

**COMMITTEE ON THE
RIGHTS OF THE CHILD**

WRITTEN REPLIES BY THE GOVERNMENT OF PAPUA NEW GUINEA CONCERNING
THE LIST OF ISSUES (CRC/C/Q/PNG/1) RECEIVED BY THE COMMITTEE ON THE
RIGHTS OF THE CHILD RELATING TO THE CONSIDERATION OF THE INITIAL REPORT
OF
PAPUA NEW GUINEA (CRC/C/28/Add.20)

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1.0 Introduction

Papua New Guinea ratified the Convention on the Rights of the Child in 1993. The Initial Country Report was compiled in 1999 and submitted. We are happy to be here at this meeting with the Committee on the Rights of the Child considering the Initial Country Report to this Committee.

Since the compilation of the Initial Report in 1999 and the situation of children, the government's policy and legislative environment at that time, there have been strides forward in the country's efforts to improve the conditions of children and the fulfillment of their basic rights.

Even though the social and economic challenges continue to prevail and negatively impact upon the country and the children of Papua New Guinea, nevertheless progress has been in response to these challenges. Such progress has been in the policy environment, making it more conducive to the protection and fulfillment of children's rights.

The educational reform exercise continues to see greater numbers of children having access to the formal education system. More focus has been given to the issue of accelerating girls education. A national symposium was held in 2003 and provinces within the country which had the lowest intake, attendance and retention levels for girls in the education system, were identified. Appropriate responses are being formulated to rectify this situation.

Legislative gains have been made in the better protection of children through the amendments in the sexual offences against children through the Criminal Code as well as the Evidence Act. Considerable work has been done on the review and reform of the Child Welfare legislation. This legislation is soon to be presented in parliament for endorsement. An appropriate juvenile justice system based on restorative justice is currently being implemented in the country and the first ever Juvenile Court has also been established in the country. The National AIDS Council has been established in response to the HIV and AIDS epidemic within the country. The National HIV/AIDS Management legislation has been passed as the state continues its response to this epidemic. In health, the policy on Vitamin A was adopted and the year 2003 declared as a "Safe Motherhood Year." All salt sold in the country continues to be 100% iodised.

Inter-agency collaboration has greatly increased within the Government itself and between the Government and the Non Government organisations, community based organisations and the faith-based organisations. In the past years, this collaboration has existed to a certain extent especially between the Government and the civil society. In very recent years, this collaboration has been greatly enhanced as the various stakeholders in advancing children's rights have made a more concerted move towards the acknowledgement that an inter-agency and collaborative response to issues produce better and speedier results.

The year that just passed, 2003, was a positive year in terms of bringing greater awareness and focus on the issues of children's rights. The visits of the Executive Director for UNICEF, Ms Carol Bellamy and the Regional Director (East Asia and Pacific), Ms Mehr Khan was a highlight in the year, underscoring the importance of the work that was being done in the country in working to protect and advance the rights of the children of Papua New Guinea.

Amongst others, some of the achievements of the year 2003 were;

1. The launching of the Atlas on the children of Papua New Guinea by Executive Director, Ms Carol Bellamy.
2. the establishment of the first Juvenile Courts in the country and the juvenile justice reform exercise
3. the declaration of the “Safe Motherhood Year”
4. the national symposium on girl’s education and identification and a greater awareness on the issue of disparities in girls education in certain provinces of the country
5. the gazettal of the amendments on the Criminal Code & Evidence legislations relating to sexual offences against women and children.
6. the reform of the child welfare legislation and the training of welfare officers throughout the country
7. the passage of the HIV/AIDS Management bill

2.0 Progress since The Compilation of the Initial Country Report, 1999.

2.1 Education

Consistent with Papua New Guinea’s Constitutional Goals, Equal Participation is one of the top priorities of the GoPNG, which requires all citizens to have equal opportunities to participate in and benefit from the development of the country. In recognition of this goal, PNG has subscribed to the Education for All (EFA). In subscribing to this declaration, PNG has made a commitment to achieving the EFA Goals and Targets.

The education system in Papua New Guinea is committed to the provision of: -

- The best start to life through optimal early childhood care and development;
- A basic education of high quality; and
- Opportunities to develop fully their capacities and to participate in and contribute to their societies.

The Education strategies to achieve the commitments contained in the Beijing Declaration, principally encompasses Papua New Guinea’s education reforms since 1993.

The National Education Plan (NEP) 1995 –2004 and the twenty (20) Provincial Education Plans (PEPs) are guiding the education reforms to achieve access, retention, equity and relevant curriculum.

Generally, the education reform is: -

- creating new type of elementary school, that is community based and teaching in a language the children speak;
- reconfiguring Community Schools (grades 1 to grade 6) into Primary Schools (grades 3 to 8);
- offering all children the opportunity to enrol in Elementary Prep, and then progress to the end of grade 8, which is defined as Universal Basic Education (UBE);
- changing the grades in Secondary (or High) Schools from grades 7-10 to grades 9-12, and, when necessary, building more schools, to accommodate increased student numbers;
- improving schooling opportunities at all levels for girls and students from disadvantaged areas;
- rewriting and changing the school curriculum at all levels, to make it serve the needs of all students, rather than the small fraction who will ultimately go on to tertiary institutions; and

- devolving responsibility for education infrastructure, management, administration and planning, to provinces and districts.

Access to education at the admission level in elementary and primary schools has improved from below 80% (pre 1990) to 90% in 2001. The number of elementary schools in the country has continued to increase at a rate that is greater than what the administration of the system can cope with. The participation of the local community and location of schools within walking distance has resulted in the steady increase in enrolment.

At the primary level, the enrolment rate in 2001 was 73% with a female rate of 70%. The upper primary enrolment rates including the grade 7 and 8 students in both the primary schools and the high schools is 56.7%. The female rate is 53.9 while males' is 59.1%.

The following chart, show the transition rates for the most recent cohort available and the increase over the years.

Figure 2: Grade 6 to 7 transition by year and gender, 1988 to 2001

Retention rates in the primary schools continue to be a challenge as there has been little progress. The figure for the most recent cohort of 55.8% is similar to that of previous years. Girls perform slightly less well (53.7%) than boys 55.8%.

At the secondary level, the numbers in the lower secondary education, continue to rise as provinces increase the number of primary schools. There were 11,612 in 1993, 15,562 in 1997 and more than 23,000 in the year 2001. This is an increase of some 100% over just eight years.

Upper secondary enrolment rate is 5 percent, males 6.2 percent and females 5%. The transition rates from grades 10 to 11 have obviously been rising quite dramatically due to the rapid expansion in the number of secondary schools being established. Table 1 shows G10 to Gr 11 transition rates, cohorts by gender of selected years.

Table 1: *G10 to Gr 11 transition rates, cohorts by gender of selected years.*

Cohort	Male	Female	Total
1983 to 1984	11.6	8.6	10.6
1991 to 1992	11.0	6.6	9.2
2000 to 2001	32.9	27.1	30.5

In technical vocational education the reform aims to improve the status of vocational education from post grade 6 to post grade 8, education with subsequent improvements in teaching and curriculum standards. The basic aim of the system is to provide students with vocational skills for self-employment, for community development and for employment where they exist. Further, the offering of competency-based training leading to formal accreditation, and to allow for articulation to other forms of training as well as to offer extension services and short courses. In 2001, 17,401 students were enrolled in technical vocational schools, however only 27.7 percent were females.

2.2 Protection of Children

2.2.1 Child Sexual Exploitation and Abuse

Since the ratification of the CRC, both the people and the authorities have become aware of the increasing prevalence of child abuse (physical, sexual, emotional and neglect) in many urban centers and communities of the country. Most of these cases however are left unreported. The present trends show that physical abuse is very common with a prevalence of 36.17% of all the cases that have been reported. This is followed by sexual abuse with 28.27%, neglect, 23.4%, emotional abuse 2.84% and 9.22% unknown cases. Most forms of child abuse are common among the female children, with a prevalence of 62.38% as opposed to 32.62% among male children. Sexual abuse in particular, appear to be more serious among female children with a prevalence of 80%, while only 20% have been recorded for male children. The NGOs have taken the lead in creating awareness. Government agencies such as the Department of Community Development (DCD) and other law enforcement agencies have increasingly recognized the problem and have joined efforts to address the situation. However, the lack of capacity and resources, have also hampered these agencies from establishing systematic monitoring and reporting mechanisms on child abuse. As such, it has been difficult to effectively and efficiently determine, the trends and frequency of child abuse cases in the country.

Child prostitution is also a growing problem in towns and in rural areas where large resource development projects such as mining, logging and fishing projects are located. An estimated 30% of child prostitutes are children between the ages of 13 and 19 years with some as young as 11 years old. Most do not initially intend to become prostitutes but are forced into the trade through peer pressure after running away from their homes. Sometimes they have been sexually abused in their homes, or just accidentally drawn into it by their friends. Often, they run the risk of being raped and sexually assaulted with seldom police intervention because they are often, known to police as prostitutes.

The government mechanism to monitor all children related issues including child sexual exploitation and abuse is the Papua New Guinea Child Welfare Council (PNGCWC), established under the Child Welfare Act. However, its activities have been under-resourced, which has seriously affected its operations.

Most crisis interventions are NGO driven, which have been focused on awareness programs among young girls, supporting existing preventative initiatives, providing crisis and rehabilitation services for victims of sexual exploitation and abuse, developing and maintaining appropriate records of reported cases and pursuing legislative changes to assure legal protection.

Legislative reforms governing children are currently underway. Relevant policy and program responses have also been developed in areas of prevention and early intervention, community-based child management, social services system for child protection, rescue, recovery and reintegration services and compulsory birth registration, to protect children from such circumstances.

The reformed child welfare legislation, the reengineering of the juvenile justice system and the amendments in the relevant legislations relating to sexual offences and crimes against children are measures taken to combat these abuses against children.

The GoPNG is also in the process of adopting the “Stockholm Declaration and Agenda For Action Against Commercial Sexual Exploitation of Children.” A draft National Plan of Action to combat the

commercial sexual exploitation of children and sexual exploitation in the wider context is also being formulated.

2.2.2 Impact of Children in Arms and Ethnic Conflict

The National Constitution of the country guarantees every citizen including children a peaceful environment in which they can grow up. The GoPNG have also legislated complementary legislation specifically relating to mothers and children with the hope of creating that peaceful environment.

In the last decade, the Bougainville conflict and the recent electoral related conflict in the Enga and the Southern Highlands Provinces of PNG have had significant impact on thousands of women and children. However, substantial amount of physical, and financial resources have been injected by the Government, Churches, our Multilateral and Bilateral Development Partners, Non Governmental Organizations and the Civil Society to bring normalcy to these provinces.

Since the signing of the Peace Agreement in 1998, the reconciliation, restoration and rehabilitation efforts in Bougainville by the people of Bougainville, the GoPNG, the NGOs and our Development Partners have been progressing well but at a slow phase. The major step towards enhancing and strengthening this process was the passage by Parliament of the Constitutional amendment for the establishment of an autonomous government for the people of Bougainville, which gives them substantial political, administrative and financial powers to govern themselves and the affairs of their province.

The situation in the Southern Highland province, which culminated from the 2002 National General Elections, have now been restored following government intervention at the highest political and administrative levels possible. The GoPNG is currently working on long-term strategies to address similar conflicts in the future.

Another aspect of conflict that impact on women and children is the ethnic violence. Most of the conflicts that occur are associated with urban settlements and the increasing problems of social disorder in the major centers of the country. Often, conflicts happen so suddenly that women and children seldom have the opportunity to find adequate refuge during the course of fighting. In the process of searching, they become victims of sexual abuse and harassment.

However, the Village Courts System (VCS), which are the government's lowest community-based court system with the assistance of regular policing, have played a significant role in diffusing and settling of such conflicts and the restoration of peace in communities. Often, the officials of VCS have brokered peace initiatives between the warring parties and to determine the root causes of such conflicts, which they have always performed successfully

2.2.3 Street Children

Papua New Guinea is no exception to the problem of street children, which has gained much prominence in recent years. This emerging problem is the by-product of children who have been neglected by their families. There are several causes for neglected children such as: -

- Economic hardships that most disadvantaged families encounter;

- Increasing incidence of marriage break-ups, separation and divorce; and
- Constant violence within families.

Although not very much have been researched and written on the situation of street children, it is now becoming common for children to be living off the streets to survive. An increasing number of children are between the ages of 11-18 years old but not necessarily the dominant age group. About 71% of the street children have been to school but could not continue due to associated economic problems within their families. The activities of these street children are basically for survival, given the social and economic hardship their families encounter. In these situations, and without adequate form of protection, they become vulnerable to being abused either sexually or otherwise.

At present, all program responses for street children in the country are NGO driven and carried out on adhoc basis.

Concerned stakeholder meetings have been conducted to identify measures and possible responses to this issue.

2.2.4 Role of Families in Protection of Children

The extended family social structure and social system of the traditional society of Papua New Guinea provided the first focal point for families and communities in child rearing, development and protection. The Preamble of the National Constitution also accords the family similar recognition as the fundamental and principle agent for the protection of children. The National Goals and Directive Principles further recognizes the “family” as the basis of society.

The Department of Community Development has now embraced a new policy direction which focuses on creating “happy families and productive communities” through the concept of community development. The rationale is to develop and promote the critical role the family as an integrated social unit in child rearing, development and protection, through the four pillars of community development in Good Community Governance, Community Learning, Community Economic Development and Community Environment. Consequently the change in the name of the Department from, Department of Social Welfare and Development to its current title of Department of Community Development.

2.2.5 Participation of Children

The GoPNG recognizes the involvement and participation of children and youth as paramount and crucial to the overall development process of the country. As such, it had established the National Youth Commission (NYC) through an Act of Parliament administered by the Ministry of Social Welfare and Development to provide the avenue for the children and youth to participate in both national and international forums on issues affecting them. The NYC has National Council, which links the Provincial, District and Community Youth Committees to the Council thus providing the network for young people at all levels of community. Non Governmental Organization Youth Associations (NGOYA) had also emerged to complement government efforts in children and youth participation.

Provisions have also been made under the Organic Law on Provincial and Local Level Government (OLPLLG) for children and youth representation in the Local-Level Government meetings. However, children and youth representation in other provincial and national bodies is yet to be realized.

2.2.6 Reduction of Poverty for Children

In Papua New Guinea, poverty is an emerging issue. It is also a National Development, priority of government. Already, the GoPNG has developed a National Poverty Reduction Strategy (NPRS). Appropriate national policy and program responses have also been developed to address the situation. Some of these include: -

- The National Nutrition Policy (2002);
- The National Food Security Policy (2000);
- The National Women Credit Program;
- The National Literacy Policy;
- The Settlement Community Development and Poverty Reduction Program; and
- The Safer City Program.

Many NGOs are also heavily involved in similar programs throughout the country in the poverty reduction efforts.

2.2.7 Children in Need of Special Protection

The National Constitution of Papua New Guinea guarantees the protection of children with disabilities. While there exists a legislation on disabled persons, this is outdated and plans are made for the legislation to be reviewed and updated. Under the reformed child welfare legislation, children needing special care and protection is also catered for.

Special extension and preventative programs are already in existence to meet the needs and aspirations of disabled children. Provisions have also been made within all building regulations to cater for persons with disabilities. There are now twenty-one (21) NGOs providing direct services for people with disabilities including children. Three (3) of these are institutionalized services while the rest is community-based programs run by various Community-Based organizations. In the past, the traditional social system had always provided for the needs of our disabled persons.

Within the education system, the policy on inclusive education continues to integrate children with special needs into the regular system.

2.3 Health Sector

Consistent with the commitment taken at the 1990 World Summit for Children (WSC), and the World Fit For Children (WFFC) in 2002, the GoPNG has incorporated the MDGs into the 1996 – 2000 National Health Plan and more recently into the 2001-2010 National Health Plan (NHP). The current NHP articulates strategies to address the issues of high infant, under five and maternal mortality. It has also set the health of women and children as priority programs for the next 10 years.

2.3.1 Maternal and Child Mortality

Complication of pregnancy and childbirth are the primary causes of deaths among women of childbearing age. This reflects the low status of women in the society and the inadequate availability of

and access to health services. Prior to 1990, maternal mortality in Papua New Guinea was estimated to be 930 per 100,000 live births. However, in 1996 Demographic and Health Survey (DHS), it was estimated to be 370 per 100,000 live births. There is no strong evidence to suggest that MMR had declined between these two periods as different methods were used in determining the MMR. There are great differences between urban and rural sectors and between provinces and regions of the country.

Most maternal deaths in Papua New Guinea are due to post-partum haemorrhage, puerperal sepsis, prolong labor and anaemia. Low attendance at antenatal clinics and unsupervised births are also contributing to high maternal mortality in the country. The user fee policy as part of the structural adjustment program has also created difficulties for rural women to have access to hospital for emergency care and supervised deliveries. The high risk of malaria, sexually transmitted infection, and family violence make pregnancy difficult and high risk for many women. Supervise deliveries had declined to 66% since 1996. However, as no DHS has been conducted, the government has not been able to determine the trends in supervised deliveries up to 2002.

In an effort to improve the health of women and children in PNG, the government with the support of her development partners is embarking on strengthening a number of key programs that have greatest impact on maternal, infant and child mortality. These key program areas are: -

- Reproductive and safe motherhood program including Family Planning;
- Strengthening of routine immunization program through mobile and static clinics;
- Implementation of Vitamin A supplementation for young children through routine immunization programs;
- Implementation of Integrated Management of Childhood Illness;
- Strengthening of Training Institutions to train more midwives;
- Nutrition intervention programs at community levels using community-based growth monitoring as entry point for other health intervention;
- Strengthening and improving antenatal care;
- Improving referral system especially from villages to health facilities;
- Promoting community involvement in recognizing the health needs of women and children and the role and responsibilities; and
- Improving skills and knowledge of health care service providers.

2.3.2 Nutrition

The GoPNG recognizes that good nutrition is the cornerstone of child growth and development and the overall well-being of the child. The government also recognizes that the education, health, social status and empowerment of women are also paramount for the achievement of global and regional commitments in this area. PNG also notes the enormous burden of malnutrition in limiting human potential and undermining national productivity. Malnutrition is not simply due to lack of food but is the result of a number of processes including lack of access to safe water and sanitation. Central to this process is the amount and quality of care that young children receive, as it is only with this care that good health and nutrition are received.

Nutrition program is one of the priority programs of government under her 2001-2010 NHP. The National Food Security Policy –2000 also calls for increase focus on food production in the country. The Baby Feed Supply (Control) Act, 1985 as amended, protects PNG children from the danger of bottle-feeding. To address the micronutrient deficiency particular of iodine, the government through

amendment of the existing Food Law has legislated for all salt imported or produced in the country to be iodized with potassium iodate. Vitamin A supplement to young children has now been made as a policy being implemented through maternal and child health clinic program.

2.3 HIV/AIDS

The first reports of HIV seropositive people within PNG were in mid 1987. Of the five (5) initial seropositive PNG nationals reported, 4 had been infected from heterosexual contacts. The cumulative data still exhibit the exponential growth pattern of HIV/AIDS epidemic since 1987, thus making PNG one of the countries with the highest prevalence of HIV/AIDS in the East Asia and Pacific region. The total number of HIV/AIDS cases that have been reported between 1987 and 2002 stands at 6,103 of which 51% are males with 3,117 cases and 46% females with 2,790 cases. The other 196 cases or 3% were individuals whose sex had not been disclosed. This is an increase by 448 or 7% confirmed new cases from the June quarter of 2002, which reported 5,655 cases. Of the 6,103 reported cases, 1,631 cases or 27% were AIDS defining illness, 998 cases or 16% with HIV infection and 3,474 individuals or 57% remain unclassified.

The predominant mode of transmission has been through heterosexual risk practices, which accounted for 1,654 cases or 27%. The mother to child transmission (perinatal) is the next common mode of transmission, with 122 cases or 2%.

The Mother to Child Transmission (MTC) accounts for 90% of all the HIV infections in children. The remaining 10% accounts for HIV infection in children through blood transfusion, child abuse and accidents. It is known that there is a 30% risk of the mother transmitting the HIV to the child of which 5% during pregnancy, 15% during delivery and 10% during breast-feeding. It is also a basic fact that breast-feeding protects the infant from acquiring other infections especially in the first twelve (12) months of their lives.

While the situation of increasing prevalence of HIV/AIDS in PNG may present a frightening scenario, the GoPNG is equally adamant and committed to its preventative efforts. With the assistance of our multilateral and bilateral development partners, the government has injected substantial amount of resources towards reducing the transmission of HIV/AIDS. Since 1995, the GoPNG with the assistance of our bilateral development partner, AUSAID has developed an effective HIV prevention and care program. This program performed a significant role in facilitating and supporting the multi-sector responses to HIV/AIDS in PNG. In 1997, the GoPNG passed the National AIDS Council Act, which set the legal framework for the establishment of the National AIDS Council (NAC) and its Secretariat. The National AIDS Management (Protection) Bill was recently passed by the National Parliament in 2003. The Government's National HIV/AIDS Medium Development Plan (1998-2002), has been revised which also provides program strategies, focusing mainly on the six priority program areas of: -

- Prevention of transmission and improvement of sexual health status;
- Reduction of impact through treatment, care and support;
- Creation of supportive legal and ethical environment to ensure human rights are upheld;
- Minimizing social and economic consequences;
- Strengthening the national capacity to respond to the epidemic; and
- Education and Awareness.

Substantial financial support by GoPNG, our Development Partners and NGOs, have also been injected into HIV/AIDS in PNG, which has been targeted on Government's responses at all levels of

intervention such as, sexually transmitted infections, treatment, laboratory services, legal and policy issues, peer education, multi-sector planning, surveillance, counseling, education and information, and social marketing of condoms.

2.4 Coordination and Monitoring of CRC

The GoPNG established the Child Rights Monitoring Committee (CRMC) in September 2001 to coordinate and monitor the implementation of the Convention on the Rights of the Child (CRC) in Papua New Guinea. The CRMC comprises of key stakeholders such as Education, Health, DSWD, Attorney General, National Planning and Monitoring, Churches, NGOs and UNICEF.

The CRMC is closely linked to two other complementary institutions concerned with the protection of women and children. They are the PNG Child Welfare Council (PNGCWC) and the Family Violence and Sexual Action Committee (FVSAC). The PNGCWC is the focal point for policy and program responses for the rearing, development and protection of children. The FVSAC on the other hand is the government's strategy to counter family and sexual violence within communities.

The legislative review program, is now currently in progress for the purposes of compliance with the Convention on the Rights of the Child. For example, The Criminal Code and the evidence Act have been amended to ensure better protection of children against sexual offences and all other crimes against children.

A National Plan of Action (NPA) Framework has also been endorse by GoPNG in 2001. The NPA framework calls for PNG children to be: -

- nurtured in a safe environment;
- educated with life skills;
- physically, mentally, socially, and spiritually healthy;
- informed to make life choices;
- allowed freedom of expression and association
- protection from all forms of exploitation; and
- provided all basic needs.

This would enable them to develop fully in relationship with each other.

The NPA further incorporates the global goals of the 1990 World Summit for Children, the WFFC goals, and the regional commitments on children from the Beijing Declaration.

3 Challenges

While Papua New Guinea has continued to meet her global and regional commitments, the GoPNG has also been confronted with many challenges concerning the rearing, development and protection of children.

In the education sector, the challenges of GoPNG are: -

- The quest for relevance in curriculum focusing on “skills development for life” through the introduction of “Basic Technology” in primary schools aimed at preparing children to return to their communities as active participants and partners.

- Reviving the two previously neglected sub-sectors: vocational education; and basic education for adults and out-of-school youth at the exit points through: -
 - *The development of programs to cater for a variety of needs including extension courses to meet local and community requirements.*
 - *Upgrading of courses to be equivalent to grade 9 and 10 consistent with the reform.*
 - *Establishment of trade testing and certification systems.*
 - *Increasing female participation through the development of new courses better suited to females, rather than the traditional male dominated, programs and changing the purpose and focus of upgraded vocational centers.*
 - *Involvement of industry and the community through their representation on the boards of management of vocational training centers.*

On child protection, the most critical challenge of government is strengthening the capacity of the Department Community Development as government focal point to effectively and efficiently monitor and coordinate the implementation of legislative, policy and program responses pertaining to children.

Given the geographical isolation of rural communities, accessibility to health care services for mothers and children remain the biggest challenge for the GoPNG. Other critical issues of health that also give rise to high maternal and infant mortality are family violence, malaria, and sexually transmitted infections.

On HIV/AIDS, drastic changes are required in the attitudes and sexual behavior of people in order for the Government to make significant inroads in preventing the transmission of HIV/AIDS. The greatest challenge for government is to actively involve every individual, family and community to take responsibility for their own sexual behavior to protect themselves and their fellow human beings from the epidemic.

4 Way Forward

4.1 The Department of Education is in the process of preparing its next ten (10) year National Education Plan - 2005 to 2014 this year. An assessment of the current plan would include current policies, the affordability of the reforms in the next ten years, and the actual progress against the targets. The overarching EFA goals and commitments to rights of children will be analyzed and integrated in the next national education plan.

Some areas for particular attention would include:

- Early childhood education roles and responsibilities
- *Retention*: this will require a strategic policy shift and attention, which may include discussing compulsory education and free basic education.
- *Gender equality*: develop and promote equity at the secondary level of education. The Department of Education's recent gender equity policy provides a framework of principles and practices that will improve the life chances of all school children at the secondary level.
- *Special education*: promotion of special education initiatives and strategies at all levels of education and teacher training.

- The *effective training* of elementary teachers and providing teachers with an understanding and skills to successfully bridge to English from vernacular experiences of children.
- *Teacher upgrading*: flexible delivery methods including distance education to be the principal mode for teacher upgrading.
- *Teacher deployment*: deployment to be on the basis of agreed national criteria, with the number of teachers being determined annually in advance. The Multi-grade teaching of multi-grade classes would be an integral part of school planning and teacher allocation.
- *Partnerships*: maximizing opportunities for all stakeholders at all levels to support the National Education System in all its formal and informal educational programs such as early childhood education and special education.
- *Community Participation*: school communities to be encouraged to contribute to the development of relevant curriculum and infrastructure for schools, particularly at the elementary and primary levels, through the provision of local materials and labor.

4.2 While the reformed child welfare legislation is now waiting to be presented in the National Parliament, the Department of Community Development in partnership with the Department of Attorney General is in the process of completing the legislative reforms of all other family and child related legislations. These legislative reforms incorporate standards set by the Articles of the CRC, thus forming the legal framework and vehicle for an effective and efficient monitoring mechanism for the protection of children in the country.

4.3 Work is also progressing on the review of fifteen (15) other pieces of legislation, which have been identified to be non-CRC compliance.

4.4 The new policy direction of the Department of Community Development with its vision for “happy families and productive communities” through the concept of community development should strengthen the critical role of the family as integrated social unit in child rearing, development and protection. This would be facilitated through, “*good community governance, community learning, community economic development and community environment*”.

4.5 As articulated in the National Health Plan (NHP) 2001 – 2010, programs pertaining to mothers and children shall be strengthened with the hope of widening greater accessibility to essential health care and in reducing incidence of maternal, infant and child mortality rates.

4.6 On the issue of HIV/AIDS, the way forward is to strengthen the existing social structures and social systems of our communities as the focal point for all HIV/AIDS preventative programs in the country. It would be through these social structures that people’s attitude towards safe sexual health behaviors and practices will begin to emerge.

5 Conclusion

Papua New Guinea is doing all it can to implement its commitments to the Convention on the Rights of the Child and other global and regional conventions and protocols. Although some progress has been made towards achieving some of the goals, there is still much to be achieved. This will also depend on the political will of the GoPNG and the prevailing social and economic conditions of the country,

which has significant impact on the outcome of our efforts. Regardless of the barriers that confront us, the GoPNG will continue to honor its commitment towards its children, the children of Papua New Guinea.

Part I. A – Data and Statistics,

Question 2 (a) – Budgetary Expenditure For Education:

- **The total 2002 Education Ministry budget of K687.8 million represents approximately 16% of the total 2002 National Budget appropriation of K4.3 billion. This includes the cost for salaries of more than 32,000 teachers who were teaching approximately 1 million students nationwide in 2002. 92% of teachers work in provincial institutions and their salaries, which are included here, are provided for in provincial budget appropriations.**

The School Fee Subsidy Policy 2002 saw the allocation of K150 million in the national budget to be paid directly to schools.

- **The Government in its Special Education Plan recognizes the needs of disabled children and has currently 47 teachers salaries in budget.**

- **SUMMARY OF TOTAL EDUCATION BUDGET FOR YEARS 1999-2003**

	1999 Actual	2000 Actual	2001 Actual	2002 Budget	2003 Budget
TOTAL RESOURCES AVAILABLE					
Central Government	456,789,515	479,298,436	524,695,109	633,366,326	612,104,909
Provincial Government	15,559,868	16,409,558	12,138,420	11,152,012	11,697,896
Donors	140,763,720	142,116,421	172,156,109	169,276,158	212,492,805
Community/Private Sector/Agencies	74,608,468	81,929,150	85,360,601	42,510,401	99,431,445
Total:	688,721,572	719,753,564	794,350,239	856,304,896	935,727,056

Funding by the Government to the education sector has remained relatively stable, holding onto shares of around 16 per cent of the total national budget.

The central government provided 66% to 70 % of all funding of the education sector over the period and donors have provided around 20%. Provincial Governments provided limited resources from their own source revenues.

Question 2 (b) – Health Care:

Health Insurance:

Both private and public organisations provide limited health insurance cover for their employees. While this is limited to wage earners, it is expected to expand during the Plan period as health care costs continue to increase.

Maternal & Child Health Care:

In the area of maternal and child care, only 31% of deliveries are supervised.

	<u>2000</u>	<u>2001</u>	<u>2002</u>
Infant Mortality Rate	79	70	60 (NDoH estimate)
Under 5 Mortality Rate	112	94	90 (NDoH estimate)

Immunization:

Immunization coverage for key vaccinations under 1 year are as follows (figures reported to WHO/UNICEF):

	2000	2001	2002
BCG	24	63	60
DPT-3	57	48	49
OPV-3	46	28	38
Measles	68	49	56

Question 4 – Special Education Programme:

The Elementary Teacher Training Programme also prepares teachers and trainers to teach children with special needs. The Special Education component of this project prepared materials, teachers and trainers to manage the learning experiences of children who have hearing and vision impairments as well as the physically disabled. The main goal is to integrate the disabled children in the mainstream education system.

There are fourteen Special Education Resource Centres established around the country.

It is estimated that there are now more than 1000 children based in the centres and over 2000 who have been integrated into the school systems. The community based rehabilitation

programme caters for about 1500. In total then, there are about 4500 children who have benefited from special education programmes.

Special Education Unit was established in the Teacher Education and Staff Development Division of the Department of Education in 1994. The Unit has since then been implementing an approved Special Education plan and Policy Guidelines. After nine years of implementing the policy, the National education Board early in 2003 endorsed;

- i) The Reviewed National Special Education Policy and Guidelines
- ii) Directions & Emphasis for 2004-2013 and
- iii) A Five Year Development Plan for 2004-2008

The policy strongly emphasises the implementation of “Inclusive Education.”

All Special Education Resource Centres are practising this concept. Consequently children with disabilities/special education needs are now being integrated or enrolled in the mainstream schools.

The National Special Education Plan calls for the establishment of Special Education Resource Centres in all provinces of the country. There are currently twelve Special Education Resource Centre operating in 11 provinces.

The Centres are in all the urban areas of the 11 provinces. Eight of these Resource Centres are located where there are Teacher Training institutions which include Primary Teachers Colleges, PNG Education Institute and the University of Goroka. The Centres have been working closely with these institutions since 1994 in providing special education courses/activities to the pre-service and in-service student teachers. As of 2002, all Primary Teachers Colleges had Special education lecturers in place, teaching and co-ordinating special education programmes.

The Special Education Resource Centres are also working their way through to decentralising their services to the rural areas of their respective provinces aiming to serve as many children with disabilities as they can. Currently the Centres are only catering for target group of children with disabilities. It Department of is the intention of the Education, through its Special Education Policy, that educational opportunities be accessible to all children with disabilities/special educational needs.

The Special Education Resource Centres started receiving School fees subsidies from the Department of Education in 2002.

The Department of Education provides salaries for 47 teaching staff held against each Teacher Service Commission (TSC) position allocated to the 12 Centres. The Centres also receive annual grants and curriculum materials from the Department.

The Special Education Resources Centres are supported by church agencies such as the Callan Services for the Disabled Persons, NGOs such as Red Cross, St John Association, Morobe Association for the Disabled Persons and the Madang Creative Self Help Centre. These agencies provide training and financial support for the Resource Centres when ever required.

Question 7 – Information on programmes implemented to address the problems on children affected by HIV/AIDS.

With the assistance of the donor partners, Papua New Guinea has mounted a comprehensive national response in a multisectoral manner to the HIV/AIDS epidemic. The National Aids Council has attempted to establish the functional structures of the National AIDS Councils and the Provincial AIDS Council as well as facilitate the implementation of the programme as outlined under the Medium Term Plan (MTP), but this has been a bit difficult. The National and Provincial AIDS Council still need to be strengthened to respond to the epidemic effectively.

1.1 Prevention of Parent to Child Transmission: This program is divided into two components namely;

- i. PMTC including VCT and Counseling for Infant Feeding Options; and
- ii. Support for children including orphans and families infected or affected by HIV/AIDS.

1.2 Care of HIV Infected Affected Persons and Antenatal Care:

Guidelines for the care of HIV infected and AIDS patients are being developed by the Health Department. This includes the universal precautions procedures, disposal of contaminated materials in the health care setting, handling of human specimens as well as guidelines for the care of infected pregnant mothers.

1.3 Communication for HIV/AIDS: Two sub programs come under this main program. The sub programs are:

- i. HIV/AIDS Prevention Program for Youth; and
- ii. Community Based HIV/AIDS Prevention Program using Traditional Leaders Initiatives.

1.4 PMTC and VCT 2004:

- i. Advocacy on antiretroviral treatment for pregnant women who test positive.
- ii. PMTC training for trainers of Traditional Birth Attendants in 12 provinces
- iii. PMTC at antenatal and Family Planning Clinics in 4 Regional Hospitals
- iv. M&E of PMTC program in Port Moresby General Hospital

1.5 Counseling and Testing Guidelines:

About seven Voluntary and Counseling and Testing sites have been established around the city of Port Moresby. Guidelines for Pre-test information and post-test support have been developed to be used on sites.

1.6 Orphans and Families infected or affected by HIV and AIDS 2004:

- i. Assess the situation of orphans and families affected or infected with HIV
- ii. Write a project proposal to direct the implementation of Care and Support Program for orphans and families affected or infected with HIV/AIDS
- iii. Plan a strategy to develop a “Safety net” Care and Support Program for orphans and families infected or affected by HIV/AIDS.

1.7 HIV/AIDS Prevention and Care Program for Youth 2004:

- i. Expand partnership to include other NGOs in the HIV/AIDS prevention program for school children and out-of-school children.
- ii. Incorporate Life – Skill Education into the current school program. Modify the school program and make it age or grade specific.
- iii. Support the standardization of the following components of the school program: P & C Meeting, Baseline survey, End of activity survey and indicators for measuring behavior change in schools i.e. age of sexual debut, ability of parents to communicate with their school-age children on HIV/AIDS and teenage pregnancies.
- iv. Support Save the Children and the National Council of Churches to establish innovative youth friendly services that address sexual and reproductive health problems faced by young people.

1.8 Community Based HIV/AIDS Prevention Program Using Traditional Leaders Initiatives 2004:

- i. Support the implementation of HIV/AIDS prevention and Care programs identified by community members in Karkar and Trobriand Islands.
- ii. Support the development of a protocol on PLA and PRA that will guide future workers who will like to implement similar programs.

1.9 Media Guide:

A media guide has been developed by the National AIDS Council in collaboration with the stakeholders in the media industry to assist and provide guidance for the media in terms of responsible reporting.

PART 1. B. General measures of implementation

1. Please provide more information on the efforts undertaken by the State party to harmonize domestic law with the Convention. Please specify the legal status of the Convention in the domestic legal order.
2. Please indicate whether the Convention can be directly invoked in Courts, and if so, please provide examples.
 - a) The Constitution does not allow for the enforcement of international treaties and conventions which are ratified by PNG in the domestic front unless they are given legislative effect by the National Parliament which is vested with the people's legislative power (Section 117).
 - b) The Convention on the Rights of the Child cannot be directly enforced in courts in PNG. It is however enforced through domestic legislation that have been updated and made consistent with CRC. Papua New Guinea is working on a Legislative review program to

ensure that all domestic laws that regulates child rights meets the standards set by the Convention.

- c) Through the legislative review program, the CRMC has identified about twenty pieces of legislations to be CRC non-complaint. These includes: National Constitution, Child Welfare Act, Adoption Act, Criminal Code Act, Customs Recognition Act, District Courts Act, Deserted Wives and Children Act, Infant Act, Maintenance Orders Enforcement Act, Marriage Act, Matrimonial Causes Act, Defamation Act, Civil Registration Act, Employment Act, Juvenile Courts Act and the Information Act. The relevant provisions are proposed for amendment and amendments will be done in due course.
- d) Certain provisions of the Criminal Code relating to sexual offences have been amended by the National Parliament. The amendments states:
- It is a crime to have sexual penetration of a child (boy & girl). A perpetrator can be punished by imprisonment for 25 years.
 - It is an offence to touch a child in a sexual way or force a child to touch anyone else in a sexual way. The offence carries a penalty of a maximum of seven (7) years imprisonment.
 - It is a crime to expose oneself to a child in a sexual way or spy on child for sexual purpose. The offence carries a penalty of up to five (5) years imprisonment.
 - It is a crime for anyone a trust or authority over a child to have any sexual activity with that child. The offence carries a penalty up to fifteen (15) years imprisonment.
 - It is an offence to involve a child in prostitution activities. An offender can be punished with a maximum of life year imprisonment.
 - It is an offence to take part in a child pornography. An offender can be punished by imprisonment for up to fifteen (15) years imprisonment.
- e) The Evidence Act has also been amended. The amendments include:
- When a child is giving evidence, the Courts can do the following if it is of the opinion the evidence of the child would be diminished by reason of distress:
 - (a) the use of a screen or other arrangement to prevent the witness from seeing the accused;
 - (b) the presence of a support person of the witness' choosing seated with the witness when he or she is giving evidence;
 - (c) dispensing with the wearing of wigs and robes while the witness is giving evidence;
 - (d) planned seating arrangements for people who have an interest in the proceedings, including the level at which they are seated and the people in the witness' line of vision;
 - (e) the adjournment of the proceedings or any part of the proceedings to other premises;
 - (f) the exclusion from the court, while the witness is giving evidence, of all or any persons without an interest in the proceedings;

- (g) permitting the evidence to be given from a place other than the courtroom by means of closed-circuit television or other facilities that enable communication between that place and the courtroom.
- The Courts may also order that the child's evidence is taken at the pretrial hearing.

3. Please provide information on any mechanism aimed at coordinating both at local and national levels the policies and programmes related to the implementation of the Convention on the Rights of the Child.

4. Please provide more information on the Working Committee on the Rights of the Child (its actual status, functions, budget, powers, etc.).

- a) In November 2000, the National Government established the Child Rights Monitoring Committee (CRMC), a cross-sectoral committee which is made up of Governmental Agencies and Non-Governmental Organisations that deal with issues affecting children. The CRMC was created with the overall view to implement the CRC.
- b) The CRMC is charged with the overall responsibility to coordinate and monitor the implementation of the Convention at the legislative and administrative levels.
- c) The other responsibilities include:-
 - Evaluate the existing situation concerning what is available pertaining to children's policies, legislation, programs and the institutions that are involved with this in Papua New Guinea.
 - Identify and itemize the priority areas in terms of legislative, program, policies including children's rights, data collection, budget allocations, dissemination of information including education and awareness.
 - In consultation with all the relevant stakeholders, the Committee will determine or facilitate the coordination of the various policies, legislation and programs that need to be undertaken in respect of children.
 - Create linkages with all the stakeholders to ensure effective implementation of the objectives of the various legislation, policies, program and projects.
 - Prepare a consolidated report which will be used as a basis for the next Country Report to the UN Committee on Rights of the Child. The report is amongst other things to address observations made by the Committee on the Rights of the Child in respect of the initial report.
 - Disseminate to the general public the Convention, Initial Reports and Periodic Reports to the UN Committee on the Rights of the Child and observations made by the UN Committee in relation to these reports and thereby promote reform to Laws, Policies, Programs, Measures, Mechanisms, Budgets and Practices. Dissemination may occur through the media and cartoons. Teachers may be used to disseminate information.

- Establish a Secretariat to facilitate the work of the Committee.
 - Carry out such other functions as and when the circumstances warrant.
- d) The National Government has not been able to provide budgetary allocations to the committee due to financial constraints that the country is currently facing. As a result the programs and activities of the committee are being funded by the UNICEF Country Office and Save the Children Fund (PNG) through the provision of funds and technical advisors. The Australian Government also assisted in the initial establishment of the Committee through the provision of funds and a technical advisor in 2000-2001. The chances of the Committee getting more assistance from the Australian Government look promising. The assistance from these donors has enabled CRMC to conduct workshops and awareness programs on CRC throughout the country in 2001. More workshops are being planned for 2004.

5. Please indicate if there is any independent monitoring mechanism which is, among others, mandated to receive and handle individual complaints from children.

Papua New Guinea does not have an independent human rights body which can handle complaints from children. Proposals have been made to have such a body in the International Law Branch of the Department of Justice and Attorney General.

6. Please provide additional information on how governmental institutions cooperate with non-governmental organizations, especially concerning the participation of representatives of civil society in the design and implementation of policies and programmes for children.

The Government institutions have good linkages with the Non-Governmental Organisations in the country.

NGOs are very actively involved in development issues and processes in Papua New Guinea. They play a very significant role in the implementation of government policies and service delivery and programmes for children throughout the country. This is particularly so in the areas of education and health and very much so in primary and secondary education. About thirty percent of education and health service delivery through the country is provided by the NGOs and in particular the faith based organisations.

- Particularly with respect to child rights, the CRMC has good linkages with the NGO's.
- **The Government has begun to embrace a closer working relationship with NGOs with the Department of Community Development making new policies in this direction. The revised child welfare legislation called the "Lukautim Pikinini (Child) Act" which translates as Caring for Children or the Welfare of Children, incorporates NGOs/CBOs as recognised community welfare officers. The legislation also includes CBOs as an integral part of the national child welfare council, called "National Lukautim Pikinini**

Council.” This council has the overall responsibility to monitor the operation and administration of the Act. It also plays the advisory role to the Director of Child Welfare and the Minister responsible for child and family welfare in the country.

- **The Justice Department recognises the crucial part NGOs play in the society and have moved towards engaging more with them in matters of administering justice at the community level. In the juvenile justice area currently under reform, the government in preparing to design the national juvenile justice policy framework invited NGOs to participate in the process.**
- **In 2003, the Department of Health has designed the National Policy on Partnerships in the Health Sector. This policy reflects the sector wide approach being undertaken by the Department. It recognises the role of the partners (including CBOs/NGOs) in supporting the National Department in delivering priority health services. The policy also wants to ensure a more equitable distribution of Government resources among all funded partners.**
- The National Health Plan 2001 – 2010 which is the policy framework within which all health services is planned and implemented is a result of collaborative effort between stakeholders within the health sector, other government agencies, churches, and other non government organizations, international partners, the corporate sector, and community representatives.

Indeed the State government believes that the goal of the National Health Plan, to improve the health of all Papua New Guineans and its priority during the Plan period to ensure that the people of Papua New Guinea, in particular women and children, attain good health, can be achieved amongst other things through effective collaboration with all partners, including civil society. Strengthening partnerships at all levels is one of the priority areas of the Health Plan.

- NGOs are very much involved also in family strengthening measures and programmes.
- NGOs & faith based organisations are also involved in programmes dealing with and addressing the problems of youth taking drugs and HIV/AIDS. The Life-skills training programme for youth is being introduced in the country by the NGOs to better equip youths to make better life decisions and protect them against risky behaviours, life practices and habits.

7. Please provide information on the dissemination of the Convention on the Rights of the Child in the State party.

1. Awareness has been done through the train the trainers workshop on the reformed child welfare. Participants from all around the country have been trained in the revised legislation and

consequently on the Convention on the Rights of the Child. All gazetted Welfare Officers have been trained as well NGOs, CBOs and churches.

2. The Convention as it directly applies to a particular ministry within the Government departments is implemented through programmes and policies that are amended and brought in line with the Convention To effect this, awareness on the Convention has been made in the various Government ministries at the policy making and senior administrative level.
3. Through policy changes that are made and as programmes are designed to respond to the appropriate policies, circular instructions are circulated down the line and in this way, the knowledge and awareness of the Convention on the Rights of the Child is made.
4. The relevant Convention articles are inserted within the training materials within the Government ministry for its own internal staff training programmes and purposes. Example within the Education system; the incorporation of relevant CRC information into teacher training curriculum - design of gender equity module which will be used in teachers colleges
5. Communication and awareness materials also include posters, leaflets, videocassettes and comics. Such mediums are used extensively by schools and the health system. Example; Design of gender posters used in schools.
6. The Situational Analysis for Health Promotion (2001) found a strong preference for health communication materials in the local vernacular, Tok Pisin, Even in provinces where more than one language is commonly used, Tok Pisin is still preferred.

Awareness materials, posters etc.. are also translated into Pidgin, the preferred language of communication by the many communities within the country.

7. Awareness is also made through face to face medium in a wide variety of circumstances. For example the health worker or the teacher in the course of their duty disseminates information on the Convention relating to their respective disciplines.
8. Peer education is an avenue that is used effectively by some NGOs. Not only peer education amongst young people but also identifying peer groups in the various age and employment categories. The CCF Australia has used peer education very well with women, young men and amongst older men in the villages where CCF has an established presence.
9. The observance of the international days of children and making it a media event and also community event where communities participate to celebrate the days. In two of the urban centres, open forums are held and open public assemblies held interacting with the public on the issues of violations against the human rights of women and children.
10. Theatre and drama groups have also been used for awareness on child rights.
11. The Department of Community Development have used it in the functional literacy programmes and through the programme "Literacy is for Everyone" (LIFE).
12. Child Rights workshops & seminars conducted in a number of the main centres in the country.

13. Through the local media - Weekly children's magazines in the daily newspapers, various radio programmes, Television commercials & programmes
14. School programmes - Student counselling programmes, awareness on HIV/AIDS within schools and directly on the Convention itself.

8. Please indicate the issues affecting children that the State party considers to be priorities requiring the most urgent attention with regard to the implementation of the Convention using a human rights based approach.

The government's priorities which relates to children in its 5 year (2003 – 2007) Medium Term Development Strategy plan are:

- basic education and
- primary health care

This MTDS priority comes under one of the five pillars of the government's longer term strategy, the National Poverty Reduction Strategy which is to "Strengthen and expand social services."

According to the MTDS, the focus for health expenditure is on primary and preventive health care, with priority being given to services in the rural area. This is because the health problems facing PNG are particularly acute in the rural areas. There are six preventable diseases which can be treated inexpensively at rural aid posts but which cause about forty percent of the deaths of people under 45 years. These diseases are pneumonia, malaria, diarrhoea, tuberculosis, measles, and anaemia.

The MTDS also supports the educational reforms in the country aimed at achieving Universal Primary Education. The aim is for all children to complete nine years of basic education. The government accords priority to programs supporting basic education. In this endeavour, it would also like to address the very high attrition rate.

The government will continue the expansion of elementary education and accord priority resources for curriculum reform, teacher training, infrastructure improvement and rural educational facilities. The government will also ensure adequate funding for payment of teachers salaries and strengthen institutional capacity to assist implementation of reforms.

Part III

Under this section, States parties are invited, whenever appropriate, to briefly (3 pages maximum) up-date the information provided in their report with regard to:

New Bills or Enacted Legislation

- i). The Child Welfare legislation has been reformed and retitled in one of PNG's official languages. It is titled the "Lukautim Pikinini (Child) Act." This Act is now being prepared as a bill to be presented in Parliament.
- ii). The Juvenile Courts Act was gazetted early 2003. This paved way for the establishment of the first every Juvenile Court in the country.
- iii). The amended Criminal Code on the sexual offences relating to children was passed in 2002 and effected in 2003
- iv). The amended Evidence Act relating to sexual offences against women and children was also amended in 2002 and effected in 2003.
- v). *HIV/AIDS Management and Prevention Act 2003*
- Certified 20 August 2003, however not gazetted.
 - National AIDS Council will be undertaking training and awareness on the Act during 2004.

New Institutions:

- The first Juvenile Court in the country was established in the nation's capital, Port Moresby, in mid 2003.
- **Under the Education Reforms and the widely implemented Elementary Teacher Training Programme, many elementary schools have been established throughout the country.**
- Establishment of the National AIDS Council
 - 1997 legislation to establish a National ADIS Council (NAC) was passed in December 1997.
 - The Council, comprising Secretary for Health as ex-officio chair and membership comprising 14 department heads with one representative each for business, churches, voluntary organizations and women, was established in 1998.

Newly Implemented Policies; Programmes & Projects:

SOCIAL WELFARE & DEVELOPMENT:

- The former Department of Social Welfare & Development changed its name to Department of Community Development to reflect its new concept of community development to create stable and happy families and productive communities. The rationale is to develop and

promote the critical role of the family unit as an integrated social unit in child rearing, development and protection. This will be done through four pillars of community development in good community governance, community learning, community economic development and community environment.

- The Settlement Community Development and Poverty Reduction Programme
- Child Welfare Legislation Reform – the entire legislation has been made consistent with the Convention on the Rights of the Child.
- Nationwide training was conducted on the reformed child welfare legislation. All gazetted welfare officers and NGOs as well as church organisations were all trained.
- Birth Registration Project
- Literacy Project – “Literacy is For Everyone” (LIFE)
- The National Literacy Policy
- Pikinini Sports

HEALTH:

- 1) The National Health Plan 2001-2010 (2000) is the policy framework within which all health services is planned and implemented.
- 2) The year 2003 was declared the year of safe motherhood
- 3) With the assistance of donors, there was extensive training done with village attendants
- 5) National Policy on Cold Chain and Logistics for PNG for PNG (2000)
- 6) Minimum Standards for District Health Services in Papua New Guinea (2001)
- 7) Village Health Volunteers Policy (2000)
- 8) Policy on Expanded Programme on Immunization (2003)
- 9) National Policy on Health Promotion (2003)

The National Health Plan 2001-2010 (2000) - the policy framework within which all health services is planned and implemented.

The goal of the plan is to improve the health of all Papua New Guineans through the development of a health system that is responsive, effective, affordable and accessible to the majority of our people.

The priority during the Plan period is to ensure that the people of Papua New Guinea, in particular women and children, attain good health. This will be achieved through access to health education, elimination of immunisable diseases, safe motherhood, control of priority diseases, good nutrition, safe water supply, quality patient care and effective collaboration with all partners.

The policy framework and the priorities are also to guide provinces and districts to develop their strategic implementation plans.

The National Health Plan has 8 priority areas. Amongst others, the priority areas include;

- Health promotion
- Family health, with a focus on women's and children's health
- Strengthening partnerships
- Improving access to medicines and medical supplies

The basis of planning for the National Health Plan, is because of the great concern for the poor health status of the people. The main health issues currently of concern to the Government and needing to be addressed are;

- The health of the people not improving. This applies particularly to the rural communities, especially mothers and children who are still dying from easily preventable and treatable conditions.
- There are limited resources available to improve the health of the people. This calls for prioritising the health programmes that can be delivered and how to deliver them.
- The people have inadequate access to basic health services due to geographical barriers and unavailability of services.

Amongst the eight priority health programme areas, the policies that relate directly to children are in summary;

- a) Family Health, with Focus on Women's and Children's Health Women's Health and Safe Motherhood –
 - Pre – and post-natal care and deliveries shall be provided free of charge
 - All women shall have access to a trained birth attendant
 - Every woman with complications of pregnancy shall have priority access to specialist medical care
 - There shall be a qualified midwife in every health centre
- b) Reproductive Health -
 - All couples and individuals shall have access to information needed to decide freely and responsibly the number, spacing and timing of their children
 - All adolescents shall have access to information and advice on sexual health and family planning
 - All health facilities shall provide high quality family planning services that emphasize client needs, sensitive counselling, choice of methods and comprehensive information
 - All family planning clinics shall make available sexually transmitted infection treatment and cancer screening services
 - Women and adolescents shall be involved in the design and implementation of family planning and sexual health programmes.
- c) Child Health -
 - Routine immunisation shall remain the priority activity at all levels
 - Child health programmes shall be strengthened and sustained using relevant components of Integrated Management of Childhood Illnesses
 - All primary school children shall be immunized with BCG and Tetanus Toxoid
 - Haemophilus influenza B vaccine shall be introduced in a phased manner

- Aid post based community health workers shall participate in all routine maternal and child health services
 - Supplementary immunisation shall remain a secondary activity as needed.
- d) Nutrition -
- Community – based nutrition services shall be adopted and expanded
 - Maternal and child health services shall support community- based monitoring of children’s growth
 - Nutrition centres shall be established at all hospitals and district health centres
- e) Elimination, Eradication and Control of Priority Diseases Sexually Transmitted Infections -
- All blood and blood products from donors shall be screened for HIV and Hepatitis B
 - Pre-and post-test counselling shall be provided to all individuals tested and screened for HIV/AIDS
 - Routine antenatal HIV and syphilis testing for all pregnant women shall be conducted free of charge
 - Voluntary testing for HIV/AIDS shall be made available
 - Condoms shall be made freely available in all health facilities
 - Treatment services for all sexually transmitted infections shall be available free of charge at all levels
- f) Mosquito-Borne Diseases -
- The Roll Back Malaria initiative shall be implemented nation-wide
 - The new treatment regime for malaria shall be implemented nationwide
 - The search for new and effective treatment and control strategies including vaccines development shall be maintained
 - Spraying shall be conducted in the Highlands Region and certain areas of high economic activity such as plantations and mines
 - Mass drug administration for filariasis control shall be adopted and focused on endemic areas

Objectives of the National Policy on Immunisation:

- To reduce the prevalence of measles in children under 5 from 626 to less than 100 per 100,000 by 2010
- To maintain poliomyelitis free status for the duration of the plan
- To increase immunization coverage of children under 1 year to no less than 90% by 2010 [80% by 2005]
- To increase immunization coverage for school children to 100% by 2010

National Policy on Health Promotion (2003):

The launching of this policy was the first time Papua New Guinea has had a comprehensive national policy on health promotion. The policy is aimed enabling people to increase control over, and to improve their health. Its focus is on health and not merely the absence of disease, health promotion increases not only quantity but quality of life.

In Papua New Guinea health promotion is undervalued, poorly coordinated and under-resourced. Resources to invest in the preventive area are limited. Strong advocacy is needed so that health promotion receives the recognition and the resources it deserves.

The health promotion activities being conducted in provinces and districts focus on priority health issues including environmental health, TB, malaria, leprosy, maternal and child health and HIV/AIDS.

EDUCATION:

The National policy objectives and strategies for education are shaped by the National Goals and Directive Principles of the National Constitution and the National Education Act, as well as consistent statements of policy and education development strategy by successive governments.

- **Curriculum Management Plan 2001-2005**
- **In-service management Plan**
- **Policy for Self Reliance in Schools** (This policy entails the introduction of self reliance projects in schools to promote income-raising projects to supplement school budgets. This policy was endorsed by NEC in 2001.)
- **National Education Skills Plan** (This policy has been designed to promote the development of skills for living within and beyond schooling)
- **Language policy in all schools** (PNG language is to be used as the medium in schools for instruction in elementary, bilingual to grade 5, vernacular maintenance after grade 5. This policy is mainly implemented at elementary and lower primary levels, teacher training and development of curriculum materials)
- **Education For All by 2015**
- **Universal Primary Education**
- **Increased access to education at all levels**
- **Increased retention of children at schools at all levels**
- **Equal participation by females at all levels of education/Gender Equity in Education Policy** - (policy designed to promote gender equity in all education programmes and practices)
- **Increased participation by the poor, people with physical and mental disabilities, and those who are socially or educationally disadvantaged**
- **Strengthening, rationalisation and increased availability of distance education**
- **Partnership in education between governments and NGOs including churches as well parents and communities**
- **Boarding Primary School Policy** (Policy to guide the establishment of boarding primary schools in rural areas. This policy is linked to the Education For All Policy and to improve children's access to education in remote areas.)

Annual Education Themes are annual themes which provide specific vision and focus for the year's education activities and development. These themes for the past few years, the current year 2003 and 2004 are;

- 2001 – Distance & Open Learning
- 2002 – Promoting National Identity through education
- 2003 – relevant education for a better future
- 2004 – self reliance

National Education Plan Objectives & Targets

- Access to 9 years of relevant basic education for all children at elementary and primary schools close to home
- All children to begin their learning at age 6, in a language they use and understand
- An increase in retention rates
- Equal participation by females at all levels of education
- Strengthening of all areas of the curriculum – improvement in standards and relevance
- Reduction in cost structure of the system, and improved capacity for planning and management
- At least 50% of grade 8 children to go on to grade 9 and 10 (a doubling of access)
- At least 5000 grade 12 students per year by 2004
- access to two years quality secondary level; vocational education for grade 8 students in each province, and development of short courses that meet communities' skills need
- rationalisation and upgrading of courses in technical education, and development of links with Trade Testing and Certification System

Universal Primary Education:

The three components of universal primary education are;

- all children should begin formal primary schooling (grade 1) by the age of seven years
- all children should complete the primary cycle of education
- all children should reach a required standard of literacy and numeracy at the end of this primary cycle of education

Declaration of Education for All (EFA):

The major objective of Education For All (EFA) are;

- Universal Primary Education (UPE)
- That people of all ages should have the opportunity to develop basic literacy (through both formal and non-formal programmes)

Papua New Guinea Government is a signatory to the World Declaration on Education For All (EFA) and also the 'Dakar Framework For Action' which sets the target date for achieving Education For All by 2015.

Papua New Guinea has therefore committed itself to the six EFA goals;

- **To expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children**
- **To ensure that 2015 all children have access to free and compulsory primary education of good quality**
- **To ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes**
- **To achieve a fifty percent improvement in levels of adult literacy by 2015**
- **To eliminate gender disparities in basic education by 2015**
- **To improve all aspects of the quality and excellence of education with measurable learning outcomes**

HIV/AIDS:

- i). National HIV/AIDS Medium Term Plan 1998-2002 (MTP)
 - Department of Health provided most resources for designing the MTP and the Office of National Planning and Implementation served as lead agency
 - Multi-sectoral coordinating committee was established with a small secretariat
 - Six multi-sectoral working groups met between Sept-Dec 1997 to produce draft strategy papers and a coordinator pulled these together as a draft Medium Term Plan.
- ii). Review of National HIV/AIDS MTP (1998-2002) 2002
 - NACS requested USAID and UN Country Theme Group on HIV/AIDS undertake a review of the implementation of the 1998-2002 National HIV MTP
 - The Review team found many problems and little evidence of effectiveness in prevention or care, suggesting considerable wastage of money and loss of valuable time. Reduction of HIV levels was nil the main goal of the MTP, and no monitoring or evaluation plan was devised. Surveillance has been poor, inconsistent and inadequate, despite a continuing rise in detected cases.
 - The Review Team made 16 recommendations including recommending that the NAC take leadership in the development off the next strategic plan
- iii). Draft National HIV/AIDS Medium Term Plan 2003-2007

JUSTICE:

- The Law & Justice Sector Policy: Towards Restorative Justice (2000)
- Juvenile Justice reform programme (3-5 years) is the creation of a comprehensive juvenile justice system, based on restorative justice, Melanesian tradition and contemporary juvenile justice practice.

- Juvenile Justice Working Group (JJWG), an interagency / working group of key government and community agencies is responsible for the juvenile justice reform in the country. The JJWG is chaired by the Department of Justice and Attorney General (DJ&AG), which has lead agency responsibilities for juvenile justice. The JJWG is a broadly based group representing the key stakeholders in the reform process.
- Significant results to date delivered by the juvenile justice reform process:
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 - Development of new guidelines for the police on working with juveniles. The guidelines give effect to CRC, restorative justice and other key international instruments relating to juvenile justice. They should lead to a significant reduction (around 70%) in the number of juveniles placed on remand. Other significant developments in the area of policing are:
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 2. All matters relating to juveniles, including information on juveniles diverted by Police, will now be recorded in the newly created Juvenile Occurrence Book
 3. Every police shift (there are four shifts a day) at the all police will have a trained Police Juvenile Officer on duty. These officers will be responsible for determining whether diversion is an option, rather than a formal arrest and charge. They will also be responsible for maintaining statistics, maintaining the juvenile occurrence book, and monitoring the implementation of the RPNGC JCA & Diversion Program – Principles & Guidelines.

Part IV

The following is a preliminary list (that does not contain issues already covered in Part I) of major issues that the Committee intends to take up during the dialogue with the State party. They do not require written answers.

1. **Formulation and implementation of a national plan of action.**
 - All relevant government agencies that deal with children, have plans of action relating to children for the next five years. These are consistent with the Medium Term Development Strategy.
2. **Measures taken to end gender discrimination and discrimination against children, street children, children with disabilities.**
 - The Dept of Community Development is intending to review its policies relating to disabled children.

- 3. Child participation in decisions which affect them, including in schools and in the family.**
- The government has set in place a national youth policy and a national youth council. This is with the intention to see youth empowered, give a voice to the youth. The national youth policy is being revised and updated to better deal with the realities of the current situations.
 - Year 2000 – Radio Bougainville (RB) has been working with some high schools on Buka Island by inviting children from nearby high schools in compiling and producing their own programmes. Radio Bougainville is strengthening its existing programmes so that other schools in Arawa can creatively participate.
 - SRC bodies in schools.
 - Life Skills communication, education and leadership
 The aim of the life skills communication and education is to create an enabling environment for the participation of children and youth in their own development and empowerment. The emphasis is fostering a communication strategy that helps young people to change the social environment in which HIV is spread, so that these children and youth have more choices in the way that they live, cope and protect themselves.
- Life skills communication, education and leadership, will give an opportunity for young people to be trained in active listening, negotiation and conflict management and relationship and community building skills. It will also help young people to develop an understanding of one's own rights and how these are balanced by responsibilities. Through life skills, young people will acquire knowledge and skills on how to access information, and where to turn for support and intervention, decision making and critical thinking skills with a focus on problem solving and include skills for assessing personal risks and consequences. They will also learn how to cope with peer pressure, self control and practical issues like time management and how to seek help and deal with anxiety.
- 4. Definition of child: age limits regarding education, military recruitment, criminal responsibility, etc.**
- The Juvenile Courts Act defines a child as 18 years.
 - The reformed child welfare legislation has also brought in line the definition of child to be consistent with the CRC. That is any person from below eighteen years of age. However until the legislation is passed, the age for children in the current legislation still remains as 16 years old.
 - All legislations relating to children that are inconsistent with the Convention as regards the age definition of a child have been identified. Necessary amendment will be made accordingly.
 - Age of criminal responsibility – Under section 30 (1) of the Criminal Code -“A person under the age seven years is not criminally responsible” subsection 2 extends this to 14 years unless proven that the child had the capacity to know what he was doing- Section 30 (2) “A person under the age of 14 years is not criminally responsible for an act or omission,

unless it is proved that at the time of doing the act or making the omission he had capacity to know that he ought not to do the act or make the omission”

- Consistent with the existing child welfare legislation, which defines the child as a person who is under the age of 16 years, the age of military recruitment is 16 years old.

5. Measures taken to improve birth registration

- A KAP (knowledge, Attitudes, Practices) study and a situational assessment was made in the year 2000 to seriously look at improving the birth registration in the system. Two consultants were brought in and a systems assessment was made, while the KAP study looked a number of provinces in the country to determine community attitudes and knowledge of birth registration. A review was made on the strategy identified to make it more effective.
- A closer collaboration with NGOs & CBOs in particular the Churches in PNG has been facilitated. The Government recognises the extensive networks of the church structures within the country and have collaborated with the churches and NGOs to bring this service right down to the community level where the churches are.
- There is also steps taken to work closely with the other Government agencies with extensive structures going down to the community level. In particular, these are Health Department & Education Department.
- Trialing an electronic method to register births and generate birth certificates. This is through the use of palm pilots – the PDA.
- Decreasing fees for birth certificates
- Creating incentive for birth registration, where registration shall be free, if done within a year of birth.
- Having an awareness strategy and campaign in place, to inform the public of the importance of the birth registration;
 - a strong advocacy strategy for a more effective and people friendly birth registration system in its implementation
 - a behaviour change communication programme for parents and communities on the importance of birth registration. This awareness programme will follow after the advocacy and networking is established with the NGOs/CBOs, so that the service delivery system is set in place when the awareness campaign takes effect.
- Working towards the goal of a decentralisation birth registration system, advocacy is being made at the provincial level to make the policy makers and decision makers at that level to see the importance of birth registration. The Civil Registry is identifying the Provincial Governments that are willing to adopt the responsibility of birth registration functions within their jurisdiction. Thus the plan is to progressively work towards a nationwide decentralised birth registration system.

- Working with the Provincial Family Support Groups. These Family Support Groups advocate “a home fit for children” and one of their indicators of success is the registration of all the children within the home/family.

6. *Violence against children, including in the context of law enforcement and acts committed by the general public; in particular corporal punishment, including in the family and in public and private institutions, including schools and care institutions.*

Law Enforcement:

Juvenile Justice reform programme (3-5 years) which is the creation of a comprehensive juvenile justice system, based on restorative justice, Melanesian tradition and contemporary juvenile justice practice, has paved way for a better treatment of juveniles through the protection of their rights.

- There is now a greater awareness within the justice system, of the rights of children in conflict with the law.
- All relevant agencies within the juvenile justice system have undergone training under the juvenile justice reform programme.
- Development of new guidelines for the police on working with juveniles. The guidelines give effect to CRC, restorative justice and other key international instruments relating to juvenile justice. They should lead to a significant reduction (around 70%) in the number of juveniles placed on remand. Other significant developments in the area of policing are:
 1. All juveniles charged with an offence will be processed through designated police stations only. Therefore no juvenile shall be detained in at a local station. This should lead to a reduction in abuse.
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Corporal Punishment: Corporal punishment in schools is against the law in Papua New Guinea.

7. *Measures to address domestic violence, sexual abuse and access for victims and perpetrators to recovery and reintegration assistance after abuse.*

- The design and set up of a one stop counselling and referral centre in Port Moresby General Hospital. This centre has an inter-agency co-operative and collaborative approach to treatment and recovery of victims of abuse. Agencies dealing with victims of abuse in one way or another are preparing to sign a Memorandum of Understanding in an effort to better treat such victims and better use the resources that they collectively have towards assisting victims.
- The Port Moresby General Hospital will become a model for replication in other parts of the country. It will also be the training centre for other one stop centres attached to the main hospitals in the country.
- Setting up safe homes in the city for victims of family abuse
- A great deal of awareness has been done on family violence. IEC materials developed have been disseminated throughout the country. NGOs as well as organisations such as the Women's Councils at all government levels are very active in the awareness and condemnation of violence against women and children.
- Instituting a national Plan of Action against Commercial Sexual Exploitation of Children
- Tightening laws against sexual crimes against children; Criminal Code (sexual offences against children) and the Evidence Act.

8. **Quality of and accessibility to health services; analysis of infant, child and maternal mortality rate fluctuations and measures underway to reduce the rate of mortality.**

9. ***Measures taken to address adolescent health concerns, including reproductive health, mental health, HIV/AIDS and early pregnancy.***

- The Health Department has been very active in the area of mental health awareness. Campaigns have been done through media; television, radio and print media. Posters and brochures have been distributed to schools and the public. Psychiatric training is offered to doctors and nursing staff and psychiatric consultation is provided within the Port Moresby General Hospital.
- Life – skills Education under the HIV/AIDS programme to empower youths to make right life choices.
- *Communication for HIV/AIDS targeted at youths:* Two sub programs come under this main program. The sub programs are:
 - iii. HIV/AIDS Prevention Program for Youth; and
 - iv. Community Based HIV/AIDS Prevention Program using Traditional Leaders Initiatives.
- HIV/AIDS Prevention and Care Program for Youth 2004:
 - v. Expand partnership to include other NGOs in the HIV/AIDS prevention program for school children and out-of-school children.

- vi. Incorporate Life – Skill Education into the current school program. Modify the school program and make it age or grade specific.
 - vii. Support the standardization of the following components of the school program: P & C Meeting, Baseline survey, End of activity survey and indicators for measuring behavior change in schools i.e. age of sexual debut, ability of parents to communicate with their school-age children on HIV/AIDS and teenage pregnancies.
 - viii. Support Save the Children and the National Council of Churches to establish innovative youth friendly services that address sexual and reproductive health problems faced by young people.
- Community Based HIV/AIDS Prevention Program Using Traditional Leaders Initiatives 2004:
 - The Education Department has seriously looked at children in schools facing the widely varied pressures and problems related to breakdown in traditional social structures and family support structures in the modern Papua New Guinea, and pressures from peers to embrace risky behaviours such drug taking, unsafe sexual practices, drinking homebrew, especially within the urban areas. The school based counselling programme is being progressively implemented in schools throughout the country as teachers are being trained in counselling to deal with students problems in the schools.
 - Schools also have HIV/AIDS education and awareness amongst students. Teachers are trained to conduct these education and awareness programmes. Specialised people, in particular from the NGOs and churches are heavily involved with schools in this programme.
 - There is a need for the Education Department to consider teenage pregnancies within the education system. At present any girl who is pregnant does not attend school. This practice is discriminatory and needs to be revised so that the child is given as much support as possible to continue her schooling until she is physically unable to do so.

10. The access of children with disabilities to education and professional training, and physical access to public buildings. The availability of special education facilities and professional teachers for children with disabilities in need of such assistance.

- **Special Education Unit was established in the Teacher Education and Staff Development Division of the Department of Education in 1994. The Unit has since then been implementing an approved Special Education plan and Policy Guidelines. After nine years of implementing the policy, the National education Board early in 2003 endorsed;**
 - iv) **The Reviewed National Special Education Policy and Guidelines**
 - v) **Directions & Emphasis for 2004-2013 and**
 - vi) **A Five Year Development Plan for 2004-2008**

The policy strongly emphasises the implementation of “Inclusive Education.”

All Special Education Resource Centres are practising this concept. Consequently children with disabilities/special education needs are now being integrated or enrolled in the mainstream schools.

The National Special Education Plan calls for the establishment of Special Education Resource Centres in all provinces of the country. There are currently twelve Special Education Resource Centre operating in 11 provinces.

The Centres are in all the urban areas of the 11 provinces. Eight of these Resource Centres are located where there are Teacher Training institutions which include Primary Teachers Colleges, PNG Education Institute and the University of Goroka. The Centres have been working closely with these institutions since 1994 in providing special education courses/activities to the pre-service and in-service student teachers. As of 2002, all Primary Teachers Colleges had Special education lecturers in place, teaching and co-ordinating special education programmes.

The Special Education Resource Centres are also working their way through to decentralising their services to the rural areas of their respective provinces aiming to serve as many children with disabilities as they can. Currently the Centres are only catering for target group of children with disabilities. It Department of is the intention of the Education, through its Special Education Policy, that educational opportunities be accessible to all children with disabilities/special educational needs.

The Special Education Resource Centres started receiving School fees subsidies from the Department of Education in 2002.

11. *Education and measures undertaken to make primary education free, universal and compulsory. Progress made in improving teacher training capacity.*

- Papua New Guinea has embraced the international target for universal education. It is a signatory to the World Declaration on Education For All (EFA) and also the 'Dakar Framework For Action' which sets the target date for achieving Education For All by 2015. Under the priority areas for Papua New Guinea's Medium Term Development Strategy (MTDS), basic education is a priority.
- Papua New Guinea views Education and an educated population as a strategy for the poverty reduction.
- The Elementary Education Teacher Training programme has been highly successful producing a lot of teachers that can teach children in their local vernacular at an early age, in elementary school.

12. **Children in armed conflict: what measures were undertaken to ensure demobilisation and reintegration of child soldiers.**

Reintegration programmes for child soldiers include:

- a number of NGOs who mainly offer trauma counselling

- making education accessible to former child soldiers by heavily subsidizing it by the Government
- the setting up of the ex-combatants scheme. This is a micro-credit scheme aimed at supporting the reintegration of former combatants, including young people, by giving financial assistance for self-help and self-supporting small scaled projects.

13. Drug abuse.

- The National Narcotics Bureau has been set up to respond to abuse of drugs. It was established by an Act of Parliament in 1992. It is mandated to formulate policies and design programmes that will minimise drug use, mainly cannabis and alcohol use among the youth.
- School Based Counseling to respond to problems of drug abuse by school children
- Drugs used within the country include:
 - betelnut
 - fermented alcoholic beverage; homebrew
 - cannabis or marijuana
- In Port Moresby some of the organisations directly involved in the rehabilitation and education of youth drug users are;
 - Port Moresby City Mission
 - Jesus Centre – Half Way House
 - National Narcotics Bureau
 - Stop AIDS – Anglicare

14. Economic exploitation of children, including the situation of domestic workers.

- The child welfare bill

15. Sexual exploitation, including trafficking.

- The Criminal Code (Sexual Offences Against Children) makes a child in prostitution a victim rather than an offender.
- A draft national plan of action against commercial sexual exploitation of children is being reviewed by the government for adoption and implementation. Plans are also underway to adopt the Stockholm Agenda of Action Against the Commercial Exploitation Against Children.
- The Government has recently taken steps to formally adopt the international “Stockholm Declaration and Agenda for Action Against Commercial Sexual Exploitation of Children.”

16. Juvenile justice.

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- The assessment of the situation of children in conflict with the law in Bougainville is underway. Key stakeholders in Bougainville have been consulted on the issues they want to be included in the Assessment and on the methodology. The first face-to-face meetings conducted in Bougainville. Actual assessment to be done in 2004.
 - Advocacy made for CRC to be built into the proposed new Constitution for Bougainville.
