



## The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF)

### Proposal Template

**Proposal Title: Integrating WASH, Nutrition, MNH interventions for COVID-19 Response in Western Province, Papua New Guinea**

**Amount: \$995,593**

#### **I. Immediate Socio-Economic Response to COVID19**

*PNG's current population is estimated at over 8.5 million people, 85% of which live in rural communities that are hard to reach. It is administratively divided into 22 provinces and 89 districts. The country shares a 720-km land border with Indonesia on the west and sea borders with Australia on the south and Solomon Islands on the south-east through which traditional border crossers travel daily. Road networks and frequent travel expose many people to a range of health risks. In PNG, inter-province migration continues due to employment opportunities and displacement of people affected by civil unrest and natural disasters. These movements affect people's health-seeking behaviour and access to health services.*

*PNG suffers from a critical shortage of human resources for health. Most recent estimates of health worker densities reflect 0.5 physicians per 10,000 population and 5.3 nurses per 10,000 population (WHO, 2008). These problems are more prominent in the provinces and hard-to-reach areas because of difficult terrain and risky conditions. The health workforce is aging and lacks midwives and community health workers. Many are demotivated due to poor working conditions including low wages and poor physical infrastructure. Major challenges include a high level of fragmentation in the institutional and fiscal relationships between national, provincial, and lower levels of government; and an unclear allocation of responsibilities for service delivery.*

*Based on a 'worst case' modelling scenario developed by the National Department of Health (NDOH) and WHO, one in five Papua New Guineans could become infected in this COVID-19 pandemic. The most vulnerable populations are older people, infants and malnourished children, and people with complicating conditions such as diabetes, heart or respiratory diseases, or compromised immune systems. Populations with tuberculosis (TB), HIV, concentrated populations, highly mobile populations, communities with inadequate access to proper hygiene supplies or inadequate hygiene and/or nutrition practices are more vulnerable. There are approximately 50,000 people living with HIV and AIDS in PNG, of which only 25,000 are regularly taking medication. There are also about 37,000 people living with TB. PNG has high burdens of TB, multidrug-resistant TB and TB/HIV coinfection, exposing this segment of the population to high risks.*

*Insufficient dietary consumption and infectious diseases are major contributing factors for the poor nutritional status of children in PNG. According to [the World Bank](#) about 50% of children experience stunting and/or wasting in PNG making them more vulnerable due to weakened immune systems. The [International Food Policy Research Institute](#) notes that COVID-19 is the perfect storm for a nutrition crisis, particularly for Lower Middle Income Countries such as Papua New Guinea with mandated shut downs and breakdown of food markets plus strained healthcare systems. PNG also has one of the worst maternal and new-born indicators in the pacific region. Malnourished children are a significant vulnerable group in the PNG context and given the UN's commitment to Leaving No One Behind it is imperative that support for the COVID-19 response endeavours to reach the furthest behind first. In practice this*

requires taking explicit steps to address the specific vulnerabilities of malnourished children as part of the response. [PNG's National Nutrition Policy 2016-2026](#) indicates that stunting, wasting and malnutrition can disproportionately impact children with existing vulnerabilities such as disabilities and socioeconomic hardships who also face increasing stigma and discrimination.

With a decline in Ante Natal Care (ANC) from 79% to 76%, supervised delivery by skilled birth attendants of 56% and the unavailability of essential life-saving medicines, access to quality maternity and reproductive health services is limited in the country. An estimated 40% of pregnant women experience pregnancy-related health problems during childbirth and the postnatal periods which may worsen within the current COVID-19 situation with its associated restrictions of movement, financial constraints and fear of getting infected while seeking services.

PNG has had imported and local transmission cases of COVID-19. On 20 March, the Prime Minister announced the first positive COVID-19 case in the country. A state of emergency was declared to start on 24 March and last for 14 days. At the same time, the Government established a Joint Agency Task Force at its National Operation Centre and appointed the Police Commissioner as its Emergency Controller, with deputy controllers represented by the Assistant Police Commissioner and the Secretary of Health. Viewing this as both a health and national security issue, the multi-ministerial and inter-agency coordination body is meant to coordinate the strategic planning and operations on all the health and non-health aspects. The national state of emergency was subsequently extended for two months on 6 April. At present, physical borders are closed but land and sea borders remain porous.

To date there have been at least eight confirmed cases in PNG, including at least three in North Fly District, Western Province. The cases are traditional border crossers who continued to travel into Indonesia to conduct trade or personal business and became infected. Western province ranks 0.550 on the Human Development Index, on the cusp of low to medium human development. Since the 1960s, it has also been the destination for West Papuans seeking asylum from the Indonesian military and government. Most recently, at least 160 asylum seekers arrived in North Fly District in November 2019 and currently live in a crowded temporary settlement in Kiunga, the local urban centre, awaiting processing. Within the country, Western provincial residents are particularly exposed to seasonal drought, flooding, food insecurity, water-borne diseases, TB and malnutrition, and lack adequate access to clean water and basic health services including maternal and new-born health. A fall armyworm infestation currently threatens local produce production.

Government measures restricting movement that were implemented to contain and mitigate the spread of COVID-19 have exacerbated the situation. The measures have limited affected communities' access to local protein sources and fresh water sources, and have increased fear and misunderstanding about the disease, according to church and government authorities who provide health and social services to these border communities. At the same time, just across the border, Papua province, is a hot spot with rapidly increasing numbers of positive COVID cases. PNG border patrols and border community residents report increasing movement into PNG by poachers, non-state armed actors, traditional border crossers and traders who avoid border patrols and screening mechanisms. The PNG government is extremely concerned about the spread of COVID-19 into PNG through the border with Indonesia, the PNG Post Courier referencing the Emergency Controller of the National Operations Center for COVID-19 as having said that 'the northern and southern border areas between PNG and Indonesia were perceived as the single biggest threat, given the increasing number of COVID-19 cases across the border'. [Post Courier 14 May 2020 –Covid-19 threat 'far from over']

The national preparedness and response plan for COVID-19 focuses on the health sector: it is articulated for PNG to prepare and respond to containment and mitigation of outbreaks of COVID-19 when the disease is introduced to the country, local transmission is established, and the large-scale community transmission is confirmed. It covers the following strategic and technical areas: incident management, clinical management of suspect and confirmed cases, infection prevention and control, surveillance and investigation, port of entry, risk communication and community mobilization, laboratory testing, non-pharmaceutical public health interventions, operations and logistics, and partner coordination.

The Disaster Management Team, the country's coordinating body for international humanitarian assistance, which is co-chaired by the UN and Government and includes UN, NGOs, faith-based organizations, the Red Cross Movement and key development partners among its members, developed a multi-sectoral response plan that supports priorities

identified by the Government for the international community, including focused support on ten priority provinces with international borders/important air- or seaports and provinces with important regional medical facilities, and the National Capital District. While the health sector remains the dominant cluster, followed by WASH, Education, Food Security, Nutrition, and Protection cluster plans combine risk communication and community engagement with relevant sectoral interventions to address secondary impacts from COVID-19 and related measures to curb its spread.

On 6 April, the Treasurer announced an economic stimulus package worth PGK 5.6 Billion for the COVID-19 response, the largest in the country's history. The package aims to limit the expected economic downturn and enable access to life-saving health equipment. COVID-19 comes at a time when the country is already facing a challenging economic context; at the start of the year, the planned 2020 deficit was PGK 4.6 billion. As the year progressed, projections indicate that PGK 2 billion is expected to be added to the deficit due to the anticipated reduction in revenues from the collapse of commodity prices and reduction of domestic activity. To meet the needs of the Covid-19 response, significant policy and fiscal trade-offs have been made and have limited available budget and prioritization of other critical, life-saving basic services.

## II. Solutions proposed

Acknowledging the limited funding available, geographic proximity to the border, daily cross-border movements and interactions for hunting and trading local products with the communities on the other side, diversity and remoteness, and the pre-existing underdevelopment of health, social services and public infrastructure, the target locations are deemed particularly vulnerable to the spread of Covid19COVID-19. The recipient UN organizations will therefore take an integrated, targeted approach to achieve immediate impacts while at the same time laying the foundation for future development to build the area's capacity to mitigate impacts from future biohazard and other emergencies.

In collaboration with local church and government leaders, specific border communities with aid posts or health clinics that support surrounding communities, including refugees, migrants, traditional border crossers and asylum-seekers, were identified. Each agency brings comparative strengths in WASH, nutrition and maternal and new-born health, which combined will address local development issues that are exacerbated as secondary impacts on COVID-19 measures. The implementing partners, including the Catholic Diocese of Daru and Kiunga, the Western Provincial Government, the North Fly District Government, World Vision and others, bring local expertise and community leadership to ensure the effective implementation and sustained impact of the proposed solutions.

IOM, currently the only UN agency with a physical presence in the targeted area, provides direct assistance and support to address critical humanitarian needs through working closely with the target communities, including migrant groups, and the national and local government. The proposed WASH interventions will increase COVID-19 hygiene prevention practices, reduce risks and build long-term resilience in health and water management.

To achieve this, IOM proposes to install or rehabilitate safe drinking water sources in identified locations, including traditional border crossing points and/or check points. It will establish Water Point Committees comprising women, men and youth and equip them with the knowledge to better manage the water points and ensure their sustainability. Importantly, awareness will be raised on how to mitigate viral contamination and spread when using water points. Water Point Minders will be identified and equipped with the necessary skills and tools to carry out maintenance and/or repair of the water points, including how to disinfect WASH facilities and water taps. Water containers or buckets with lids will also be distributed to improve the collection and storage of water for household uses such as drinking and cooking; and handwashing facilities will be established complemented by the distribution of soap and training on how to improve handwashing practices. Additionally, IOM will install and/or rehabilitate gender-segregated pit latrines in the local communities and equip identified latrines and water points with solar lighting to improve the security and protection especially of women and girls. It will also conduct regular monitoring including collecting data from men, women, children and youth in target locations for evidence-based planning and decision making.

To raise awareness, IOM will deliver Participatory Health and Hygiene Awareness materials, including specific COVID-19 related guidance, and conduct of COVID-19 Risk Communication and Community Engagement (RCCE) activities in local communities, including with migrant groups, and other public spaces and services. RCCE messaging will address 'myths' that are perpetuating misunderstanding and have led to stigmatization of migrants, certain ethnic groups and

those displaying 'flu-like' symptoms or those who have tested positive for COVID-19. This will include protection messaging to prevent discrimination or fear and raise awareness on GBV, child protection and trafficking in persons (referencing national hotlines/referral networks).

UNFPA and UNICEF will augment WASH response activities with actions focusing on children and mothers as particularly underserved and at-risk populations. UNFPA will support the continued provision of maternity and neonatal services (MNH) for women and girls to ensure safe births and prevent spread of COVID-19 infection. Considering asymptomatic transmission of COVID-19 may be possible in pregnant or recently pregnant women, as with the general population, UNFPA proposed three primary actions.

The first is to identify low- and high-risk pregnancies through triaging in order to reduce crowding and ensure physical distancing. For low-risk pregnancies, it proposes rescheduling with longer appointments and to replace facility ANC with home visits to provide information, services, supplies and IEC materials. High-risk pregnancies that are not COVID-19 suspected are prioritized for ANC at the aid posts/rural hospitals, particularly in the second half of pregnancy, and would be referred to the nearest hospital in the event of complications and when close to delivery. COVID-19 suspected cases would be promptly referred to designated isolation/quarantine facilities. Home visits would be provided for 24 hours post-natal clients with adequate IPC measures.

Secondly, UNFPA, in coordination provincial risk communication and community engagement activities and in harmonization with IOM and UNICEF messaging, would facilitate twice weekly community dissemination of information by village health volunteers on pregnancy danger signs, COVID-19 infection symptoms and related hygiene messages, family planning, and birth preparedness.

Thirdly, UNFPA will strengthen the capacity of aid posts and health clinics to provide maternity and neonatal services, manage MNH complications and prevent the spread of COVID-19 disease. It will train health care providers at community and district levels including VHV's on IPC for maternity service provision; triage flow and monitoring of women presenting for maternity and SRH services; on risk of and how to mitigate stigma and discrimination. It will provide aid posts with adequate numbers of PPEs, disinfectants and cleaning agents. If isolation and quarantine facilities have been designated, UNFPA will identify and equip appropriate service delivery areas within those facilities to provide woman-centred, respectful skilled maternity and neonatal care as well as psychosocial support. UNFPA will also support establishment of referral pathways for emergency transport from aid posts/rural facilities to the provincial hospital in cases of maternal and neonatal complications and to isolation facilities for suspected cases.

Augmenting this, UNICEF also aims to train health workers and village health volunteers in nutrition interventions (infant and young child feeding practices and integrated management of acute malnutrition). It will establish mother support groups, provide Vitamin A and multiple micronutrients supplementation including deworming and identify, treat and refer malnutrition cases. It will also facilitate nutrition education and will monitor, mentor and deliver on-the-job coaching for health workers and village health volunteers.

### **III. What is the specific need/problem the intervention seeks to address?**

While the national health response plan is mostly well funded bilaterally by major development partners, among the secondary impact sectors identified in the DMT response plan, water and sanitation, nutrition and maternal and newborn health remain poorly funded.

Western province is the largest province in the country and one of the least developed, with most health and other important services not easily accessible due to its rural location. Children and women suffer the most when they are being deprived of essential health and nutrition services. Malnutrition in children, a global and national problem, is evident in the province where a lack of education and poor living standards are combined. Women and children lack adequate and appropriate diets making them prone to infections. A lot of children in rural, semi-urban and settlement areas across PNG, including Western Province, are likely to have pre-existing malnutrition conditions that are exacerbated during an emergency. Some children live with malnutrition into adulthood and face many health and socio-economic problems.

According to the recently released demographic and health survey conducted by the PNG National Statistics Office with support from UNFPA, UNICEF, the Australian Government and ICF, Western province is about on par with national statistics in most categories of measurement:

<i>Western Province Household Demographic and Health Survey Results</i>	
<i>Unimproved source of drinking water</i>	49.2%
<i>% with basic sanitation service</i>	27.8%
<i>Unimproved sanitation facility</i>	53.0%
<i>Place available for hand washing (fixed/mobile)</i>	62.8%
<i>Completed grade 8 at primary level (Educational attainment)</i>	<i>Females 18.1% / Males 19.7%</i>
<i>Cannot read at all</i>	<i>Females 29.3% / Males 6.8%</i>
<i>% Literate</i>	<i>Females 67.4% / Males 87.5%</i>
<i>Median age at first birth</i>	21.2
<i>% of women aged 15-49 who had a live birth in the 5 years before that did not have antenatal care</i>	20.6%
<i>% receiving ANC from a skilled provider</i>	77.6%
<i>% delivered in a health facility</i>	58.1%
<i>% delivered by a skilled provider</i>	65.2%
<i>% with skin-to-skin immediately after birth</i>	30.7%
<i>No postnatal check for mother</i>	52.3%
<i>No postnatal check for newborn</i>	51.4%
<i>At least one problem accessing health care (females)</i>	68.8%
<i>Visits to health facility</i>	<i>Females 43.4% / Males 24.4%</i>
<i>Micronutrient intake among children in last 24 hours</i>	<i>vitamin A 80.3% / iron 50.1% / deworming in 6 months 9.6%</i>

Children under 5 are among the most vulnerable population currently, especially in the context of COVID-19, where the country has at least eight confirmed cases and three confirmed cases in the targeted area, and a state of emergency nationwide and lockdown in place in the province. Accessibility to common and essential services was already limited in the targeted area and is being restricted by COVID-19 measures. Traditional access to sources of protein through hunting and to clean water sources is limited by restriction control measures in place. Village populations are resorting to 'starvation foods' such as sago and cassava root as their primary sources of nutrition. Intake of daily nutritious foods and adequate diet is further reduced in the already vulnerable and disadvantaged groups such as children and women in Western province.

Western province shares half of a 720-km land border with Papua province, Indonesia, (hereafter 'West Papua') and has permitted traditional border crossers to move in and out of Indonesia to conduct trade, maintain land and clan relationships, hunt and fish, and other activities. Western province has also received more than 10,000 refugees and asylum seekers from West Papua since the 1960s, and currently is hosting 160 newly arrived asylum seekers since November 2019. Despite attempts by the Indonesian and PNG governments to control border movement, it remains porous, especially in remote areas where border posts have not been established, including in the targeted North Fly District. Refugees, asylum seekers and migrants, including traditional border crossers, tend to experience economically and socially more difficult living conditions, and comprise a significant percentage of the population in the targeted communities. These dynamics elevate susceptibility to the spread of COVID-19 and thus the following activities delivered through this action are immediate mitigation measures that will build community resilience to the spread of the disease and ensure that no one is left behind in these critical early interventions.

Access to clean water and nutritious food sources remains a significant development challenge for the area and are exacerbated by COVID-19 response measures being put in place. Therefore, essential WASH and nutrition interventions need to be provided to all the vulnerable groups to prevent malnutrition and associated health problems

and treat existing malnutrition cases such as wasting in children under 5 which is a common problem during an emergency.

Maternal and newborn health especially for adolescent girls and people living with HIV and disabilities is a core component of primary health care but is often forgotten or ignored in crisis and times of emergency. Evidence also shows that women and girls are at an increased risk of sexual violence and therefore unintended pregnancies in emergencies; and Childbirth is also fraught with danger as the rate of maternal and neonatal deaths and morbidities in crisis/emergency zones almost doubles that of the world average. With the transborder crossing of West Papuans into Western province in the current COVID-19 situation, the risks of maternal and neonatal morbidities and mortalities is likely to worsen, including the risk of unintended pregnancies as financial and human resources are mainly focused on responding to the disease outbreak neglecting essential health services including MNH care. Hence, a focused, urgent and sustained investment and response is required to avert this. Maternal and newborn care requires multiple visits to health facilities and thus increases potential exposure to covid-19. Hence the reduced facility visits proposed (in the solution section above) through re-scheduling of ANCs and PNCs for longer durations and conduct of home visits

#### **IV. How does this collaborative programme solve the challenge? Please describe your theory of change.**

*IOM, UNFPA and UNICEF will be working collaboratively with the Western provincial and North Fly district governments, the Catholic Diocese of Daru and Kiunga, which operates most of the aid posts and health clinics in the targeted area and provides other social services to the targeted populations, as well as with other partners already operating in the district, including World Vision. In addition to IOM's presence co-located in the Provincial Disaster Management Centre and the members of the humanitarian country team having recently participated in a joint response to deliver humanitarian assistance for a refugee emergency in the targeted area, the partnerships are strong and the understanding of the needs is acute.*

*The proposed interventions are naturally integrated, with WASH being a significant secondary impact to COVID-19 and its response measures, and nutrition and maternal and new-born health addressing critical needs for mothers and young children as particularly at-risk and vulnerable groups. The integrated programme specifically targets border communities with aid posts that serve surrounding villages that include significant populations of refugees, asylum seekers and migrants, including traditional border crossers. It is also presently the location of at least 3 active COVID-19 cases that were contracted by traditional border crossers.*

*The proposed solutions are identified as the most appropriate for the current vulnerable groups in Western province at this time and will be addressing SDG 2 (zero hunger) and supporting SDGs 3 (health), 5 (gender equality) and 6 (WASH). Interventions are also based on the first two pillars of "build back better", health first, as nutrition is an integral component of health, protection and provision of basic services, as nutrition provides a protective mechanism in the care system- a service needed by children, adolescents, women in PNG. The stated interventions are also aligned with the strategy and vision of the national government in trying to address all forms of malnutrition in PNG (recognised as a standalone goal in the National Medium-Term Development Plan 2018-2022).*

*Results will be measured through monitoring and data collection using current data and monitoring tools and platforms, which include paper based monthly nutrition reporting forms feeding into the new online data collection platform using Kobo Toolbox. Field monitoring, mentoring and on-job coaching for health workers will need to continue after initiation of the interventions in the province.*

#### **PROGRAMME THEORY OF CHANGE**

*If...*

*Nutrition, MNH and WASH service providers (duty bearers) have increased capacity to deliver integrated services according to standards at all times, and to reach more vulnerable populations with quality services, especially women of reproductive age and children, and;*

*Service providers (duty bearers) and their institutions have the necessary supplies of human resources, equipment, are available through an integrated nutrition, MNH and WASH approach targeting health facility and community level, and;*

*Communities (rights holders), especially the most vulnerable, quality services have improved knowledge and positive attitudes to services available, and;*

*Members in the vulnerable border communities (rights holders), particularly women and children, reduce their movements across the border seeking care and basic services.*

### **Then...**

*Communities, especially the most marginalised and disadvantaged, will have increased knowledge on self-protection measures to stem the spread of communicable diseases, such as COVID-19, and equitable access to safe and sustainable drinking water services, sanitation and hygiene facilities in communities, providing special consideration to the needs of women and girls and those in vulnerable situations, and;*

*MNH and nutritional status of children and women, especially the most marginalised and disadvantaged, would improve, and;*

*Progress towards the achievement of sustainable development priorities/goals will advance, and;*

*Human suffering will be reduced in Western Province border communities that are most vulnerable/left behind and most at-risk of the COVID-19 outbreak.*

### **Because...**

*Government, service providers and community stakeholders (duty bearers) will be able to continue to implement critical basic services in border communities, that are not covered by the national stimulus package to fund the health focused national/sub-national COVID-19 response plan and reach vulnerable border communities, specifically women and girls of reproductive age;*

*Caregivers, family members, women of reproductive age, and communities (rights holders) have improved knowledge and skills to adopt improved feeding, hygiene and maternal and newborn, care and care-seeking practices, and to demand quality services, and;*

*Communities (rights holders), especially children under five, adolescent girls and women of reproductive age, can equitably access and utilize evidence-based high-impact nutrition, MNH and WASH services, in their localities.*

## **V. Documentation**

*Attachments include the National Department of Health's Emergency Response Plan for COVID-19, the Disaster Management Team's COVID-19 Response Plan, both of which are uploaded to the WHO partner portal*

## **VI. Target population**

*Given the geographically remote and scattered populations along the country's land border with Indonesia, and the associated travel and logistics costs, a pragmatic decision was made to focus on delivering quality services to the most-at-risk border communities in the North Fly District of Western Province, which currently has at least 3 confirmed cases of COVID-19.*

*The border communities are out of reach of most government-provided services and rely primarily on the church to manage schools and deliver basic health facilities. The Catholic Diocese of Daru and Kiunga and Western Province COVID-19 Committee Chair have identified five border communities that are particularly in need of integrated interventions in WASH, nutrition and maternal and new-born health: Matkomnai, Kungim, Membok, Rumginae, Katawim. Each of these communities hosts an aid post or basic health sub-centres that serve surrounding villages.*

- *Matkomnai Sub-Health Centre – 3,529 people from 11 villages*
- *Kungim Sub-Health Centre – 2,407 people from 8 villages*
- *Membok Sub-Health Centre – 3,460 people from 9 villages*
- *Rumginae Rural Hospital – 14,736 people from 19 villages*
- *Katawim Aid Post – 1,131 people from 1 village*

*Total – 25,263 people from 48 villages.*

*Within these target areas, WASH interventions will be undertaken in Kungim, Rumginae and Matkomnai. The potential impacts of the proposed WASH interventions include improved access to safe drinking water, improved water use management, improved health and hygiene, and, as a result, a reduction in disease outbreaks linked to limited access to clean water and decent sanitation. The targeted number of beneficiaries by intervention is as follows:*

- *Installation and/or rehabilitation of water points: 5,000 people*
- *Installation and/or rehabilitation of pit latrines: 200 Households (approximately 872 people)*
- *Distribution of soap, and water containers or buckets with lids: 1,000 households (approximately 4,800 people)*
- *Water user committees: 60 people*
- *Water points minders: 20 people*
- *Handwashing facilities: 5,000 people*
- *PHHE/RCCE awareness: 5,000 people*

*WASH Sub-total – 5,000 direct beneficiaries from 10 villages; 20,672 indirect from 38 villages in Matkomnai, Kungim and Rumginae*

*The nutrition target population includes children under 5 years, adolescents, women including pregnant and lactating women in all five targeted areas. These groups are the vulnerable groups. Adolescents (especially girls) are part of the intergenerational cycle, hence it is crucial that all these groups are considered in nutrition interventions to prevent malnutrition and related problems from repeating in the next generation.*

- *Children under 5 years: 200 people*
- *Children 6-59 months: 1,500 people*
- *Pregnant women: 1,000 people*
- *Lactating women: 1,000 people*
- *Primary caregivers: 1,500 people*
- *Community members: 6,000 people*

*Nutrition Sub-total – 11,200 people from 48 villages*

*The potential impact of the MNH interventions include pregnant and postpartum women and girls accessing quality maternal and reproductive health services to ensure safe birth; preventing birth complications and limit spread and transmission of COVID-19 especially between mother and baby pairs; protecting new-borns from facility and maternal-to-newborn COVID-19 transmission; and complications of unsafe delivery. Health care workers and health facilities providing MNH services will have strengthened capacities to provide comprehensive maternal and new-born care as well as respond to mitigate the threat of COVID-19 infection. Community members including men have the right information and knowledge to support maternal and new-born access to quality MNH care and service. The target populations in the five areas are follows:*

- *Pregnant and Postpartum women and girls: 700 people*
- *New-borns: 300 people*
- *Health care workers including Village Health Volunteers: 50 people*
- *Health facilities: 7*
- *Community members: 6,000 people*

MNH Sub-total – 7,050 people from 48 villages

## VII. Who will deliver this solution?

*With the financial support provided, IOM, UNFPA and UNICEF will work with the Western Provincial Government, including the Western Provincial Health Authority, the North Fly District Government, the Catholic Diocese of Daru and Kiunga, World Vision and other national and local partners. The main partner is the government, though there is limited capacity for them to deliver the necessary WASH, nutrition and MNH interventions due to financial, technical and human resource constraints and a focus on COVID-19 clinical preparedness.*

*Since 2013, IOM, in close cooperation with the National Disaster Centre and Provincial Disaster Centres, has been supporting the government at the national, provincial and local levels to respond to complex emergencies, mitigate risk to vulnerable communities and reduce disaster-induced displacement, through strengthened capacity in disaster prevention, preparedness, response and recovery. Through its community-based planning interventions on Disaster Risk Reduction (DRR) IOM has assisted vulnerable communities reduce exposure to natural hazards, build resilience and awareness on disaster vulnerability and the capacity to implement mitigation and response measures across 16 provinces of PNG, including Western Province where it has an established field presence. Through such programming IOM has implemented a range of WASH interventions to 66 wards in 11 provinces drawing on IOM's global experience in responding to WASH needs of vulnerable populations (<https://www.iom.int/WASH>)*

*Working closely with the Western Provincial Disaster Centre (PDC) and District Disaster Office, church and NGO partners, IOM will mobilize its WASH experts to support existing staff on the ground deliver stated WASH interventions to targeted communities working in partnership with the communities themselves (traditional leadership, women, children, youth, people living with disabilities, migrant groups, et al), National Disaster Centre, National Department of Health, Provincial, District and Local Government, Department of Community Development, Youth and Religion, and Department of Lands. Other key stakeholders include Donors, UN country team, Churches, NGOs, CSOs. Monitoring and oversight will be facilitated by the IOM head office in Port Moresby in close coordination with IOM field-based staff. Protection and gender considerations will be mainstreaming in all interventions.*

*Since 1996, UNFPA has been working in Papua New Guinea to achieve universal access to sexual reproductive health, realize reproductive rights, reduce maternal and neonatal mortality and reduce the unmet need for family planning in order to improve the lives of women, adolescents and youths. Building on the UNFPA comparative advantage, with access to global experience and international best practices, a broad spectrum of advisory, normative and operational capacities will be utilized to support the implementation of the project priorities. The maternal and newborn health interventions will be primarily implemented in the identified communities through the Catholic Health Services and Evangelical Church of PNG who have been providing essential services in most of the rural hospitals and AID posts in Western Province. This will be implemented in collaboration with the Western Highlands Provincial Health Authority and North Fly District Administration. Monitoring will be conducted through monthly data gathering at the community and facility levels and mobile phones and other innovative mechanisms will be adopted where possible to reinforce routine data gathering systems. From the country head office, one UNFPA program officer will ensure direct supervision and monitoring of the project while the Technical Specialist FP/MH/RHCS will ensure overall coordination and supervision of the project.*

*Training will be required to deliver nutrition interventions along with provision of materials and supplies. The training and support will enable sustainable nutrition interventions and UNICEF has two Nutrition Officer staff available to support in Infant and Young Child Feeding and in Integrated Management of Acute Malnutrition programmes. UNICEF's nutrition programme has existing capacity and tools to track activities and measure results- these include use of manual reporting to feed into a database using Kobo Toolbox to monitor progress and improve programme implementation. The interventions will identify and reduce malnutrition in children under five and treat severe and acute malnutrition reducing stunting and wasting prevalence. Pregnant and lactating women will receive IYCF counselling to improve nutrition practice and children aged 6-59 months will receive vitamin A supplementation and micronutrient powder for the reduction of morbidity and mortality as per WHO's guidance. Given the current circumstances, it may not be possible for UNICEF's nutrition team to travel to implementation sites however alternative*

*arrangements and mitigation measures are planned for such an eventuality. These include working with partners such as the Western Provincial Health Authority, North Fly District Health Authority, the Catholic Diocese Health Services and other Church groups identifying on the ground health workers who have been trained in nutrition practices and can deliver IYCF to the targeted communities. Alternatively, should the capacity at local level be insufficient to reach targeted communities, UNICEF and partners will work to coordinate remote training of health workers developing capacity and enabling them to deliver IYCF.*

## Cover Page

<b>Contacts</b>	<b>Resident Coordinator or Focal Point in his/her Office</b> <b>Name: Gianluca Rampolla</b> <b>Email: Gianluca.rampolla@one.un.org</b> <b>Position: Resident Coordinator</b> <b>Other Email:</b> <b>Telephone: +675 321 2877</b> <b>Skype:</b>			
<b>Description</b>	<i>Integrating WASH, Nutrition, Maternal and Newborn Health solutions to address secondary impacts of COVID-19 response on vulnerable populations, especially newborns, children, adolescents and mothers who include refugees, asylum-seekers, or migrants in high-risk border area communities with Indonesia, linking with SDGs on poverty, hunger, good health, gender equality, clean water and partnerships</i>			
<b>Universal Markers</b>	<b>Gender Marker:</b> <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. <b>b) Make a significant contribution to gender equality and/or the empowerment of women and girls;</b> c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.			
<b>Fund Specific Markers</b>	<b>Human Rights Based Approach to COVID19 Response</b> <i>(bold the selected):</i> Yes/No Considered OHCHR guidance in proposal development <a href="#">UN OHCHR COVID19 Guidance</a>			
	<b>Fund Windows</b> <i>(bold the selected; pls select one only)</i> <b>Window 1: Enable Governments and Communities to Tackle the Emergency</b> Window 2: Reduce Social Impact and Promote Economic Response			
<b>Geographical Scope</b>	<b>Regions: Western Province (North Fly District)</b> <b>Country: Papua New Guinea</b>			
<b>Recipient UN Organizations</b>	<b>IOM, UNFPA and UNICEF</b>			
<b>Implementing Partners</b>	<b>Western Provincial Government, Western Provincial Health Authority, North Fly District Government, Catholic Diocese of Daru and Kiunga, World Vision, National Department of Health,</b>			
<b>Programme and Project Cost</b>	<b>Budget</b>	<b>Agency</b>	<b>Amount</b>	<b>Comments</b>
	<b>Budget Requested</b>	IOM	\$333,000	
		UNFPA	\$332,480	
		UNICEF	\$330,113	
	<b>In-kind Contributions</b>			
	<b>Total</b>		\$ 995,593	
<b>Comments</b>				
<b>Programme Duration</b>	<b>Start Date: 1 June 2020</b>			
	<b>Duration (In months): 7</b>			
	<b>End Date: 31 December 2020</b>			



## Results Framework

<b>Window I: Proposal Outcome</b>	<i>Western Province Border communities that are most vulnerable/left behind and at-risk of the COVID-19 outbreak in PNG continue to have to access critical, life-saving services to ensure progress towards the achievement of sustainable development priorities/goals remains on track</i>				<b>Outcome</b>
					<b>Total Budget</b> USD <b>991,848.00</b>
					USD
		<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
<b>Outcome Indicators</b>	<i>1.1a Number of children aged 6-59 months with severe acute malnutrition who were admitted for treatment and cured (SDG Target 2.2)</i>	TBD	150	<i>Monthly Nutrition Report (paper based and Kobo Toolbox)</i>	UNICEF
	<i>1.1b Proportion of births delivered in a health facility (SDG Target 3.1)</i>	58% (DHS 2018)	62%	<i>Health facility delivery reports; post assistance monitoring survey</i>	UNFPA
	<i>1.1c Number of people from vulnerable communities who have improved access to, and are utilizing, safe drinking water sources and sanitation facilities (SDG Target 6.2)</i>	0	5,000	<i>Field activity reports, field monitoring reports, and post assistance monitoring survey</i>	IOM
<b>Proposal Outputs</b>	<i>1.1.1 Government, service providers and community stakeholders continue to implement critical basic WASH, nutrition and MNH services according to standards at all times in border communities, that are not covered by the national/sub-national COVID-19 response and reach vulnerable and disadvantaged border communities, specifically women and girls of reproductive age (duty bearers)</i>				
	<i>1.2.1 Caregivers, family members, women of reproductive age, and communities have improved knowledge of improved feeding/nutrition, WASH, and maternal and newborn caring practices and to seek quality services, especially in groups that are the most vulnerable and disadvantaged (rights holders)</i>				
<b>Proposal Output Indicators</b>	<i>1.1.1a (Duty Bearers) Number of children aged 6-59 months who received:</i>	0	1,500	<i>Monthly Nutrition Report</i>	UNICEF
	<i>(a) Vitamin A supplements (b) Multiple Micronutrient Powder</i>	0	1,500		
	<i>1.1.1b (Duty Bearers) Number of pregnant and postpartum women who received antenatal and postnatal care at health facilities and through home visits</i>	0	700	<i>Health facility and home visit reports</i>	UNFPA

<i>1.1.1c (Duty Bearers)</i> <i>Number of Healthcare providers whose capacities are built to provide quality Maternity and neonatal care with adequate IPC measures</i>	0	50	<i>Training and monitoring reports</i>	<i>UNFPA</i>
<i>1.1.1d (Duty Bearers)</i> <i>Emergency transport system established for prompt transport of pregnant, postpartum women and newborn for advanced care</i>	No	Yes	<i>Project report</i>	<i>UNFPA</i>
<i>1.1.1e (Duty Bearers)</i> <i>Number of people with increased access to installed and/or rehabilitated water points</i>	0	5,000	<i>Field activity reports and field monitoring reports</i>	<i>IOM</i>
<i>1.1.1f (Duty Bearers)</i> <i>Number of households with increased access to installed and/or rehabilitated pit latrines</i>	0	200	<i>Field activity reports and field monitoring reports</i>	<i>IOM</i>
<i>1.1.1g (Duty Bearers)</i> <i>Number of water point minders to ensure quality and functioning is maintained</i>	0	20	<i>Field activity reports and field monitoring reports</i>	<i>IOM</i>
<i>1.2.1a (Rights Holders)</i> <i>Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms</i>	0	1,500	<i>Monthly Nutrition Report (paper based and Kobo Toolbox)</i>	<i>UNICEF</i>
<i>1.2.1b (Rights Holders)</i> <i>Number of children aged 6-59 months with severe acute malnutrition who are admitted for treatment</i>	0	200	<i>Monthly Nutrition Report (paper based and Kobo Toolbox)</i>	<i>UNICEF</i>
<i>1.2.1c (Rights Holders)</i> <i>Number of pregnant and lactating women receiving nutrition education including infant and young child feeding practices</i>	0	2,000	<i>Monthly Nutrition Report (paper based and Kobo Toolbox)</i>	<i>UNICEF</i>
<i>1.2.1e (Rights Holders)</i> <i>Number of community members provided with information on pregnancy, delivery and COVID-19 infection prevention</i>	0	6,000	<i>Programme reports</i>	<i>UNFPA</i>
<i>1.2.1f (Rights Holders)</i> <i>Number of people reached with PHHE/RCCE Awareness</i>	0	5,000	<i>Field activity reports, field monitoring reports, and awareness raising reports</i>	<i>IOM</i>

	<i>1.2.1g (Rights Holders) Number of community members participating in functioning water user committees (gender parity)</i>	0	60	<i>Field activity reports, field monitoring reports, training reports</i>	<i>IOM</i>
	<i>1.2.1h (Rights Holders) Number of households receiving WASH supplies (soap and water containers or budgets with lids)</i>	0	1,000	<i>Field activity reports and field monitoring reports</i>	<i>IOM</i>

## SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
X	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
X	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
X	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
X	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
X	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
X	SDG 17 (Partnerships for the Goals)		

### Relevant SDG Targets and Indicators

[Depending on the selected SDG please indicate the relevant target and indicators.]

Target	Indicator # and Description	Estimated % Budget allocated
TARGET 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	INDICATOR 1.4.1 Proportion of population living in households with access to basic services	
TARGET 2.2: By 2030, end all forms of malnutrition, including achieving, by	INDICATOR 2.2.2 Prevalence of malnutrition	

2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons		
TARGET 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	INDICATOR 3.1.2 Proportion of births attended by skilled health personnel	
TARGET 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	INDICATOR 3.2.1 Under-five mortality rate	
Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	INDICATOR 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	
TARGET 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all	INDICATOR 6.1.1 Proportion of population using safely managed drinking water services	
TARGET 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	INDICATOR 6.2.1 Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water	
TARGET: 17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships	No global indicator set	

## Risk

**What risks and challenges will complicate this solution, and how they will be managed and overcome?**

*(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) Please enter no more than 3.*

<b>Event</b>	<b>Categories</b> Financial Operational Organizational Political (regulatory and/or strategic)	<b>Level</b> 3 – Very High 2 – Medium High 1 - Low	<b>Likelihood</b> 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	<b>Impact</b> 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	<b>Mitigating Measures</b> (List the specific mitigation measures)	<b>Risk Owner</b>
<i>Risk 1 Limited Capacity of implementing partners in remote areas</i>	<i>Operational</i>	<i>2</i>	<i>4</i>	<i>3</i>	<i>Delays or access restrictions caused by natural disaster events or logistic failures are the most likely. The former is unavoidable, but the latter can be addressed with clear planning for logistical requirements and mitigating common causes for delays</i>	<i>Participating UN Agencies</i>
<i>Risk 2 Delays in National/Sub-national funding flows to Western Province</i>	<i>Financial</i>	<i>3</i>	<i>5</i>	<i>4</i>	<i>Work with IFIs and DPs to ensure their funding is available and disbursed in a timely manner; work with national government partners to mitigate bureaucratic delays in releasing funds</i>	<i>Government</i>
<i>Risk 3 Interventions to benefit vulnerable groups may be delayed by the overseeing national government agencies</i>	<i>Political</i>	<i>2</i>	<i>4</i>	<i>2</i>	<i>As much as possible, keep the relevant national government agencies properly informed and request access as prescribed</i>	<i>Participating UN agencies</i>

## Budget by UNDG Categories

**\*Up to Four Agencies**

Budget Lines	Fiscal Year	Description [OPTIONAL]	IOM	UNFPA	UNICEF	Total USD
1. Staff and other personnel	2020		79,995	0	100,000	179,995
2. Supplies, Commodities, Materials	2020		103,470	87,229	0	190,699
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020		350	65,000	0	65,350
4. Contractual services	2020		15,000	15,500	0	30,500
5. Travel	2020		43,456	40,000	10,000	93,456
6. Transfers and Grants to Counterparts	2020		0	93,000	170,000	263,000
7. General Operating and other Direct Costs	2020		68,944	10,000	28,517	107,461
<b>Sub Total Programme Costs</b>			<b>311,215</b>	<b>310,729</b>	<b>308,517</b>	<b>930,461</b>
8. Indirect Support Costs * 7%			21,785	21,751	21,596	65,132
<b>Total</b>			<b>333,000</b>	<b>332,480</b>	<b>330,113</b>	<b>995,593</b>

\* The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.

## Annex: SDG List

Target	Description
<b>TARGET T_1.1</b>	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
TARGET_1.2	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
<b>TARGET T_1.3</b>	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
TARGET_1.4	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
TARGET_1.5	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
<b>TARGET T_1.a</b>	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
TARGET_1.b	1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
<b>TARGET T_2.1</b>	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
TARGET_2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
TARGET_2.3	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
TARGET_2.4	2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
TARGET_2.5	2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
TARGET_2.a	2.a Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
TARGET_2.b	2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies

	and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round
TARGET _2.c	2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility
TARGET _3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
TARGET _3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
<b>TARGE T_3.3</b>	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
TARGET _3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
TARGET _3.5	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
TARGET _3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
TARGET _3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET _3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
TARGET _3.9	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
TARGET _3.a	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
TARGET _3.b	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
<b>TARGE T_3.c</b>	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
<b>TARGE T_3.d</b>	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
TARGET _4.1	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
TARGET _4.2	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
TARGET _4.3	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
TARGET _4.4	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
TARGET	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all

_4.5	levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
TARGET _4.6	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
TARGET _4.7	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
TARGET _4.a	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
TARGET _4.b	4.b By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries
TARGET _4.c	4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
TARGET _5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET _5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
TARGET _5.3	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
TARGET _5.4	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
<b>TARGET</b> <b>T_5.5</b>	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
TARGET _5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
TARGET _5.a	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
<b>TARGET</b> <b>T_5.b</b>	5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
<b>TARGET</b> <b>T_5.c</b>	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
TARGET _6.1	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
TARGET _6.2	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
TARGET _6.3	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
TARGET _6.4	6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity

TARGET _6.5	6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
TARGET _6.6	6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
TARGET _6.a	6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
TARGET _6.b	6.b Support and strengthen the participation of local communities in improving water and sanitation management
TARGET _7.1	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services
TARGET _7.2	7.2 By 2030, increase substantially the share of renewable energy in the global energy mix
TARGET _7.3	7.3 By 2030, double the global rate of improvement in energy efficiency
TARGET _7.a	7.a By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
TARGET _7.b	7.b By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States and landlocked developing countries, in accordance with their respective programmes of support
<b>TARGET T_8.1</b>	8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
TARGET _8.10	8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
<b>TARGET T_8.2</b>	8.2 Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
TARGET _8.3	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
TARGET _8.4	8.4 Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-Year Framework of Programmes on Sustainable Consumption and Production, with developed countries taking the lead
<b>TARGET T_8.5</b>	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
TARGET _8.6	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
TARGET _8.7	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
TARGET _8.8	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
TARGET	8.9 By 2030, devise and implement policies to promote sustainable tourism that

8.9	creates jobs and promotes local culture and products
TARGET _8.a	8.a Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-related Technical Assistance to Least Developed Countries
TARGET _8.b	8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization
<b>TARGET</b> <b>T_9.1</b>	9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
TARGET _9.2	9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
TARGET _9.3	9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
TARGET _9.4	9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
TARGET _9.5	9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
TARGET _9.a	9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
<b>TARGET</b> <b>T_9.b</b>	9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
TARGET _9.c	9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020
TARGET _10.1	10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
TARGET _10.2	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
TARGET _10.3	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
TARGET _10.4	10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
TARGET _10.5	10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
TARGET _10.6	10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
TARGET _10.7	10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
TARGET	10.a Implement the principle of special and differential treatment for developing

_10.a	countries, in particular least developed countries, in accordance with World Trade Organization agreements
TARGET _10.b	10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
TARGET _10.c	10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent
TARGET _11.1	11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
TARGET _11.2	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
TARGET _11.3	11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
TARGET _11.4	11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage
TARGET _11.5	11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
TARGET _11.6	11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
TARGET _11.7	11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
TARGET _11.a	11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning
TARGET _11.b	11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels
TARGET _11.c	11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials
TARGET _12.1	12.1 Implement the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
TARGET _12.2	12.2 By 2030, achieve the sustainable management and efficient use of natural resources
TARGET _12.3	12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
TARGET _12.4	12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
TARGET _12.5	12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
TARGET _12.6	12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle

TARGET _12.7	12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities
TARGET _12.8	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
TARGET _12.a	12.a Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
TARGET _12.b	12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products
TARGET _12.c	12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities
TARGET _13.1	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
TARGET _13.2	13.2 Integrate climate change measures into national policies, strategies and planning
TARGET _13.3	13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
TARGET _13.a	13.a Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
TARGET _13.b	13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
TARGET _14.1	14.1 By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
TARGET _14.2	14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
TARGET _14.3	14.3 Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
TARGET _14.4	14.4 By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics
TARGET _14.5	14.5 By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
TARGET _14.6	14.6 By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies negotiation <sup>3</sup>
TARGET _14.7	14.7 By 2030, increase the economic benefits to small island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism

TARGET _14.a	14.a Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries
TARGET _14.b	14.b Provide access for small-scale artisanal fishers to marine resources and markets
TARGET _14.c	14.c Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in the United Nations Convention on the Law of the Sea, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of “The future we want”
TARGET _15.1	15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements
TARGET _15.2	15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally
TARGET _15.3	15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
TARGET _15.4	15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
TARGET _15.5	15.5 Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species
TARGET _15.6	15.6 Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
TARGET _15.7	15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
TARGET _15.8	15.8 By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
TARGET _15.9	15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
TARGET _15.a	15.a Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
TARGET _15.b	15.b Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
TARGET _15.c	15.c Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities
TARGET _16.1	16.1 Significantly reduce all forms of violence and related death rates everywhere
TARGET _16.10	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
TARGET _16.2	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
TARGET	16.3 Promote the rule of law at the national and international levels and ensure equal

_16.3	access to justice for all
TARGET _16.4	16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
TARGET _16.5	16.5 Substantially reduce corruption and bribery in all their forms
TARGET _16.6	16.6 Develop effective, accountable and transparent institutions at all levels
TARGET _16.7	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels
TARGET _16.8	16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance
TARGET _16.9	16.9 By 2030, provide legal identity for all, including birth registration
TARGET _16.a	16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
TARGET _16.b	16.b Promote and enforce non-discriminatory laws and policies for sustainable development
TARGET _17.1	17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
TARGET _17.10	17.10 Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
TARGET _17.11	17.11 Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
TARGET _17.12	17.12 Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
TARGET _17.13	17.13 Enhance global macroeconomic stability, including through policy coordination and policy coherence
TARGET _17.14	17.14 Enhance policy coherence for sustainable development
TARGET _17.15	17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development
TARGET _17.16	17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries
TARGET _17.17	17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships
TARGET _17.18	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
TARGET _17.19	17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries
TARGET	17.2 Developed countries to implement fully their official development assistance

_17.2	commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
TARGET _17.3	17.3 Mobilize additional financial resources for developing countries from multiple sources
TARGET _17.4	17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
TARGET _17.5	17.5 Adopt and implement investment promotion regimes for least developed countries
TARGET _17.6	17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge-sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
TARGET _17.7	17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
TARGET _17.8	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
TARGET _17.9	17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals, including through North-South, South-South and triangular cooperation

