently reached by the existing Government system.

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In addition to the many adopted and fostered children, 11,000 children are homeless, 5,000 of which live on the streets in Port Moresby\textsuperscript{76}. Recent research suggests that number is growing at a rate of 15 per cent per year. About one per cent of these children are orphaned by HIV AND AIDS. Around 80 per cent reported living on one meal a day and 63 per cent have been denied access to basic health services. Similar findings were reported in a survey of 216 children from five urban centres in 1998, in which 71 percent of children reported engaging in street activities because they were hungry. Interestingly, 92 percent of children interviewed in this study reported residing with their parents or family members\textsuperscript{77}. There remains an absence of Government led, or Government funded, family support services and Provincial Administrations are yet to develop and resource a strategy to address this burgeoning problem.

2.9 Essential Services

Children and women who are survivors of family violence or child abuse have limited access to support services, particularly in rural and remote areas. There is an average of only two to three community development officers for each province\textsuperscript{78}, and none of these officers have received comprehensive training on the new child protection legislation, although plans to deliver this training is progressing. Similar problems of access and reach apply to the health services’ response to violence, and some hospitals continue to charge survivors of violence and sexual assault for the provision of medical services or reports to support their legal proceedings\textsuperscript{79}.

In 2007, a national directive was issued, requiring all provincial hospitals to establish family support centres. These centres are a ‘one-stop shop’ coordination and support service, providing women and children survivors of violence with psychosocial, paralegal and case management support, in addition to the medical services provided by the accident and emergency units. There are currently four centres functioning in the country, with a further four expected to open in 2008. Each Centre is expected to provide services to around 1,200 women and children annually. Each Centre is the collaborative effort of a number of Government, civil society and development partners and the Centre in Lae is also supported by Medicins Sans Frontiers, with a view to developing this into a best practice model to inform the program is the Department of Health takes it to scale. To complement the various services provided by these Centres, the National Department of Health, Medicins Sans Frontiers and the Law and Justice Sector Program are also in the process of developing medico-legal protocols and management guidelines for professionals working with survivors of sexual violence.

As noted above, the capacity of the Royal Papua New Guinea Constabulary to address violence against children and women is limited by inadequate knowledge, resources and skills. This is further complicated by reports identifying police as common perpetrators of family violence. They lack the adequate awareness of appropriate responses and resources. Strong accountability mechanisms are not yet in place to ensure that they protect survivors in accordance with the existing legislative framework\textsuperscript{80}. The Internal Affairs Directorate has negotiated a memorandum of understanding with the Ombudsman Commission to allow the Ombudsman full access to

\textsuperscript{76} GoPNG & UNICEF (2006). Families and Children Affected by HIV and Other Vulnerable Children in Papua New Guinea. UNICEF
information in any investigations involving police, but is yet to publicly report on any investigations into police violence against women or children.

To facilitate both political discussion and leverage additional resources, Government and NGOs are becoming increasingly sensitised to the need to document cases of abuse, a data collection program documented 6,540 cases of abuse in 45 per cent of provinces during the period 2000 - 2005. Of reported cases, physical abuse and sexual abuse are the most common forms of abuse. It appears that the statutory child protection system is currently overburdened by the demand for paralegal support for mothers who require a court to make a maintenance order, and is subsequently failing to focus on the preventative and interventionist responses required to address the high levels of abuse and violence in their communities.

In the same way that networks are offering an effective mechanism for building community and family capacity, interagency networks are also being established by Government to improve the protection of children who come into conflict with the law. The National Juvenile Justice Working Group has been the driver behind the legislative and policy reform in this area, and has facilitated the establishment of provincial working groups in 75 per cent of provinces to coordinate more the effective delivery of justice for children. This includes the establishment of 15 provincial Juvenile Justice Working Groups, 12 Juvenile Courts and 4 police juvenile reception centres. A further three provincial working groups are expected to be established in 2008 and the Government expects to take the reforms to scale over the next five years. As noted above, an overwhelming majority of children still experience rights violations when they come into conflict with the law and these working groups face similar challenges to their community development counterparts, including inadequate human and financial resource allocations, limited technical capacity and the lack of accountability mechanisms necessary to engender behavioural change in individual justice actors.

A human rights based approach enables Government to recognise its overall responsibility to provide the basic and specialised services necessary to protect children that have their rights violated. It is widely recognised that the overall capacity of Government to develop, deliver and monitor such services to meet this duty is very weak. It is further complicated by the move towards a decentralized system of government, with poor communication and coordination mechanisms between national and sub national governments. In addition, many provincial and district administrations report that financial allocations are generally late (often with most allocations arriving in the second half of the year) and much of the support from national agencies is driven by top down planning which fails to integrate effectively with provincial systems. Additionally, security constraints exist throughout the country because of widespread law and order problems, often involving serious levels of violence (and often with weapons). Combined with the high cost of domestic travel, these constraints limit the capacity of Government to travel to communities for consultation and planning, and interferes with scheduled program implementation and monitoring.

A considerable proportion of direct service delivery is undertaken by faith based and other community based organisations. At present, the Department for Community Development is developing a partnership with provincial faith-based organisations and networks to expand its capacity to promote the protection of vulnerable children, including the provision of training and resources to these organisations and their networks. Whilst this is an example of improved collaboration between Government and civil society, many organisations lack systematic financial controls that exist within Government. In addition, the relationships between line agencies and their civil society counterparts are often hampered by the same constraints encountered in the provision of support to sub national governments (such as travel, security and communication infrastructure) and occasional tension that results from perceived duplication of roles and a lack of acknowledgement for the efforts of both sides. This is an important tension to resolve, as many

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of these civil society networks offer strong partners for many aspects of essential service delivery.

2.10 MONITORING, EVALUATION AND OVERSIGHT

Accurate and relevant data and evaluations are essential to the development of good practice programmes, policies and the attraction of political will. The uninhibited implementation of oversight is also critical, as it enables children and their families to hold other duty-bearers accountable to their obligation to ensure children are protected.

The National Statistics Office is collating and disseminating data on a range of key economic and social indicators. Child protection data, however, continues to be elusive in Papua New Guinea, with most related data collection being driven by donor supported activities. The national Censuses contain information on some key indicators, however discrepancies identified in other complementary sources demonstrates the need for ongoing and technically sound data collection to maintain an accurate record of the situation of children in the country. For example, Census data from 1990 and 2000 estimates total disability prevalence at 11,838 and 13,502, respectively. Data in the National Policy on Disability, drawing from localised studies suggests that prevalence is between 7 – 10 percent of the total population (over 500,000 people). Similar discrepancies exist in data on children orphaned by HIV and AIDS. Recent Government data suggests that there are around 3,73082. Other estimates suggest that there may be 9,400 AIDS related orphans as of 200583.

The lack of standardised indicators and methodologies is one of the major contributing factors to these large discrepancies. There is initial agreement from agencies to establish a standardised data collection system for key child abuse indicators, however memorandum of understandings are yet to be developed to realise this agreement. Some promising initiatives do exist, including the baseline data collection study and situational analyses that are described above. In addition, some provincial juvenile justice working groups are creating standard agenda items that will review the monthly data collection of member agencies.

The first Country Report to the Committee on the Rights of the Child was submitted late and child rights monitoring capacity remains weak84. A Child Rights Monitoring Committee has been established, but in the absence of externally funded technical support, the Committee has failed to meet since 2004. As a result, there has been little capacity built within the Department of Justice and Attorney General to assume the lead in the development of the 2008 Periodic Report to the Committee on the Rights of the Child. A separate interagency committee has now been established, under the leadership of the Child Welfare Council and is in the process of collating relevant data and information from each respective agency.

In addition to data collection, there is a need to improve the accountability mechanisms within both Government and communities. Human Rights Watch and the Royal Papua New Guinea Constabulary Administrative Review Committee note that impunity is one of the key reasons that police continue to perpetrate violence against children. Communities have a right to demand high standards of integrity, consistency and protection from people who work with or for children and at present, there are no standardised codes of conduct to enable communities to hold these people accountable to the delivery of appropriate and protective standards of service.

Papua New Guinea has a relatively active and independent media, which frequently reports on cases of violence against women and children, corruption and sensitive political issues. In a compilation of newspaper articles from 2004, the Family and Sexual Violence Action Committee found over 250 articles had been written about family and sexual violence in the country. A majority of these reports focussed on the perpetration of violence and subsequent legal proceedings. Whilst active and independent, media is yet to mainstream a rights-based approach to reporting, and as a result, most reports do not articulate the rights that have been violated, identify the duty bearers with an obligation to respond, and rarely include information on how communities can follow up to ensure that obligations are being met.

2.11 THE WAY FORWARD

As this situation analysis demonstrates, there is considerable work being done to ensure that children are protected from violence, abuse and exploitation. Clearly, although significant gaps remain in the protective environment for children, this situation analysis reflects an understanding that is sufficiently thorough to enable the formulation of a strategic response.

The implications of violence, abuse and exploitation on children are many – it is a violation of children’s rights, hindering the development of children in a range of ways and exacerbating their exclusion from social life, including services essential to survival and development. The situation for children in Papua New Guinea is complex, and poses a significant challenge to children’s wellbeing. This strategy defines wellbeing as the absence of extreme poverty, homelessness, ill health, violence, abuse, neglect, exploitation, fear and conflict. Furthermore, wellbeing incorporates the presence of peace, health, civil relationships with others, opportunities for emotional, physical, intellectual and creative expression and fulfilment and the opportunity to realise the rights provided through the Convention on the Rights of the Child and the national Lukautim Pikinini (Child) Act 2007.

In the context of a generalised HIV epidemic with a current estimated adult prevalence of 1.68 per cent, the child protection situation is being profoundly challenged – not only are more children vulnerable to protection risks as caregivers living with AIDS succumb to illness and death, but vulnerable children also face a heightened risk of infection and other violations of their rights.

Significant advances have been made on many fronts, such as the gazettal of contemporary rights based legislation for child protection – the Lukautim Pikinini (Child) Act. However, to comprehensively protect children from the range of protection risks they face, and to effectively respond to the needs of those whose rights are violated, programs to streamline responses that will reach all children vulnerable to child protection violations are required.

To ensure that children are protected, cared for and supported, there is a need for a more coherent and comprehensive framework for addressing child protection. Much programming to date has been issue-focussed, targeting specific populations of vulnerable children. The capacity of Government and partners to address the multiple concerns of children is being stretched by the number and range of discrete programmes and strategies. Efforts to strengthen a broader child protection system will enable a focus on multiple risks and their solutions. This strategy puts forward an innovative model for programming that is systems- and rights-based; to begin to afford children improved protection from, and responses to, child protection risks.

Papua New Guinea is committed to its development as a nation through the Millennium Development Goals, and in the Medium Term Development Strategy. Child protection is an

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85 Family and Sexual Violence Action Committee (2005).
essential component of such a development initiative, and it is unrealistic to expect to realise the
goals of the Medium Term Development Strategy without strengthening child protection. Realising the goal of this strategy is critical not only from a child-rights perspective, but to the wellbeing and development of the nation as a whole. The Government recognises how central children are to the future of the nation, and consequently support this initiative as a matter of urgency. It will take a whole-of-Government, whole-of-society effort to halt the grave situation facing our most vulnerable citizens. The impact of HIV and AIDS allows no time for complacency. Through this strategy a comprehensive response can, and will, be enacted to realise real results for our children. Much work remains, but through a committed cooperative effort by Government, civil society, development partners and most importantly communities, families and children themselves, vulnerable children will experience improved wellbeing through programming for their care, support, and protection from violence, abuse and exploitation.

To strengthen Papua New Guinea’s child protection system to improve the wellbeing of children vulnerable to violence, abuse and exploitation in the context of the HIV epidemic, a systems approach to programming needs to operate on four fronts.

**SOCIAL PROTECTION**

Social protection is widely understood to encompass measures to prevent and respond to risk and vulnerability. For children, the risks of poverty and loss of livelihood are compounded by the risk of losing family care, because families provide children’s first line of protection. Social protection measures, including income transfers, family support services and alternative care, can help mitigate the impact of HIV and AIDS and reduce protection risks by reducing poverty and family separation, and can contribute to better health, education and protection outcomes.

**Actions for social protection:**

1. **Implement social transfer** programmes to ensure the most vulnerable families are able to meet their basic needs
2. **Invest in family support services** and ensure appropriate links with social assistance programmes for maximum impact
3. **Involve communities** in the provision of social transfers and family support services

**LEGAL PROTECTION AND JUSTICE**

It is essential to create an enabling and effective legislative and policy environment that seeks to guarantee all children, including the most vulnerable, the opportunity to realise their rights provided through the Convention on the Rights of the Child.

**Actions for legal protection and justice:**

1. **Develop effective means of supporting and monitoring informal care arrangements**, such as care provided by grandmothers or in child-headed households, to ensure children are protected in extended families and other settings where parents are not present.
2. **Improve the formal care system** to reduce overuse, guard against protection violations, encourage appropriate permanency planning, and provide opportunities for children and caregivers to express their preferences.
3. **Develop effective means of supporting and monitoring informal care arrangements**, such as care provided by grandmothers or in child-headed households, to ensure children are protected in extended

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4. **Combat disinheritance** by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier, and promoting public education on wills and trusts.

5. **Improve civil registration systems** by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly used services.

6. **Strengthen and/or develop specialized child protective services** in police, justice and social welfare systems that provide a safe environment and sensitive procedures for children who have experienced abuse and exploitation.

7. **Strengthen, develop and implement legislation and enforcement policies** on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect children and criminalize and penalize offenders.

8. **Support community-based monitoring mechanisms** that include building the capacity of teachers, health and community workers, and members of youth organizations to identify children at risk, report on cases of abuse and exploitation, and provide referrals.

**EXTENDED COMMUNITY-CARE IN THE COMMUNITY**

In AIDS-affected communities, high rates of parental and caregiver deaths, increasing poverty, movements of children between households and the growing use of institutional care call for urgent strengthening of alternative care systems. Children can best be supported by providing services that enable them to remain within their own families and communities, complemented by systems to place them in safe and nurturing alternative family environments when separation cannot be avoided. Communities and nongovernmental organizations, including faith-based organizations, play a key role in providing such services.

**Actions for alternative care:**

1. **Develop effective means of supporting and monitoring informal care arrangements**, such as care provided by grandmothers or in child-headed households, to ensure children are protected in extended families and other settings where parents are not present.

2. **Improve the formal care system** to reduce overuse, guard against protection violations, encourage appropriate permanency planning, and provide opportunities for children and caregivers to express their preferences.

3. **Develop effective means of supporting and monitoring informal care arrangements**, such as care provided by grandmothers or in child-headed households, to ensure children are protected in extended

**HUMAN SERVICES COORDINATION**

Strengthening interagency collaboration and coordination between human services agencies to provide increased protection, care and support for vulnerable children is critical. Outcomes for children will be reached by drawing together various Government and non-government sectors in partnership. Key initiatives should include support for increasing budgetary allocations for children, improved data collection and research, strengthening HIV prevention, and ensuring services such as education include the most vulnerable children.

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3.0 A SYSTEMS APPROACH TO CHILD PROTECTION FOR VULNERABLE CHILDREN

3.1 CHILD PROTECTION IN PAPUA NEW GUINEA

Child protection refers to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as child marriage. Child protection programming also targets children who are uniquely vulnerable to these abuses, such as when living without parental care, in conflict with the law and in armed conflict. Children subjected to violence, exploitation, abuse and neglect are at risk of death, poor physical and mental health, HIV infection, educational problems, displacement, homelessness, vagrancy and poor parenting skills later in life. 90

‘Violence, abuse and exploitation’ encompasses a range of harmful situations that impinge on a child’s rights, their development, and sometimes their very survival. As the situation analysis notes, Papua New Guinean children can be vulnerable to a number of violations, such as child sex abuse, commercial sexual exploitation, harmful labour, violence and abuse in the home and community, early marriage and involvement in armed conflict to name but a few.

Furthermore, children’s vulnerability to such violations is exacerbated by a number of factors, such as the low status of children, and in particular girls, poverty, HIV and AIDS, and restricted access to essential services, such as health, education and protection.

Particular groups of children are at heightened risk of experiencing violence, abuse and exploitation: children in conflict with the law, adopted and fostered children, including orphans, children living and working on the streets, disabled children, children affected by HIV and AIDS, and socially excluded children.

LUKAUTIM PIKININI (CHILD) ACT 2007

The Lukautim Pikinini (Child) Act 2007 provides a regulatory framework for identifying and protecting vulnerable children. The legislation emphasises the conditions under which children are vulnerable and in need of special protection through Government and community care and support. These children include those:

a) whose parents are dead or incapacitated and adequate provision has not been made for the child’s care; or
b) who has been abandoned by his parents and adequate provision has not been made for the child’s care; or
c) who has suffered or is likely to suffer significant harm as a result of physical abuse or maltreatment; or
d) who has been, or is likely to be, sexually abused or exploited; or
e) who has been, or is likely to be physically harmed, sexually abused or sexually exploited by some person other than the child’s parent, and the parent is unwilling or unable to protect the child; or
f) who has been, or is likely to be physically harmed because of neglect by the child’s parents, or who is sexually or emotionally abused by the child’s parents or guardian; or
g) whose development is likely to be seriously impaired by treatable condition and the child’s parents refuse to provide or consent to treatment; or
h) who is living in a household where there have been incidents domestic violence and, as a consequence, the child is at risk of serious physical or psychological harm; or

i) who is or has been absent from home in circumstances that endanger the child’s safety or wellbeing; or
j) who has serious differences with his parents to such an extent that the physical, mental or emotional well being of the child is being seriously impaired (or threatened) or the care and control of the child is likely to be seriously disrupted;

In addition, the legislation sets forth responses required for children who are considered to have 'special needs'. They can be defined as a child:

a) who is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health, education or normal development without the provision of services by the Director; or
b) whose parents are without the means of support and cannot meet their child’s basic needs; or
c) has a disability; or
d) who is ill and without any means of support; or who has been orphaned, displaced or traumatized as a result of a natural disaster, conflict or family separation; or
e) who is vulnerable to violence, abuse, or exploitation.


Out-of-home care is defined as:

a) a foster home; or
b) any other child-friendly place approved by the Director for the day-to-day care of children who are in the care of the Director;
c) a step-parent; or
d) a primary care-giver; or
e) a person to whom custody of a child has been granted by a Court under this Act or by an agreement, but does not include a caregiver or the director.

3.11 BUILDING A PROTECTIVE ENVIRONMENT FOR CHILDREN

As noted in the situation analysis, building a protective environment for children that will help prevent and respond to violence, abuse and exploitation involves eight essential components: Strengthening government commitment and capacity to fulfil children’s right to protection; promoting the establishment and enforcement of adequate legislation; addressing harmful attitudes, customs and practices; encouraging open discussion of child protection issues that includes media and civil society partners; developing children’s life skills, knowledge and participation; building capacity of families and communities; providing essential services for prevention, recovery and reintegration, including basic health, education and protection; and establishing and implementing ongoing and effective monitoring, reporting and oversight.

3.12 CHILD PROTECTION, THE MDGs AND THE MILLENNIUM DECLARATION

World leaders made a commitment to fulfil children’s rights to survival, health, education, protection and participation – among others – during the Millennium Summit in September 2000, from which the Millennium Declaration and, subsequently, the Millennium Development Goals (MDGs) emerged. Both the Declaration and the MDGs were later reaffirmed in the 2005 World Summit. Based on fundamental human rights, they provide a framework for the entire UN system to work coherently towards a series of concrete objectives for human development.

Protecting Children Strengthens Development
The Millennium Declaration addresses child protection explicitly (see box below). A close look at the MDGs shows that not a single Goal can be achieved unless the protection of children is an integral part of programming strategies and plans. Failing to protect children from such issues as violence in schools, child labour, harmful traditional practices, corporal punishment the absence of parental care or commercial sexual exploitation, discrimination based on gender, disability, sexual preference or religion, for example squanders the world’s most precious resource. Reaching the most vulnerable and isolated populations helps ensure the health and wellbeing of all, and is indispensable to achieving the MDGs.

THE MILLENNIUM DECLARATION
Through adoption of the Millennium Declaration, the world’s countries resolved to:
• Strive for the full protection and promotion of civil, political, economic, social and cultural rights for all.
• Combat all forms of violence against women and implement the Convention on the Elimination of All Forms of Discrimination against Women.
• Encourage the ratification and full implementation of the Convention on the Rights of the Child and its Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography.

CHILD PROTECTION AND THE MDGs: EXAMPLES OF THE RELATIONSHIP

Goal 1: Eradicate extreme poverty and hunger
Children who live in extreme poverty are often those who experience violence, exploitation, abuse and discrimination. They easily become marginalized and are frequently denied such essential services as health care and education. In a self-perpetuating cycle, marginalization of children who are victims of violence and abuse decreases their likelihood of escaping poverty in the future. Child labour – both a cause and consequence of poverty – damages a child’s health, threatens education and leads to further exploitation and abuse. Poverty is one cause of trafficking. Poverty and exclusion can contribute to child abandonment and the separation of children from their families, as children are sent to work on the streets or parents migrate and leave their children behind. Institutional care arrangements can, in turn, lead to further marginalization. Without proof of birth registration, children and families may be unable to access health, education and other social services. Armed conflict depletes physical, economic and human resources and leads to displacement of populations. Armed violence inhibits economic activity and compromises livelihoods.

Goal 2: Achieve universal primary education
Ensuring that all boys and girls complete a full course of primary schooling requires eliminating the barriers that keep children out of school. The school environment needs to be safe, protective and free of violence, including corporal punishment, if children are to be encouraged to attend and remain in school. Child marriage leads to the isolation of girls, in particular, and to early drop-out from school. Armed conflict and the presence of landmines can displace families, separate children from their parents and destroy schools. Child labour prevents children from going to school, as does armed violence. Reaching the hard-to-reach – including children affected by HIV and AIDS, orphans, children with disabilities, children from minorities and of migrant families, and those who are trafficked, used in armed conflict or live in institutions – is critical to achieving education for all.

Goal 3: Promote gender equality and empower women
Child marriage, sexual violence, female genital mutilation/cutting, child labour and trafficking are child rights violations that must be prevented and addressed as part of global initiatives to promote gender equality and empower women. Armed violence can disempower men and women; women and girls are often victims of sexual abuse in situations of armed violence. Sexual violence and harassment of girls at school are a major impediment to achieving gender equality in education; when they occur in other settings such as the community and workplace,
they severely disempower girls and women. In situations of armed conflict, girls often have less access to reintegration programmes for children associated with armed groups. Female genital mutilation/cutting is an infringement on the physical and psychosexual integrity of girls and women.

**Goal 4: Reduce child mortality**
Violence and abuse can lead to death throughout childhood. Child marriage affects children’s health, as babies born to very young mothers are more vulnerable to disease during critical early years of life. Armed conflict and armed violence have a devastating impact on children’s survival. Of the 20 countries with the highest rates of under-five mortality, 11 have experienced major armed conflict since 1990. Children without parental care or separated from their mother at an early age, especially those who remain in institutional settings for an extended period of time, are at much greater risk of early death. Inattention to disability and improper care for children with disability can increase mortality risk.

**Goal 5: Improve maternal health**
Abuses against adolescent girls endanger their physical and psychological health and, should they become mothers, their reproductive health as well. Protecting girls from child marriage is an important factor in improving maternal health as pregnancy at a young age jeopardizes the health of young mothers. Female genital mutilation/cutting increases the chance of maternal mortality during delivery. Armed conflict jeopardizes young mothers’ access to health-care services. Also, widespread sexual violence, including in armed conflict, has a direct impact on maternal health.

**Goal 6: Combat HIV and AIDS, malaria and other diseases**
The fight against HIV and AIDS must include efforts to prevent abuses that make children particularly vulnerable to HIV and AIDS. Many of the worst forms of child labour such as sexual exploitation and trafficking, fuel the spread of the disease. Children from families and communities affected by HIV and AIDS are particularly vulnerable to these forms of exploitation and at risk of growing up without parental care. For children orphaned or otherwise affected by HIV and AIDS, protection is a priority. Reducing recourse to detention for children in conflict with the law also decreases their vulnerability to infection, given the high rates of transmission in prisons.

**Goal 7: Ensure environmental sustainability**
Environmental disasters increase household vulnerability, which can in turn increase the pressure for child labour, as well as for sexual exploitation and child marriage; they also lead to displacement and loss of shelter which expose children to added risks. Overcrowding of neighbourhoods and homes can put severe strains on environmental resources, which may lead to domestic stress, violence or sexual abuse in the home. Widespread exploitation of natural resources is a precipitating or aggravating feature of armed violence.

**Goal 8: Develop a global partnership for development**
Child protection demands inter-sectoral cooperation at the national and international levels, driven by an understanding that child protection and better development outcomes go hand in hand. The Government of Papua New Guinea is committed to creating a protective environment for children. This means partnering with civil society, including children and adolescents, the private sector, UN agencies and other development partners and international non-governmental organizations to put protective systems in place, strengthen protective practices within families and communities, and support common responses to child protection in emergencies. Children and adolescents’ ethical and meaningful participation is essential in developing policies and in designing programme interventions.
3.2 CHILD PROTECTION IN THE CONTEXT OF A GENERALISED HIV EPIDEMIC

This strategy promotes a systems approach to child protection within the context of Papua New Guinea’s HIV epidemic.

Internationally, and particularly in Africa, the impact of HIV and AIDS on communities and governments has led to a need to develop programming for the protection, care and support of vulnerable children, such as children infected by, affected by, and vulnerable to HIV and AIDS. This programming is typically termed programming for Orphans and Other Vulnerable Children in recognition of the increasing numbers of children made vulnerable by the loss of caregivers as a result of AIDS-related deaths.

Consultations held during the development of this Strategy, however, have challenged whether such a program is optimal in the Papua New Guinean context: the concept of ‘orphanhood’ does not readily harmonise with traditional care-giving systems, in which children regularly live with extended family and clan members for a variety of reasons. Furthermore, the child protection situation facing Papua New Guinea challenges whether in fact orphanhood is the best indicator of vulnerability available.

In Papua New Guinea, approximately 30 per cent of children are considered to be at risk of HIV infection. Their risk stems from several factors, such as informal adoption, high-risk sexual activity, commercial sexual exploitation of children, endemic violence and abuse for children including child sexual abuse, as well as poverty, barriers to education, and discriminatory cultural practices such as bride price and polygamy. Furthermore, the number of children who are vulnerable will increase due to the loss of parental and other community care, support and protection structures as a consequence of HIV. With up to 50 per cent of girls currently at risk of commercial sexual exploitation, and approximately 75 per cent of children reporting that they live in homes where violence is endemic, HIV and AIDS further compounds an already critical child protection situation in Papua New Guinea.

The Government of Papua New Guinea is consequently taking the initiative to extend global programming standards to ensure they reflect the realities of life in Papua New Guinea. Global guidelines endorsed by both UNICEF and UNAIDS form the core of this Strategy. The Government has extended the domains of this Strategy, however, to mainstream the recommended initiatives within a systems approach to child protection. This decision is based on the knowledge that within a generalised epidemic, the range and form of child protection risks faced by children exposes them to significant risk of HIV infection. Simultaneously, without decisive action, the factors that enable child protection violations will place children made vulnerable by HIV and AIDS at enormous risk of violence, abuse and exploitation.

As evidenced in the situation analysis, and as detailed further below, the situation in Papua New Guinea demands that child protection systems be strengthened as a matter of urgency, and that the capacity of these systems be developed to provide comprehensive protection, care and support in the face of an increasing HIV epidemic.

In this way the Government is taking the initiative to develop locally appropriate responses within the framework of global best practice.

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3.2.1 HIV AND AIDS IN PAPUA NEW GUINEA

HIV is not a new challenge for Papua New Guinea: the first case was reported in 1987. However, the virus has evolved into a major threat. In 2007, the national prevalence was estimated to be 1.61 per cent, with an estimated 59,537 people living with HIV. The urban prevalence was estimated at 1.38 per cent with 7,943 people living with HIV. The rural prevalence was estimated at 1.65 per cent, with 51,594 people living with HIV.97

In 2002, Papua New Guinea became the fourth country in the Asia-Pacific region to record a generalised HIV epidemic of more than one per cent adult prevalence. As one regional report noted, although the other three countries – Thailand, Cambodia and Myanmar – have been grappling with generalised epidemics for longer, Papua New Guinea could soon outstrip its neighbours. Some experts predict that HIV prevalence could easily increase rapidly because Papua New Guinea is experiencing conditions similar to those witnessed in sub-Saharan Africa: low levels of knowledge, low levels of condom use; very low levels of male circumcision and gender inequality combined with high levels of multiple partner sexual behaviour and sexually transmitted infections, and a thriving, informal sex trade. As seen in sub-Saharan Africa, such conditions create ‘the perfect storm’ for an explosive HIV epidemic.98

These conditions arise out of a handful of factors found throughout Papua New Guinea: entrenched poverty; deteriorating infrastructure; pervasive HIV-related stigma and discrimination; and the low status of women and children, and subsequent violence against them.99

One report has noted that these factors each generate a web of intertwined problems that spur the spread of HIV. More than 30 per cent of the population lives in poverty with unemployment fuelling rural migration to urban areas and informal sex work. Poverty produces persistently low levels of literacy and education, hindering efforts to teach HIV prevention. Poverty also translates into malnutrition, reducing the immune system’s resistance to HIV and hastening AIDS-related deaths. Poverty further blocks people’s access to basic services such as education and health, which often are already limited or entirely absent because of weak infrastructure. Indeed, weak infrastructure also means a lack of services in reproductive and sexual health. As a result, HIV and sexually transmitted infections are not being diagnosed and treated. Even if those services were available, stigma, discrimination and sometimes violence against people living with HIV and their families prevent them and scores of others from seeking out services. Consequently, less than 10 per cent of infected people in Papua New Guinea know they carry the virus.100

Finally, this report notes that gender inequality is rife throughout the country. Sometimes, it originates from traditions; other times, it stems from poverty and recently acquired customs, such as large cash payments for bride price. Whatever its origins, gender inequality means women are barred from jobs, forcing many to turn to informal sex work to survive. A recent survey revealed that two out of three women between the ages of 15 to 24 said they accepted cash or gifts in exchange for sex101. At the same time, women do not learn about HIV prevention methods because they do not have equal access to schools or clinics. Gender inequality also means women have little control over sex, leading to low rates of condom use and thus, high levels of sexually transmitted infections. It also paves the way for double standards: marriage and monogamy do not protect a woman from HIV. And women’s low status has led to widespread

100 GoPNG & UNICEF (2006). Families and Children Affected by HIV and Other Vulnerable Children in Papua New Guinea. UNICEF.
sexual violence, often in the form of gang rapes. Almost half of the rapes reported in the country are perpetrated by a group of men, sometimes as many as 50.102

As the report explains, women are the main protectors and providers for their children, and when they suffer, their children – especially their daughters – also suffer. Like their mothers, children are viewed as possessions. Given such attitudes, their rights – like their mother’s – are frequently violated. Girls are subjected to the same inequalities, violence and double standards as their mothers. Nearly half of reported rape victims were under the age of 15 while 13 per cent were under the age of seven, according to the World Health Organization103. Twice as many women between the ages of 15 and 29 are infected with HIV than men of the same age, according to an analysis of over 10,000 documented HIV cases104. This finding may indicate that older men are seeking out sex with girls and young women.105

None of this bodes well for today’s children and future generations. Children in Papua New Guinea already face significant challenges to their wellbeing, security and development, and HIV threatens to tip the balance. The virus not only imperils the lives of children, their parents and other caregivers, it is also placing unprecedented stress on communities and families, and therefore, society as a whole. With women dying or called away to care for sick relatives, food security has become precarious in some rural areas, where subsistence farming depends heavily on women and children. Campaigns to reduce stigma and discrimination have not reached rural communities, which are bearing the brunt of the epidemic, leading to numerous reports of HIV positive people being left underneath houses without food or water.

Successful HIV responses must operate on four fronts: prevention, treatment, protection and care. Prevention cannot succeed without treatment and care of the already infected and their families, and vice versa. Thus, providing protection, care and support to children is a paramount task in containing the epidemic.

3.2.2 HIV AND AIDS AND CHILD PROTECTION IN PAPUA NEW GUINEA

When she was 13 years old, Wendy John106 lost both her parents to AIDS. Like most children lose the care of their parents, she was sent to live with a relative – an uncle. Already coping with her parents’ deaths, Wendy soon faced another traumatic experience: her uncle began sexually abusing her. “From that time on, I felt like I was nobody’s child,” she says. Alternately abused and ignored by her uncle, Wendy later began selling sex in order to pay for her school fees. “Even my uncle knows what I am doing but he never does anything to help me,” she says.

Wendy’s story is far from unique, and highlights the devastating interaction of child protection risks and the impact of the HIV epidemic in Papua New Guinea.

CHILDREN AFFECTED BY HIV AND AIDS

As this strategy’s situation analysis makes clear, HIV has already affected the lives of thousands of children. Unless decisive actions are taken, their ranks will swell – rising to 982,000, or nearly 40 per cent of the country’s children by 2010 according to some estimates107. The 2007

106 Pseudonym used.
Estimation Report on the HIV Epidemic in Papua New Guinea has identified an increasing trend in the estimated numbers of orphans living with HIV; in 2003 it was estimated that 1,549 children were more orphans due to AIDS-related causes; in 2005, the estimated number increased to 2,704, and in 2007 to 3,704.108

A 2006 study identified that in the context of the HIV epidemic, Papua New Guinea is facing a looming orphan crisis. Such a crisis would continue well past 2020 because of the lag time between infection and death, meaning generations of children could grow up without their parents and other role models. High rates of infection among both men and women is expected to increase the number of double orphans – without mother or father – a category already recognised as among society’s most vulnerable. Without adequate prevention, treatment, protection and care, HIV transmission will continue to escalate at an alarming rate and vulnerable children will remain at a heightened risk to infection. Children from AIDS-affected families often become vulnerable to HIV themselves when they lose their parents’ protection, as well as being more vulnerable to violence, abuse and exploitation.109

“Although both my parents are alive, I will not be able to visit them. ... When they knew I was HIV positive, they told me leave home. These days, when my family members see me, they pretend that they have never seen me before.” – 17-year-old HIV positive woman

This study further noted that children and adolescents affected by HIV and AIDS include those who have been infected with HIV through mother-to-child transmission, sex abuse and commercial sexual exploitation. Children and adolescents affected by HIV and AIDS include those living in households with an HIV positive relative and those vulnerable to HIV infection themselves. These children face many challenging obstacles, such as overwhelming stigma and discrimination, poverty, malnutrition, isolation and psychosocial difficulties. Many children and adolescents living with HIV have not yet been tested, let alone begun life-saving antiretroviral treatment. Without treatment, young children with HIV die quickly: up to 60 per cent will not live to see their second birthdays. In fact, treatment is rare even for adults, so children living in AIDS-affected families deal with hardship long before their parents die.110

The study on families and children affected by HIV and AIDS noted that older children, usually girls, are pulled out of school to care for sick parents or younger siblings – a move that excludes them from opportunities for the rest of their lives. Many are forced to work, including sex work, to help feed the family. At schools and in their communities, they are shunned or bullied; some are even driven out of school because of ignorance and prejudice. And the situation of these children rapidly deteriorates when their parents die. Without their parents’ protection, they are relocated to foster families or relatives. Some suffer from neglect, while many are abused and exploited. Many girls in particular end up at risk of HIV infection themselves because of sexual abuse and sex work. Indeed, scores of children and adolescents are exposed to HIV because of sexual abuse and exploitation, sex work, drug and alcohol use, and numerous other factors that derive from poverty, urbanisation and unemployment. HIV is threatening children’s most basic right – their right to survival.111

The figure below illustrates the pathways through which children in families affected by HIV and AIDS face economic hardship and increased vulnerability to HIV infection and other protection risks as the fortunes of their family decline; a common occurrence in AIDS-affected households around the world.

**THE IMPACT OF HIV AND AIDS ON CHILD PROTECTION**

Less than 1 per cent of children in Papua New Guinea live in institutions or on the streets. Most children live with families – either biological or adopted. When it comes to providing care for AIDS-affected and other vulnerable children, this fact is very encouraging: international guidelines stress the importance of keeping children in their families and communities. 112

However, this is a double-edged sword. Families are no longer safe havens. Endemic poverty and the erosion of traditions that once protected women and children have frayed family relationships. Traditional customs of informal fostering and adoption have been placed under stress due to factors such as HIV and AIDS, urban migration and the introduction of a cash economy. Increasingly, fostered and adopted children are at high risk of violence, abuse and exploitation. Fostered and adopted children are often the first to bear the impact of violence and abuse within the home, including sexual assault. They are often denied access to education and other essential services, and are rather exploited as domestic workers within the home and garden, or coerced to undertake other forms of harmful labour. 113

Poverty and urbanisation are placing enormous pressure on communities. This is especially evident in the breakdown of the wantok system that traditionally provides social cohesion and protects more vulnerable members of a community. Communities are struggling without access to basic services such as water, sanitation, education and health, much less social welfare services. In the face of such struggles, it is adopted and fostered children who are often last to gain access to services.

With families and communities worn down by the daily struggle to survive, there is little energy left to help the increasing number of vulnerable children, including those affected by HIV and AIDS, who are in need of alternative care. Churches, women’s groups and local NGOs are relied on to provide access to essential services and protection to vulnerable children. However, most of these organisations are too limited in size and resources to be able to expand nationwide. In addition, village courts – often powerful and respected institutions – have not been fulfilling their role in protecting women and children.  

Global experience demonstrates that orphan epidemics lag behind changes in HIV prevalence and cumulative deaths from AIDS. Without antiretroviral (ART) treatment, orphan rates in any country do not stabilize until at least 20 years after HIV prevalence stabilizes because of the lag between infection and subsequent death in adults. In Papua New Guinea, where HIV infections will not peak for years to come, the number of orphans can only continue to increase over the next 20 years. As ART becomes more available and deaths from AIDS among those who are infected are reduced, the pending ‘orphan crisis’ will continue to be pushed out further into the future. Consequently, the number of children living without parental care and in need of alternative care is projected to increase dramatically.  

Figure 2 Epidemic curves, HIV, AIDS and orphans

Papua New Guinea is beginning to experience a trend of developing institutional environments for children living without parental care. Global experience cautions against this – institutionalisation not only excludes a child from their community, culture and extended family, but also poses significant protection risks to children, exposing them to violence, abuse and exploitation, sometimes within the institution itself. In Papua New Guinea, where clan ties are profound and central to life and development, the exclusion of children from their community through institutionalisation will compromise their development throughout the life span. An economic perspective highlights the unsustainable cost of institutional care programs.

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With traditional systems for adoption and fostering already under enormous pressure, children who require alternative care will be at grave risk of violence, abuse and exploitation without strengthening child protection systems, including alternative care systems that promote in-community care for children.

3.2.3 **MAINSTREAMING HIV INTO A SYSTEMS APPROACH TO CHILD PROTECTION**

Children in Papua New Guinea face multiple challenges and sources of vulnerability: a poor child might also be fostered and living in an abusive household. Given the complex interplay of vulnerabilities and rights violations that children face, it is essential that a systems approach be adopted to respond to the needs of all children vulnerable to, or experiencing, violence, abuse and exploitation within the context of Papua New Guinea’s HIV epidemic.
3.0 STRATEGY

3.1 GOAL

The four-year goal of this strategy is to improve the wellbeing of children vulnerable to violence, abuse, exploitation and neglect by increasing their access to essential services in the areas of protection, education and health and by strengthening family, community, civil society and Government, child protection systems.

Wellbeing in this strategy is defined as the absence of extreme poverty, homelessness, ill health, violence, abuse, neglect, exploitation, fear and conflict. Furthermore, wellbeing incorporates the presence of peace, health, civil relationships with others, opportunities for emotional, physical, intellectual and creative expression and fulfilment and the opportunity to realise the rights provided through the Convention on the Rights of the Child and the national Lukautim Pikinini (Child) Act 2007. As per the definition outlined in the Lukautim Pikinini (Child) Act (2007) and the United Nations Convention on the Rights of the Child, a child means a person under the age of 18 years.

The goal of this strategy falls within the framework of the Declaration of Commitment from the 2001 United Nations General Assembly Special Session on HIV/AIDS, which explicitly recognised the role of governments in protecting children living in a world of HIV and AIDS. The Declaration pledged to, “Protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.”116

In essence, this goal draws from a larger vision that seeks to move children, their value and their protection to the centre of development and nation building. In the context of an escalating HIV epidemic, it is critical that Papua New Guinea develops a comprehensive system to protect, care for and support vulnerable children, as the numbers of children at risk of violence, abuse and exploitation will increase significantly in the face of this epidemic. This strategy seeks to build a bridge between legal, social, and HIV sectors at all levels to enable vulnerable families and children to claim their rights to accessible and quality Government services and to claim their rights to resources and assistance to improve their overall wellbeing.

3.2 OBJECTIVES

This strategy is based on four objectives, and is supported by 16 outcomes, to ensure realisation of the strategy’s goal.

OBJECTIVE 1: SOCIAL PROTECTION

To improve the wellbeing of vulnerable children by strengthening household and community level social protection systems

To achieve this objective the strategy adopts three broad outcomes

1. Family and community level child protection practices are strengthened
2. The most vulnerable children and their families benefit from the piloting of a social transfer program
3. Family support centres & psychosocial network expanded and strengthened

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OBJECTIVE 2: LEGAL PROTECTION AND JUSTICE

To create an enabling and effective legislative and policy environment that seeks to guarantee all children, including the most vulnerable, the opportunity to realise their rights provided through the Convention on the Rights of the Child

To achieve this objective, the strategy adopts five broad outcomes:

1. Women and children’s inheritance rights are protected
2. Vulnerable children have their birth registered
3. Women and children’s rights at the village level are protected
4. The justice system is more child friendly
5. The legislative and policy environment is protective of all children

OBJECTIVE 3 EXTENDED COMMUNITY-CARE IN THE COMMUNITY

To increase the protection provided to children in extended community care and the formal alternative care system

To achieve this objective, the strategy adopts three broad outcomes:

1. Extended community care is guided by the best interests of the child
2. The formal alternative care system is restricted and child friendly
3. Children in extended community care or alternative care have their rights monitored by Government and community based monitoring mechanisms

OBJECTIVE 4 HUMAN SERVICES COORDINATION

To strengthen interagency collaboration between human services to provide increased protection, care and support for vulnerable children

To achieve this objective, the strategy adopts five broad outcomes:

1. Interagency coordination for vulnerable children is practiced
2. The most vulnerable children have access to education
3. HIV and AIDS prevention and treatment for the most vulnerable is implemented
4. Vulnerable children have the opportunity to participate in sport
5. The causes of vulnerability and pathways to reduce vulnerability are better understood

3.3 STRATEGIES

These five key strategies are drawn from the Framework discussed above. The Framework brings together current international experience to present a best practice approach to improving the wellbeing of vulnerable children.

1. Strengthen the capacity of families to protect and care for vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support. In Papua New Guinea, the wantok system offers the best means of identifying vulnerable families and provides the key to strengthening families under stress.
2. Mobilise and support community-based responses. Families and communities are the first line of response – it is in family and community settings that most HIV- or AIDS-affected families and children are found and from these sources that most receive care. In Papua New Guinea, some 98 per cent of vulnerable children live with their families or extended families. By better understanding the provision of care and current support mechanisms in these settings, external actors (both Government and non-government) can better develop systems, which support the natural care giving responses of families and communities.

3. Ensure access for children vulnerable to violence, abuse, exploitation and neglect to essential services, particularly education, health and protection. Families and communities with large numbers of vulnerable children are usually the poorest and most vulnerable to begin with, and lack equitable access to essential social services in many countries around the world. In Papua New Guinea, communities are struggling without access to basic services such was water, sanitation, education and health, much less social welfare services. Extending the reach and quality of essential services to the most vulnerable households poses the greatest challenge for this strategy, particularly in the context of the HIV epidemic.

4. Ensure that governments at the national, provincial and district levels protect the most vulnerable children through improved policy and legislation, and through the channelling of resources to families and communities.

Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children vulnerable to violence, abuse and exploitation, including families affected by HIV and AIDS. In Papua New Guinea, many sexual practices and behaviours, both good ones and bad ones, are considered off limits for discussion. They are taboo subjects. Such taboos provide a curtain of protection for the perpetrators of rape, incest, child abuse and domestic violence. Perpetrators are all too aware that victims largely do not report cases of assault and abuse due to shame. The minimised risk of consequences such as being caught and prosecuted provides little deterrent to perpetrators of violence, abuse and exploitation against women and children within their community. In Papua New Guinea, evidence supports a positive correlation between communities starting to talk about these ‘taboo’ subjects, and a reduction in violence against women and children. Why is this? This change happens because perpetrators no longer have the protection provided by ‘taboo’ subjects. Perpetrators know that they are more likely to be exposed, publicly shamed and be arrested. In one settlement in Port Moresby where communities spoke out against these crimes and conducted awareness, the gang rape of girls went from being of endemic proportions to almost zero in a period of six months. This change was led by a young HIV positive woman who spoke out about rape and violence against women and children and supported women and men to also speak out.
### 3.4 Matrix of Goal, Objectives, Outcomes and Strategies

The *Matrix of the Goal, Objectives, Outcomes and Strategies* links together the planning framework for the strategy. It includes the five key strategies from the *Framework* discussed above and the key recommendations in the *Companion to the Framework*.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>THE 4-YEAR GOAL OF THIS STRATEGY IS TO IMPROVE THE WELLBEING OF CHILDREN VULNERABLE TO VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT BY INCREASING THEIR ACCESS TO ESSENTIAL SERVICES IN THE AREAS OF PROTECTION, EDUCATION, AND HEALTH, AND BY STRENGTHENING FAMILY, COMMUNITY, CIVIL SOCIETY AND GOVERNMENT, CHILD PROTECTION SYSTEMS.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>FAMILY CHILD PROTECTION PRACTICES ARE STRENGTHENED</td>
</tr>
<tr>
<td>1.2</td>
<td>THE MOST VULNERABLE CHILDREN AND THEIR FAMILIES BENEFIT FROM THE PILOTING OF A SOCIAL TRANSFER PROGRAM</td>
</tr>
<tr>
<td>1.3</td>
<td>FAMILY SUPPORT CENTRES &amp; PSYCHOSOCIAL NETWORK EXPANDED AND STRENGTHENED</td>
</tr>
<tr>
<td><strong>LEGAL PROTECTION AND JUSTICE</strong></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>WOMEN AND CHILDREN’S INHERITANCE RIGHTS ARE PROTECTED</td>
</tr>
<tr>
<td>2.2</td>
<td>VULNERABLE CHILDREN HAVE THEIR BIRTH REGISTERED</td>
</tr>
<tr>
<td>2.3</td>
<td>WOMEN AND CHILDREN’S RIGHTS AT THE VILLAGE LEVEL ARE PROTECTED</td>
</tr>
<tr>
<td>2.4</td>
<td>THE JUSTICE SYSTEM IS MORE CHILD FRIENDLY</td>
</tr>
<tr>
<td>2.5</td>
<td>THE LEGISLATIVE AND POLICY ENVIRONMENT IS PROTECTIVE OF ALL CHILDREN</td>
</tr>
<tr>
<td><strong>EXTENDED COMMUNITY-CARE IN THE COMMUNITY</strong></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>EXTENDED COMMUNITY CARE IS GUIDED BY THE BEST INTERESTS OF THE CHILD</td>
</tr>
<tr>
<td>3.2</td>
<td>THE FORMAL ALTERNATIVE CARE SYSTEM IS RESTRICTED AND CHILD FRIENDLY</td>
</tr>
<tr>
<td>3.3</td>
<td>CHILDREN IN EXTENDED COMMUNITY CARE OR ALTERNATIVE CARE HAVE THEIR RIGHTS MONITORED BY GOVERNMENT AND COMMUNITY BASED MONITORING MECHANISMS</td>
</tr>
<tr>
<td><strong>HUMAN SERVICES COORDINATION</strong></td>
<td></td>
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<tr>
<td>4.1</td>
<td>INTERAGENCY COORDINATION FOR VULNERABLE CHILDREN IS PRACTICED</td>
</tr>
<tr>
<td>4.2</td>
<td>THE MOST VULNERABLE CHILDREN HAVE ACCESS TO EDUCATION</td>
</tr>
<tr>
<td>4.3</td>
<td>HIV AND AIDS PREVENTION AND TREATMENT FOR THE MOST VULNERABLE IS IMPLEMENTED</td>
</tr>
<tr>
<td>4.4</td>
<td>VULNERABLE CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN SPORT</td>
</tr>
<tr>
<td>4.5</td>
<td>THE CAUSES OF VULNERABILITY AND PATHWAYS TO REDUCE VULNERABILITY ARE BETTER UNDERSTOOD</td>
</tr>
</tbody>
</table>

The specific strategy actions are contained in Annex 1 of this document.
3.5 GUIDING PRINCIPLES FOR PROGRAMMING AND STRATEGY DEVELOPMENT

The four year strategy is based on a range of strategic choices covering overall direction, programming and advocacy priorities, definitions and methods. There are 8 guiding principles.

1. **The best interests of the child will always prevail:** The best interest of the child shall be the paramount consideration in all decisions and actions under the strategy. Guidelines to give affect to this principle will be developed in collaboration with children, young people and partner agencies. Implementation of the guidelines will be monitored quarterly and reviewed annually.

2. **Working within the “three ones” approach:** The three ones approach is a strategic framework for national responses to HIV and AIDS. It consists of:

   - **One** agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners. The Care, Support and Protection from Violence, Abuse and Exploitation for Vulnerable Children in the Context of the HIV Epidemic in Papua New Guinea National Strategy emerges from the National Strategic Plan on HIV/AIDS 2006 – 2011, which identifies orphans and other vulnerable children as a priority area. This strategy identifies specific avenues for addressing the issues for vulnerable children identified in the National AIDS Plan.
   - **One** National AIDS Coordinating Authority, with a broad based multi-sector mandate. This plan will strengthen the capacity and leadership of the National AIDS Council Secretariat. This plan builds on the capacity of key community service agencies to respond to needs of orphans and vulnerable children in collaboration with the National AIDS Council Secretariat.
   - **One** agreed country level Monitoring and Evaluation System. This plan’s monitoring and evaluation activities reflect global and national best practice monitoring and evaluation tactics.

   Accordingly, this strategy will support the National AIDS Council to deliver key actions for vulnerable children in the context of the HIV epidemic through existent structures, such as the National Strategic Plan for HIV/AIDS. This strategy also incorporates a monitoring and evaluation structure that reflects global HIV and AIDS indicators, and will be harmonised with National AIDS Council Secretariat monitoring and evaluation structures.

3. **Sustainability will be achieved:** Sustainability will be achieved through the strengthening of existing processes and systems rather than by setting up new ones, and by avoiding a ‘project’ approach in favour of a systems approach wherever possible.

   It bears noting that this strategy has been developed in harmonisation with existing Government policies. Of particular relevance are the Medium Term Development Strategy and the Integrated Community Development Policy:

   **The Medium Term Development Strategy**

   Papua New Guinea’s Medium Term Development Strategy 2005 – 2010 sets forth the country’s vision for positive economic and social development and for the realisation of the Millennium Development Goals. As the Medium Term Development Strategy notes, the “Protection of children, and complying with the Convention on the Rights of Children, has become an emerging issue, with increased cultural globalisation contributing to a breakdown in the traditional family unit”\(^{117}\).

The Medium Term Development Strategy acknowledges the need for Government to work in partnership with civil society to address the needs of vulnerable children, and to develop new policies and regulatory procedures accordingly. The national strategy reflects this direction through its adoption of an interagency partnership approach, which includes the strengthening of faith-based organisations and communities to protect, care for and support vulnerable children.

This national strategy guides the strengthening of services in education, health and protection to improve the situation of children and women in the country. Accessibility to such services is a significant obstacle in improving the lives of children and women, and this strategy will address these concerns. These sectors will also be supported to mainstream HIV and AIDS responses into their programming. Furthermore, the Medium Term Development Strategy acknowledges that HIV and AIDS is a wider developmental issue that must be addressed by all sectors. As such, this national strategy is an important contribution to the successful attainment of the goals of the Medium Term Development Strategy in respect of HIV and AIDS.

**Integrated Community Development Policy**

The national strategy compliments the Integrated Community Development Policy, and assists to bring the policy to life for families and communities. The focus of the national strategy of mobilising and strengthening the capacity of communities is in line with the pillars of the Integrated Community Development Policy, particularly for strengthening community governance and community environment. Furthermore, this strategy proposes to achieve a holistic engagement with HIV and AIDS as identified by the Integrated Community Development Policy.

The Integrated Community Development Policy notes that, “All areas need attention if the goal of integral human development and improved quality of life is to be achieved.”

Accordingly, this national strategy seeks to engage sectors in the protection, care and support of children vulnerable to violence, abuse and exploitation, particularly within the context of a generalised HIV epidemic.

4. **Programming will integrate responses for the protection, care and support of children and families affected by HIV and AIDS within a systems approach to child protection:** Programming for HIV- and AIDS-affected children and families will be integrated with programming for other vulnerable children. HIV- and AIDS-affected children and families cannot be identified easily because of the lack of widespread voluntary counselling and testing. HIV- and AIDS-affected children and families will not be singled out in any response as this increases stigmatisation. Integration will in the end lead to higher quality programming and programming that is more sustainable, affordable and accessible.

5. **Programming will aim to strengthen protection and care within families and communities:** This will include social transfer programs whereby vulnerable families and communities will be provided assistance to cope with economic hardship, assistance with psychological problems, and increased support for access to education and other basic services. Actions to reduce gender based discrimination and encourage participation of children and young people will also be prioritised. In the context of increased support, it is critical that programming does not undermine the natural coping responses of families and communities.

6. **Institutional care will not be supported:** The negative impact of institutional care has been well documented. The strategy will support alternative options such as respite care for

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children and their carers and other child friendly options such as adoption and fostering. The wantok system is far more resilient and protective of children vulnerable to violence, abuse and exploitation than institutions can be and will be strengthened and enhanced through the strategy.

7. **A Human Rights Based Approach will be used**: The strategy adopts a rights based approach to development whereby children have agency and are actors in the development process. They are not simply beneficiaries. The strategy calls for children to know their rights and have the capacity in terms of knowledge, skills and resources to claim them, and for duty bearers to understand their responsibilities and to have the capacity to deliver them. This translates into an approach to programming centred around strengthening the relationships and capacities of both rights holder and duty bearer.

8. **Child and youth participation will be built into every activity**: The strategy commits to the principle of child and youth participation in decisions and actions that affect them, their families and communities. To realise this principle, 5 per cent of the budget for each outcome area for children will be allocated to child and youth participation.

To ensure that these eight principles are realised, a Principles Advisory Committee will be established. The function of the Committee will be to develop guidelines and tools to enable the principles to be realised, to provide quarterly reports on the implementation of the principles, to review the principles on an annual basis and to document good and poor practices. The Committee will be provided with technical support and resources to carry out its functions. The membership of the Committee will primarily be children and young people, both females and males, who have a good understanding of the situation of vulnerable children and who have an interested in the core function of the Committee.

**4.0 MONITORING AND EVALUATION**

To ensure effectiveness, efficiency, accountability and sustainability, a comprehensive monitoring and evaluation system will be established and reviewed on a quarterly basis:

- The establishment of the monitoring and evaluation system will be the key activity in the first operational plan.
- A four year operational plan will be developed in the first quarter of the first year to guide management and operational requirements of the strategy.
- Annual program and operation plans will be developed and reviewed on a quarterly and annual basis.
- An evaluation plan and methodology covering the four year period of the strategy will be developed in the second quarter of the first year, and an external evaluation body will be contracted to provide half yearly monitoring reports based on the core indicators and to submit a mid term evaluation report and a final evaluation report.
- The overall frame for the monitoring and evaluation system will be the 10 key domains and 12 core indicators developed globally to guide program implementation at the national level. These core indicators are expanded to include 13 additional Papua New Guinea strategy specific indicators. The integration of global and national indicators enables Papua New Guinea to contribute to, and benefit from, international learning, while also ensuring that data utilised to monitor and evaluate program progress is relevant and appropriate.

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Globally adopted constructs of 'orphan' and 'vulnerable'120 for monitoring and evaluation purposes will be complimented by indicators that capture some of the particular sources of vulnerability within the country context, such as the per cent of children living in homes where violence is prevalent and the per cent of women experiencing domestic violence.

As per global best practice, this strategy’s monitoring and evaluation framework adopts a very specific operationalisation of ‘vulnerability’:

The understanding of orphans and children made vulnerable by HIV/AIDS often varies from one cultural and socio-economic context to another and therefore tends to differ between countries and sometimes even between programmes within countries. It is therefore impossible to have one standardized measurable definition that meets all needs. It is important to make a clear distinction between any definition developed for monitoring and the criteria used for targeting purposes by programmes or community efforts. Those concerned with orphaned and vulnerable children need to recognize this distinction and establish a ‘firewall’ between a very specific definition established for monitoring and a definition or criterion used to determine who can benefit from a particular intervention. Problems with stigma, as well as resentment and conflicts within households and communities, occur when very specific definitions established for quantitative purposes are used for programme targeting or eligibility criteria in policy and programme implementation. The quantitative process must have clear boundaries and allow for absolute distinctions. In contrast, developing and implementing programmes and services must take into account local variations in the factors that cause or constitute vulnerability. For programming and service delivery, no one specific definition will suffice for every context.121

Baseline studies will be conducted over the second, third and fourth quarters of the first year to review existing baselines and to establish new ones for each indicator. The cost of establishing new baselines and reviewing existing ones will be covered through the program budget for each relevant outcome.

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120 According to UNICEF’s Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS (2005), a child made vulnerable by HIV and AIDS is below the age of 18 and:

i) has lost one or both parents, or

ii) has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or

iii) lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or

iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months, or

v) lives outside of family care (i.e. lives in an institution or on the streets).

## 4.1 Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Domain</th>
<th>Global Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policies and Strategies</td>
<td><strong>Policy and strategy index reflecting the progress and quality of national policies and strategies for the support, protection and care of vulnerable children</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Proportion of vulnerable children who are the beneficiaries of targeted HIV and prevention interventions</td>
</tr>
<tr>
<td>2</td>
<td>Education</td>
<td><strong>School attendance ratio of orphans as compared to non-orphans</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Proportion of vulnerable children that attend child friendly schools compared to the number that attend non-child friendly schools</td>
</tr>
<tr>
<td>3</td>
<td>Health</td>
<td><strong>Health care access ratio of orphans as compared to non-orphans</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of children living with HIV receiving ART</td>
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<tr>
<td></td>
<td></td>
<td>✧ Per cent of vulnerable mothers and fathers receiving ART</td>
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<tr>
<td></td>
<td></td>
<td>✧ Per cent of pregnant women accessing PMTCT plus services</td>
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<tr>
<td>4</td>
<td>Nutrition</td>
<td><strong>Malnutrition ratio of orphans as compared to non-orphans</strong></td>
</tr>
<tr>
<td>5</td>
<td>Psychosocial Support</td>
<td><strong>Proportion of orphans and vulnerable children that receive appropriate psychological support</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Ratio of psychosocial counsellors per 100,000 vulnerable children</td>
</tr>
<tr>
<td>6</td>
<td>Family Capacity</td>
<td><strong>Proportion of children that have three, locally defined basic needs met (needs are to be defined)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Proportion of orphans that live together with all of their siblings</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of vulnerable children living in communities where a ‘Protective Communities for Children Plan’ exists</td>
</tr>
<tr>
<td>7</td>
<td>Community Capacity</td>
<td><strong>Proportion of households with orphans and other vulnerable children that receive free basic external support in caring for the children (include children with a disability)</strong></td>
</tr>
<tr>
<td>8</td>
<td>Resources</td>
<td><strong>Government expenditure per child on orphans and other vulnerable children</strong></td>
</tr>
<tr>
<td>9</td>
<td>Protection</td>
<td><strong>Per cent of children whose births are registered</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Per cent of widows that have experienced property dispossession</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of children who live in homes where violence is prevalent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of women experiencing domestic violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of girls marrying before the age of 18 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of child headed households receiving protection, care and support</td>
</tr>
<tr>
<td>10</td>
<td>Institutional Care and Shelter</td>
<td><strong>Proportion of children who are living on the street or are in institutional care (as an indicator of family breakdown)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional Core PNG Strategy Specific Indicators</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of adopted and foster children who know their rights and have the capacity to claim their rights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✧ Per cent of children living on the street who know their rights and have the capacity to claim their rights</td>
</tr>
</tbody>
</table>
5.0 MANAGEMENT

The management structure for the strategy draws from the key recommendations of the *Families and Children Affected by HIV/AIDS and Other Vulnerable Children in Papua New Guinea* (2006). The study emphasises cross agency collaboration, skills development of national officers and the establishment of technical teams within the three key agencies of the Department for Community Development, the National Department of Education and the National AIDS Council. To action these recommendations, the following management structure will be progressively put in place.

- Oversight of the strategy is the responsibility of the Most Vulnerable Children National Implementation Committee, a working sub-committee of the Papua New Guinea Child Welfare Council.

- A technical team for the strategy will be established consisting of one international officer, three program officers, one research officer, a training officer and two support staff for administration and finance.

**Figure 4 Human resource structure for the strategy**

- The Technical Team Leader will be based in the Department for Community Development and be responsible for overall strategy and program management and delivery under the direction of the Orphan and Other Vulnerable Children’s National Action Committee. A key function of the position will be capacity building of the national officers and Government counterparts. The position will have a sunset clause of two and a half years.

- A Program Officer (national) will be based in the Care and Support Unit of the National AIDS Council. The officer will be responsible for programming and policy development and strengthening links and information sharing between relevant agencies.

- A Program Officer (national) will be based in the National Department of Education. The officer will be responsible for the provision of technical advice to the Department for the delivery of the education actions within the strategy.

- A Program Officer (national) will be based in the National Department of Health. The officer will be responsible for the provision of technical advice to the Department for the delivery of the health actions within the strategy.
✓ A Technical Team comprising of one program officer, a training officer, a research officer and two support staff will be based in the Department for Community Development. The team will be responsible for providing technical advice and support to implementing agencies, program monitoring and evaluation and financial management.

✓ Six Technical Advisers (national) will be based in the provinces to assist provincial and district level implementation. These officers will come on line in the second year and will be funded for a period of three years.
ANNEX 1 – PROTECTION, CARE, SUPPORT FOR CHILDREN VULNERABLE TO VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT IN THE CONTEXT OF THE HIV EPIDEMIC IN PAPUA NEW GUINEA

STRATEGIC PLAN MATRIX AND CONSOLIDATED BUDGET

2008 – 2011
# SOCIAL PROTECTION

## OBJECTIVE 1: SOCIAL PROTECTION

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>ACTION FOR CHILDREN</th>
<th>IMPLEMENTING AGENCY</th>
<th>TOTAL PROJECT COST IN KINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 FAMILY CHILD PROTECTION PRACTICES ARE STRENGTHENED</td>
<td>1.1.1 Expand the Home Fit For Children and Family Support Group programs to cover key messages on the protection, care and support of vulnerable children and revise Information, Education and Communication materials (messages to cover both protective and harmful traditional practices)</td>
<td>NDoH</td>
<td>100,000</td>
</tr>
<tr>
<td></td>
<td>1.1.2 Train 2,000 ward level leaders in the revised Home Fit For Children Program</td>
<td>NDoH</td>
<td>500,000</td>
</tr>
<tr>
<td></td>
<td>1.1.3 Build the capacity (knowledge, skills, resources) of Faith Based Organisations to identify and support vulnerable families and to publish and promote good practices of the protection, care and support of vulnerable children</td>
<td>PNG CoC, DfCD</td>
<td>350,000</td>
</tr>
<tr>
<td></td>
<td>1.1.4 Produce and distribute rights based Information, education and communication materials and messages for children, their families, civil society and human services on good practices that strengthen family child protection behaviours</td>
<td>DfCD</td>
<td>350,000</td>
</tr>
<tr>
<td></td>
<td>1.1.5 Support 2,000 ward level leaders to establish and monitor ‘Protective Communities for Children Frameworks’ which include child and parent education on rights, vulnerability mapping, leadership on child protection and referral to formal protection services</td>
<td>DfCD</td>
<td>500,000</td>
</tr>
<tr>
<td></td>
<td>1.1.6 Develop and implement a strategy to improve the nutrition and health of HIV- and AIDS-affected families and vulnerable children and their families through agricultural education and training</td>
<td>DAgL</td>
<td>75,000</td>
</tr>
<tr>
<td>1.2 A SOCIAL TRANSFER PROGRAM TO BENEFIT THE MOST VULNERABLE CHILDREN AND THEIR FAMILIES IS PILOTED</td>
<td>1.2.1 Develop program guidelines and pilot S7 s42 of the Lukautim Pikinini Act (which enables NGOs to enter into Special Needs Agreements with vulnerable families) to target 1,000 of the most vulnerable families</td>
<td>DfCD</td>
<td>650,000</td>
</tr>
<tr>
<td></td>
<td>1.2.2 Evaluate the pilot of S7 s42, design and cost a revised strategy based on findings and recommendations of the evaluation</td>
<td>DfCD</td>
<td>100,000</td>
</tr>
</tbody>
</table>
# Objective 1: Social Protection

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Action for Children</th>
<th>Implementing Agency</th>
<th>Total Project Cost in Kina</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.3 Develop a model for the introduction of a social transfer program to support vulnerable children and their families and secure donor support to initiate a pilot of the program</td>
<td>Ministerial Working Group for Social Transfers</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>1.3 Family Support Centres &amp; Psychosocial Network Expanded and Strengthened</td>
<td>Provide guidance and support to Hospital Boards to establish Family Support Centres and to employ social workers in 100 per cent of provinces as per the directive of the Secretary for Health</td>
<td>FSVAC</td>
<td>350,000</td>
</tr>
<tr>
<td></td>
<td>Strengthen and expand the Psychosocial Support Network from 150 to 500 counsellors and link the program to the Family Support Centres and People Against Child Exploitation (PACE)</td>
<td>Save the Children in PNG</td>
<td>825,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3,900,000</td>
</tr>
</tbody>
</table>

**Indicators**

- Proportion of households with orphans and other vulnerable children that receive free basic external support in caring for the children (includes children with a disability)
- Proportion of orphans and vulnerable children that receive appropriate psychosocial support
- Proportion of children that have three, locally defined basic needs met (needs are to be defined)
- Per cent of vulnerable children living in communities where a ‘Protective communities for children plan’ exists
<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>ACTION FOR CHILDREN</th>
<th>IMPLEMENTING AGENCY</th>
<th>TOTAL PROJECT COST IN KINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 WOMEN AND CHILDREN’S INHERITANCE RIGHTS ARE PROTECTED</td>
<td>2.1.1 Develop a national policy, and reform existing legislation if required, to protect women’s and children’s inheritance rights</td>
<td>DJ&amp;AG</td>
<td>90,000</td>
</tr>
<tr>
<td></td>
<td>2.1.2 Build the protection of women and children’s inheritance rights into the village courts training program</td>
<td>DJ&amp;AG</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2.1.3 Conduct a high profile social marketing campaign promoting women and children’s inheritance rights, utilising village courts, NGOs, FBOs and Magistrate Courts as points for resolution of conflicts</td>
<td>DJ&amp;AG</td>
<td>225,000</td>
</tr>
<tr>
<td>2.2 VULNERABLE CHILDREN HAVE THEIR BIRTH REGISTERED</td>
<td>2.2.1 Develop and implement specific strategies in 100 per cent of provinces to register the births of children prioritising 75 per cent of children with HIV and AIDS and 100 per cent of children 0 – 5</td>
<td>DfCD</td>
<td>900,000</td>
</tr>
<tr>
<td>2.3 WOMEN AND CHILDREN’S RIGHTS AT THE VILLAGE LEVEL ARE PROTECTED</td>
<td>2.3.1 Build the capacity of 100 per cent of village court officials and an equal number of women community leaders to deliver and monitor women, children’s and broader human rights through the village court system (with an emphasis on establishing standards for preventing and responding to family violence and the neglect and exploitation of girls and other vulnerable children)</td>
<td>DJ&amp;AG</td>
<td>1,050,000</td>
</tr>
<tr>
<td>2.4 THE JUSTICE SYSTEM IS MORE CHILD FRIENDLY</td>
<td>2.4.1 Implement the National Juvenile Justice Policy with an increased focus on prevention, restorative justice and the protection and monitoring of children’s rights</td>
<td>DJ&amp;AG</td>
<td>900,000</td>
</tr>
<tr>
<td></td>
<td>2.4.2 Develop and implement effective juvenile crime prevention strategies targeting the most vulnerable children</td>
<td>Community Justice Liaison Unit</td>
<td>1,400,000</td>
</tr>
<tr>
<td></td>
<td>2.4.3 Produce and distribute rights based information, education and communication materials and messages to educate children at risk of coming into contact with the justice system to understand their rights</td>
<td>CommunityJustice Liaison Unit</td>
<td>350,000</td>
</tr>
<tr>
<td></td>
<td>2.4.4 Strengthen capacity of the Magisterial Services and National Court to implement international guidelines on children as witnesses and victims</td>
<td>Magisterial Services &amp; National Court</td>
<td>175,000</td>
</tr>
<tr>
<td>2.5 THE LEGISLATIVE AND POLICY ENVIRONMENT IS PROTECTIVE OF ALL</td>
<td>2.5.1 Develop and implement a policy and legislative reform agenda to create an enabling and effective legislative and policy environment that seeks to guarantee all children, including the most vulnerable, the opportunity to realise the rights provided through the Convention on the Rights of the Child</td>
<td>DJ&amp;AG (Law Reform Commission)</td>
<td>350,000</td>
</tr>
</tbody>
</table>
## Objective 2: Legal Protection and Justice

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Action for Children</th>
<th>Implementing Agency</th>
<th>Total Project Cost in Kina</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5.2</td>
<td>Rollout the Lukautim Pikinini Act to 100 per cent of provinces and have full implementation within 18 months of gazetral</td>
<td>DfCD</td>
<td>600,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6,040,000</td>
</tr>
</tbody>
</table>

### Indicators
- Policy and strategy index reflecting the progress and quality of national policies and strategies for the support, protection and care of orphans and vulnerable children
- Per cent of children whose births are registered
- Per cent of widows that have experienced property dispossession
- Per cent of children who live in homes where violence is prevalent
- Per cent of women who experience domestic violence
- Per cent of girls marrying before the age of 18 years
- Malnutrition ratio of orphans as compared to non-orphans
### Objective 3: Extended Community-Care in the Community

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Action for Children</th>
<th>Implementing Agency</th>
<th>Total Project Cost in Kina</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1 Extended Community care is guided by the best interests of the child</strong></td>
<td>3.1.1 Develop a Charter of Rights for Children who are Orphaned, Adopted and Fostered that builds on the strengths of the wantok system and which is based on the best interests of the child (utilise extensive community participation to develop the Charter and to build leadership for its implementation)</td>
<td>DFCD</td>
<td>150,000</td>
</tr>
<tr>
<td></td>
<td>3.1.2 Promote widely the Charter of Rights of Children who are Orphaned, Adopted and Fostered and seek to have 25 per cent of clans sign the charter and 75 per cent of village courts commit to its implementation</td>
<td>DFCD</td>
<td>350,000</td>
</tr>
<tr>
<td><strong>3.2 The formal alternative care system is restricted and child friendly</strong></td>
<td>3.2.1 Establish, implement and monitor standards for formal alternative care centres and enforce relevant sections of the Lukautim Pikinini Act which seek to restrict and control their growth</td>
<td>DFCD</td>
<td>175,000</td>
</tr>
<tr>
<td><strong>3.3 Children in extended community care or alternative care have their rights monitored by government and community based monitoring mechanisms</strong></td>
<td>3.3.1 Build the capacity (knowledge, skills, resources) of both Government and civil society to provide support to families who adopt and foster children and to monitor the rights of children in care</td>
<td>DFCD</td>
<td>875,000</td>
</tr>
<tr>
<td></td>
<td>3.3.2 Build the capacity of existing civil society organisations that currently provide ‘good and best practices’ to share their knowledge and experience with other organisations</td>
<td>DFCD</td>
<td>350,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,900,000</td>
</tr>
</tbody>
</table>

**Indicators**
- Proportion of orphans that live together with all of their siblings
- Proportion of children who are living on the street or are in institutional care (as an indicator of family breakdown)
- Per cent of adopted and foster children who know their rights and have the capacity to claim their rights
- Per cent of children living on the street who know their rights and have the capacity to claim their rights
## Objective 4: Human Services Coordination

### Outcomes

<table>
<thead>
<tr>
<th>Action for Children</th>
<th>Implementing Agency</th>
<th>Total Project Cost in KINA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Interagency Coordination for Vulnerable Children is Practiced</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.1 Develop a model for interagency coordination that brings together all human</td>
<td>CIMC</td>
<td>70,000</td>
</tr>
<tr>
<td>service agencies to plan, coordinate and implement policies and programs for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vulnerable children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.2 Develop tools and resources for Government agencies to develop child friendly</td>
<td>Department of</td>
<td>175,000</td>
</tr>
<tr>
<td>budgets and to allocate for vulnerable children</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>4.1.3 Pilot interagency coordination by identifying child headed households and use</td>
<td>CIMC</td>
<td>50,000</td>
</tr>
<tr>
<td>existing resources to provide these households with access to the full range of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government human services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.2 The Most Vulnerable Children Have Access to Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.1 Develop a policy to ensure that the most vulnerable children receive a full</td>
<td>NDoE</td>
<td>80,000</td>
</tr>
<tr>
<td>primary education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.2 Pilot district level education partnerships to get vulnerable children into</td>
<td>NDoE</td>
<td>500,000</td>
</tr>
<tr>
<td>school and to increase retention rates for children at risk of drop-out, especially</td>
<td></td>
<td></td>
</tr>
<tr>
<td>girls and orphans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.3 Build the capacity of 14 National Department of Education Education Learning</td>
<td>NDoE (Special</td>
<td>300,000</td>
</tr>
<tr>
<td>Centres to extend the reach of their services and programs provide increased</td>
<td>Education)</td>
<td></td>
</tr>
<tr>
<td>coverage to vulnerable children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.3 HIV and AIDS Prevention and Treatment for the Most Vulnerable is Implemented</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1 Conduct HIV and AIDS prevention programs for the most vulnerable</td>
<td>National AIDS Council</td>
<td>2,000,000</td>
</tr>
<tr>
<td>4.3.2 Produce a policy to accelerate PMTCT plus services so that mothers and</td>
<td>NDoH</td>
<td>40,000</td>
</tr>
<tr>
<td>children can have access to a higher quality and broader range of health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.3 Develop a plan for wider distribution of ART so that parents and children stay</td>
<td>NDoH</td>
<td>40,000</td>
</tr>
<tr>
<td>alive through access to treatments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Objective 4: Human Services Coordination

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Action for Children</th>
<th>Implementing Agency</th>
<th>Total Project Cost in Kina</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.4</td>
<td>Review existing paediatric care services to ensure appropriate and timely services for vulnerable children</td>
<td>NDoH</td>
<td>40,000</td>
</tr>
<tr>
<td>4.3.5</td>
<td>Develop a Child and AIDS Strategic Plan for the period 2008 – 2011 and build children and AIDS issues into the next National Strategic Plan on HIV and AIDS</td>
<td>National AIDS Council</td>
<td>40,000</td>
</tr>
<tr>
<td>4.4.1</td>
<td>Produce a national plan to involve vulnerable children in sport</td>
<td>PNG Sports Federation</td>
<td>30,000</td>
</tr>
<tr>
<td>4.4.2</td>
<td>Produce information, education and communication materials for sporting groups on how to provide outreach to vulnerable children to involve them in sport (consider using local high profile and respected sporting heroes who may have been vulnerable as a child)</td>
<td>PNG Sports Federation</td>
<td>60,000</td>
</tr>
<tr>
<td>4.5.1</td>
<td>Devise and implement a research agenda and funding proposal to improve the understanding of the causes of vulnerability generally and of specific population groups and to identify possible pathways and solutions to reduce vulnerability</td>
<td>DNPM</td>
<td>70,000</td>
</tr>
</tbody>
</table>

**Total Strategy Budget:** 15,425,000

### Indicators
- Government expenditure per child on orphans and other vulnerable children
- Per cent of child headed households receiving protection, care and support
- School attendance ratio of orphans as compared to non-orphans
- Proportion of orphans and other vulnerable children that attend child friendly schools compared to the number that attend non-child friendly schools
- Proportion of vulnerable children who are the beneficiaries of targeted HIV and prevention interventions
- Health care access ratio of orphans as compared to non-orphans
- Per cent of children living with HIV receiving ART
- Per cent of vulnerable mothers and fathers receiving ART
- Per cent of pregnant women accessing PMTCT plus services
# CONSOLIDATED BUDGET

## Objectives & Outcomes

<table>
<thead>
<tr>
<th>Objective</th>
<th>Outcomes</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total Kina</th>
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<tr>
<td><strong>Objective 1</strong></td>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Family child protection practices are strengthened</td>
<td>250,000</td>
<td>550,000</td>
<td>538,000</td>
<td>537,000</td>
<td>1,875,000</td>
</tr>
<tr>
<td>1.2</td>
<td>A social transfer program to benefit the most vulnerable children and their families is piloted</td>
<td>150,000</td>
<td>300,000</td>
<td>300,000</td>
<td>100,000</td>
<td>850,000</td>
</tr>
<tr>
<td>1.3</td>
<td>Family support centres &amp; psychosocial network expanded and strengthened</td>
<td>125,000</td>
<td>350,000</td>
<td>350,000</td>
<td>350,000</td>
<td>1,175,000</td>
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<tr>
<td><strong>Sub Total</strong></td>
<td>525,000</td>
<td>1,200,000</td>
<td>1,188,000</td>
<td>987,000</td>
<td>3,900,000</td>
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<tr>
<td><strong>Objective 2</strong></td>
<td><strong>Legal Protection and Justice</strong></td>
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<tr>
<td>2.1</td>
<td>Women and children’s inheritance rights are protected</td>
<td>55,000</td>
<td>160,000</td>
<td>50,000</td>
<td>50,000</td>
<td>315,000</td>
</tr>
<tr>
<td>2.2</td>
<td>Vulnerable children have their birth registered</td>
<td>0</td>
<td>300,000</td>
<td>300,000</td>
<td>300,000</td>
<td>900,000</td>
</tr>
<tr>
<td>2.3</td>
<td>Women and children’s rights at the village level are protected</td>
<td>150,000</td>
<td>300,000</td>
<td>300,000</td>
<td>300,000</td>
<td>1,050,000</td>
</tr>
<tr>
<td>2.4</td>
<td>The justice system is more child friendly</td>
<td>575,000</td>
<td>750,000</td>
<td>750,000</td>
<td>750,000</td>
<td>2,825,000</td>
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<tr>
<td>2.5</td>
<td>The legislative and policy environment is protective of all children</td>
<td>250,000</td>
<td>500,000</td>
<td>100,000</td>
<td>100,000</td>
<td>950,000</td>
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<td><strong>Sub Total</strong></td>
<td>1,030,000</td>
<td>2,010,000</td>
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<tr>
<td><strong>Objective 3</strong></td>
<td><strong>Extended Community-Care in the Community</strong></td>
<td></td>
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<tr>
<td>3.1</td>
<td>Extended community care is guided by the best interests of the child</td>
<td>50,000</td>
<td>100,000</td>
<td>200,000</td>
<td>150,000</td>
<td>500,000</td>
</tr>
<tr>
<td>3.2</td>
<td>The formal alternative care system is restricted and child friendly</td>
<td>25,000</td>
<td>50,000</td>
<td>50,000</td>
<td>50,000</td>
<td>175,000</td>
</tr>
<tr>
<td>3.3</td>
<td>Children in extended community care or alternative care have their rights monitored by government and community based monitoring mechanisms</td>
<td>175,000</td>
<td>350,000</td>
<td>350,000</td>
<td>350,000</td>
<td>1,225,000</td>
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<td><strong>Sub Total</strong></td>
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<td>600,000</td>
<td>550,000</td>
<td>1,900,000</td>
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<td><strong>Objective 4</strong></td>
<td><strong>Human Services Coordination</strong></td>
<td></td>
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<tr>
<td>4.1</td>
<td>Interagency coordination for vulnerable children is practiced</td>
<td>60,000</td>
<td>105,000</td>
<td>80,000</td>
<td>50,000</td>
<td>295,000</td>
</tr>
<tr>
<td>4.2</td>
<td>The most vulnerable children have access to education</td>
<td>130,000</td>
<td>300,000</td>
<td>300,000</td>
<td>150,000</td>
<td>880,000</td>
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<td>OBJECTIVES &amp; OUTCOMES</td>
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<tr>
<td>4.3 HIV AND AIDS PREVENTION AND TREATMENT FOR THE MOST VULNERABLE IS IMPLEMENTED</td>
<td>208</td>
<td>209</td>
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<tr>
<td>4.4 VULNERABLE CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN SPORT</td>
<td>208</td>
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<td>10,000</td>
<td>40,000</td>
<td>30,000</td>
<td>10,000</td>
<td>90,000</td>
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<tr>
<td>4.5 THE CAUSES OF VULNERABILITY AND PATHWAYS TO REDUCE VULNERABILITY ARE BETTER UNDERSTOOD</td>
<td>208</td>
<td>209</td>
<td>210</td>
<td>211</td>
<td>TOTAL Kina</td>
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<tr>
<td></td>
<td>10,000</td>
<td>30,000</td>
<td>30,000</td>
<td>0</td>
<td>70,000</td>
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<tr>
<td>SUB TOTAL</td>
<td>520,000</td>
<td>1,075,000</td>
<td>1,440,000</td>
<td>460,000</td>
<td>3,495,000</td>
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<td>TOTAL PROGRAM</td>
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<td>4,728,000</td>
<td>3,497,000</td>
<td>15,425,000</td>
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<td>HUMAN RESOURCES</td>
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<td></td>
<td>390,000</td>
<td>840,000</td>
<td>900,000</td>
<td>440,000</td>
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<tr>
<td>TOTAL STRATEGY</td>
<td>2,715,000</td>
<td>5,625,000</td>
<td>5,628,000</td>
<td>3,937,000</td>
<td>17,995,000</td>
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