Highlights

- Since the initial 26 February earthquake, 194 aftershocks have occurred, of which six were of a 6.0 or greater magnitude. Provision of water, basic healthcare, nutrition, sanitation and psychosocial services, tied to getting children back to school, remain priority needs.

- Since the beginning of the response, 15.7 Metric Tonnes of UNICEF-controlled supplies have been transported from Port Moresby to Mount Hagen with support from the Australian Defence Force.

- 2,600 children (of which 1,113 are girls) have been reached with non-formal basic education including Early Childhood Development (ECD).

- Challenges related to inter-communal fighting and insecurity remain a big concern and are affecting the delivery of assistance, particularly in Hela Province. Since tensions escalated on 28 March, humanitarian operations in and around Tari (Hela Province), remain suspended. Some 40,500 earthquake-affected people (48 per cent females) in Hela province have now also been affected by fighting.

- UNICEF’s provisional funding requirement for the earthquake response in 2018 is $13.8 million, and the current funding gap stands at 78 per cent.

18 April 2018

- 544,000 people were affected, including 252,480 children
- 270,000 people with 125,000 children need immediate life-saving assistance
- 15,000 or more school children and teachers need support to get back to schools


Provisional funding requirement for 2018: US$13.8 million

Funding Status 2018
Situation Overview and Humanitarian Needs

On 26 February 2018, Papua New Guinea was struck by a 7.5 magnitude earthquake – the first of several major quakes of 6.0 or greater magnitude and more than 190 ongoing tremors to shake the country. The earthquakes caused devastating landslides and widespread destruction across the four provinces of Hela, Southern Highlands, Western Province and Enga. Families lost their homes, water sources, health facilities and the subsistence family farms/gardens they relied on for food. According to the inter-agency Disaster Management Team (DMT) response plan, 544,000 people (with 46 percent children under 18) were affected and need humanitarian assistance. An estimated 270,000 people, including 125,000 children are in immediate need of life-saving assistance.

Meanwhile, since 28 March, access to Tari, capital of Hela Province, has been difficult and humanitarian operations are suspended due to inter-communal fighting. According to preliminary UN estimates, an estimated 40,500 people (48 per cent females) in nineteen villages have been affected.

Access to clean water, food, sanitation, nutrition and health services remain immediate concerns. The latest available data from the Displacement Tracking Matrix (DTM) shows that over 11,000 households (approximately 55,200 people) remain displaced due to the earthquake. The displaced people are residing in informal communal shelters without adequate water and sanitation facilities. Out of 86 health facilities in Hela and Southern Highlands provinces, seven in Hela and 11 in Southern Highlands are severely damaged, and 26 and 21 respectively have no water. Most of the health facilities in the affected areas are now open but are not fully operational due to damages and because many of the health workers, who were affected by the earthquake, themselves require assistance. Some centres also close from time to time due to surrounding conflict.

Most of the rainwater collection systems were severely damaged and water in open streams is now a common source, which is mostly contaminated. Health facilities are reporting an increasing number of acute watery diarrhoea cases attributed to lack of access to clean drinking water and hygiene. Low immunization coverage and malnutrition existed prior to the earthquake, with several provinces in the highlands region already facing malaria and measles outbreaks. The situation has further deteriorated after the earthquake, with a high risk of water-borne and vaccine-preventable disease outbreaks and increased malnutrition, if the emergency response is not urgently scaled up.

Half of the children under five years are stunted, and some 15 per cent are ‘wasted’ (HIES, 2009/2010). There is a pre-existing national average SAM case load of 2.6 per cent. A Nutrition in Emergency (NiE) response conducted between May-October 2016 following the El Nino drought in four LLGs (including Upper Wage LLG, Wage Rural LLG, Kandep LLG, Pilikambi Rural LLG) determined that 4 per cent of nearly 20,000 children screened were identified as and treated for SAM. All life-saving nutrition-specific interventions in the country are supported by UNICEF. There are currently no programs for moderate acute malnutrition (MAM) in PNG, which further adds to a deterioration in the nutrition situation of children in the affected areas. Limited capacity of implementing partners on the ground adds to these challenges. Scaling-up of life-saving nutrition services and building the capacity of implementing partners is one of UNICEF’s key priorities.

The Department of Education conducted a preliminary assessment of 195 schools out of total 1,219 (16 per cent) in the affected areas and found 100 schools (51 per cent) are partially damage, and five (3 per cent) are completely damaged. The damage to school infrastructure includes classrooms, toilets, teacher’s houses and teaching and learning equipment. However, this might not be a representative sample and the true extent of damages is not yet known. Based on this preliminary assessment, over 15,000 children and their teachers need support to resume classes as normal. Most of the partially damaged schools have now re-opened but not all children have returned due to continuing aftershocks and fears that the buildings are not safe.

In some villages, families continue to sleep outside their houses or temporary shelters due to fear for their lives and further destruction by earthquakes and aftershocks. Some families will not be able to return to their villages, because of
the complete destruction of their homes by landslides, and will have to be re-located, which is likely to take some time. One coping strategy has been to send family members to the homes of various relatives, which often results in children being separated from their parents or other caregivers they are accustomed to. Consequently, children suffer increased stress and trauma, which could pose long-term negative impacts on their development, learning and well-being.

Access to the affected areas is a huge challenge due to lack of roads and ongoing conflict. Given this context, so far, no comprehensive needs assessments have been able to be carried out and therefore availability of reliable information for humanitarian programming is limited. To address this information gap, UNICEF has been focussing on increasing its field presence to reach the most difficult areas and engaging with the local institutions to better assess the most urgent needs. The Resident Coordinator’s Office has asked the clusters to be present in the affected areas and make sure information sharing on the situation and needs is improved.

<table>
<thead>
<tr>
<th>Estimated Population Affected and in Need of Humanitarian Assistance</th>
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<tbody>
<tr>
<td>(Interagency Response plan dated 28 March 2018)</td>
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<tr>
<td>Start of humanitarian response: 1st March 2018</td>
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<tr>
<td></td>
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<tr>
<td>Total Population in Need</td>
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<tr>
<td>Total Population in Need</td>
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<tr>
<td>Children (Under 18)</td>
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<tr>
<td>Children Under Five</td>
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<tr>
<td>Children 0 to 11 months</td>
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</tbody>
</table>

Humanitarian Leadership and Coordination

- The overall humanitarian response is led by the Government through a Disaster Controller supported by an inter-agency Disaster Management Team (DMT) co-chaired by the Director of the National Disaster Centre (NDC) and the UN Resident Coordinator. The DMT includes UN agencies, donors, church-based organisations, national/international NGOs, and the private sector. The government’s NDC, coordinates the relief operations through two Forward Operating Bases (FOBs), one in Mt. Hagen led by the Western Highlands Provincial Disaster Coordinator, and one in Moro led by the Southern Highlands Provincial Administrator. The Government has also established Emergency Operations Centres (EOCs) in the capitals of Hela (Tari) and Southern Highlands Province (Mendi).

- The Disaster Management Team (DMT), under the overall leadership of the government, has agreed to activate six informal clusters (Education, Food Security, Health and Nutrition, Protection, Shelter, and WASH) and establish an inter-cluster coordination group to support the humanitarian response coordination. The inter-agency DMT has deployed a field coordination team to the Southern Highlands to support response planning, coordination and information management. A similar field coordination presence will be established in Tari as soon as the security situation improves.

- The National Department of Health (NDOH) and WHO are leading the integrated health and nutrition cluster with contributions from UNICEF and 20 other partners. The Education cluster is led by Department of Education and UNICEF. There are 10 other organizations (mostly INGOs) in the education sector but none of them is involved in the earthquake response, and thus UNICEF is the only provider of an emergency education response. The WASH Cluster is led by World Vision with technical support from UNICEF. The Protection Cluster is led by Department of Community Development, OHCHR, UN Women; UNICEF Child protection participates as a member. There are no child protection and gender-based violence (GBV) sub-clusters established due to the limited number of actors on the ground.

- The inter-agency coordination for the overall humanitarian response is a challenge at national and sub-national level due to limited prior experience of dealing with large scale humanitarian situations in the country. Clusters need additional technical support for coordination and information management.
Humanitarian Strategy

UNICEF, as one of the major contributor to life-saving assistance and protection support for children, is working through national and provincial governments and with local faith-based organizations which have operational presence and acceptance within the affected communities. The overall humanitarian strategy of UNICEF is to support the immediate humanitarian response and early recovery initiatives of the government of PNG and to seize the opportunity to better assess longer term development and protection needs of the most vulnerable children and women in the remote highlands. As of now, UNICEF has signed Programme Cooperation Agreements (PCA) with the Catholic Diocese of Mendi, covering all programme sectors, as well as established sector-specific partnerships with OXFAM and ADRA for WASH services. Consultations with other Church groups including Anglican Church, Evangelical Church and Seven Day Adventist are ongoing.

The inter-agency strategic objectives agreed by the Disaster Management Team (DMT) include

i) provision of life-saving assistance to affected population and re-establishment of basic services;

ii) support restoration of livelihoods and self-reliance; and

iii) provision of safety and protection for vulnerable people, including children and women.

UNICEF will contribute towards achievement of these objectives through its integrated approach to provide life-saving health and nutrition interventions, support access to safe water, sanitation and hygiene education, children’s access to safe learning spaces for basic education including early learning, psychosocial support for children and parenting education for parents and primary caretakers of children. For provision of live-saving messages and availability of urgent life-saving services, UNICEF has prioritized community engagement and communication with affected population through churches, community volunteers and local electronic media as key cross-cutting strategy.

In consultation with the Government, UNICEF is engaging with technical government staff on water testing, assessments and programme implementation support in the affected areas. UNICEF provides logistics and daily subsistence allowance to the staff working for UNICEF project implementation in the field. Due to the access and logistical challenges in remote areas in the highlands, UNICEF is coordinating with and exploring potential partnerships with oil and gas companies working in the affected areas based on and in line with humanitarian principles and ethical standards.

Summary Analysis of Programme Response

Health

The outbreak of vaccine preventable diseases remains a major challenge in the health response. One pre-existing outbreak of measles in the affected Western Province and one suspected new measles case in Southern Highland Province has been reported during the reporting period. In addition, number of suspected cases of bloody diarrhoea are also reported. The population has a critical need of primary healthcare services due to a breakdown of health infrastructure, while many more health facilities remain inaccessible. The cold chain system has partially been destroyed and many health workers have lost their homes – some are traumatized and in some cases unable to work, which is impacting service delivery.

In response to the ongoing measles outbreak, UNICEF and partners are currently planning a measles and rubella (MR) vaccination campaign including intensifying efforts for communication with communities. Over 49,600 children below the age of five years and 100,000 women of at reproductive age are targeted in two districts of Southern Highland province during the first phase. In addition, UNICEF’s response continues to focus on the restoration of life-saving interventions that include immunisation and its related cold chain equipment, as well as maternal and new-born health (MNH) services.
So far, a cumulative 1,416 children 6-59 months have been vaccinated against MR, 724 infants received Pentavalent vaccinations, and 580 infants received PCV in the affected areas. Over 100 sick children received treatment. A total of 15,900 vials of vaccines of different antigens, new-born care survival kits, inter-agency emergency health kits (IEHKs) and Solar Disk Drive (SDD) refrigerators were delivered to health facilities. There is also ongoing work now to distribute cold chain equipment to Hela and Southern Highlands provinces, with roll-out of solar fridges to support vaccination.

During the reporting period, UNICEF continued to strengthen the capacity of health workers in affected provinces through an integrated training to over 65 student volunteers and 60 health staff focusing on Immunization, MNCH, Nutrition, and Hygiene practices. Microplanning for the upcoming MR campaign is underway and recruitment has already commenced for additional community mobilisers who will work with community health workers (CHW), village health volunteers (VHV), church volunteers, and NGO workers to engage communities during the vaccination campaign.

**Nutrition**

The destruction of subsistence family farms by earthquakes and landslides, has raised the risk of increasing the severe acute malnutrition (SAM) rate from a pre-existing national average of 2.6 per cent to 4.4 per cent\(^1\) in the affected provinces. Combined with an increased prevalence of diarrhoea, there is now also a risk of rising mortality rates of children under the age of five. The country and specially the affected areas have one of the world’s highest rates of stunting (49 per cent), which could also be aggravated by increased morbidity and incidents of SAM. Infant and young child feeding (IYCF) and care, and hygiene practices need to be improved, along with improved access to clean water and improved sanitation.

UNICEF’s nutrition response aims to ensure that an estimated 31,000 children under 5 years are screened for acute malnutrition, while over 1,200 (4 per cent) are treated for SAM. All other children (approximately 47,628), that remain at risk of malnutrition, will receive a one-off high dose of vitamin A and a three-month package of micronutrient powders, while about 43,000 children under five will receive deworming tablets. In addition, an estimated 87,000 pregnant or lactating women will benefit from infant and young child counselling messages and cooking demonstrations.

During the reporting period, the Nutrition Response and Recovery Plan was approved by SHPHA and programme implementation started with provision of required services at Mendi general hospital, Urila Poroma care centre, Temenda sub health centre and Pimaga rural health centre. Overall, 62 children (6-59 months) have been screened and two of whom were admitted for treatment of Severe Acute Malnutrition (SAM). A cumulative total of 855 children under 5 were provided with vitamin A supplements. Fourteen community health workers and 13 others (paediatric nurses, nutritionists and medical officers) at Mendi General Hospital were given orientation on management of SAM.

**WASH**

Water, sanitation and hygiene continues to be an urgent need within affected communities and among those displaced and living in temporary shelters. Simple hygiene messaging coupled with good hygiene practices may be a critical activity needed whilst waiting for the completion of WASH mobilization within the sector. UNICEF aims to reach 100,000 people with clean drinking water, sanitation and hygiene education.

Water quality testing is ongoing in Southern Highlands Province. Initial results indicate that 11 water sources, which are used by the communities and health facilities, show high counts of E. coli. This exercise is undertaken with technical support from the National Department of Health (NDOH).

UNICEF has signed an SSFA with a local NGO (Environmental Health Development Agency (EDHA)) and two international NGO (OXFAM and ADRA) in Mendi and Tari. During the reporting period, the implementing partners undertook consultations with key stakeholders including local communities and institutions before the initiation of

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\(^1\) A correction factor of 1.6 was used to calculate this proportion. This is the highest assumption in absence of an existing SAM treatment programme in the affected areas.
programme interventions, which include the rehabilitation of WASH facilities, distribution of WASH supplies and hygiene promotion.

UNICEF and the Catholic Diocese of Mendi (which covers Southern Highlands and Hela provinces) have signed an agreement to work jointly on the rehabilitation of WASH facilities in 20 schools and provide hygiene education and supplies to communities in and around Mendi.

UNICEF and partners have so far reached 4,283 people with access to safe water (through provision of water purification tablets), reached 1,257 people with life-saving hygiene message. 597 containers (10-litre capacity each) have been distributed alongside 848 packets of water purification tablets. UNICEF has also supported trainings of volunteers and student Community Health Workers in the Southern Highlands Province on hygiene promotion and community mobilization. Supplies and hygiene promotion trainings were provided to two health facilities to ensure prevention of facility acquired infections.

**Education**

Comprehensive information on the number of schools damaged is not yet available. However, in SHP and Hela Province, children had already missed many school days in 2017, due to post-election conflict, and the earthquakes have worsened the situation. Displaced children are likely to miss out on education. Teachers have also been badly affected. There is an urgent need to repair or rebuild school facilities including classrooms, teachers’ houses and toilet facilities.

UNICEF aims to set up 80 safe temporary learning centres (STLS) in four affected Local Level Government for 10,000 children, including pre-school children. Another 5,000 children will be provided with school supplies. Alongside establishing STLS, provision and maintenance of water tanks, sanitation facilities, maintenance of school buildings and normalizing the lives of children through psychosocial support are the most pressing needs. 5,000 teachers and volunteers will be given basic orientation, of which 240 will be trained on the use of teaching, learning and recreational materials in the STLS. Another 100 teachers and volunteers will receive further training on psychosocial support and first aid for children.

So far, UNICEF and partners provided basic orientation to 70 teachers and volunteers (31 females) on the use of education and recreational kits, including early childhood development (ECD) kits, and setting up and maintaining school tents. Six STLS have been established providing basic non-formal education to 2,600 children (of which 1,113 are girls).

During the reporting period, UNICEF and the Catholic Diocese of Mendi (which covers Southern Highlands and Hela provinces) have signed an agreement to work jointly on STLS and the delivery of education services. School in a box and ECD kits were provided to each of the newly established six safe spaces. ECD activities are taking place in all the STLS.

**Child Protection**

The earthquake and subsequent unsettling aftershocks have caused significant fear, a sense of uncertainty and the disruption of social and educational services in SHP and Hela Province, a region which already suffers from years of violent group conflicts, domestic violence and gender-based violence. This complex emergency is having a profound negative impact on the mental health of children, including on brain development and their overall well-being in the long-run.

UNICEF aims to provide 15,000 affected children with psychosocial support and access to case management and referral services; and about 33,000 parents and caretakers of children with information on positive parenting and community advocacy on ending violence. To achieve these results, UNICEF will establish 60 child-friendly spaces and support community based psychosocial activities and awareness raising campaigns. UNICEF will also support training and mentoring of 28 safe space coordinators and 156 psychosocial facilitators.
During the reporting period, as part of a multi-sectoral integrated response, UNICEF signed a project cooperation agreement with Catholic Diocese of Mendi.

With an additional three CFS established during the reporting period, a total of five CFS have been established reaching 600 children with psychosocial support services. Supplies for the establishment of child friendly spaces /safe and temporarily learning spaces were distributed to six schools and 31 teachers were trained in setting and running of safe spaces. In addition, 40 PSS providers, who signed the Code of Conduct for the protection of children, were trained and received orientation on Prevention of Sexual Exploitation and Abuse (PSEA).

A Meeting was held with provincial department of Community Development; health, education; police and civil society organizations, including CARITAS; Catholic Church; UNWomen and St Frances Care Homes, to decide on priority locations for safe spaces. A total of 12 school sites and eight care centres for IDPs have been prioritized.

**Communications with Communities, Community Engagement & Accountability**

During the reporting period, UNICEF’s C4D team updated communication messages and started airing a new set of radio programmes and public service announcements on immunization, nutrition, WASH and child protection on two national radio stations that reach affected areas. An integrated C4D interventions plan has been developed as part of the multi-cluster programming partnership with the Catholic Diocese of Mendi (CDM) to deliver messages through churches during prayers. Detailed C4D micro-plans for immunization campaigns and capacity building of field teams on community mobilisation have also been developed.

**Supply and Logistics**

Since the commencement of the emergency response, UNICEF Papua New Guinea Supply & Logistics has handled 52.3 Metric Tonnes / 198 Cubic Meters of Health & Nutrition, WASH, Education, Child Protection supplies (both UNICEF-controlled stock and stock handed over to government partners). A supply plan for a period of 6 months has been developed for a value of US$865,021. UNICEF Supply and Logistics staff are working closely with implementing partners and within the Logistics Working Group for maximum efficiency.

During the reporting period, all the remaining 15.7 Metric Tonnes of UNICEF controlled supplies in Port Moresby were transported to Mount Hagen with the support from the Australian Defence Force (ADF) C-130 aircraft. These supplies include materials for Child Protection, Education, WASH & Health responses. They will be stored in the joint UN warehouse at Mount Hagen before transported to the affected areas as required by the programme sections and partners.

**Media and External Communication**

During the reporting period, coverage of UNICEF response in local and international media remained encouraging. Responses to media queries prepared by UNICEF’s Communication team resulted in stories covering a joint press release issued by UNICEF and WHO highlighting risks of disease outbreak in affected communities. Key coverage was featured in the Post Courier and The National Newspaper (local) and Reuters, The Guardian, Mail Online UK and The Guardian Australia (international).

An e-newsletter featuring UNICEF’s support to the earthquake response to over 400 recipients was disseminated and a local radio interview with the Health section was organized. Information on UNICEF’s response in the field were posted on Facebook, Twitter and Instagram.

**Security**

The situation in Tari remains tense and uncertain amid reports of peace negotiations aimed at restoring peace and security in the town, with the PNGDF Commander, Provincial Police Commander and Correctional Institution Services initiating dialogues in Tari together with the relatives of the deceased families. It is hoped that the peace agreement
will pave the way for the re-opening of the Tari airport, and hence humanitarian access. Meanwhile, the UN Designated Official (DO) has authorised a security re-assessment of the town to be led by the UN Department of Safety and Security (UNDSS) for the possible return of humanitarian agencies.

Tensions were reported in Mendi town following a planned protest march against the National government's plans to replace the provincial administrator for Southern Highland Province. Gatherings of groups of people did occur but the deployed military and police forces across strategic locations of the town dispersed the crowd, preventing the planned protest.

**Funding**

UNICEF is currently revising its East Asia and the Pacific Humanitarian Action for Children (HAC) appeal to include the UNICEF PNG earthquake response funding requirement of US$ 13.8 million. In March US$1.5 million was immediately advanced as a loan to the Country Office using the internal UNICEF Emergency Programme Fund mechanism to ensure a timely response and scale up of UNICEF’s humanitarian assistance. In terms of donor support, so far US$2.6 million was received from CERF. In addition, WASH received US$140,000 in thematic funds, Education received US$50,000 in thematic funds, and children protection received US$239,720 as supplementary emergency funding to existing Australian NatCom funds for regular programme.

It is worth highlighting that access by road continues to be a challenge across the country and humanitarian actors rely on small commercial and charter flights that have very limited tonnage to move supplies and so must make many trips resulting in a costly logistics operation. Furthermore, due to the volatile nature of inter-communal violence in the country, UN Staff and implementing partners need constant private security arrangements, as do safe spaces set up for women and children. As a result, the cost of critical logistics and security services in Papua New Guinea are extremely high and represent approximately 28 per cent (US$3.9M) of the total requirements (US$13.8M) needed for the response.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,197,958</td>
<td>1,333,351 NA 864,607 39%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>2,041,256</td>
<td>434,422 NA 1,608,834 79%</td>
<td></td>
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<tr>
<td>WASH</td>
<td>3,496,000</td>
<td>562,986 NA 2,933,014 84%</td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,530,000</td>
<td>644,156 NA 1,885,844 75%</td>
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</tr>
<tr>
<td>Education</td>
<td>3,533,360</td>
<td>50,000 NA 3,473,360 99%</td>
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<tr>
<td>Total</td>
<td>13,790,574</td>
<td>3,024,915 - 10,765,659 78%</td>
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**Next Situation Report: 23/04/2018**

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