Highlights

• On 4 May, an agreement was signed by the warring tribes in Hela Province, improving the security situation although it remains unpredictable. Humanitarian organizations, including UNICEF, are currently planning for the resumption of relief operations in the Province.

• On 30 April, together with the Government, UNICEF and partners launched a campaign providing an integrated package of immunization, nutrition, WASH and child protection services. In the first two weeks of the campaign, over 3,308 children aged 6-59 months received MR vaccinations, and over 4,200 women of child-bearing age were immunized against tetanus.

• UNICEF and the National Department of Health (NDOH) have so far reached 26,999 people with access to safe water through the provision of water purification tablets, and 3,864 people with life-saving hygiene messaging.

• UNICEF’s funding requirement for the earthquake response in 2018 is US$13.8 million, and the current funding gap stands at 72 per cent.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Sector/Cluster</th>
<th>UNICEF</th>
<th>Total Results</th>
<th>Cluster</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: Number of children (6-59 months) reached with MNP supplementation including Vitamin A</td>
<td>47,616</td>
<td>4,327</td>
<td>47,616</td>
<td>4,327</td>
</tr>
<tr>
<td>Health: Number of children (0-59 months) who received Pentavalent and MR vaccination</td>
<td>63,520</td>
<td>6,098</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: Number of people who have access to safe drinking water</td>
<td>100,000</td>
<td>26,999</td>
<td>270,000</td>
<td>26,999</td>
</tr>
<tr>
<td>Child Protection: Number of children and adolescents reached with psychosocial support services</td>
<td>15,000</td>
<td>1,213</td>
<td>15,000</td>
<td>1,213</td>
</tr>
<tr>
<td>Education: Number of children (3-14 yrs) who are enrolled in STLS for non-formal education, including early learning</td>
<td>10,000</td>
<td>2,600</td>
<td>10,000</td>
<td>2,600</td>
</tr>
</tbody>
</table>

Funding Status 2018

- Funds Received: 3.6m
- Funding gap: 10.2m
- 2018 funding requirement: $13.8m

15 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)

Funding requirement for 2018: US$13.8 million
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 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 damage and because many of the health workers, who were affected by the earthquake, themselves require assistance. Some centres also closed 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 the lack of access to clean drinking water and hygiene. Low immunization coverage and high rates of 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 response conducted between May-October 2016 following the El Nino drought in four LLGs including Upper Wage LLG, Wage Rural LLG, Kaped LLG, Pilikambi Rural LLG determined that 4 per cent of nearly 20,000 children screened were identified and treated for SAM. There are currently no programs 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 a 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 result in long-term negative impacts on their development, learning and well-being.

Access to the affected areas is a huge challenge due to a lack of roads and ongoing conflict. Given this context, so far, no comprehensive needs assessments have been 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.

### Humanitarian Leadership and Coordination

- The overall humanitarian response is led by the Government through a Disaster Controller supported by an inter-agency 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, 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 in the capitals of Hela (Tari) and Southern Highlands Province (Mendi).

- The 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.

### Estimated Population Affected and in Need of 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>36,488</td>
<td>9,058</td>
<td>8,361</td>
</tr>
</tbody>
</table>

**Note:**
- The total numbers do not include DMI, OCHA, INTERSOS and others in the cluster working on the ground.
- The information is based on the national population census of 2011.
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 life-saving messages and availability of urgent health 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. Four (4) more new cases of pertussis were reported in Waro, Mt Bosave local level government (LLG), and one additional case of suspected measles in Pombreal in Nipa-Kutubu district, while another case of acute flaccid paralysis is currently being investigated in Pangia in Southern Highland Province (SHP). In addition, a few sporadic cases of bloody diarrhoea continued to be reported during the past two weeks. 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 insecurity continues. The cold chain system remains partially destroyed and many health workers have lost their homes – some are traumatized and in some cases unable to work, which continues to negatively impacting service delivery.

UNICEF, Provincial Health Authorities, WHO and partners officially launched the integrated immunization campaign which was officially hosted and opened by high-level provincial administration and health authorities. On 30 April, the provision of an integrated package of immunization, nutrition, WASH and child protection services commenced in Mendi-Munihu, and a similar provision started on 7t May in Nipa-Kutubu. In the first two weeks of the campaign, over 3,308 children aged 6-59 months received MR vaccination, and over 4,200 women of child-bearing age were immunized against tetanus. Over 680 infants also received pentavalent (penta) vaccination protecting against diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenza type b (Hib).
So far, a cumulative 4,724 children 6-59 months have been vaccinated against Measles-Rubella (MR) – which is approximately 10 per cent of the overall UNICEF target, while a total of 1,374 infants received pentavalent vaccinations in the two targeted districts of SHP. In addition, 10 Solar Direct Drive (SDD) refrigerators, and 4 electrical Refrigerators arrived in Mendi, SHP. Passive containers i.e. cold boxes and vaccine carriers for transportation of vaccines were also received in the province. Of these, 4 electrical refrigerators were installed in the provincial store to boost the vaccine storage capacity of the province. Installation of the 10 SDD’s will commence on Monday 13th where 5 SDD’s will be installed in 5 health facilities in Mendi Munihu District, 1 in Imbonggu District and 4 in Nipa Kutubu District.

**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 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 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 close to 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, 3,040 children (6-59 months) have been screened for SAM with 16 admitted for treatment. A cumulative total of 4,327 children 6-59 months were provided with vitamin A supplements, while 2,799 received deworming tablets. A cumulative total of 116 community health workers received orientation on screening and management of SAM including the 33 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 is 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.

56 health and community workers (from 17 health and sub-centres) and 81 teachers and head teachers from 17 schools were trained on hygiene promotion in late April 2018 and are expecting to benefit up to 7,531 school in their respective schools with messaging on hygiene promotion, disease prevention and improved hygiene practices.

Catholic Diocese in Mendi (CDM) and Environmental Health Development Agency (EDHA) - UNICEF’s local NGO partners have started to mobilize the construction materials to implement WASH activities (71 new simple VIP latrines, 9 rehabilitation latrines, installation of 41 Rain Water Collection Tanks (RWCT), renovation of 1 RWCT and install 20 group handwashing station-tippy taps) in 14 schools. In addition, they are also conducting hygiene awareness for the communities surrounding these selected schools.

UNICEF and the National Department of Health (NDOH) have so far reached 26,999 people with access to safe water through the provision of water purification tablets, and 3,864 people with life-saving hygiene messaging. Over 2,051 affected families have received water containers (10-liter capacity each), and 5,134 packets of water purification tablets (3mmg, 50 tablets per packet) have been distributed.

\(^1\) 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.
**Education**

Comprehensive information on the number of schools damaged in both Southern Highlands and Hela provinces is not yet available. In SHP and Hela Province, children have already missed many school days in 2017 due to post-election conflict, and the earthquakes have worsened the situation. Displaced children are more likely to miss out on education while teachers have also been badly affected. There remains 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 areas serving 10,000 children, including pre-school children who will benefit from early childhood and school-readiness interventions. 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 2,400 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 attending STLS.

Monitoring is ongoing with support to be provided to schools including training on setting up tents, use of teaching kits and school in a box, ECD kits, and recreational kits that were distributed to each of the 18 schools covered to date. All together 220 teachers from 18 schools were trained on using school in a box, recreational kits, ECD kits and on setting up school tents, including training on safety measures against earthquake, landslides and other hazards. UNICEF and partners have so far distributed 32 school in a box kits. In addition, 17 Early Childhood Development (ECD) kits and 10 risk land games were distributed.

New partnerships, to ensure children in need of education services are also being reached, are underway for areas currently inaccessible in the provinces of SHP and Hela. To ensure teachers are informed on the use of the education supplies, a simple one-pager has been prepared to be sent in packaged supplies, with monitoring of these to be organised with partners.

The number of children reached so far is 2,600 (including 1,113 girls) with these 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 with positive reports from parents and children on the impact of STLS.

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 Education (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 Provinces, a region already suffering 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 long-term well-being.

UNICEF aims to provide 15,000 affected children with psychosocial support, 3,000 children in need of protection with access to case management and referral services, and circa 33,000 children and adults with information on prevention of violence against children. To achieve these results, UNICEF aims to establish 60 child-friendly spaces, support community based psychosocial activities and undertake awareness raising campaigns.

During the reporting period, UNICEF and partners have established a total of ten (10) child friendly spaces (CFS) reaching 373 children (190 boys and 183 girls). To date a total of seventeen (17) CFS have been established in SHP, these are also
serving as STLS reaching 1,213 children with psychosocial support activities. Training on psychosocial support and structured recreational activities were provided to 38 CFS facilitators (23 men and 15 women).

During the reporting period, a total of 22 psychosocial facilitators received basic training on psychosocial support for children in emergencies and signed Code of Conduct on Prevention of Sexual Exploitation and Abuse (PSEA) bringing the number of trained psychosocial facilitators to 81. Due to the vast terrain and difficult geographical locations, a 5-member mobile psychosocial support team was trained and deployed to undertake community based psychosocial and sporting activities (like rugby, football, netball, basketball, drama, kids games and competitions) as well as deliver an awareness raising campaign on prevention of violence against children. UNICEF and its partner also conducted an integrated health/immunization campaign where awareness on prevention of violence against children was disseminated to 2,395 people during the reporting period, reaching a cumulative total of 3,285 men and women in Southern Highland Province.

Media and External Communication
Key media coverage during the reporting period was focused on the Integrated Child Health Campaign that UNICEF is supporting in SHP. The Communication section produced visibility materials – banners, t-shirts and posters – for the campaign and promoted the campaign on the different social media channels which were again shared and retweeted by UNICEF PNG social media followers. Communication also supported the launch event of the campaign in Mendi. A number of human interest stories developed in the reporting period are being finalised for dissemination to a range of media platforms and social media channels.

Communications with Communities, Community Engagement & Accountability
During the reporting period, a total of 70 radio sports featuring key messages on health, education, child protection and WASH were broadcasted by the National Broadcasting Corporation. Since 1 April, a total of 437 key messages have been broadcasted to date. Key messages on child protection were disseminated over a four-day period on a local church-run radio station that reaches the most affected areas in Hela province when UNICEF's Child Protection Officer did an hour-long radio discussion every day for four days. Key messages on several WASH and Nutrition documents were translated into Tok Pisin for training purposes.

Supply and Logistics
UNICEF Papua New Guinea Supply & Logistics has delivered 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) to Mendi and these includes supplies for Tari. A total of 23.26 Metric Tonnes/198 Cubic Meters are in the pipeline and are expected to arrive via sea in June 2018. A supply plan for a period of 6 months has been developed for a value of US$865,021 and will be updated to reflect additional orders procured. UNICEF Supply & Logistics staff continue the efforts in working closely with implementing partners and within the Logistics Working Group for maximum efficiency.

Security
On 4 May, a peace pact was signed between eight warring tribes, which has resulted in the security situation in Tari somewhat stabilizing over the past week. This has also resulted in reported return of most medical doctors to Tari early this week. Most businesses and offices also resumed operations in Tari town, although the situation remains unpredictable and armed military or police escort is required for all travel in Hela and Southern Highland Provinces.

Funding
UNICEF's East Asia and the Pacific Humanitarian Action for Children (HAC) appeal has been revised and now includes 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$2.6 million was received from CERF. In addition, US$ 740,000 were received from global and regional 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.

### Funding Requirements (as defined in initial response plan prepared by UNICEF PNG 30/03/2018 for a period of 6 months)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received Current Year</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,197,958</td>
<td>1,396,852</td>
<td>NA</td>
</tr>
<tr>
<td>Health</td>
<td>2,043,256</td>
<td>497,923</td>
<td>NA</td>
</tr>
<tr>
<td>WASH</td>
<td>3,496,000</td>
<td>726,837</td>
<td>NA</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,530,000</td>
<td>719,365</td>
<td>NA</td>
</tr>
<tr>
<td>Education</td>
<td>3,523,360</td>
<td>255,184</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,790,574</strong></td>
<td><strong>3,587,161</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

**Next Situation Report: 15/06/2018**

**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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### SUMMARY OF PROGRAMME RESULTS 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall needs</th>
<th>UNICEF and IPs</th>
<th>Cluster Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2018 Target</td>
<td>Total Results</td>
<td>Change since last report</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></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>16</td>
<td>16</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>4,327</td>
<td>3,472</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>2,799</td>
<td>2,799</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>
<td>-</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></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>6,098</td>
<td>4,682</td>
</tr>
<tr>
<td>Number of women (15-49 years) who received TT vaccines</td>
<td>125,120</td>
<td>100,096</td>
<td>4,200</td>
<td>4,200</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>
<td>-</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>
<td>-</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></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>100,000</td>
<td>26,999</td>
<td>17,566</td>
</tr>
<tr>
<td>Number of people who have access to functional latrines</td>
<td>312,000</td>
<td>100,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Number of people reached with key hygiene messages</td>
<td>312,000</td>
<td>100,000</td>
<td>3,864</td>
<td>2,607</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>3,200</td>
<td>1,493</td>
<td>592</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></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>
<td>-</td>
</tr>
<tr>
<td>Number of children and adults reached with violence preventing messages</td>
<td>143,446</td>
<td>33,400</td>
<td>3,285</td>
<td>2,395</td>
</tr>
<tr>
<td>Number of children and adolescents reached with psychosocial support services</td>
<td>125,000</td>
<td>15,000</td>
<td>1,213</td>
<td>373</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></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>10,000</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>5,000</td>
<td>220</td>
<td>-</td>
</tr>
</tbody>
</table>