Highlights

• Since 28 March, 40,500 earthquake-affected people, have also been affected by the tribal conflict which resulted in the suspension of humanitarian operations in Hela province.

• In response to the ongoing measles and other vaccine-preventable disease outbreaks, UNICEF and partners have commenced social mobilization and community engagement activities in two districts of Mendi-Munihu and Nipa Kutubu; culminating to the start of an integrated vaccination campaign on 30 April against measles and rubella (MR) and maternal tetanus.

• 59 teachers and volunteers received orientation and signed Code of Conduct on Prevention of Sexual Exploitation and Abuse (PSEA). The training participants also learned about prevention of violence against children, understanding psychosocial impact of disasters, and providing psychosocial support.

• 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.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th></th>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Total</td>
</tr>
<tr>
<td>Nutrition: Number of children (6-59 m) reached with MNP supplementation including Vitamin A</td>
<td>47,616</td>
<td>855</td>
</tr>
<tr>
<td>Health: Number of children (0-59 months) who received Pentavalent and MR vaccination</td>
<td>63,520</td>
<td>1,416</td>
</tr>
<tr>
<td>WASH: Number of people who have access to safe drinking water</td>
<td>100,000</td>
<td>9,433</td>
</tr>
<tr>
<td>Child Protection: Number of children and adolescents reached with psychosocial support services</td>
<td>15,000</td>
<td>840</td>
</tr>
<tr>
<td>Education: Number of children (3-14 yrs) who are enrolled in STLS for non-formal</td>
<td>10,000</td>
<td>2,600</td>
</tr>
</tbody>
</table>

1 May 2018

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

270,000 people need immediate life-saving assistance, including 125,000 children

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
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.

Since 28 March, due to inter-communal fighting, humanitarian operations in Tari (Hela Province) have been suspended. According to preliminary UN estimates, 40,500 people (48 per cent females) in nineteen earthquake-affected 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. There are currently no programmes for moderate acute malnutrition 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 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 villages, because of
the complete destruction of their homes by landslides. 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 focusing 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.

### 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 National Disaster Centre (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 Adventist Development and Relief Agency (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. One pre-existing outbreak of measles in the affected Western Province, and one suspected new measles case in Southern Highland Province (SHP) has been reported during the reporting period. In addition, a number of suspected cases of bloody diarrhoea are also reported. During the reporting period, one case of acute flaccid paralysis (AFP) was identified in Pangia district, specimens have been collected and sent to the national laboratory for testing. Over 180 cases of diarrhoea from Hela and SHP were reported between March and April, whereas 26 cases and 2 deaths due to whooping cough were reported during the same period. The population is in critical need of primary healthcare services due to a breakdown of health infrastructure, meanwhile many existing health facilities remain inaccessible especially in Hela province where tribal conflicts continue. 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 and other vaccine-preventable diseases outbreaks, UNICEF and partners have commenced social mobilization and community engagement activities in two districts of Mendi-Munihu and Nipa
Kutubu culminating to the start of an integrated vaccination campaign on 30 April against measles and rubella (MR), maternal tetanus and other services including nutrition and hygiene promotion. During the reporting period, seven teams of community mobilisers (56 in total) completed a one-week long community engagement for vaccination campaign through 05 awareness and advocacy sessions in each district. Over 49,600 children under five years, and 100,000 women of at reproductive age, are targeted in two districts of Southern Highland province (SHP) 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 & new-born health (MNH) services.

So far, a cumulative 1,416 children 6-59 months have been vaccinated against Measles-Rubella (MR), 724 infants received Pentavalent vaccinations, and 580 infants received PCV in the affected areas. Over 100 sick children received treatment. A cumulative total of 36,120 vials of vaccines of different antigens, 15 Solar Direct Drive (SDD) refrigerators, 6 Ice-Lined Refrigerators (ILRs), 19 inter-agency emergency health kits (IEHKs), and new-born care survival kits were distributed to Hela and SHPs. UNICEF continued its scale-up of innovative life-saving hypothermia devices (Bebi Kol Kilok) and promoting kangaroo mother care (KMC) whereby 50 new-borns, including 2 pre-term babies, benefitted from this innovation as part of early essential newborn care (EENC) in PHC services, last week.

**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 per cent\(^1\) in the affected provinces. Combined with an increased prevalence of diarrhoea, there is 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%), 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 47,616), 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 69,600 pregnant or lactating women will benefit from infant and young child counselling messages and cooking demonstrations.

Overall, 62 children (6-59 months) have been screened for SAM, and two were admitted for treatment. A cumulative total of 855 children 6-59 months were provided with vitamin A supplements. A cumulative total of 83 community health workers received orientation on screening and management of SAM, this includes the 56 that were oriented during the reporting period.

**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 with technical support from the National Department of Health (NDOH). Initial results indicate that most of 18 water sources tested so far, which are used by the communities and health facilities, contain high counts of E. coli.

The Environmental Health Development Agency (EDHA) - UNICEF’s local NGO partner is currently working in six schools. They have already completed the hygiene education training for teachers and schools’ directors; in addition, they are

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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.
preparing for the rehabilitation and the new construction of WASH facilities in these targeted schools and conducting hygiene awareness for the communities surrounding the selected schools.

During the reporting period, UNICEF managed to transfer required funds to the Catholic Diocese of Mendi (CDM), UNICEF’s main implementing partner which covers Southern Highlands and Hela provinces. The CDM, Public Health Authority and UNICEF conducted a training to 56 health and community workers and 81 teachers and 16 directors of school.

UNICEF and the National Department of Health (NDOH) have so far reached 9,433 people with access to safe water through the provision of water purification tablets, and 1,257 people with life-saving hygiene message. Over 1,627 affected families have received water containers (10-liter capacity each) and 848 packets of water purification tablets have been distributed.

**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. 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.

150 Teachers (female 81) from 12 new schools are trained on teaching kits and school in a box (SiB), ECD kits, recreational kits and school tents were distributed to each of the 12 schools during the reporting period. All together 220 teachers from 18 schools were trained on using school in a box, recreational kits, ECD kits and on setting of school tents, including on safety measures against earthquake, landslides and other hazards. UNICEF and partners have so far distributed 32 school in a box. In addition 17 Early Childhood Development (ECD) kits and 10 risk land games were distributed.

The number of children reached during the reporting period remains at 2,600 (including 1,113 girls) children enrolled in STLS for non-formal education, including early learning. Children aged 3 -14 years who have never been to schools or ECD centres before, are now coming to these safe spaces from the surrounding communities.

The Education cluster, under the leadership of Department of Education, has been meeting regularly every Wednesday. Participation of the cluster members has been limited to 3-4 organizations, i.e., Department of Organization (DoE), UNICEF, Save the Children, World vision and ADRA.

**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 children and adults with information on violence against children. 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 156 psychosocial facilitators in 28 safe spaces.

UNICEF and partners have established total seven temporary learning spaces (TLS), which also serve as child-friendly spaces (CFS), in Southern Highlands Province reaching 840 children with psychosocial support activities. During the reporting period two new CFS/TLS were established reaching 240 additional children. Supplies for establishment of additional 9 safe and temporary learning spaces were delivered to 9 targeted schools. During the reporting period, 19 teachers from 11 schools were trained on establishment of temporary learning spaces and child friendly spaces. With these 19 teachers, a total of 59 teachers and volunteers received orientation and signed Code of Conduct on Prevention of Sexual Exploitation and Abuse (PSEA). The training participants also learned about prevention of violence against children, understanding psychosocial impact of disaster and providing psychosocial support. UNICEF and its partner conducted awareness-rising on prevention of violence against children reaching 890 people gathered at a prayer camp organized by a local church in Southern Highlands Province.

**Media and External Communication**

UNICEF's work on early recovery and the situation of children and their needs in the Highlands was highlighted in a press conference in UNICEF Geneva. This information was also featured on UNICEF.org, and coverage was highlighted on the ReliefWeb website. The main focus for Communication work was on the upcoming integrated Child Health campaign with social posts on all social media channels and a human-interest story published on our Medium Blog site.

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

During the reporting period, a total of 104 radio sports featuring key messages on health, education, child protection and WASH were broadcast on the National Broadcasting Corporation. Since 01 April, a total of 367 key messages have been broadcasted. Some 5,000 people received informational messages on integrated child health with a focus on immunisation, WASH, protection and education, during a community engagement between UNICEF and the Catholic and SDA churches in Southern Highlands Province. UNICEF also conducted a communication assessment with more than 40 people from a cross section of community which included caregivers, community leaders, local influencers and young people, to understand how people receive and give information. The findings of this assessment will help guide C4D messaging. IEC materials on nutrition were distributed to health workers from 27 health facilities who participated in the microplanning training in Mendi. As part of the CWC work, audio streaming of key messages on immunisation and protection by Digicel is ongoing.

**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 & Logistics staff are working closely with implementing partners and within the Logistics Working Group for maximum efficiency.

**Security**

During the reporting period, the situation in Tari went from bad to worse, with reported renewed tribal clashes reported between Tari and Komo in Kubal location, leading to reported four deaths, including a woman and a child, and several casualties. The tribal conflict, which has turned into a political conflict, further deteriorated the security situation leading to relocation of UN staff from Tari in Hela province to Mendi in the Southern Highlands province where the UNICEF team is currently based.

**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 and Education received US$140,000 and US$50,000 thematic funds, and Child 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</td>
<td>864,607</td>
</tr>
<tr>
<td>Health</td>
<td>2,043,256</td>
<td>434,422</td>
<td>NA</td>
</tr>
<tr>
<td>WASH</td>
<td>3,496,000</td>
<td>562,986*</td>
<td>NA</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,539,000</td>
<td>644,156*</td>
<td>NA</td>
</tr>
<tr>
<td>Education</td>
<td>3,523,360</td>
<td>50,000*</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>13,790,574</td>
<td>3,024,915</td>
<td>10,765,659</td>
</tr>
</tbody>
</table>

* WASH and Education include $140,000 and US$ 50,000 thematic funds and child protection $239,720 supplementary funds received from Australian NatCom

Next Situation Report: 14/05/2018

UNICEF PNG: [https://www.unicef.org/png/](https://www.unicef.org/png/)
UNICEF PNG Facebook: [www.facebook.com/unicefpng](http://www.facebook.com/unicefpng)

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<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Overall needs</th>
<th>UNICEF and IPs</th>
<th>Cluster Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018 Target</td>
<td>Total Results</td>
<td>Change since last report</td>
</tr>
<tr>
<td>Number of children (6-59 months) with SAM admitted for treatment</td>
<td>2,480</td>
<td>1,240</td>
<td>2</td>
</tr>
<tr>
<td>Number of children 6-59 months in the affected areas reached with Micro-Nutrients Powder (MNP) supplementation including Vitamin A</td>
<td>59,520</td>
<td>47,616</td>
<td>855</td>
</tr>
<tr>
<td>Number of children 12-59 months in the affected areas reached with deworming</td>
<td>53,312</td>
<td>42,650</td>
<td>-</td>
</tr>
<tr>
<td>Number of pregnant and lactating women counselled on infant and young child feeding (IYCF)</td>
<td>87,000</td>
<td>69,600</td>
<td>-</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children (0-59 months) who received Pentavalent and MR vaccination</td>
<td>79,400</td>
<td>63,520</td>
<td>1,416</td>
</tr>
<tr>
<td>Number of women (15-49 years) who received TT vaccines</td>
<td>125,120</td>
<td>100,096</td>
<td>-</td>
</tr>
<tr>
<td>Number of children under five received PHC services in UNICEF-supported facilities</td>
<td>70,720</td>
<td>56,576</td>
<td>100</td>
</tr>
<tr>
<td>Number of women (15-49 years) who are reached with information on life saving behaviors and available services</td>
<td>125,120</td>
<td>100,096</td>
<td>-</td>
</tr>
<tr>
<td>WATER, SANITATION &amp; HYGIENE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who have access to safe drinking water</td>
<td>312,000</td>
<td>16,018</td>
<td>9,433</td>
</tr>
<tr>
<td>Number of people who have access to functional latrines</td>
<td>312,000</td>
<td>100,000</td>
<td>1,257</td>
</tr>
<tr>
<td>Number of people reached with key hygiene messages</td>
<td>312,000</td>
<td>100,000</td>
<td>2,600</td>
</tr>
<tr>
<td>Number of girls and boys in learning centers and child-friendly spaces with access to WASH services</td>
<td>10,000</td>
<td>2,600</td>
<td>220</td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children at risk and those who have experienced violence are identified and referred to available medical and psychosocial support services</td>
<td>3,000</td>
<td>3,000</td>
<td>-</td>
</tr>
<tr>
<td>Number of children and adults reached with violence preventions messages</td>
<td>143,446</td>
<td>33,400</td>
<td>890</td>
</tr>
<tr>
<td>Number of children and adolescents reached with psychosocial support services</td>
<td>125,000</td>
<td>15,000</td>
<td>840</td>
</tr>
<tr>
<td>EDUCATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children (3-14 yrs) who are enrolled in STLS for non-formal education, including early learning</td>
<td>23,000</td>
<td>2,600</td>
<td>-</td>
</tr>
<tr>
<td>Number of teachers reached with teaching kits and training support</td>
<td>5,000</td>
<td>220</td>
<td>-</td>
</tr>
</tbody>
</table>