Highlights

- Following the February 7.5 magnitude earthquake, numerous aftershocks continue to cause significant fear and anxiety, forcing many people to remain outside and away from their village land.

- Provision of water, basic health services and psychosocial services tied to getting back to school are priority needs.

- The most recent assessment results indicate that 73 per cent of earthquake-affected areas are accessible by road, while 27 per cent require alternate approaches.

- As of 23 March, the percentage of closed health facilities has decreased from 33 per cent to 19 per cent.

- Challenges related to insecurity remain a big concern that is affecting the delivery of assistance, particularly in Hela Province where armed conflict has been ongoing for the last 10 days.

- UNICEF’s provisional funding requirement for the earthquake response in 2018 is $13.8 million and the current funding gap stands at 65 per cent.

Date 13 April 2018

544,000 people were affected, including
252,480 children

270,000 people with 125,000 children in need of immediate life-saving assistance

15,000 or more school children and teachers need support to get back to schools

(Papua New Guinea: Highlands Earthquake Disaster Management Team Response Plan (28 March 2018)

Provisional funding requirement for 2018: $13.8 million

Funding Status 2018

Funds Received: $2.6m

2018 funding requirement: $13.8m

Funding gap: $11.2m
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 and more than 100 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 need immediate life-saving assistance.

Access to clean water, food, sanitation and health services remain immediate concerns. At least 24,100 people are reported to be displaced and living in informal communal shelters without adequate water and sanitation. 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 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 that El Nino, 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 that were screened presented and were treated for SAM. All curative nutrition interventions are supported by UNICEF. There are no programs for moderate acute malnutrition, not even from WFP, which UNICEF cannot overlook to avoid any further deterioration in the nutrition situation in the affected areas.

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 damaged, and five (3 per cent) are completely damaged. The damages to school infrastructure include 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 village sites, because of 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 the 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 needs assessments have been carried out and therefore availability of reliable information for humanitarian programming is limited. However, best efforts were made to collect available data on the overall needs in affected areas.
In addition, due to agencies’ limited capacity and weak coordination, basic operational information is still lacking. To address this information gap, UNICEF has been focusing on 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.

### Estimated Population Affected and in Need of Humanitarian Assistance

*544,000 people are affected across the five most affected provinces. Over 270,000 people require immediate humanitarian assistance; Interagency Response plan dated 28 March 2018*

<table>
<thead>
<tr>
<th>Start of humanitarian response: 1st March 2018</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population in Need</td>
<td>544,368</td>
<td>280,680</td>
<td>263,688</td>
</tr>
<tr>
<td>Children (Under 18)</td>
<td>252,480</td>
<td>129,656</td>
<td>122,824</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>70,767</td>
<td>36,488</td>
<td>34,279</td>
</tr>
<tr>
<td>Children 0 to 11 months</td>
<td>17,419</td>
<td>9,058</td>
<td>8,361</td>
</tr>
</tbody>
</table>

### Humanitarian Leadership and Coordination

- The overall humanitarian response is led by Government through a Disaster Controller supported by an inter-agency Disaster Management Team (DMT). The DMT includes membership from the UN agencies, donors, development banks and international NGOs. The Government also established Emergency Operations Centres (EOCs) in the capitals of Hela (Tari) and Southern Highlands Provinces (Mendi).

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

- The National Department of Health (NDOH) and WHO are leading the integrated health and nutrition clusters 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.

### Humanitarian Strategy

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

- Provide life-saving assistance to people affected by the earthquake and re-establish basic services.
- Support the restoration of livelihoods and self-reliance.
- Provide safety and protection for vulnerable people, including women, girls, boys and men, people with disabilities including through the provision of transitional shelter.

UNICEF is the major contributor to life-saving assistance and protection support for children. For programme implementation, UNICEF is working through national and provincial governments and with local faith-based organizations which have operational presence and acceptance within the affected communities. As of now, UNICEF has finalized its first Programme Cooperation Agreement (PCA) with the Catholic Diocese of Mendi, covering all programme sectors. Consultations with other Church groups including Anglican Church, Evangelical Church and Seven Day Adventist are ongoing.
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 minimum incentives towards daily expenses of the staff working in hard-to-reach areas. Due to the access and logistical challenges in remote areas in the highlands, UNICEF is coordinating with and exploring potential partnership with oil and gas companies working in the affected areas. UNICEF has been working for several years with Oil Search Foundation and they have indicated willingness to work closely with UNICEF on a range of emergency activities.

Summary Analysis of Programme Response

Health
The health services are significantly affected with dozens of health facilities damaged, while many more remain inaccessible or closed due to absence of human resources. The cold chain systems have been destroyed, health workers have lost their homes – some are traumatized and in some cases unable to work, impacting service delivery. The history of extremely low vaccination rates and sanitation coverage leave the population highly vulnerable to outbreak of diseases.

UNICEF response is focused on restoration of life-saving immunisation and maternal and new-born health (MNH) services, replenishment of essential MNH supplies, and re-establishment of the immunisation supply and cold chain systems. UNICEF is targeting an estimated 70,000 children under five years and 125,000 women of child-bearing age for vaccinations, neonatal resuscitation and prevention of hypothermia and antenatal and postnatal care. All response actions are guided by the National Health Sector Emergency Response Plan and in close coordination with WHO, the National Department of Health (NDOH) and Provincial Health Authorities (PHA), through Provincial Public Health Emergency Operations Centres.

Thus far, a confirmed 543 children 6-59 months have received Measles-Rubella (MR) vaccinations and 191 infants have received Pentavalent vaccinations 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. UNICEF’s health staff on the ground are supporting PHA and Catholic Health Services (CHS) to reach the children and women in the community and temporary shelters in some remote areas. Provincial and district vaccine stores have been restored and are functioning now.

Nutrition
The destruction of subsistence family farms by earthquakes and landslides, has raised the risk of escalation of increasing the severe acute malnutrition (SAM) rate from a pre-existing national average of 2.6 per cent to 4 per cent in the affected provinces. Combined with increased prevalence of diarrhoea, there is a risk of increased mortality rates of children under age five. The country and the region have one of the world’s highest rates of stunting (49%), 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 aged 6-59 months are screened for acute malnutrition, while over 1,200 (4 per cent) are treated for SAM. All other children (estimated 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 (12-59 months) 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.

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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.
UNICEF Nutrition surge staff on the ground are supporting PHA, CHS and NGOs to improve their capacity on SAM screening and management, micro-nutrient supplements and IYCF counselling. While monitoring reports on SAM screening and management are still being collected, a total of 481 children 6-59 months have already received vitamin A supplements. A total of 30,000 sachets of Ready to Use Therapeutic Food (RUTF), targeting 200 children and 90,000 capsules of vitamin A were delivered to health facilities in the two affected provinces. In Southern Highlands province, integrated nutrition services are being delivered in Urila Poroma Care Centre, Tamenda Health Sub Centre and Pimaga Rural.

**WASH**

Water, sanitation and hygiene continues to be an urgent need within affected communities and among those displaced and living in temporary shelters. UNICEF plans to reach 100,000 people with clean drinking water, sanitation and hygiene education. UNICEF has deployed technical staff both internally as well as from the National Department of Health (NDOH) to support mitigation activities in Southern Highlands Province (SHP) and Hela Province. UNICEF has reached a total of 366 individuals in SHP and 484 in Hela with hygiene promotion activities. With support from the NDOH, three communities, two temporary shelters and three health facilities have been visited for water-quality testing and hygiene promotion activities.

In Hela Province, UNICEF supported hygiene and sanitation training for 24 children and 60 teachers and community members in Kupari. Construction of simple “tippy taps” (handwashing facility constructed of local and recycled materials that can be easily built and maintained by local people) for children at the schools and child-friendly spaces have been completed, benefiting 200 students in Kupari. Assessment of water and toilet facilities in Purani Primary School and the health facility have been completed but planned interventions were disrupted due to violence in Tari town.

In Mendi, UNICEF supported the Department of Health to produce flyers with hygiene messages in Pijin. Information, Education and Communication (IEC) materials for water purification tablets, household water treatment and good hygiene practices, has been completed and are awaiting approval from the Health EOC. Hygiene promotion was conducted in Kumin with 40 teachers. Environmental Health Development Agency has received funding and will be on the ground by 6 April, when planning shall begin.

**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. At the same time, temporary learning spaces as well as psychosocial support must be urgently organized to help children return to normalcy.

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. So far, one surge Education Specialist and one national Education Officer have been deployed to Mendi and Tari, to set up STLS and to train teachers and volunteers on the use of ECD and recreational kits. Out of 200 teachers and volunteers, UNICEF has so far provided training to 70 teachers and volunteers (31 females) on the use of the education and recreational kits, including ECD, and setting up and maintaining tent schools. In Mendi, at a child-friendly space, around 400 school children (including 50 pre-school) have benefited from psychosocial recovery activities, using recreational kits.

**Child Protection**

The earthquake and subsequent unsettling aftershocks have caused significant fear, sense of uncertainty, 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 14,400 affected children with psychosocial support and access to case management and referral services; and 16,000 children and families with information on positive parenting and community advocacy on ending violence.

UNICEF has deployed one psychosocial specialist and one child protection officer to Hela and Southern Highlands Provinces for assessment, training and mentoring of implementing partners. The target is 60 child-friendly spaces, of which two child-friendly spaces have been established so far, reaching more than 400 children with recreational activities and psychosocial support. In addition, 40 PSS providers, who signed the Code of Conduct for the protection of children, were trained and received orientation on PSEA. Tents, tarpaulins, ECD kits and recreational kits to set up an additional 15 child-friendly spaces have been airlifted.

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

Informational messages and public service announcements were developed and translated into Tok Pisin and shared with partners to support their communication through the Communicating with Communities Working Group, and broadcast by Tribe FM, NBC short wave and medium wave channels along with talks with awareness-raising key messages on Nutrition, Immunization, WASH, Child Protection and Education.

Some 2,000 posters promoting a return to school are now being printed. UNICEF is also working with churches and faith-based radio stations to disseminate key response messages in Highland languages to affected communities. For the recovery phase of the response, an expanded plan to work with churches in the affected areas is being developed.

**Supply and Logistics**

Since 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 turned over to government partners). Customs clearance, warehousing, in country transportation of 23 Metric Tonnes/ 125 Cubic Metres of UNICEF-controlled stock, valued at US$138,091, for onward distribution was completed through the Forwarding Operating Base in Mount Hagen. UNICEF’s global Supply Division coordinated a charter flight from Manila, Philippines to Port Moresby, Papua New Guinea, carrying 18 Metric Tonnes / 95 Cubic Meters of emergency supplies composed of tents and tarpaulins, water purification tablets, water tanks, squatting plates and family hygiene kits. A supply plan for a period of 6 months has been developed for a value of US$865,021. UNICEF Supply & Logistics staff are work closely with implementing partners and within the Logistics Working Group for maximum efficiency.

**Media and External Communication**

A wide range of communication materials highlighting the impact of the earthquakes on children’s well-being and UNICEF responses were developed and shared with local and international media, and UNICEF National Committees. This includes press releases on supply delivery, psychosocial support; a set of videos and photos; and human interest stories focusing on children’s needs and UNICEF’s responses relating to supply delivery, child protection, WASH, health and nutrition. Key media coverage included CNN, the Guardian, SBS, ABC, BBC News, the Sydney Morning Herald and Channel News Asia.

**Security**

Affected provinces are historically highly volatile, with tribal fighting a part of regular life. The impacted areas are reported to have the highest incidence of gender-based and sorcery-related violence nationwide and among the highest in the world. Rumours are proliferating about what caused the earthquake, unrelated to the scientific evidence of a 100-year cycle of serious earthquake due to plate tectonics. Casting blame against different people and groups is exacerbating fear and may trigger further violence. In Hela province, (and occasionally spilling over into SH Province) the security situation deteriorated within two weeks of the first earthquake. Rival groups armed with bush knives, machetes and guns have killed people and burned houses and at least one school. Active shooting incidents in and around
The Disaster Controller issued an Emergency Order that the Armed Forces now have special authority and responsibility to arrest armed people and remove them to a prison in Mount Hagen. With support from Regional Office Child Protection team, the country office has prepared a letter to be delivered to Government through the RC. The letter advocates with the security forces of the PNG Defence Forces to prevent the use of children in conflict and to place the rights and protection of children at the forefront of their operations. The military commander in Tari town advised the UN, NGOs and government staff not to be in or around Tari until further notice. All public services and private businesses remain closed, with no presence of people on the streets. However, some of the villages in Hela Province are peaceful, with recovery work proceeding.

Funding
There is no Government or inter-agency appeal, however UNICEF will be revising its East Asia and the Pacific Humanitarian Action for Children (HAC) appeal to account for UNICEF PNG earthquake response and the funding requirement of US$ 13.8 million. Given the urgency to respond, US$1.5 million was immediately advanced as a loan to the Country Office using the internal UNICEF Emergency Programme Fund mechanism to ensure 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.

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></th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,497,958</td>
<td>1,265,902</td>
<td>NA</td>
<td>932,056</td>
</tr>
<tr>
<td>Health</td>
<td>2,043,256</td>
<td>406,002</td>
<td>NA</td>
<td>1,637,254</td>
</tr>
<tr>
<td>WASH</td>
<td>3,496,000</td>
<td>495,314</td>
<td>NA</td>
<td>3,000,686</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,539,000</td>
<td>377,978</td>
<td>NA</td>
<td>2,152,022</td>
</tr>
<tr>
<td>Education</td>
<td>3,523,360</td>
<td>50,000</td>
<td>NA</td>
<td>3,473,360</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,790,574</strong></td>
<td><strong>2,595,195</strong></td>
<td><strong>-</strong></td>
<td><strong>11,195,379</strong></td>
</tr>
</tbody>
</table>

81% of the total requirements (US$13.8M) needed for the response.

Next Situation Report: 16/04/2018

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UNICEF PNG Facebook: www.facebook.com/unicefpng

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