



**Evaluability Assessment
of
UNICEF Papua New Guinea Convergence
Programme**

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1.0 Introduction

Convergence is a new strategy articulated in the UNICEF CPD 2018 – 22 (extended now to June 2023) for programme implementation to maximise efficiency and delivery of results for children but has not been operationalised to date. Recognising that over the years, what has been made evident is that the decisions made by local governments often determine the well-being of children and adolescents. This is increasingly true with the trends in decentralisation. Convergence programming seeks to complement UNICEF's traditional mode of implementing separate sectoral outcomes to deliver results for children. Convergence in a selected geographical location will require focusing and synchronising resources and services on key flagship UNICEF sectoral programmes and strengthening **multi-sectoral** and **inter-agency coordination** and **consultation**.

To operationalise a **Convergence programme** strategy, UNICEF PNG initially identified Hagen Central District in 2018 as a focus location for introducing convergence programming. However, due to the 7.5 magnitude earthquake that occurred in PNG on 26 February 2018, and then the subsequent localised measles outbreak and response, critical office resources were channelled to these priorities. This resulted in several critical steps that were left unfinished, such as the finalisation of the documentation supporting the design of packages of integrated interventions and the identification of partners able to implement the convergence strategy. The implementation of activities in 2019 was significantly delayed due to the weak capacities of implementing partners, confronting security challenges, and limited commitment from local authorities. Further implementation delays were experienced due to the ongoing COVID-19 pandemic in 2020 and last year.

Despite the challenges, UNICEF PNG remains committed to demonstrating and evaluating that programme convergence achieves improved results for every child by reducing disparities, barriers to service delivery and vulnerability. Learning from the problematic introduction of the Convergence strategy, it is seen as critical to invest time in the **foundational preparatory design** and **micro-planning** work to anchor integrated programme interventions in consultation with local authorities and adolescents' participation. As such, after careful consideration of the lessons learned from the earlier convergence experience, UNICEF PNG is now targeting two geographic locations to demonstrate, measure and evaluate results **through convergence programming in Nawaeb District, Morobe Province and Bogia District, Madang Province**. These two geographic locations were chosen based on **child deprivation** analysis in addition to additional variables relating to available structures, willing partners, and overall operating environment.

While this new convergence programme continues UNICEF Australia's support of UNICEF Papua New Guinea; this programme represents a new partnership between UNICEF Aotearoa New Zealand (NZ) and UNICEF Papua New Guinea. UNICEF Aotearoa NZ supports this programme within the New Zealand Ministry of Foreign Affairs and Trade (MFAT) funded Negotiated Partnership umbrella. The Negotiated Partnership will provide the platform to build on successes gained for children in implementing the work undertaken to date by UNICEF Papua New Guinea.

As part of the preparatory design work of the convergence programme, a comprehensive bottleneck analysis was conducted in both selected districts in August and September 2021. The rapid assessment gathered disaggregated data (where available) based on sex, age and disability, which will assist in making need-based interventions (see **Section 3.2** for further details on the Rapid Assessment's scope and methodology).

To further promote readiness and implementation of the Convergence Programme, it was decided to carry out an Evaluability assessment. The timing of the Evaluability Assessment is to improve the programme design prior to implementation and prepare for a future evaluation.

2.0 Approach and Methodology

Framework: The methodology adopted for this evaluability assessment uses the framework proposed by **Rick Davies to guide this evaluability assessment**¹. This framework suggests that an evaluability assessment should look at three broad types of issues: **(1) Programme design, (2) Availability of information, and (3) Institutional context**. These issues are aligned with the objectives of this evaluability assessment as outlined in the TORs. The framework's value-added consists in its checklist of relevant questions regarding each of these three criteria, ensuring comprehensive coverage of matters pertinent to evaluability. Answers to these questions, once collated, provide an indication of whether an evaluation can and should be conducted, or not. The answers also provide insights on how to improve the program's evaluability, including its design, theoretical framing, and results monitoring. Relevant questions of this checklist are reproduced and answered in the "findings" of the evaluability assessment.

Sources of Information: This evaluability assessment relies on two principal sources of information:

- **Documents shared** by UNICEF PNG CO including; country office annual reports; the 2018 - 2022 Country Programme Document (CPD); Integrated Monitoring and Evaluation Plan (IMEP); Programme Strategy Notes for each outcome; data extracted from Results Assessment Modules (RAM); draft Programme Convergence design document (and previous preparation documents); draft bottleneck analysis reports for Bogia and Nawaeb prepared by World Vision PNG as well as other relevant sectoral reports and UNICEF Head Quarters (HQ) documents such as the new 2022-2025 UNICEF Strategic Plan and other guidance notes.
- **Consultations** undertaken with UNICEF PNG CO colleagues, UNICEF New Zealand, UNICEF Australia, the Multi-Country Evaluation Specialist, UNICEF Pacific and UNICEF Regional Office for East Asia and the Pacific. The aim of these consultations was to clarify expectations, understand the programme structure, access, and communicate existing and missing information, discuss methodological options and logistics for data collection, and build ownership of any future evaluation process. In particular, the consultant consulted with section chiefs and/or officers in charge, sector specialists of each of the five sectors to be evaluated.

Limitations:

- This evaluability assessment was able to link with colleagues from UNICEF PNG. The information provided here is based on a **desk review of accessible documents and consultations with UNICEF PNG CO colleagues, UNICEF New Zealand, UNICEF Australia, and the UNICEF Pacific and PNG Multi-Country Evaluation Specialist during the six-month design process. Additionally, substantial input was provided by UNICEF EAPRO during the review process of the final design document submitted to donors.**
- **The evaluability assessment only partially includes the views of implementing partners as per the original design**, mainly because it became clear from interviews of UNICEF staff that implementing partners with exception of World Vision International were not all directly involved in the convergence programme design. The assessment relied upon UNICEF staff interview responses to gain information related to evaluability related to implementing partners. While this may be sufficient for the evaluability assessment,

¹ *Planning Evaluability Assessments. A Synthesis of the literature with recommendations. Report of a study commissioned by the Department for International Development. Working Paper 40, October 2013*

implementing partners should be sampled in the subsequent evaluation because of their central role in programme implementation.

3.0 Findings

3.1 Robustness of the design of the Convergence Programme

The underlying problem of poor-quality evaluations is the problem of poor-quality programme design². This evaluability assessment looked at several dimensions of the programme design to identify problems that may obstruct an eventual evaluation.

Clarity

A well-defined programme design provides clarity that facilitates the evaluation by identifying the long-term impact and outcomes and the proposed steps toward achieving them.

The programme goals, stated as the long-term impact of the convergence programme, are:

- By 2024, address disadvantages in the early years so that infants and young children get the best start in life (survive and thrive) in targeted districts of Nawaeb and Bogia; and
- By 2024, protect and empower adolescent girls, boys and those of other gender identities, to reach their full potential (transform) in targeted communities.

These **long-term impacts** are well-articulated in all programme documentation, including the narrative, Results Matrix, and MERL framework. The results-based management framework clearly identifies the outcomes (short, medium, and long term), and the associated outputs and project activities to achieve the outcomes are well defined. In terms of vertical logic, each of the five convergent outcome areas is mapped to relevant higher-level UNICEF PNG Country Program results and PNG UNDAF outcomes and sub-outcomes involving UNICEF.

Limitations:

- The new convergence programme seeks to work in a multi-sectoral way to allow greater focus and synchronisation of resources, services on flagship programmes and strengthening multi-sectoral and inter-agency coordination and consultation. However, while the **vertical logic and causal linkages** are explicit in the results-based management framework, the **horizontal integration and the proposed cross-sectoral linkages** are less evident in the design. The evaluability assessment found that the design is predominantly sectoral and still somewhat siloed, even with the current emphasis on holistic child and adolescent development. This is demonstrated in the 5 outcomes of the convergence program aligning with the 5 program sections of the ECE, Child Protection, WASH, Health & Nutrition and Social Policy. The Project Background and Rationale point to three areas that have potential for multi-sectoral convergences, namely a) Child Survival and Development, b) Child Well-being, and c) Safe and Clean Environment. However, these three areas are not further operationalised in the convergent outcomes.
- The targets are solely defined for each sector from the perspective of their own well-trodden programme focus. The design consulted widely with sections and between sections, but this does not necessarily translate into collaboration. This is predominantly due to the **linear operating environment** (including no shared indicators in Annual Work Plans) within the UNICEF Country Office (and more broadly the UN and other donor partners) and reflected in the corresponding ministries both at the national and provincial levels. A contributing factor is that the co-design process was led by a key donor UNZ/MFAT, who is funding only three of the outcomes (Education, WASH & Child Protection sectors). This further limited the

² ibid. pg. 8

possibility to reflect a convergent-sectoral approach due to the parameters of funding. Hence, it was critical that the proposal documentation, including the budget, was able to easily attribute contribution.

Relevance

To assess the relevance of a project, the intended beneficiaries must be clearly identified. A situation analysis, baseline study or other evidence and argument can link the project objectives to the needs of the target group.

UNICEF identified the eight most deprived provinces in PNG, including Morobe and Madang, based on child deprivation index analysis using several critical health indicators such as the coverage of measles, ANC-1, health facility delivery, and primary health care outreach per 1000 population, and supervisory support to health facilities. The two geographic locations selected to demonstrate the benefits of using a convergence approach are Nawaeb District, Morobe Province and Bogia District, Madang Province.

The recent rapid assessment conducted as part of the inception process of the convergence programme clearly identifies the beneficiary group in terms of who and how many and is considered **a reliable source of information**. The design includes a disaggregated beneficiary table for direct beneficiaries. Where disaggregated data is not yet available, a strategy for collecting this disaggregated data will be developed throughout the micro-planning stage of the programme period.

UNICEF and inter-agency programming principles are also reflected in the design (equity - "leave no one behind", human rights, gender equality, sustainability and resilience and accountability). Gender differences, inequalities or discrimination have been considered in the theory of change. Where relevant, specific targeted gender priorities and gender mainstreaming results are formulated to address the gender-related barriers outlined in the narrative.

Limitations:

- More work is needed to ensure that the description of activities and strategies align with the overall goal and outputs and are linked with the identified priority vulnerabilities and deprivations.

Plausible and Consistent

A programme is more likely to achieve its final impact of concern within its lifespan when there is a continuous causal chain connecting planned interventions with project objectives that are likely to be achieved.

The Results Matrix and MERL Framework (attached as **Annex 1**) present a logical connection between the Outputs (for which UNICEF has a high degree of accountability) and the Outcomes (to which UNICEF contributes, together with other partners). The overall results structure is solid, with the five outcomes well-structured and clearly contributing to the overarching goal of the programme. The results matrix and MERL framework (are consistent with the programme Theory of Change (**Annex 2: ToC and Results Diagram**), which describes the necessary conditions for the desired long-term goals of the programme and draws the causal linkages between them. **The assumptions and risks of the ToC are identified** and adequately integrated through the design and addressed by the choice and scope of strategies.

Valid and Reliable

To effectively monitor a programme and facilitate its evaluation, valid and reliable indicators are needed for each expected result - at the output, outcome, impact levels - that capture what is expected to happen.

The Convergence Programme design document MERL Table and Workplan narrative outlines a clear monitoring strategy, identifying the key indicators linked to the programme results (outcome and output), baselines, targets, and means of verification. Standard indicators in the RAM have been considered when relevant, and all indicators are well formulated (SMART). Some indicators make use of UNICEF's systems and processes, some others rely on the programme reports (including implementing partner reports), and other indicators use national/sub-national systems (Civil Registrar reports, Annual School Census, EMIS, Education Statistics Bulletin, OCFS administrative data, DNoE administrative data, NHIS reports, etc.). Some data sources, such as U-Report, cannot reliably or accurately capture population statistics. The quality and reliability of other data sources and or means of validation, particularly the national/sub-national systems, are not known.

The design indicates that “wherever appropriate, monitoring systems will ensure that data can be disaggregated by gender, disability and other relevant criteria”. Some indicators have set gender-disaggregated targets, although there is no baseline. Also, not all data collected during the rapid assessment was disaggregated by sex, disability, age etc., as appropriate. Examples include Birth registration and ECD and School attendance rates. UNICEF will seek to address pending baseline, indicators, and targets in the first 12 months of implementation and UA resources exist to support this exercise.

Considering that the current country programme (2018 - 22 – and extended to 2023) adopts a pilot to policy to scale approach, it will be critical to measure how increased Government investments contribute to better access to services both at national and sub-national levels and enhance policy development and enactment. The drivers of the behavioural change of duty bearers and right holders also need to be monitored. To do so, each of these key stakeholder groups, either as specific service providers or targeted communities, need to be identified in pilot districts. These can be used to identify the drivers of success. Once done, UNICEF could establish baselines and end-lines in the two targeted provinces. On this basis, sufficient evidence for scaling up the pilot should be available.

All convergent outcome areas would benefit from measuring how they help individually and jointly improve equitable access to services. It is important to understand how and where children and those “further left behind” are being specifically targeted and have progressively improved access to Child Protection, Education, Health, Nutrition and WASH services.

To facilitate effective monitoring and future evaluation of the programme, UNICEF PNG is supporting the establishment of a Coordination Mechanism in the targeted districts, including articulation of roles and responsibilities and division of labour to support the generation, capture, management and analysis of relevant programme and administrative data. Critically, the design includes a focus on the **on-the-job capacity development** to conduct monitoring of results.

UNICEF will support a further comprehensive household survey like the rapid assessment conducted during the Inception phase to collect data and evidence of progress on the actions

presented in the design and inform necessary strategic shifts commensurate with the changing programme environment. The KoboToolbox, eTools platform, eNHIS and eNEIS and other developed tools, when possible, will be deployed to strengthen work planning, support partnership management, and monitor results.

Limitations:

- **The indicators demonstrate alignment, as relevant, to the indicators in the draft UNICEF Strategic Plan 2022-2025 Results Framework.** However, the results framework needs to be revisited to ensure increased alignment in the output indicators with the final UNICEF Strategic Plan and RAM indicators to facilitate monitoring and data collection. It is critical to ensure the Programme Design Document relates to sectoral strategies (including the commitment to upstream work) and signed AWP's with Government as consultation during the design process was limited.
- **Limited credible data at all levels is a serious gap.** This problem in terms of data continues to affect all programme analyses of inequities in PNG. The **second Demographic and Health Survey (DHS) is deferred till 2024** due to the COVID-19 pandemic, and the highly anticipated **National Population and Housing Census have also been postponed until 2024.**

See **Section 3.2)** Availability of information and adequacy of systems to deliver same for detailed discussion.

Testable

A successful evaluation will be scoped to align with linkages in the causal chain of the programme being evaluated. These identified and testable linkages will give focus to the evaluation questions.

As a new programme, there is not sufficient information to make a judgement about the most critical linkages in the causal chain to the success of the convergence programme. However, as part of the proposal **end-term evaluation to be conducted in FY2024/25**, to support learning and accountability for results and specifically compare the two modes of delivery – sectoral and convergence, an analysis of impact, using most-significant-change analysis, could point to the critical links in the causal chain. Additionally, the future evaluation could assess which identified beneficiaries are being impacted by the convergence programme actions and are the actions being effectively and efficiently implemented.

An important assumption behind the testability of a new programme is that it will be operationalised. Operationalising the convergence programme may prove challenging and may take time, adding to delays. Once funding is available, Sections (that are not already operating flagship programmes in target districts, such as Child Protection, Education and Social Policy) will seek to plan their engagement with DPLGA and identify other new district-level partners (church, NGOs, private sector) and build much needed capacity to implement at Ward level. This partnership work will only commence once financing is available as there are no current initiatives in these targeted communities to build on.

Contextualized

Explicit assumptions about the role of actors outside the project, and their monitoring, aid the evaluation.

The design of the Convergence Programme is based on several assumptions related to the role of actors outside the convergence programme and include:

- COVID-19 pandemic does not significantly impact implementation (travel restrictions, resource ability, GoPNG prioritisation, the ability of the social service sector to cope with pandemic related demands).
- The political landscape will remain stable, and the economic context will remain stable or improves, especially considering the national election planned for 2022.
- Basic services, such as electricity, and telecommunications, are available, and adolescents and young people have access.

Limitations:

These assumptions are clearly elaborated in the design. However, a plausible plan to monitor the role of actors and agents outside of the project needs to be put in place.

Complexity

When multiple interactions exist between different project components, it can complicate attribution of cause of - and identification of effects derived from – programme activities.

By nature of a convergent programme, there are extensive interactions between different programme components. It is acknowledged that UNICEF's sectoral approach will complicate attribution to activities. Therefore, it will be important to continuously revisit the ToC throughout the programme cycle and reaffirm or refine it, testing the assumptions and strands of the programme theory and introducing new ones or removing them when necessary. The future evaluation will benefit from a well-established ToC and can credibly attribute change using a theory-based evaluation approach.

Limitations:

The present programme design would be further enhanced by articulating the contributions of other Government and NGO partners working in Bogia and Nawaeb that will complement UNICEF involvement towards the achievement of the vision of change.

Agreement

Agreement among different stakeholders about the objectives and how they can be achieved ensures their ownership of the programme.

A stakeholder analysis has been conducted as part of the convergence programme design, helping to identify the main government counterparts and other key actors that may shape implementation during the life cycle of the programme. The purpose of the stakeholder analysis is to assist UNICEF to identify the stakeholders whose views and contributions have and could assist with the ongoing development of the programme and participation in the future evaluation of the programme. The bulk of profiles presented in the stakeholder analysis are expected to play a critical role in developing, implementing, and monitoring the programme. However, the views of these stakeholders on the convergence programme are not entirely visible in the programme design documents or if these stakeholders have been consulted specifically about the objectives of the convergence programme and how they are to be achieved to ensure their ownership. Without the visible views of different stakeholders who may have different views, there cannot be a comprehensive and complete agreement about the programme objectives and how they will be achieved.

This ownership of the programme correlates with ownership of the evaluation of the programme. And findings of an evaluation are more likely to be used by stakeholders having ownership of the programme and its results.

A stakeholder consultation is indicated in the programme design “to be conducted in the preparatory inception phase”. Although it should have been done earlier in the design phase, this consultation is still an opportunity to consult and get an agreement on the objectives with the different stakeholders who have not been engaged in the design phase.

Limitations:

- There is evidence that the Convergence Programme design was developed in consultation with key stakeholders at the National and Provincial levels and a comprehensive baseline assessment was completed at district level. Still, further district level engagement will be required to operationalise the initiative successfully. Once funding is confirmed, UNICEF will need to spearhead a coordinated process looking at common programme entry points, possible target areas and joint beneficiaries. Due to COVID 19 commitments, this joint planning process between sections and cross-sectoral engagement has been limited.
- There has been limited discussion in part due to staff change over amongst programme sections as to the relevance of the **two geographic locations** selected to demonstrate the benefits of using a convergence approach. Both Education and Child Protection seek further clarification on the criteria adopted, the evidence used, and transparency and how they fit into broader sectoral strategies and signed Government AWP. Also, greater consensus on entry points, complementarity, and communities to focus on.
- Due to prescriptive donor funding and donor funding limitations some key initiatives were not included in the Convergence Programme. As noted, the design does, however, present elements to support the mobilisation of additional resources to support the programme not covered by the UNZ and UA/Australian Government contributions, such as in WASH, Child Protection and Social Policy. However, given the poor outlook for other donor contributions, the Convergence programme would remain fragmented if funding is not secured.

3.2 Availability of information and adequacy of systems to deliver programme

This section assesses the availability of information required for the conduct of the evaluation. The checklist below summarises key questions in this regard and the ability to answer these based on data either as it is presently available or data that we expect to be able to collect at a later stage. The rest of the section elaborates on answers by reviewing the availability of information in two areas: (a) availability of information by thematic sector (Health & Nutrition, Education, Child Protection, WASH and Social Policy); (b) availability of information to measure the impact and success of the convergence model.

Complete set of documents

As a new programme, the project proposal and design documents are in draft stages. While it is too early to have progress reports, the draft design does indicate fields for the annual targets (although not the actual targets) for indicators that monitor the programme’s progress, suggesting that annual progress reports will be possible. It would be important for the end-line evaluation and possibly a mid-term review to be fully costed in the programme work plan and the general scope and operating procedures for those to be indicated in the programme design document.

Baseline measures

Baseline data are important for assessing changes that the programme has contributed to. It is important to consider not just the availability of baseline data, but its reliability and validity. Part of that consideration process required a comprehensive situation analysis in both districts. This

included undertaking a baseline to establish the status of outcome level indicators related to the broader issues of child and adolescent well-being in Bogia and Nawaeb. The assessment was undertaken in August and September 2021.

The findings of this assessment provide an evidence-based analysis of the situation in both the Nawaeb and Bogia Districts³. **See final Assessment report which provides a detailed baseline data catalogue and metadata on data quality, completeness and systems attached as Annex 3.**

The results of the study have been discussed within the context of national indicator performance and policy, while providing a comparative analysis with global sectoral recommendations, which will be used to inform the results framework and monitoring plan for the convergence three-year programme design by UNICEF PNG in consultation with authorities, stakeholders and the community and children of Nawaeb and Bogia. The evidence formed the basis of programme design, sub-national policy development and continued beneficiary engagement for UNICEF. For this research work, UNICEF contracted World Vision to lead the assessment. World Vision was contracted based on their past and present work in both districts.

The key objectives of the assessment were to: identify key child and adolescent-focused indicators in Nawaeb and Bogia Districts; understand the current context, structure strategic choices, and inform future programming investment decisions; benchmark of outcome level indicators against which future impact of any potential programme could be assessed against and explore programming opportunities based on valid community needs and donor priorities.

The methodology utilised both qualitative and quantitative data collection tools and included: a detailed household survey interviewing a representative survey of household respondents in both districts; a number of semi-structured interview guides with sector applicability was used to engage and facilitate interviews with 16 stakeholders from government, church, NGOs, business and other stakeholders; Focus Group Discussions (FGDs): FGDs were held with various community members and leaders within various locations and assessment of the status of WASH and operational capacity was undertaken in 38 schools and 23 health facilities in Nawaeb, and 31 schools and 19 health facilities in Bogia respectively.

The assessment team also conducted spot check observations in households, health facilities and schools. The focus of the observations was to look at and review the existing WASH installations for their quality, management, operation and maintenance. In addition, spot checks were carried out to assess water quality, quantity, and distance to users; availability, type, location and distribution of latrines, including their utilisation.

Quality monitoring data

Complete, reliable data collected on a frequent basis against the relevant programme indicators can facilitate an evaluation.

Looking to the next phase of the programme preparation, it will be important for the assessment conducted at baseline to be repeated on an annual basis in order to inform part of the indicators that use this information as their data source or means of verification. The convergence programme work plan must indicate when the assessment would be conducted, by who and have it costed in the programme budget.

³ In Nawaeb, the survey covered 3 Local Level Government (LLG)s of Nabak, Wain/Erap and Labuta while Bogia, the survey covered Almami, Iabu and Yawar LLGs, including 3 Care Centers.

Besides the programme monitoring indicators that are informed by the baseline assessment, there are other indicators whose means of verification are administrative data, civil registrars, and statistical bulletins. A discussion of these data sources and their reliability and validity can be found under the “M&E system capacities” section of this report. It is noted that most of the means of verification are through programmatic reporting to overcome the critical gaps in sectoral administrative data systems.

The programme design indicates that **evidence generation will be enhanced** by supporting assessments, surveys, and formative research, such as Demographic and Health Survey (DHS); WASH KAP studies; e-EMIS, e-HMIS, case management database (PRIMERO) and other studies and assessment on the operationalisation of a basic package of interventions. Besides some of the data sources being on-off surveys, which will not serve the purpose of routine monitoring, a discussion of timely availability or quality of these evidence sources for monitoring of the programme is discussed in the “Critical data availability” and “M&E system capacities” sections.

Where disaggregated data or other data gaps (BR – registering and receipt of certificates, school retention targets etc.) are not yet available, a strategy for collecting these updated data sets should be developed throughout the micro-planning stage of the programme period. However, the design document work plan does not mention the micro-planning stage or what it entails, which risks the assessment of monitoring data needs, including disaggregated data, faltering.

Critical data availability

Limited credible critical data at all levels is a significant gap. This problem in terms of data continues to affect a proper analysis of inequities in PNG. The **second Demographic and Health Survey (DHS) is deferred till 2024** due to COVID 19 pandemic, and the highly anticipated **National Population and Housing Census have also been postponed until 2024.**

Nevertheless, the recent Rapid Assessment conducted as part of the inception process clearly identifies the intended beneficiary group in terms of who, how many and is considered **a reliable source of information.** The design includes a disaggregated beneficiary table for direct intended beneficiaries, and numbers were identified during the Rapid Assessment process. Besides the intended beneficiaries at baseline, the design document must also indicate a plan for monitoring and recording the actual beneficiaries during the programme implementation, from what programme activity they benefited and when.

Gender disaggregated data

Much of the data sets collected during the rapid assessment were not disaggregated by sex, disability, age etc.. Examples include Birth registration and ECD attendance rates. Where disaggregated data is not yet available, a strategy for collecting this disaggregated data should be developed throughout the micro-planning stage of the programme period. However, the design document work plan does not mention the micro-planning stage or what it entails, which risks the assessment of monitoring data needs, including disaggregated data, faltering. Additionally, the summative evaluation and any mid-term review will need to ensure a gender lens in assessing the outcomes of the programme.

M&E system capacities

As monitoring has not yet started, it is important to assess the existing capacity of staff and systems to provide future data, specifically at the district level.

The important sectoral management information systems in PNG are also not fully functioning. Some sectors do not have these systems, whereas others have limited reliability and data

availability. Limited national capacity to collect and analyse data is a major challenge. **PNG has a functional National Health Information Systems (NHIS). However, there are significant challenges in the way health system data is collected, processed, and used.** PHC data is often incomplete, inconsistent, and not reported timely. For instance, there have been cases where facilities report the same figure for an intervention for the entire year. Additionally, the NHIS lacks critical health indicators and data elements, while tools to collect and use data effectively are deficient.

Similarly, **integrating data and information on disadvantaged and marginalised children in the country into education planning and programming** remains a big challenge, despite the efforts of the NDoE to produce EMIS data on annual basis. Timeliness, availability and accuracy of data are still an issue. Data collected from 22 provinces are tabulated at the central level by manually transporting the survey forms at NDoE/EMIS unit. Monitoring of education transition and dropout of children overall, including CWD, remains a challenge due to a lack of credible data.

The use of digital technology aligns with the PNG Government's commitment to an Integrated Government IT System (IGIS), which is being built to support the whole of government IT system in PNG. IGIS is based on cloud computing and is currently connected to 47 government entities, with further work planned.

In the eNHIS system, tablets are used at the health facility to input patients' admission, discharge, consultation, vaccinations, birth, death and other health information. The eNHIS reports in nearly real-time (eliminating the need for monthly, paper-based reports) electronic transfer of data previously on the paper NHIS system is feasible at both facility and provincial levels. At present, the tool is being piloted in provinces and has been acting based on new information, which, if continued, could create 'profound change' in the use of data with the potential to substantially improve system performance. However, the current version of eNHIS relies on nurses and health staff to assign a cause of death using successive drop-down menus – this will be improved with the incorporation of medical certification of cause of death and verbal autopsy into eNHIS. As the system evolves, it will also incorporate electronic birth and death notification forms and the verbal autopsy form, which are currently being trialled.

It remains to be seen if these digital enhancements will see improved reliability and periodicity of monitoring data from the Government partners of the convergence programme at the district level (specifically Nawaeb and Bogia districts).

3.3 Conduciveness of the context

The context in which a programme, and its evaluation, takes place is a key determinant of its evaluability. This section details the practicality of the evaluation of the Convergence Programme, its utility to its commissioners and stakeholders, and any factors that may constrain the evaluation.

Accessibility to and availability of stakeholders

A stakeholder profile has been developed that identifies a range of relevant stakeholders of the convergence programme (see section above on "Agreement"). The availability of the stakeholders should be checked closer to the time of the evaluation.

Previous evaluations conducted in PNG by UNICEF and its **partners faced logistic challenges pre-pandemic and had limited access throughout the country due to the prevailing level of insecurity.** This, coupled with COVID-19 precautions are likely to increase budget and insurance costs. Weak

central and subnational government capacities limit the field visits and data collection. Furthermore, PNG is also a disaster-prone country. Fielding the team during the rainy seasons could further increase access constraints.

Available resources

Funding has been secured for the evaluation of the Convergence Programme. The convergence programme work plan must include and cost a repeated Rapid Assessment in its data collection plan. It would be important for the end-line evaluation and possibly a mid-term review to be costed in the convergence programme work plan. The availability of qualified evaluators with experience in UNICEF programming and familiarity with the PNG may be challenging. In addition to restrictions that may be imposed due to possible emergencies or pandemics, the maximum time (60 days) in the UNICEF EAPRO evaluation standard operation procedure for recruiting evaluators should be allowed.

Timing

The Evaluation is proposed at the **end of the programme given only over 3 years**. By this time, it will have accumulated enough implementation experience to enable useful lessons to be extracted. It will be important to work plan the end-term evaluation to allow sufficient time (6 to 9 months) for the results to be available prior to the closure of the programme. This will mitigate the risk of programme implementers and other stakeholders moving on to other projects, thus risking their full engagement with the evaluation. While the evaluation will not occur prior to the development of the next country programme document (July 2023-2027), the evaluation's findings can feed into the development of subsequent plans around the **convergence approach**.

Coordination requirements

Stakeholders' involvement in the evaluation is critical to the evaluation's acceptability and utility. In coordinating stakeholder involvement, the evaluation should consider important and diverse viewpoints of who should be and want to be, involved while considering forms of coordination that are feasible and required. Stakeholders will include and not be limited to: MFAT; DFAT; UA; UNZ; NDoE; NDoH; DJAG; DFCDR; DNPM; Provincial Authorities; and District Development Authorities. The Convergence working group/committee will form the coordination mechanism and will be made up of representation of convergence focal points section chiefs.

Evaluation users

The design confirmed that the primary audience of the evaluation is the UNICEF PNG Country Office, and specifically, the Programme staff within the relevant sections of UNICEF PNG. Secondary users of the evaluation are key Ministry partners and Provincial Local Authorities, donor partners, current service providers, and other UNICEF Country Offices and Regional Office in East Asia and the Pacific. There is an explicit requirement from the current donors (New Zealand and Australia) for an evaluation of the programme as part of their grant agreement.

Evaluation questions of interest

The proposed evaluation will assess the programme across five of six OECD/DAC criteria: impact, relevance, effectiveness, efficiency, and sustainability and also conduct equity analysis, i.e., unpack if and how gender and socio-economic inequalities affect programme outcomes. The proposed evaluation questions will help identify and prioritise what evidence should be gathered. It will be critical that the **evaluation questions be refined in the scoping and inception phase to ground them in the perceptions, experiences, and interests of stakeholders to ensure ownership of the evaluation process**. At the time of the evaluation it will also be important to reconsider whether there is scope/resources to cover this many criteria/ key evaluation questions.

Proposed key evaluation questions:

IMPACT:

- 1) Were the needs that the convergence program addressed, and how does it compare to traditional sectoral programme delivery modes?

RELEVANCE

- 2) To what extent has a convergence approach to programming become accepted/favoured by the project's stakeholders?
- 3) How do stakeholders consider convergence programming compared to traditional sectoral programme delivery modes?

EFFECTIVENESS:

- 4) How were the sector implementation strategies and/or policies, sectoral programmes, planning documents, and activities effective in contributing to the overall outcome of the Convergence strategy?
- 5) To what extent was the programme effective in improving coordination, planning and management of service delivery at the district level? (Sub questions:
 - To what extent did the program improve coordination amongst key Ministries and Departments at the national, provincial and local levels?
 - What was the contribution of other actors (and were these in or outside of the program influence)?

EFFICIENCY:

- 6) To what extent did the monitoring and reporting systems provide credible data/evidence on the program's performance and results ?

SUSTAINABILITY:

- 7) How likely is the **programme convergence model** to be adopted by the end of the programme cycle, and how sustainable is the intervention? What existing national partnerships and mechanisms support the sustainability of the programme initiatives?

GENDER AND EQUITY:

- 8) How has the programme improved equitable access to social services for the most vulnerable (male and female), excluded (M/F) and marginalised children and adolescents (M/F) and specifically adults (M/F), adolescents(M/F) and children (M/F) with disabilities?

Evaluation process

The stakeholders have not indicated any evaluation design. The design should ultimately **be realistic given the questions of interest, available information, and resources**. Although this evaluability assessment does not have enough information to prescribe a particular evaluation process, the repeated rapid assessment prior to the evaluation provides an opportunity for a rigorous quantitative assessment. At the same time, qualitative approaches could be employed to assess how change happens, for whom, in the convergence program. A mixed-method approach grounded in a realist framework would be advisable given the nature of the evaluation questions.

Ethical issues

This **evaluability assessment does not have specific information about known ethical issues that may need to be managed**. However, considering the earlier noted gaps in routine monitoring data and to address the data quality issues in the education information system, primary data collection will likely be required. Data collection may include interviews in health facilities and schools and intended beneficiaries, including children and carers. Data collection must be done with the highest level of consideration for ethical practices and safeguards, in accordance with the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis (UNICEF, 2015) and the Ethical Guidelines of the United Nations Evaluation Group (UNEG, 2020), the Ethical Research Involving Children guidelines (UNICEF), and any additional ethical standards and procedures of the Papua New Guinean Government. Sufficient time should be allowed in the evaluation work plan to obtain ethical clearance from an accredited ethics review board for the evaluation.

Risks

There is a risk that stakeholders may resist the evaluation process, and the need to identify the benefits will be critical. It is important for the evaluation plan to provide appropriate points jointly, identify and prioritise programme activities that need to be evaluated, select appropriate and acceptable evaluation methods, review evaluation findings and discuss conclusions and help ground the programme recommendations before disseminating and using evaluation findings for programme improvement and going to scale.

4.0 Recommendations

Noting the challenges in having a solid consultation on the ToC during the evaluability assessment, it is recommended to revisit the ToC at an early stage in the programme implementation once some experience has been gained to reassess and reaffirm the risks and assumptions and pathways of change.

The convergence programme work plan must include the end-term evaluation and possibly a mid-term review. The work plan must also include and cost the repeated Rapid Assessments in its data collection plan, which in addition to routine progress monitoring, also help to inform the evaluation. If not already done during the programme design phase, the evaluation should be properly costed for future inclusion into the next UNICEF PNG Country Program Document's Costed Evaluation Plan (CEP).

As part of the planned stakeholder consultation that is indicated in the programme design to be conducted in the preparatory inception phase of the convergence programme, stakeholders should be consulted - and their agreement obtained - on the objectives of the programme. Emphasis on engagement should be with the different stakeholders who have not been engaged in the programme design phase. The stakeholder consultation/analysis will need to be continuously updated throughout the programme. It should be noted that planned discussions have been severely curtailed due to the impact of COVID-19 at the sub-provincial levels, with the deaths of key stakeholders. Additionally, further consultations/analysis will need to be updated due to the elections to understand any shift in priorities due to changes in leadership.

ANNEX 1: MERL Table and Workplan

MFAT MERL Table (Education and child protection):

Note that wherever appropriate, monitoring systems will ensure that data can be disaggregated by gender, disability and other relevant criteria and reported on. Wherever possible, monitoring data will be drawn from existing data collection sources.

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
Long-Term Outcome				
Education: Young people in targeted areas have improved education outcomes.	Education equity access index in ECE and primary education (measures across gender, disability status and urban/rural, as data becomes available) (SP Indicator)	TBC (disability status, urban/rural divide) 0.99 Gender Parity Index at national level (ECE Cost and Finance Study)	TBC (disability status, urban/rural divide) 1 Gender Parity (0.01% increase overall project target ; ratio is girls : boys)	NDoE Administrative Data / School Administrative Data/ School census/EMIS
Child protection: Children and adolescents in target areas live in an environment free from violence abuse and exploitation.	Percentage of children under the age of five years whose births are registered, by gender (CPD indicator)	Bogia: 34.4% Nawaeb: 41,6 % (July – August 2021, Assessment data)	10% increase overall project target (annual 3% per year)	National data is available; district level data will be identified during the inception phase.

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
	Number of children who have reported ever experiencing sexual and physical violence in the past 12 months, by gender	800 children per year (Baseline estimated from NCD figures)	Total: 920 Year 1: 840 Year 2: 880 Year 3: 920	PRIMERO is the child protection case management system that will be introduced under the broader convergence programme and supported by another donor. The first measurement is projected to be available in 2022.
Medium-Term Outcome				
Education: More pre-school aged children, particularly the most vulnerable, are in pre-school and learning.	Gross enrolment ratio (GER)* in pre-primary education (disaggregated by gender) (SP Indicator) *GER is being utilised (rather than NER) due to data availability	Bogia: 15.7% Nawaeb:10.4% (Assessment data)	30% increase (Bogia: 45.7% Nawaeb: 40.4%) Year 1: 10% Year 2: 20% Year 3: 30%	Annual School Census/EMIS School inspectors' visits

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
Child protection: Children at risk of abuse and violence in target areas have access to prevention and response services.	# of children, adolescents and caregivers who are benefitting from case management ⁴ including PSS, by gender, age	0	Overall target is 2400 (800 increase every year) Year 1: 800 Year 2: 1600 Year 3: 2400	Programmatic monitoring reports / PRIMERO
Short-Term Outcome				
Education: More children have access to quality Early Childhood Education / Early Childhood Development.	Number of Early learning – ECE/ECD centres that provide Integrated ECE/ECD services based on national standards ⁵ , including ECE curriculum, in the two targeted districts.	0	6 ECE centres (1 center per district each year) Year 1: 0 Year 2: 4 Year 3: 6	Programmatic monitoring reports
Child protection: Child Protection System at the subnational level is strengthened to provide prevention and response services to children at risk or victims of violence, abuse and neglect, in line with national frameworks.	Number of functioning coordination mechanisms in targeted districts (Functioning definition: meets regularly, have ToRs, formal minutes, appointed members) ⁶	0	2	Programmatic monitoring reports / OCFS administrative data.

⁴ UNICEF’s definition of case management is aligned to the Minimum Standards for Child Protection in Humanitarian Action, 2019. An approach to address the needs of an individual child or woman and their family in an appropriate, systematic and timely manner, through direct support and/or referrals. For children this is done in accordance with the child’s best interest. Case management services can be provided to address the needs of children and women who have already been harmed or to prevent harm for women and children with heightened vulnerabilities or risks.

⁵ The National Standards will be confirmed by the Government in 2022.

⁶ The progress towards establishing these coordination mechanisms will be monitored and reported against throughout implementation.

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
Outputs (Outputs 1-3 are Education and Outputs 4-6 are Child protection)				
Output 1 Quality, inclusive pre-school education is provided to 4-5-year-olds in target districts.	Number 4-5 year-old children accessing formal or non-formal education, including early learning in the two targeted districts, by gender, disability	Bogia: 90 Nawaeb:48 (Assessment data)	240 (120 girls, 120 boys) overall programme Bogia Year 1: 0 Year 2: 60 Year 3: 120 Naweb: Year 1: 0 Year 2: 60 Year 3: 120	Programmatic monitoring reports Annual School Census/EMIS
	Number ECE/ECD centres supported by UNICEF interventions (CPD Indicator) which are accessible to children with disabilities.	0	six (6) ECE/ECD centres in two target districts Year 1: 0 Year 2: 4 Year 3: 6	Programmatic monitoring reports Annual School Census/EMIS
Output 2: Technical and financial support is provided to the NDoE to ensure ECE operating, and management frameworks are strengthened as part of a national multi-sectoral ECD framework.	Education Management Information System (EMIS) has key ECE indicators with disaggregation (gender, urban/rural, wealth, disability) (CPD Indicator)	No	Yes	Programmatic monitoring reports / Education statistics bulletin or "Education at a glance" data
	ECE strategy finalized and disseminated to PDoE and schools	No	Yes	Programmatic monitoring reports

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
Output 3: School readiness activities based on children's holistic development are provided at pre-school level in target districts.	Number of ECE centres supported by UNICEF that are registered by Provincial Education Offices in the two target districts. (Education SN)	0	Six (6) ECE/ECD centres in the two targeted districts Year 1: 0 Year 2: 4 Year 3: 6	Programmatic monitoring reports
	Number of Teachers - who received training with funding provided by UNICEF, that include inclusive messages including on gender/disability by gender (CPD Indicator)	0	30 teachers overall target for both districts. Year 1: 0 Year 2: 20 Year 3: 30	Programmatic monitoring reports
	# of school Board of Management mobilised with established communication plans	0	6 Year 1: 0 Year 2: 4 Year 3: 6	School inspectors/ECD trainers/Programmatic monitoring reports
Output 4: Existing child protection institutional frameworks are implemented at sub-national level. NOT MFAT FUNDED	Number of provincial engagement frameworks established (these are the prerequisites for the establishment of the coordination mechanism)	0	2	Programmatic monitoring reports
Output 5: Service providers have enhanced capacities to provide prevention and response services to children and adolescents and to	Number of social welfare workers in the two targeted districts (child protection officers, civil registration officers, juvenile justice officers), by gender and function	0	Nawaeb District, Morobe Province: 10 (2 CP officers and volunteers, 4 juvenile justice volunteers,	IPs reports

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
mitigate the risk of violence, abuse and neglect in target communities			4 Civil registration officers) Year 1: 0 Year 2: 0 Year 3: 10 Bogia District, Madang Province: 10 (2 CP officers and volunteers, 2 juvenile justice volunteers, 4 Civil registration officers Year 1: 0 Year 2: 0 Year 3: 10	
	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (under 2 and 2-4). (CP Indicator)	Bogia: 34.4% Nawaeb: 41.6% (Assessment data)	50% for both districts Bogia Year 1: 34.4% Year 2: 42.2% Year 3: 50% Nawaeb: Year 1: 41.6% Year 2: 45.8% Year 3: 50%	Civil Registrar report, Programme Reports

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
Output 6: Parents, caregivers and teachers are provided with the knowledge and skills to eliminate harmful practices and better protect children from violence and abuse through the P4CD programme.	Number of mothers, fathers and caregivers reached through UNICEF supported parenting programmes, by gender ^{7(OBJ)}	Morobe: 681 (207 male and 474 female) .696 Madang: 0 parents	Nawaeb ^{Error! Bookmark not defined.} : 600 Year 1: 200 (139 females and 61 males) Year 2: 200 (139 females and 61 males) Year 3: 200 (139 females and 61 males) Bogia ⁸ : Year 1: 200 (139 females and 61 males) Year 2: 200 (139 females and 61 males) Year 3: 200 (139 females and 61 males)	IPs reports and Kobo toolbox. IP reports (radio station), social media captures.

⁷Although children are indirect beneficiaries of the P4CD programme, the number of children benefitting from the programme is a key indicator that will be monitored throughout implementation.

⁸ Based on P4CD baseline data from Morobe Province.

Results	Indicator(s) SP = Strategic Plan CPD= Country Programme Document	Baseline	Targets	Means of Verification
	Number of adolescent and youth girls and boys who participate in or lead civic engagement ⁹ initiatives through UNICEF programmes, by gender (SP Indicator)	<p>Morobe: 378 U-reporters (163 females, 215 males)</p> <p>Madang: 188 U-reporters (81 females, 107 males)</p>	<p>Morobe</p> <p>Year 1: 433 U-reporters (190 females, 243 males)</p> <p>Year 2: 533 U-reporters (234 females, 299 males)</p> <p>Year 3: 700 U-reporters (307 females, 393 males)</p> <p>Madang=</p> <p>Year 1: 238 U-reporters (103 females, 135 males)</p> <p>Year 2: 418 U-reporters (180 females, 238 males)</p> <p>Year 3: 700 U-reporters (302 females, 398 males)</p>	U-report PNG portal

⁹ UNICEF defines civic engagement as: ‘participation in individual or collective actions in which adolescents improve the well-being of communities or society in general, and which provide opportunities for reflection’.

Health and Nutrition MERL Table

Results	Indicator(s)	Baseline	Targets	Means of Verification
Long-Term Outcome				
Every child, including adolescents, survives and thrives, with access to adequate diets, services, practices and supplies in targeted districts.	(a) Under-5 mortality rate, (b) infant mortality rate (c) neonatal mortality rate, by gender	a) 43.9 b) 35.2 c) 21.5 2020 Estimate from National level	a) 38% (0.2% decrease per year) Year 1: 43.7% Year 2: 43.5% Year 3: 43.3% b) 32.2% (1% decrease per year) Year 1: 34.2% Year 2: 33.2% Year 3: 32.2% c) 20% (0.5% decrease per year) Year 1: 21.0% Year 2: 20.5% Year 3: 20.0%	NHIS
	Percentage of live births attended by skilled health personnel in health facilities (SDG 3.1.2) ¹⁰	Morobe: 37% (3153 births) Madang: 24% (3850 births)	Morobe: 59.9% (7.6% increase per year) Year 1: 44.7% (3809 births)	NHIS Reports, Programme reports

¹⁰ This is a proxy measure for maternal mortality which is not calculated regularly at sub-national levels.

Results	Indicator(s)	Baseline	Targets	Means of Verification
		2020 NHIS	Year 2: 52.3% (4456 births) Year 3: 59.9% (5104 births) Madang: 60% (12% increase per year) Year 1: 36%(5775 births) Year 2: 48% (7700 births) Year 3: 60%(9626 births)	
Medium-Term Outcome				
Improved equitable access to primary health care and high-impact interventions, paying special attention to those in vulnerable situations in targeted districts.	% of children under 5 years of age with severe wasting	14% National level data, HIES 2010	Nawaeb: 14% (1193) Year 1: 13% (536 males, 572 females) Year 2: 12% (494 males, 528 females) Year 3: 10% (412 males, 440 females) Bogia: 14% (1086 males, 1160 females) Year 1: 13% (2086 (1009 males, 1077 females) Year 2: 12% (931 males, 994 females)	NHIS Reports, Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
			Year 3: 10% (776 males, 828 females)	
	Percentage of pregnant women receiving at least four antenatal visits	Morobe: 21%(5803) Madang: 15% (3391) 2020 NHIS	Morobe: 60% (13% increase per year) Year 1: 34% (9395) Year 2: 47% (12988) Year 3: 60% (16,580) Madang: 61% (15.3% increase per year) Year 1: 30.3% (6850) Year 2: 45.6% (10309) Year 3: 60.9% (13768)	NHIS Reports, Programme reports
	% of surviving infants who received three doses DTP-containing vaccine (Penta3)	42% in Nawaeb (1731 males, 1848 females) 18% in Bogia (1397 males, 1491 females)	Nawaeb: Year 1: 48% (1978 males, 2111 females) Year 2: 52% (2134 males, 2287 females) Year 3: 60% (2473 males, 2639 females) Bogia: Year 1: 25.3% (1963 males, 2095 females) Year 2: 32.7% (2538 males, 2708 females) Year 3: 40% (3104 males, 3313 females)	NHIS Reports, Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
Short-Term Outcome				
Children and women have sustained access to high-impact health and nutrition interventions.	Percentage of pregnant women attending at least one ANC visit	Nawaeb: 51% (14093) Bogia: 37% (8365) 2020 NHIS	Nawaeb: Year 1: 50% (13817) Year 2: 60% (16580) Year 3: 70% (19343) Bogia: Year 1: 50% (11304) Year 2: 60% (13564) Year 3: 70% (15825)	NHIS Reports, Programme reports
	Percentage of newborns who are breastfed within one hour of birth at facilities	Morobe: 4% (1105) Madang: 12%(2713) 2020 NHIS	Target 50% for both districts Nawaeb (15.3% increase per year): Year 1: 19.3% (5333) Year 2: 34.6% (9561) Year 3: 49.9% (13789) Bogia (12.7 increase per year) Year 1: 24.7% (5584) Year 2: 37.4% (8455) Year 3: 50.0%(11304)	NHIS Reports, Programme reports
	% of infants exclusively breastfed for at least six months without any water	Morobe: 62% (17132) Madang: 62%(14016) National level 2016-2018 DHS	Target 72% for both districts Nawaeb (15.3% increase per year): Year 1: 70% (19343) Year 2: 71% (19619)	Programme reports NHIS

Results	Indicator(s)	Baseline	Targets	Means of Verification
			Year 3: 72% (19896) Bogia (12.7 increase per year) Year 1: 70% (15825) Year 2: 71% (16051) Year 3: 72% (16277)	
	% of children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider.	Nawaeb: 31.1% (2650) Bogia: 31.1% (4989) National level 2016-2018 DHS	Target 60% for both districts (10% increase per year) Nawaeb Year 1: 40% (3408) Year 2: 50% (4260) Year 3: 60% (5112) Bogia Year 1: 40% (6417) Year 2: 50% (8021) Year 3: 60% (9626)	NHIS Reports, Programme reports
	% of children aged 6 to 59 months receive two doses of vitamin supplement per year, by gender	Nawaeb: 80% (6817) Bogia: 80% (12834) National level 2016-2018 DHS	Target 83% for both districts Nawaeb Year 1: 81% (6902) Year 2: 82% (6987) Year 3: 83% (7072) Bogia Year 1: 81% (12994) Year 2: 82% (13155) Year 3: 83% (13315)	NHIS Reports, Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
	Number of children aged 6-59 months with SAM who are admitted for treatment in targeted areas, by gender	Nawaeb: 71% (6050) Bogia: 71% (11390) Estimated from national level data	Target 73% for both districts Nawaeb Year 1: 71% (6050) Year 2: 72% (6135) Year 3: 73% (6220) Bogia Year 1: 71% (11390) Year 2: 72% (11551) Year 3: 73% (11711)	Programme reports *This is to maintain or surpass pre-COVID-19 levels as services have been hindered
	Percentage of children under 5 years of age with severe wasting who are admitted for treatment and recover, by gender	Nawaeb: 70% (5964) Bogia: 70% (11230) Estimated from national level data	Target 77% for both districts Nawaeb Year 1: 72% (6135) Year 2: 74% (6305) Year 3: 77% (6561) Bogia Year 1: 72% (11551) Year 2: 74% (11871) Year 3: 77% (12353)	NHIS Reports, Programme reports
Outputs				

Results	Indicator(s)	Baseline	Targets	Means of Verification
Output 4.1 Governance and policy frameworks for PHC are strengthened at the national and provincial levels.	# of key national policies, guidelines and frameworks developed and/or reviewed that include consideration/integration of gender and disability inclusion.	0	Target – 3 Year 1: 1 Year 2: 1 Year 3: 1	Programme reports
Output 4.2 Improved community capacity to demand and utilize MNCH, nutrition and education services.	# of Health Village Assistants (VHAs) trained on health promotion and community MNCH service delivery, by gender and by disability	30 (15 in each province)	200 Year 1: 30 Year 2: 170 Year 3: 0	Programme reports; beneficiaries with disabilities to be determined.
	# of monthly community meetings supported to generate demand and utilize MNCH and nutrition services in targeted communities	0	140 community meetings Year 1: 20 Year 2: 60 Year 3: 60	Programme reports
Output 4.3 Strengthened capacity for the delivery of quality primary health care.	# of health workers trained and supported for delivering essential maternal, newborn and child-health services (EENC and BEMOC) by gender and by PLWD	0	100 Year 1: 20 Year 2: 80 Year 3: 0	Programme reports
	Number of UNICEF supported health facilities with safe delivery kits and neonatal resuscitation equipment (ambu bag, face mask)	0	Nawaeb: 4 Year 1: 0 Year 2: 4 Year 3: 4	Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
			Bogia: 8 Year 1: 0 Year 2: 8 Year 3: 8	
Output 4.4 Improved coverage of Direct and Sensitive Nutrition Interventions in health facilities, and communities in targeted districts.	Number of children under 5 years of age who benefit from UNICEF supported programmes for the prevention of stunting, wasting, micronutrient deficiencies and/or overweight and obesity, by gender	50% Bogia: 8,021 Nawaeb: 4,260	65% for both districts Bogia: Year 1: 50% (8,021) Year 2: 51% (8,182) Year 3: 53% (8,503) Nawaeb: Year 1: 50% (4,260) Year 2: 51% (4,346) Year 3: 53% (4,516)	Programme reports
	Number of health workers trained and skills in direct nutrition and/or nutrition sensitive interventions, by gender and by function (facility-based health workers and Volunteer Health Assistants)	0 Health Workers	100 Year 1: 20 Year 2: 80 Year 3: 0	Programme reports
		30 VHAs (15 in each province)	200 VHAs Year 1: 30 Year 2: 170 Year 3: 0	Programme reports

WASH MERL Table

Results	Indicator(s)	Baseline	Targets	Means of Verification
Long-Term Outcome				
Schools and health care facilities have access to improved and resilient WASH Services	Proportion of schools that have access to basic water and sanitation services in the targeted districts in the convergence programme	a) Nawaeb: 0% Bogia: 0%	Nawaeb Year 1: 0 Year 2: 0 Year 3: 1.4% Bogia Year 1: 0 Year 2: 0 Year 3: 16%	Source: mWATER (MIS)
	b) Proportion of health facilities that have access to basic water and sanitation services in the targeted districts in the convergence programme	b) Bogia: 0%	Bogia Year 1: 0 Year 2: 0 Year 3: 13%	
Medium-Term Outcome				
Improved equitable access to WASH services paying special attention to the needs of women and girls and those in vulnerable situations	Proportion of women and adolescents in targeted districts who menstruated in the last 12 months using appropriate menstrual hygiene materials during their last period	Nawaeb: 0% Bogia: 0 %	Nawaeb Year 1:0 Year 2: 0 Year 3: 0.3% Bogia	Programme Reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
			Year 1: 0% Year 2 :0% Year 3: 1.5%	
Short-Term Outcome				
Sustained access to and use of safe water, sanitation and hygiene practices for all children and adolescents in target districts	Number of people reached with durable solutions with at least basic water that is safe and available when needed in targeted districts	Bogia: 0 Nawaeb:0	Nawaeb Year 1: 0 Year 2: 0 Year 3: 10,497 (5,128 males and 5,369 females) Bogia Year 1: 0 Year 2: 800 (407 males; 393 females) Year 3: 2,738 (1,017 adult males; 983 adult females; 375 boys; 363 girls)	Programme reports
	Number of people reached with durable solutions with at least basic sanitation services in targeted districts	Bogia: 0 Nawaeb:0	Nawaeb Year 1: 0 Year 2: 0 Year 3: 10,497 (5,128 males and 5,369 females) Bogia Year 1: 0 Year 2: 0	Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
			Year 3: 2,738 (1,017 adult males; 983 adult females; 375 boys; 363 girls)	
	% of LLGs covered by costed WASH plan developed and implemented	Bogia: 0	Bogia: 100% (3/3 LLGs)	
	Service delivery arrangements for WASH in targeted districts	Bogia: 0	Bogia: 1	
Outputs				
Output 3.1 Improved access to WASH services in schools, health facilities and in targeted districts	Proportion of targeted schools with basic drinking water services	Nawaeb: 0 Bogia: 0	Total target: 5 schools Nawaeb Year 1: 0 Year 2: 0 Year 3: 100% (2/2 schools) Bogia Year 1: 0 Year 2: 0 Year 3: 100% (3/3 schools)	Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
	Number of schools reached with basic WASH services that are responsive to the needs of girls and accessible to children with disabilities.	Bogia: 0 Nawaeb: 0	Total target: 5 schools Nawaeb Year 1: 0 Year 2: 0 Year 3: 2 Bogia Year 1: 0 Year 2: 0 Year 3: 3	Programme reports
	Proportion of targeted schools with basic sanitation services that are responsive to the needs of girls and accessible to children with disabilities.	Nawaeb: 0 Bogia: 0	Total target: 5 schools Nawaeb Year 1: 0 Year 2: 0 Year 3: 100% (2/2 schools) Bogia Year 1: 0 Year 2: 0 Year 3: 100% (3/3 schools)	Programme reports
	Proportion of targeted schools with basic hygiene services that are responsive to the needs of girls and accessible to children with disabilities.	Nawaeb: 0 Bogia: 0	Total target: 5 schools Nawaeb Year 1: 0 Year 2: 0 Year 3: 100% (2/2 schools) Bogia	

Results	Indicator(s)	Baseline	Targets	Means of Verification
			Year 1: 0 Year 2: 0 Year 3: 100% (3/3 schools)	
	Number of health-care facilities reached with basic WASH services that are responsive to the needs of girls and accessible to children with disabilities.	Bogia: 0	Bogia: 1	Programme reports
	Proportion of targeted health care facilities with basic water services	Bogia: 0	Bogia: Year 1: 0 Year 2: 0 Year 3: 100%(1/1)	Programme reports
	Proportion of targeted health care facilities with basic sanitation services that are responsive to the needs of women and girls and accessible to children with disabilities.	Bogia: 0	Bogia: Year 1: 0 Year 2: 0 Year 3: 100%(1/1)	Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
	Proportion of targeted health care facilities with basic hygiene services that are responsive to the needs of girls and accessible to children with disabilities.	Bogia: 0	Bogia: Year 1: 0 Year 2: 0 Year 3: 100%(1/1)	Programme reports
Output 3.2 Increased knowledge and adoption of WASH practices in schools, health facilities in targeted districts	Number of people reached with awareness messages in targeted schools and health facility	Bogia: 0 Nawaeb: 0	Nawaeb Year 1: 0 Year 2: 0 Year 3: 492 (240 males and 252 females) Bogia Year 1: 0 Year 2: 800 (407 males; 393 females) Year 3: 2,738 (1,017 adult males; 983 adult females; 375 boys; 363 girls)	Programme reports
	Number of children in targeted schools practicing daily handwashing with soap (WaSH-1)	Bogia: 0 Nawaeb: 0	Nawaeb Year 1: 0 Year 2: 0 Year 3: 492 (240 males and 252 females) Bogia Year 1: 0 Year 2: 0 Year 3: 738 (375 boys; 363 girls)	Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
	Number of women and adolescent girls reached whose menstrual health and hygiene needs are addressed through UNICEF-supported programmes in targeted schools and health facility	Bogia: 0 Nawaeb: 0	Bogia: 1159 (983 adult females; 176 adolescent girls) Nawaeb: 122 adolescent girls	Programme reports
	# of teachers, healthcare workers trained on hygiene awareness in targeted schools and health facility	Bogia: 0 Nawaeb: 0	Bogia: 25 Nawaeb: 17 Nawaeb Year 1: 0 Year 2: 0 Year 3: 17 (8 males and 9 females) Bogia Year 1: 0 Year 2: 0 Year 3: 25 (12 males and 13 females)	Programme reports
Output 3.3 Improve governance and quality of service delivery in the WASH Sector.	Number of districts that have a comprehensive risk analysis for WASH services based that details bottlenecks and climate rationale for the impact of climate change and water insecurity	Bogia: 0	Bogia: 1	Programme reports

Results	Indicator(s)	Baseline	Targets	Means of Verification
	Number of functioning District WASH committees	Bogia: 0	Bogia: 1	Programme reports
	Costed WASH plan developed	Bogia: 0	Bogia: 1	Programme reports

Social Policy MERL Table

Results	Indicator(s)	Baseline	Targets	Means of Verification
Long-Term Outcome				
Increased visibility and financial commitment to eliminating child poverty and access to inclusive social protection, as part of sectoral strategies and policies in targeted areas.	Proportion of total local government spending on essential services related to children (education, health and social protection) (SDG 1.a.2)			Source: MERL Study
	Number of districts with functioning social accountability mechanisms accessible to children and adolescents	0	Year 1: 0 Year 2: 0	Programme reports

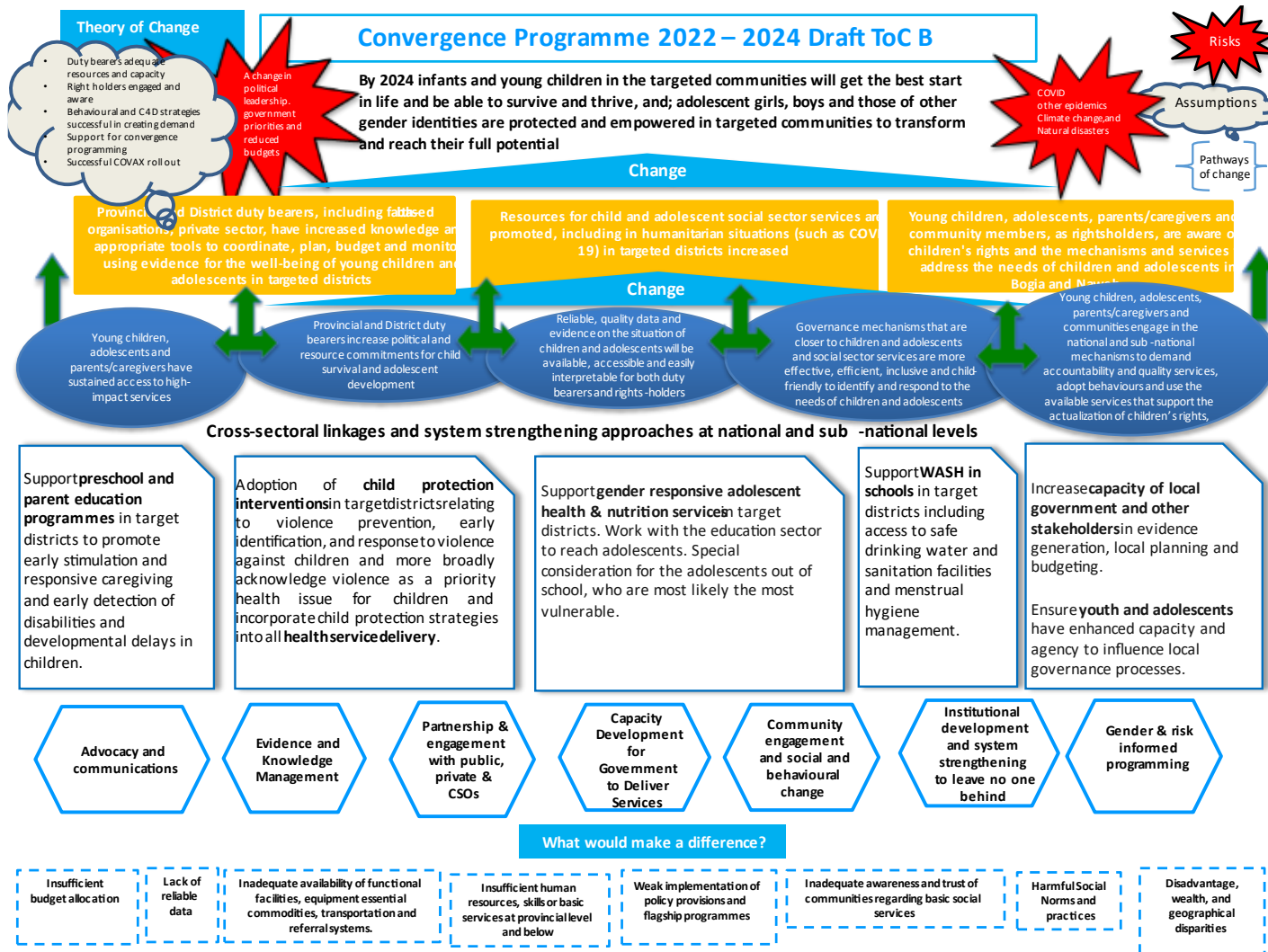
Results	Indicator(s)	Baseline	Targets	Means of Verification
			Year 3: 2 (Bogia and Nawaeb)	
Medium-Term Outcome				
Increased district level commitment to increasing access to inclusive social protection as part of sectoral strategies and policies.	Number of evidence-based, costed plans and budgets that reflect local child priorities including those of children with disabilities.	0	Year 1: 0 Year 2: 0 Year 3: 1 (Bogia)	Programme reports
Short-Term Outcome				
Selected district and local councils have improved planning and budgeting capacities to ensure participatory processes that prioritize children and adolescents needs.	Districts with functioning ¹¹ coordination mechanisms to strengthen the delivery of child-focused services	0	Year 1: 0 Year 2: 0 Year 3: 2 (Bogia and Nawaeb)	Programme reports
Outputs				

¹¹ Functioning coordination mechanism: working groups, committees, etc. that convene on a regular basis for the purpose of coordination and alignment to address service delivery bottlenecks. Stakeholders can include but are limited to deconcentrated sector department staff, service point managers (e.g. school headmaster); civil society stakeholders (CBOs/NGOs) private sector representatives.

Results	Indicator(s)	Baseline	Targets	Means of Verification
Output 5.1 Local government and other stakeholders increased capacity in evidence generation, local planning and budgeting	Number of districts in which UNICEF has helped to strengthen social sector planning for greater and better investments in children including children with disabilities.	0	Year 1: 0 Year 2: 0 Year 3: 2 (Bogia and Nawaeb)	Programme reports
	Number of districts that produce disaggregated child data/evidence	0	Year 1: 0 Year 2: 2 (Bogia and Nawaeb) Year 3: 2 (Bogia and Nawaeb)	Programme reports
Output 5.2 Youth and adolescents have enhanced capacity and agency to influence local governance processes.	Covered by another funding source			

Note that all data will be disaggregated for gender, disability and other relevant issues (e.g. by district). UNICEF's mandate includes working to support ALL children, included CwD, and endeavours to collect relevant data. However, UNICEF also recognizes that some of the information is not reliable or meaningful enough to report or to use for making programmatic decisions; and is thus working with Govt of PNG (at national and sub-national level) to improve the EMIS data and its analysis. UNICEF can report on progress in this regard over the life of the Activity but acknowledges that slower than desirable progress may mean that data may not be available as planned.

ANNEX 2: Draft Theory of Change and Results Diagram



UNICEF's Convergence Programme theory of change states that:

IF

Provincial and District duty bearers, including faith-based organisations, private sector, have increased knowledge and appropriate tools to coordinate, plan, budget and monitor using evidence for the well-being of young children and adolescents in targeted districts, and;

- Increasing resources for child and adolescent social sector services are promoted, including in humanitarian situations (such as COVID-19) in targeted districts, and;
- Young children, adolescents, parents/caregivers and community members, as rightsholders, are aware of children's rights and the mechanisms and services to address the needs of children and adolescents in Bogia and Naweb;

THEN

- Infants and young children in the targeted communities will get the best start in life and be able to **survive and thrive**, and;
- Adolescent girls, boys and those of other gender identities are protected and empowered in targeted communities to **transform** and reach their full potential;

BECAUSE

- Governance mechanisms that are closer to children and adolescents and social sector services are more effective, efficient, inclusive and child-friendly to identify and respond to the needs of children and adolescents;
- Young children, adolescents and parents/caregivers have sustained access to high-impact services;
- Provincial and District duty bearers increase political and resource commitments for child survival and adolescent development;

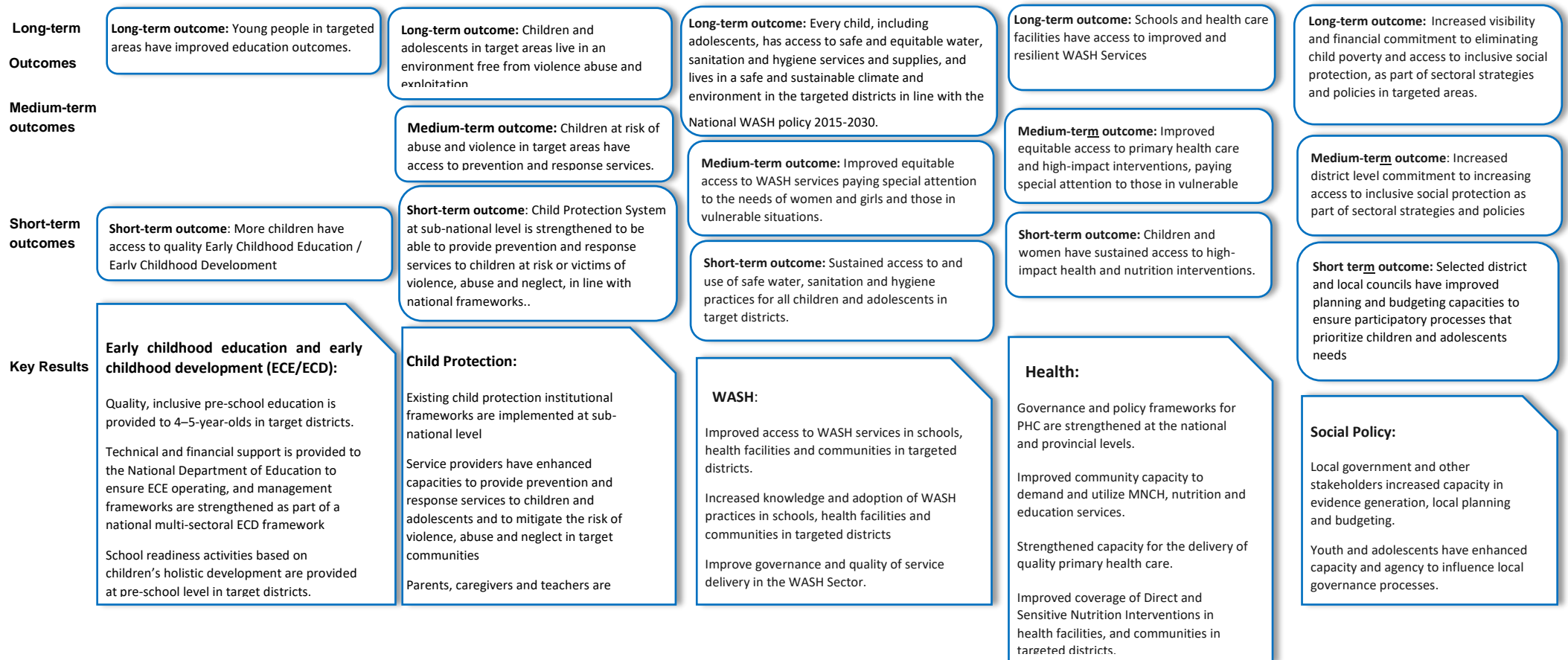
- Reliable, quality data and evidence on the situation of children and adolescents will be available, accessible and easily interpretable for both duty bearers and rights-holders;
- Young children, adolescents, parents/caregivers and communities engage in the national and sub-national mechanisms to demand accountability and quality services, adopt behaviours and use the available services that support the actualization of children's rights, including service delivery pathways and local governance.

This theory of change is based on a number of assumptions:

- COVID-19 does not significantly impact implementation (travel restrictions, resource ability, GoPNG prioritisation, ability of social service sector to cope with pandemic related demands).
- Duty bearers will have adequate and timely resources available at all levels of Government and will be able to continue a sustained recognition of the benefits of a holistic, convergent approach; this includes ensuring participation of young people in decision-making processes, prioritising gender equality, promoting disability inclusion and championing equitable access;
- Rightsholders, especially young children, adolescents, parents/caregivers and community members, will be motivated to engage in governance mechanisms and be able to see the advantages of child-centred programming;
- Behavioural change and communication for development will lead to communities seeking and utilizing services. This is particularly important for the work around child protection. There is an assumption that there will be a decrease in the number of children who experience violence; however, more cases might be reported as a result of successful communications for development work.
- The political landscape will remain stable, and the economic context remains stable or improves, especially considering the national election planned for 2022;
- Basic services, such as electricity, telecommunications, are available, and adolescents and young people have access;
- There is an available minimum capacity level among social service sector workers, non-government partners, and all stakeholders' willingness to work collaboratively across sectors in targeted areas.

Results Diagram

Overarching Goal of the Partnership: Children and adolescents in PNG grow up and thrive in a stimulating, safe and protective environment



Annex 3: Assessment Report on available baseline data in Bogia and Nawaeb and includes metadata on data quality, completeness and systems

[Draft Combined Convergence Report.docx](#)