



COVID-19 MULTI-SECTOR RESPONSE PLAN Papua New Guinea Disaster Management Team

as of 3 September 2020

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Key Figures



\$112.8 million financial requirement through December 2020



4.6 million people in need nationwide



2.3 million people targeted



0.5 doctors and 5.3 nurses per 10,000 people



46% of people have access to improved drinking water source



29% of people have access to improved sanitation facilities



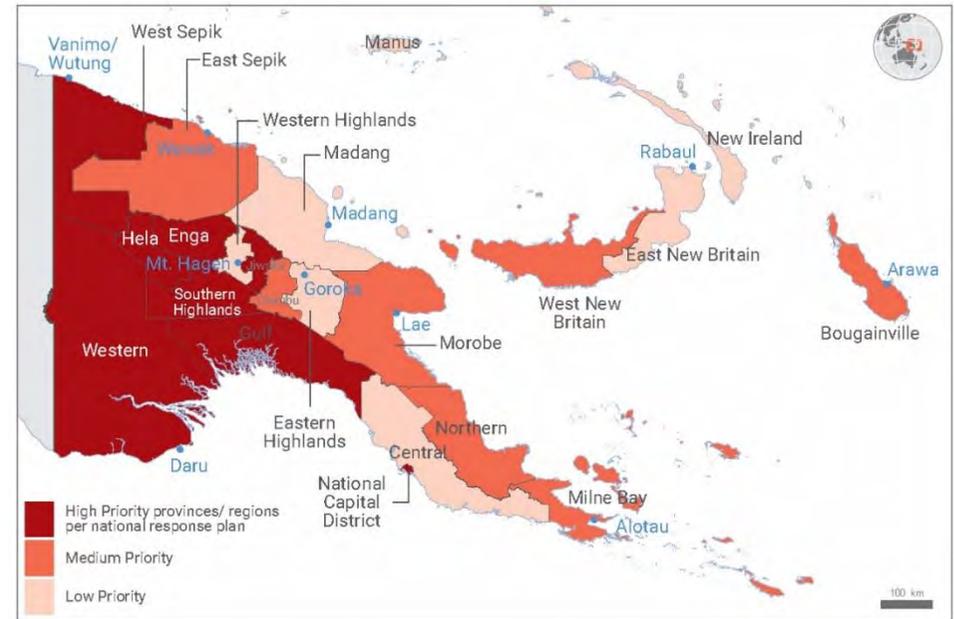
780 km porous land border

Introduction

This revision to the Disaster Management Team's (DMT) multi-sector response plan for COVID-19 updates the plan based on recent identification of widespread community transmission in the National Capital District, Western province and its likelihood nationwide. It remains aligned with the Ministry of Health's COVID-19 Emergency Response Plan issued on 24 April 2020 and its Communications Plan for Coronavirus Disease 2019 revised on 25 August 2020. It harmonizes the Water, Sanitation and Hygiene (WASH) and Protection cluster strategies and activities with the Health cluster. It also considers the Government's document 'Niupela Pasin: Papua New Guinea's "New Normal" in the Time of the COVID-19 Pandemic', updated on 30 July 2020.

Additionally, the Department of Education and the Department for Community Development and Religion have developed sectoral plans for COVID-19 response.

The Government's emergency response plan maintains a health sector focus and plans for a 'worst case' scenario, articulating the process of progressing into containment and subsequently mitigation of community transmission and on to recovery. It presents an opportunity to improve the core capacities of the whole of government, to see where both health and non-health sectors fit in and respond in the immediate and



medium terms, and to adapt to the 'new normal' that this coronavirus has inevitably presented.

This revision of the DMT multi-sector response plan for COVID-19 attempts to be as simple as possible. It is meant to augment the Government's plans, focusing on gaps and meeting the needs of the most vulnerable people, and, jointly with Government partners, attempts to address the most critical primary and secondary impacts of this public health emergency and the necessary measures put in place to contain and mitigate its impact. It is adequately and appropriately costed for immediate resourcing.

This revision is designed to address the multi-sectoral humanitarian needs and socio-economic recovery through December 2020. It is an evolving document needing regular updates as the situation changes. The next review will be at the end of this iteration in December 2020 following a light evaluation of the resources mobilised to that point and the impacts of the actions implemented.

Background

Papua New Guinea's (PNG) current population is estimated at over 8.5 million people, 85% of which live in rural communities that are difficult to reach. It is administratively divided into 22 provinces and 89 districts. The country shares a 780 km land border

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

with Indonesia on the west and sea borders with Australia on the south and Solomon Islands on the south-east through which traditional border crossers travel daily.

Since the 1960s, PNG has also been the destination for West Papuans seeking asylum from the Indonesian military and government. Most recently, at least 160 asylum seekers arrived in November 2019 and were relocated in August 2020 to Iowara, Western province, which is a designated community for West Papuan refugees, while awaiting processing.

Port Moresby is the capital and largest city, with an estimated population of about 500,000 people. At present, domestic flights are largely unrestricted; only PNG's national carrier, Air Niugini, is permitted to fly internationally with flights to and from Brisbane and Cairns, Australia. Normally, the city also has international flights from Fiji, the Philippines, Japan, Singapore, Hong Kong and Solomon Islands daily. There are also private international charters between Australia and mining sites across the country, which are now required to make Port Moresby their initial port of entry.

Road networks and frequent travel expose many people to a range of health risks. Inter-province migration continues due to employment opportunities and to displacement of people affected by civil unrest and natural disasters. These movements affect people's health-seeking behaviour and access to health services.

The country is also highly exposed to natural disasters and the impacts of climate change. People across the country are particularly exposed to seasonal drought, flooding and associated hazards such as landslides. Most of the country's population are also exposed to earthquakes, volcanic eruptions, and tsunamis. Biosecurity threats likewise put the nation's food supply at risk.

Recurrent food insecurity and lack of access to clean water result in malnutrition and increased risk for diseases. They also exacerbate existing high rates of violence against women and girls while reducing their access to support. Coupled with inconsistent and weak investment in disaster management and disaster risk reduction, the national and provincial governments are poorly positioned to adequately respond to a nationwide-scale emergency.

PNG has a weak health system and is facing an aging health workforce. The country suffers from a critical shortage of human resources for health. Recent estimates of health worker densities reflect 0.5 physicians per 10,000 population and 5.3 nurses per 10,000 population. These problems are more prominent in the provinces and hard-to-reach areas because of difficult terrain and risky conditions.

The health workforce also lacks midwives and community health workers. Many are demotivated due to poor working conditions including low wages and poor physical

infrastructure. Major challenges include a high level of fragmentation in the institutional and fiscal relationships between national, provincial, and lower levels of government, and an unclear allocation of responsibilities for service delivery.

As of 2018, the country's Human Development Index, is 0.54. It has been growing on average of 1.23% since 1990 but the country remains ranked 155 of 188 countries. Within the country, the Highlands and border provinces are among the least developed.

Situation overview

PNG has widespread community transmission of COVID-19. On 20 March, the Prime Minister announced the first positive COVID-19 case in the country. As of 2 September, there have been in excess of 460 confirmed cases in the country, with an average of 15 new cases reported daily. The low number is due to critically inadequate testing in all provinces and under-reporting of influenza-like illnesses and severe acute respiratory illness.

Relaxation of movement restrictions within the nation's capital and country, coupled with low compliance in wearing masks, social distancing and frequent hand sanitation are factors in the continuing rise in cases. Importation from bordering Papua province in Indonesia and incoming travellers from other countries reporting COVID-19 cases also remains a threat.

Less than half of households (46%) have access to an improved source of drinking water, with strong differences between households in urban (83%) and rural (42%) areas. Just 29% of the households have improved access to safe sanitation and 33% of people are reported to be washing hands with soap.

Based on a 'worst case' modelling scenario developed by NDOH and WHO, one in five Papua New Guineans could become infected in this COVID-19 pandemic. The most vulnerable populations are older people, infants and children, and people with complicating conditions such as diabetes, heart or respiratory diseases, or compromised immune systems. Populations with TB, HIV, concentrated populations, highly mobile populations, communities with inadequate access to proper hygiene supplies or inadequate hygiene practices are more vulnerable. Pregnant COVID-positive women are also at risk.

There are approximately 50,000 people living with HIV/AIDS in PNG, of which about only 25,000 are regularly taking medication. There are also about 37,000 people living with tuberculosis (TB). PNG has high burdens of TB, multidrug-resistant TB and TB/HIV coinfection, exposing this segment of the population to a high risk of mortality due to COVID-19.

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

At the same time, there are at least four Highlands region provinces affected by African Swine Fever, and at least two coastal provinces affected by Fall Armyworm, which threaten the nation's food security.

Preliminary findings from a nationwide food security assessment have found the closure of fresh food markets in most urban centres as part of COVID-19 measures has had a large impact on the income of many vendors, most of whom are female.

Cash crops, particularly coffee, cocoa, vanilla and copra, have also been affected by COVID-19-related measures that restricted transportation under the State of Emergency and the continuing closure of the country's borders, which have resulted in income losses for farmers. Global drops in prices for cocoa and coffee by as much as 20% have also affected those industries in PNG. The ban on betel nut sales in most urban centres and travel restrictions has had significant repercussions on the trade of betel nut, affecting farmers, intermediary traders and those selling to the public.

A La Niña event is likely in the last quarter of 2020 and first quarter of 2021, bringing greater than average rainfall to most of the country. Above-average rainfall during the wet season is likely to result in localized flooding and landslides that destroy homes and food gardens, isolate remote communities and increase the spread of water-borne diseases. COVID-related movement restrictions imposed by provincial governments will also exacerbate the challenges of delivering relief to affected communities.

Nationwide attention to COVID-19 preparedness has resulted in a lack of attention to these emergencies also facing the country. Food insecurity and the porous border with Indonesia have influenced many to continue crossing the border in search of food, trade and informal or illegal sources of income.

As the year progresses, projections indicate that PGK 2 billion (USD 580 million) is expected to be added to the deficit due to the anticipated reduction in revenues from the collapse of commodity prices and reduction of domestic activity. To meet the needs of the COVID-19 response, significant policy and fiscal trade-offs have been made and have limited available budget and prioritization of other critical, life-saving basic services.

Government response

An initial state of emergency began on 24 March and last for 14 days. At the same time, the Government established a Joint Agency Task Force at its National Operation Centre and appointed the Police Commissioner as its Emergency Controller, with deputy controllers represented by the Assistant Police Commissioner and the Secretary of Health. The extended state of emergency remained in place until 16 June while the Parliament passed a National Pandemic Act.

Since 17 June, the National Pandemic Act of 2020 has guided the national response. The law provides frameworks for national and provincial coordination and stakeholder engagement. It also describes measures for public information, international entry points, travel restrictions, border surveillance, testing, quarantining, isolation, check points, monitoring and treatment, transportation restrictions, prohibited items, handling of deceased persons and other measures and exemptions. The law also includes means for enforcement, offences and penalties, and budgeting and finance.

The Autonomous Region of Bougainville declared its own state of emergency through 4 September. Additional restrictions on flights between Bougainville and PNG have limited response capacities to those organizations based in Bougainville and which remain staffed while impeding the delivery. Local elections scheduled for 2020 were delayed until September and could be affected by restrictive measures in place intended to prevent the spread of COVID-19.

Viewing this as both a health and national security issue, the multi-ministerial and inter-agency coordination body is meant to coordinate the strategic planning and operations on all the health and non-health aspects. At present, physical borders are closed but land and sea borders remain porous.

The Government has begun planning for longer-term response and recovery activities under a 'new normal', realizing the long-term demands on the health system and disruptions to social and economic activities the disease and response measures have caused. It has developed guidance for schools and educational institutions; workplaces, offices and business establishments; faith-based and religious organizations; and airports and airlines.

On 6 April, the Treasurer announced an economic stimulus package worth PGK 5.7 billion (USD 1.6 billion) for the COVID-19 response, the largest in the country's history. The package aims to limit the expected economic downturn and enable access to life-saving health equipment. COVID-19 comes at a time when the country is already facing a challenging economic context; at the start of the year, the planned 2020 deficit was PGK 4.6 billion (USD 1.3 billion).

Planning assumptions

- Since 17 June, a National Control Centre led by a Controller appointed by the Prime Minister oversees the national response for COVID-19.
- The Government's national plan focuses on the health sector. Activities to date have focused on information and containment measures, with a recent increase in testing in Port Moresby and high-priority provinces.
- There are at least 11 measures in place governing international and domestic travel, provincial coordination, burial of deceased persons, customs duties,

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

testing, surveillance, businesses and social events, mandatory masks in NCD, and public transport restrictions in NCD. Measures will continue to evolve and expand as the situation warrants.

- At present, physical borders are closed but land and sea borders remain porous. The only formal points of entry are Port Moresby's airport for travellers, and the seaports of Port Moresby, Lae, Madang and Rabaul for cargo. Restrictions on international movement adversely affect the movement of migrants and refugees. Increasing COVID-19 cases in Papua province, Indonesia, expose economic migrants and refugees, as well as traditional border crossers, to the virus.
- The provinces have activated their provincial COVID-19 task forces and have submitted plans for preparing their hospitals and other health facilities and to train health workers to manage patients.
- Domestic testing capacities fluctuate, and most samples are sent to Brisbane, Australia, or Singapore for testing.
- An information campaign including a hotline number for reporting cases, and frequent information from NDOH and WHO on social media, radio, television, print media messaging and through the churches is ongoing.
- Given the lack of confirmed cases until testing increased in July, public perception of risk is alarmingly low and enforcement of non-pharmaceutical interventions such as mask wearing, social distancing in public spaces, and hand hygiene, remains difficult. Scepticism of the risk, criticism of the Government's response, and misinformation on treatment is widespread.
- Protection issues, including sexual and gender-based violence, and access to critical health and social services for women and children remain a priority concern. Access to services by people living with disabilities is also a concern. Internally displaced persons, such as those in prolonged displacement from past disaster events and living in overcrowded conditions are at higher risk.
- Women and girls, concentrated populations (including encampments of internally displaced people and urban settlements), highly mobile populations (including migrants, asylum seekers and refugees), people employed in the informal economy, communities with inadequate access to clean water, proper hygiene supplies or inadequate hygiene practices are more vulnerable to primary and secondary impacts from COVID-19 and response measures.

The following factors are also considered in response planning.

- The Government has formally requested the international humanitarian community for assistance.
- The Government is inadequately resourced to address the multi-sectoral secondary impacts from COVID-19 and measures in place to control it. Other

emergencies, including African Swine Fever and fall armyworm, are exacerbating secondary impacts of food insecurity, socio-economic instability, and conflict, particularly in the Highlands, Southern and Northern regions.

- The government's health plan is expected to be largely funded with pledges and commitments from development partners and international financial institutions.
- Resources, especially at the provincial and local level, are inadequate to handle multiple concurrent emergencies.
- Regional and global access to health and hygiene equipment and goods is also a challenge.



RT-PCR testing at Rita Flynn Sports Complex COVID-19 facility. Credit: RDonovan/PNG UNRCO, May 2020

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Response to date

All the clusters primarily engaged in risk communications and community engagement activities between May and August to raise public awareness on COVID-19 and related health and non-health impacts. General messaging in English and Tok Pisin was broadcast over television and radio through the development of specific programming, distribution of posters in public places, and community face-to-face demonstrations of good practices for wearing face masks, hand sanitation and physical distancing.

The Disaster Management Team Secretariat remains embedded with the National Control Centre (NCC) for overall coordination and to track international assistance, liaise with the National Capital District and Bougainville Response Teams.

WASH – Cluster members reached 1.3 million of the 5.2 million people in the initially established ten priority provinces targeted with WASH communications and community engagement activities, but this does not capture activities by the National Department of Education and Papua New Guinea Council of Churches members. Cluster member organizations mainly focused on basic handwashing with soap in communities, schools and health care facilities. Other activities implemented by the partners include making and distribution of cloth masks.

Disability organizations supported the establishment of handwashing facilities and basins customized with reach and access for children in wheelchairs in resource centres

Protection, including child protection, gender-based violence (GBV), internally displaced persons, migrants and host communities – Cluster and sub-cluster members primarily conducted COVID-19 awareness raising and advocacy to maintain essential services for women, children and survivors of abuse during the state of emergency. IEC materials included the COVID-19 hotline, child protection and GBV messaging, referral pathways, messages on burden of care, mental health and psychosocial support, and hygiene etiquette in markets/public transport. Information on COVID-19 was provided in Bahasa to West Papuan border crossers.

The cluster created a code of conduct for preventing sexual exploitation and abuse by humanitarian workers, which has been endorsed by the National Controller. Guidelines for safe houses to operate safely during the pandemic were disseminated. Guidelines on face-to-face community engagement for risk communications were also widely disseminated among NGOs, churches and agencies participating in awareness-raising activities. Both sets of guidelines aim to improve risk perception and knowledge of COVID-19 amongst non-health frontline staff.

Disability organisations have also undertaken awareness raising and capacity building activities for persons with disabilities, their caregivers and communities, including accessible information materials, disability-inclusive COVID-19 workshops and advocacy.

Dignity kits, hand sanitisers and masks were distributed to women and children living in out-of-home care facilities in Port Moresby, Bougainville, East New Britain, Eastern Highlands, Milne Bay, Morobe, Southern Highlands, Western and Western Highlands. The kits also included multilingual information materials on preventing violence and positive parenting.

An assessment was conducted on the impact of the state of emergency on GBV.

Displacement tracking trainings were conducted in Tari, Alotau, Kimbe and Popondetta to improve the capacity of local authorities and partners to collect and analyse data of displaced persons for targeted and coordinated responses to their needs including COVID-19-related incidents.

Nutrition – Cluster members created nutrition-focused information materials and have developed content for broadcast media on the importance of a healthy diet in avoiding illnesses including COVID-19.

Therapeutic foods were distributed to 16 major hospitals nationwide while 10% of supplies were maintained as buffer stock at the Area Medical Store. 21,000 packs of micronutrient powder are being distributed in August to seven priority provinces.

Cluster members have also trained village health volunteers on nutrition-specific activities, life-skills activities and other community interventions across the provinces.

Education – The National Department of Education (NDOE) and cluster members conducted a rapid needs assessment of the COVID-19 situation in the national education system, which informed the medium- and long-term strategy of NDOE to ensure all early childhood, elementary, primary, lower secondary students, as well as technical and vocational education and Flexible Open and Distance Education students, have access to quality education during the pandemic and that schools are able to reopen safely and operate within the 'New Normal'.

Continuity of the learning during and after the state of emergency was supported with the establishment of an ICT platform offering online teaching and learning for nationwide daily TV and radio broadcasts of lessons for primary and secondary schools benefitting over 370,000 children, including more than 168,000 girls. The broadcasts are ongoing. Sign language has been included to all the education programs on television.

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Cluster members are supporting the national written expression examinations in August with the procurement of 30,000 face masks and 450 thermometer guns to ensure students take exams safely.

Food Security – The cluster has conducted a food security impact assessment in nine provinces with two more provinces planned. The preliminary results and recommendations are integrated in the UN socio-economic impact assessment presented to the Government for resourcing and action.

Member organizations in Lae established 20 hectares for seeds and planting material multiplication, town beautification, school-based nutrition programs and voluntary cash-for-work programs for those who have lost their jobs. Basic urban agriculture trainings were done to promote self-sufficiency. A youth group in Bougainville innovatively used an electronic platform to facilitate buying and selling of fresh produce in Bougainville and Port Moresby during the state of emergency.

In addition to COVID-19, the cluster has been addressing an outbreak of African Swine Fever (ASF) in the Highlands provinces and Fall Army Worm (FAW) infestation advancing around the country, affecting primarily corn crops. Two surveillances were conducted in the Highlands for ASF and various mechanisms put in place to control its spread. Local disease control centres, check points, a risk communication strategy and 6-month work plan were developed but not resourced. FAW will require further assessment and investment of resources to contain the spread.

Health – Surveillance and testing guidelines have been distributed, including contact tracing, notification of cases and deaths, and daily reporting requirements. Sample collection was scaled up, particularly in NCD, including drive through testing. In-country laboratory testing capacity was increased with fully operational labs in Goroka and Port Moresby, and a third planned for Madang in September. Brisbane and Singapore laboratories continue to provide additional testing capacity.

Port of Entry screening and quarantine processes have been implemented and an electronic health declaration form and quarantine monitoring system is under development. Fourteen provinces have established quarantine facilities.

Over 4,500 health care workers have been trained in COVID-19 clinical management and e-learning tools have been rolled out. There are now 25 isolation facilities in 18 provinces and 15 intensive care units across 14 provinces with 70 bed capacity. Rita Flynn Isolation Facility in Port Moresby has been established with capacity up to 72 beds and is fully operational. The National Guidelines on Clinical Management for COVID-19 Cases are being finalized to standardize the delivery of treatment and care.

Nearly 5 million pieces of PPE had been donated and distributed to health care facilities nationwide. Ventilators and other essential hospital equipment have been procured for use by hospitals around the country. Upgrading of existing ambulances and procurement of new ambulances for key facilities around the country have increased the capacity of national and provincial health services for first line responders.

Socio-Economic Recovery – Cluster members have drafted the socio-economic impact assessment for PNG of the COVID-19 crisis. This has been led by UNDP in close partnership with the UN's Resident Coordinator's Office. The assessment has evaluated the impact on key economic and social sectors and proposes measures and policies to ensure social protection, resilience and economic recovery with a view to preserve development gains made over past decades. Addressing structural challenges that have been further exacerbated and exposed by the COVID-19 global crisis is also highlighted with the aim to build back better.

Gaps and challenges

The most significant challenge in the response is the lack of investment in systems to provide clean water and sanitation, which has been a substantial hurdle to achieving basic sanitation and hygiene in communities, schools and health care facilities nationwide. While some organizations have invested in the repair of water supply systems in the priority areas in NCD, access to clean water and sanitation remain as critical issues for urban and rural communities across the country.

Another critical challenge is the lack of quality, accessible and efficient referral pathways to address protection needs for women, children and survivors of abuse, especially during public health emergencies when access to non-health essential services is restricted. The safe operation of facilities dedicated to helping these survivors is predicated on access to necessary PPEs and supplies, which remain in high demand and are prioritized for the health sector. Resources are also needed to maintain basic staffing.

The lack of human resources and capital investment are barriers to addressing chronic and development-related nutrition issues, which adversely affect women, children, and other vulnerable and marginalized populations, and are exacerbated by crises and public health emergencies

The food security assessment found that a large response gap and lack of resources to address the gap has exacerbated the continuing emergency. The island atolls and remote rural communities, as well as urban poor populations, continue to struggle from the lack of nutritious diets and income from disrupted livelihoods

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Response objectives

In support of the Government-led preparedness and response, this plan aims to save lives and alleviate suffering by providing and/or ensuring principled access to multi-sectoral assistance and re-establishing critical services.

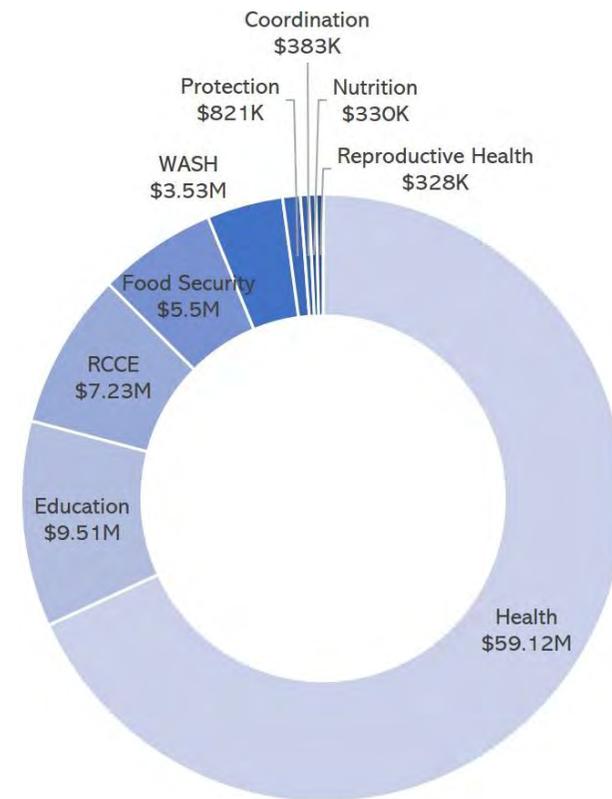
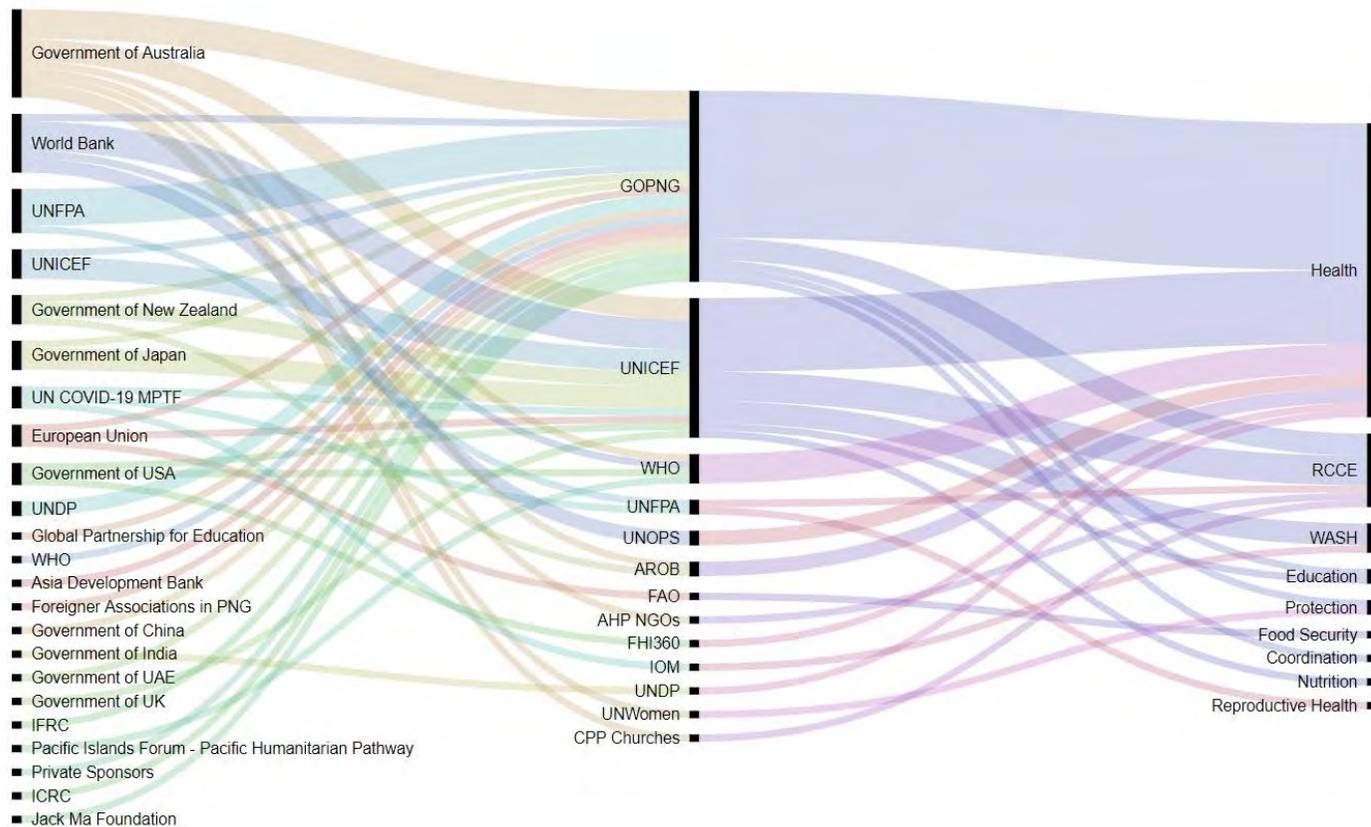
The most affected and most vulnerable people have equal access to assistance, services, information and rights, are protected against violence, without discrimination.

Financial requirements by sector

| SECTOR | REQUIREMENTS (US\$) | % FUNDED |
|---|--|---|
|  Health | \$59.1 M  | 70%  |
|  Education | 22.2 M  | 54%  |
|  WASH | 17.0 M  | 22%  |
|  Protection | 5.7 M  | 18%  |
|  Socio-Economic Recovery | 5.0 M  | 6%  |
|  Food Security | 3.0 M  | 0%  |
|  Nutrition | 0.6 M  | 85%  |
| TOTAL | \$112.8 M | |

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

International contributions (reprogramming of funds and new contributions) as of 3 September USD 86.7 million



Note: total contributions to date include reprogrammed funds from existing development projects that may be earmarked for specific geographic regions and activities, as well as commitments that have not been disbursed. While we count these among the total international contributions, they may not reflect the funding requirements and gaps identified in the cluster plans

Bilateral contributions to the Government of PNG (including AROB) amount to USD 43 million (49.5%)

Contributions to UN Agencies amount to USD 40.5 million (46.7%)

Contributions to non-government and faith-based organizations amount to USD 3.2 million (3.8%)

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Response to date



COVID-19 Non-health related activities

WHO



67 organisations

No. of activities per organization

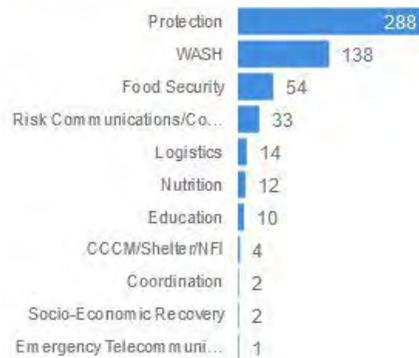


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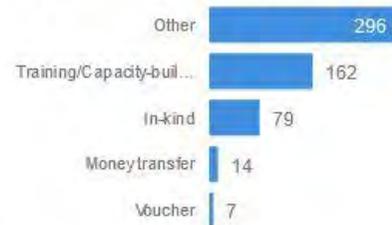


11 sectors

No. of activities per sector



No. of activities by modality of impl.



% of activities by status of impl.



WHERE



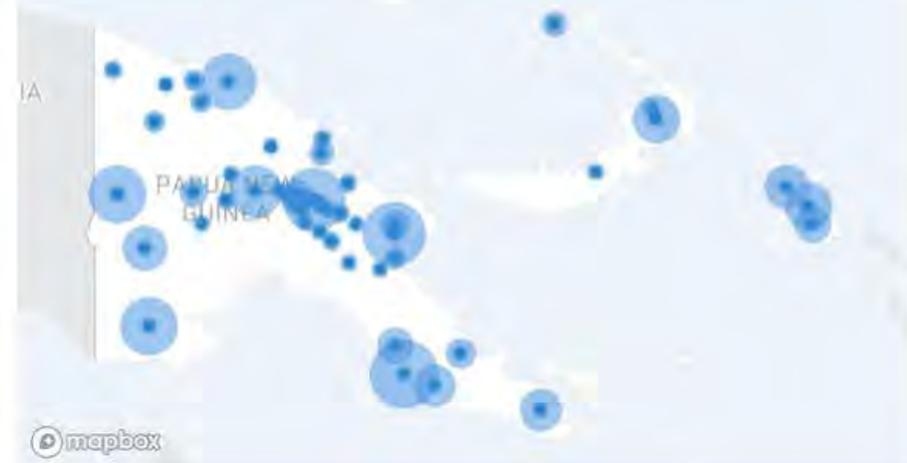
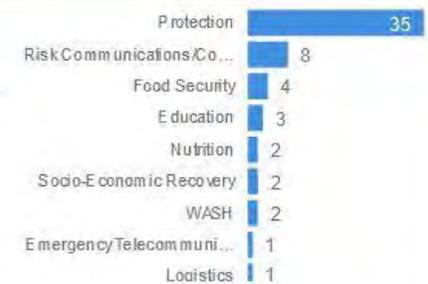
22 provinces

558 activities

No. of activities per district

Nationwide activities

22 orgs
58 activities
9 sectors



COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Response to date



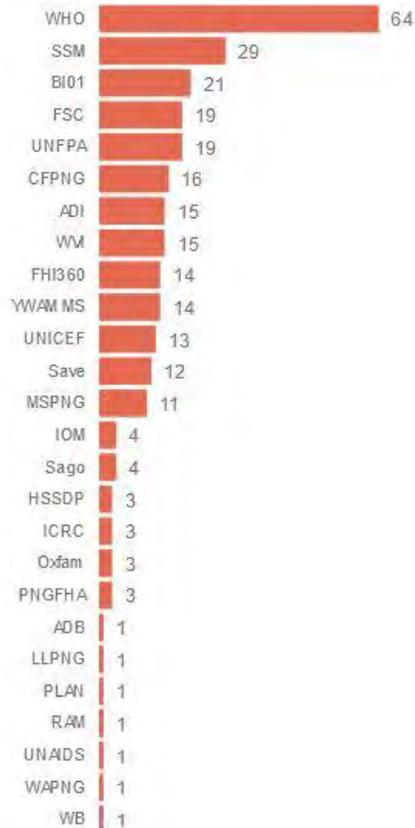
COVID-19 Health-related activities

WHO



28 organisations

No. of activities per org

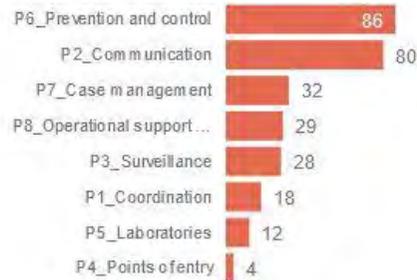


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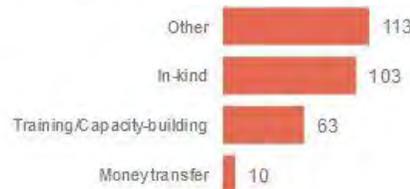


8 pillars

No. of activities per pillar



No. of activities by modality of imp.



% of activities by status of impl.



WHERE



21 provinces



289 activities

No. of activities per province



Sector plans



Water, sanitation and hygiene

Target areas: West Sepik, East Sepik, Western Highlands, Madang, Morobe, Eastern Highlands, Western, National Capital District, Milne Bay, East New Britain and Bougainville

Number of targeted beneficiaries:

- RCCE – 1.5 million people
- WASH services (water supply and hygiene) – 150,000 people
- Schools - 100,000 people
- Health care facilities - 37,500 people

Funding required (USD): 17,039,023

Lead Government Agency: WASH PMU-Department of National Planning and Monitoring

Lead DMT Cluster Agency: World Vision and UNICEF

Cluster Member Agencies: FHI360, Water Aid, Child Fund, Live and Learn, Plan International, Oxfam, Sago Network, IOM, Save the Children, PNG Council of Churches, Oil Search Limited, MAF

Sector overview

Less than half of households (46%) have access to an improved source of drinking water, with strong differences between households in urban (83%) and rural (42%) areas. While 29% of the households have improved access to safe sanitation and 33% of people in Papua New Guinea are reported to be washing hands with soap. The provision of safe water, sanitation and hygienic conditions is essential for protecting human health during all infectious disease outbreaks, including COVID-19. Ensuring evidenced-based and consistently applied WASH and waste management practices in communities, schools, marketplaces, and health-care facilities will help prevent human-to-human transmission of, the virus that causes COVID-19.

A major gap in the COVID-19 response for PNG has been lack of investments in reliable safe water supply for communities, schools and health care facilities. The water provided for consumption must meet the national/WHO water quality standard and comply with other standards stipulated in the PNG WASH Policy. To ensure year-round adequate quantity and quality of water, exploration of other water supply options needs to be done. Over-reliance of provinces on rainwater harvesting despite the seemingly reliable rainfall intensity over the year is likely to suffer a blow from climate change. Availability of water closer to dwellings and institutions has a corresponding

anticipated increase in handwashing practice and improved sanitation.

Although no study links the spread of COVID-19 to direct consumption of faecal matter, several infectious diseases are transmitted through oral faecal routes. Healthy people are also more able to absorb nutrients from food resulting into immunity boosts and making them more able to fight infections.

Priority response (key immediate response actions to December 2020)

- Risk communication and community engagement on WASH good practices
- Promotion of handwashing with soap in communities and schools
- Increasing access to safe water in communities and schools for drinking and handwashing
- WASH in health care facility interventions (NCD and Western Province as priorities).



Protection

(Including child protection, gender-based violence, IDPs, migrants and host families)

Target areas: Nationwide

Number of targeted beneficiaries:

- Child Protection sub-cluster: 200,000 parents and caregivers, 10,000 children and adolescents
- GBV sub-cluster: 1,572,500
- IDPs, Migrants, Host Communities: 25,000 people

Total Funding required (USD): 5,712,410

- Child Protection sub-cluster: (USD): 500,000
- GBV sub-cluster: (USD) 4,400,000
- IDPs, Migrants, Host Communities: (USD): 812,410

Lead government agency: Department for Community Development and Religion (overall), National Office for Child and Family Services (child protection)

Lead DMT cluster agency: UNWomen; UNICEF (child protection); UNFPA (GBV); IOM (IDPs, Migrants, Host Communities)

Cluster Member Agencies: OHCHR, UNAIDS, UNDP, UNHCR, DFAT, MFAT, Care International, Plan international, PNG Council of Churches, Save The Children, ChildFund, Femili PNG, Caritas, FHI 360, Church Partnerships Program, Equal Playing Fields, FSVAC, Pacific Women, CIMC, Oxfam, World Vision, Salvation Army, CIPE, Catholic Education Council, United Church, International Women's Development Agency, Eastern Highlands Family Voice, PNG Disability Sector Coalition, Red Cross,

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

PNG Assembly of Disabled People, Chesire disAbility Services, Pikinini Watch,
Department of Justice and Attorney General

Sector overview

The Protection Cluster facilitates coordination and operation response actions to addressing protection needs of civilians, with a special focus on vulnerable groups including children, women, adolescent girls, persons with disabilities, internally displaced persons (IDPs) and their host communities, and migrant groups, and provide technical advice to local protection actors in Papua New Guinea. The cluster focuses on strengthening protection in emergency preparedness and response, which includes identifying protection concerns, risks and awareness raising amongst stakeholders. It also works to develop the capacity of actors to prepare and respond to protection concerns in the context of disasters. Human rights-based approaches, participation and empowerment of affected populations, accountability to affected populations, survivor-based approach, respect for codes of conduct, Protection from Sexual Exploitation and Abuse (PSEA), and Child safeguarding are central to the protection response

In the context of COVID-19, the cluster has worked to mainstream protection approaches and actions into the work of all humanitarian clusters. It coordinates mapping of response activities, rapid needs assessments, and advocates on behalf of its member organisations and their beneficiaries.

Given the strong focus on the public health response, the cluster has been mainstreaming protection into the health response while advocating to address secondary, non-health impacts, along with mitigating protection risks. High-level advocacy has been required to elevate the protection concerns highlighted by the pandemic which has created conditions for increasing exploitation and abuse. Reduced household income and loss of livelihoods is forcing poor families to cut back on essential health and food expenditures and is increasing their likelihood of adopting negative/harmful coping strategies, including early marriage, transactional sex, child labour, trafficking in persons, withdrawing children from school. The cluster is communicating PSEA messages through its wider CSO national network and its communities. Aiming to promote meaningful access, safety and dignity in humanitarian aid and avoid causing further harm or discrimination.

Connectivity remains a huge challenge for the effectiveness of awareness raising on protection issues in the COVID-19 environment. The high risk of travel and face to face information dissemination combined with connectivity issues are severely weaken the ability to ensure vulnerable communities are informed and reached.

Priority response (key immediate response actions to December 2020)

- Raising awareness in communities, markets and PVS, targeting women, girls and persons with disabilities. Reducing stigma and improving risk perception. Including peace-building work in Southern Highlands and Hela
- Dissemination of IEC materials English and local languages incorporating messaging on both protection risks and infection prevention and control. Messaging always to incorporate GBV/child protection referral pathway
- Mainstream PSEA principles into the multi-sectoral response through raising awareness, distributing guidelines, providing technical expertise, knowledge sharing, capacity building
- Increase usage of the PSEA Code of Conduct as an awareness and accountability tool.
- Promote visibility and awareness of PSEA and GBV referral pathway into the emergency health response.
- Build capacity, knowledge, prevention approaches and awareness on the protection risk factors in emergencies and in the context of COVID-19 for all sectoral responses in PNG.
- Promote disability inclusion in all COVID-19 emergency response activities.
- Virtual training on PSEA in emergencies for frontline essential services. Increase accessibility to remote learning opportunities for essential services.



Child protection

Priority response (key immediate response actions to December 2020)

- Support NOCFS in the implementation of the National Child Protection in Emergencies Preparedness and Response Strategy to ensure effective coordination of stakeholders and interventions during the emergency response, including reaching out to the sub-national level.
- Support NOCFS to establish a quality, accessible referral pathway to ensure the safety, wellbeing and protection of all children always and especially in emergencies
- Support to Child-Fund PNG's 1-Tok Kaunselin Helpim Lain to provide mental health and psychosocial support services to children, adolescents, and families. Facilitate links between the helpline and other service providers for

proper case management as well as advocate support to ensure services remain available and functional for children and families during the pandemic.

- Support NOCFS to review and finalize key protection documents such as the Out of Home Care guidelines.
- Support the NOCFS and the Department of education to create referral systems for children affected by violence, abuse, exploitation and neglect



Gender-based violence

Priority response (key immediate response actions to December 2020)

- Support front-line staff to safely respond to survivors in line with guiding GBV principles through capacity building, dissemination of tools and key messages.
- Ensure GBV mitigation measures are integrated across sectors in the humanitarian response, prioritising the health sector.
- Continue building capacity for GBV service-providers including in remote service provision (eg. Helpline) to strengthen case management and referrals.
- Update GBV assessments to track GBV trends and barriers to service and integrate gender and GBV into emergency assessments, training and tools for data collection for all populations.



IDPs/migrants/host communities

Priority response (key immediate response actions to December 2020)

- Assess the current situation regarding COVID-19 awareness, WASH, Shelter, Protection and other needs/gaps in displacement affected communities, migrant groups and host communities.
- Conduct risk communication and community engagement, awareness-raising campaign in IDP sites, migrant groups (considering the needs of materials in their languages), and host communities, providing NFIs and other related needs.
- Rehabilitate and improve shelters in IDP sites, migrant communities, and host communities to ensure enough living space to prevent the spread of diseases.



Nutrition

Target areas: Nationwide

Number of targeted beneficiaries: 208.407 people (children and pregnant and lactating women)

Funding required (USD): 600,000

Lead government agency: National Department of Health - Nutrition

Lead DMT cluster agency: UNICEF

Cluster member agencies: Susu Mamas PNG Inc.; World Vision

Sector overview

Nutrition activities related to the COVID-19 response include promotion of infant and young child feeding practices, micronutrient supplementations, malnutrition screening, village health volunteer trainings and involvements in the communities, provision of information materials as part of risk communication messaging, backyard gardening and other life skill interventions for communities. Nutrition-specific interventions led or performed by the government are supported by UNICEF while Susu Mama PNG Inc. and World Vision PNG lead in their own activities.

Financial support been given for implementation of activities. Due to the government's low capacity in the provision of nutrition services in different places at the same time and involving different partners, UNICEF is supporting NDOH in identifying the most appropriate implementing partner for implementation in Western Province. Discussions and the possibility of working soon with the Catholic Church Health Services of North Fly, Western Province is happening and to implement in areas where the government is not able to.

Implementation of nutrition activities in other provinces is through NDOH to the respective provinces and districts. Multiple micronutrient powders that arrived in August are now ready for distribution to identified provinces after considering other factors that limit nationwide distribution. Other essential nutrition services are expected to continue in the 'new normal' as interventions continue to focus on Covid-19 response and recovery and safety measures.

Priority response (key immediate response actions to December 2020)

- Printing of IEC materials for distribution along with multiple micronutrient powder and sharing of IEC e-copy with provinces and organisations.

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

- Implementation of nutrition activities in the provinces (trainings and service delivery etc.)
- Working with Catholic Church Health Services in Western Province
- Continue collaboration with partners, cluster members, monitoring and reporting of activities



Education

Target areas: Nationwide

Number of targeted beneficiaries: 2,328,062 students; 66,789 teachers

Funding required (USD): 22,440,360

Lead government agency: National Department of Education

Lead DMT agency: UNICEF, Save the Children

Cluster member agencies: Australia High Commission, Callan Services National Unit, Care International, Caritas, ChildFund, Decentralization and Citizen Participation Partnership, Education Capacity Development Facility, Digicel Foundation, Japan International Cooperation Agency, PNG Council of Churches, PNG Disability Sector Coalition, PNG Partnership Fund, United Nations Education Scientific and Cultural Organization, and World Vision)

Sector overview

The National Department of Education in close collaboration with Education cluster members and local education groups has developed and launched a national education emergency response and recovery plan to respond to secondary impacts. The goal of the plan is to sustain learning and inclusion during and after the pandemic. The plan is structured around four phases of the response: a) all students can continue remote learning safely, b) all students and teachers can return safely to school, c) all students remain safe and are able to learn, and d) the education system becomes more resilient to future disruptions.

A rapid assessment of the COVID-19 situation was conducted in 404 schools and education institutions. It found that the majority of schools face significant barriers to delivering remote learning, including very limited access for students to basic learning materials that they can use at home, as well technology such as radio, basic and smart phone, television or internet. Furthermore, many schools are seeing additional challenges for students as a result of school closures and the COVID-19 response. Lack of access to accurate information about COVID-19 (82%), safety and protection issues (81%), lack of supervision at home (78%), and limited access to WASH facilities (75%) were the most reported challenges. These reported challenges highlight the need

for the education response to address issues of risk communication and community engagement, protection and WASH, among others.

There are 66,789 teachers, 2,328,062 students in 9,400 elementary schools, 4,056 primary schools, 299 secondary and high schools, 148 vocational schools, 22 Flexible Open Distance Education (FODE) Centres and 22 Inclusive Education Resource Centres and at least 1,718 early childhood education centres.

Priority response (key immediate response actions to December 2020)

- Key interventions to ensure all students can continue remote learning safely: development and dissemination of key messages, learning packages, training and support resources
- Key interventions to ensure all teachers and students can safely return to schools: development and dissemination of incentive packs, key health and hygiene messages, “New Normal” and “Safe schools” guidelines, provision of WASH facilities
- Key interventions to ensure all students are safe and learning: development and dissemination of Psychosocial Support (PSS) and Well-being guidelines, provision of training, development of sensitization program on health, hygiene, protection and GBV for schools, booster learning resources.



Food security

Target areas: Nationwide

Number of targeted beneficiaries: 400,000 people

Funding required (USD): 3,000,000

Lead government agency: National Department of Agriculture and Livestock

Lead DMT cluster agency: Food and Agriculture Organization

Cluster member agencies: DFAT, AHC, EU, World Bank, ANUE, NZHC, IFPRI, UN Agencies, Oxfam, CARE, World Vision, PHAMA plus, CPP (Caritas Australia, United Church in Hela Region, Evangelical Lutheran Church, Adventist Development and Relief Agency) PNG Women in Agriculture Development Foundation and Government agencies (NARI, FPDA, NAQIA, NRI).

Sector overview

While PNG is dealing with COVID-19, the country is also faced with the challenge of the compounding impacts of the African Swine Fever (ASF) and the invasive Fall

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Armyworm (FAW) incursions. ASF continues to spread further in Southern Highlands, Enga, Hela, and Western Highlands while FAW has spread from Western province to Morobe and Madang provinces. The combined impacts are affecting the food security situation and livelihoods of people, especially farmers, traders and the actors and aggregators along the agricultural value chain, food system as well as markets.

The impact of movement restrictions implemented to contain the spread of the virus, coupled with movement restrictions in the Highlands to contain the spread of ASF, as well as the border closure with Indonesia, still disrupt the food supply chain from production to processing, packaging, transporting, marketing and consumption as well as fishery and livestock feed supplies and movements which are crucially for survival.

The closure of urban markets in high-risk provinces has had negative impacts on livelihoods of people who depend on the informal sector including the street vendors who buy and sell their goods from farmers and wholesalers and aggregators along the fresh food supply chain.

The cluster continues to work with relevant Government, non-governmental organisations, faith-based organizations and the private sector to provide necessary response and recovery actions to the loss of food, income and livelihoods from these compounded emergencies. Additionally, the cluster is monitoring impacts through assessments and other avenues. The cluster also works with stakeholders to increase livelihoods opportunities for West Papuan refugees.

Priority response (key immediate response actions to December 2020)

- Strengthen the collaboration between food banks and community-based groups to ensure food delivery and food redistribution
- Implement the National Food Security Policy 2019-2028 and Action Plan 2019-2023 in the provincial and district development plans; Utilize grants to be given to LLGs through the economic stimulus package.
- Provide small-scale farmers with seeds, tools, livestock feed and other agriculture inputs, along with animal health support, so they can continue to generate income and produce for their families and communities
- In communities where malnutrition and poverty are prevalent, distribute seeds and home gardening kits, food storage systems, poultry and other small livestock to improve household nutrition and diversify incomes. Similar activities will be undertaken for refugee and IDP camps.
- Stabilize people's purchasing power through injections of cash (unconditional, or cash-for-work where feasible and appropriate), so that affected families can

meet critical household needs without selling off key assets.

- Implement relevant measures to mitigate supply chain disruptions, e.g., the establishment of a border market to facilitate the legal trade of vanilla
- Enable agriculture innovation systems to promote appropriate technologies and practices for farmers, women and youth
- Establish and enhance mechanisms to foster coordination between control and surveillance agencies and authorities in promoting a 'one health' approach to address impact of COVID-19 and compounding effects of biosecurity threats (ASF and FAW)
- Distribute fishing gear, equipment, fish fingerlings to increase fisheries and aquaculture production and strengthen support to cold chain and fisheries related infrastructure to facilitate trading of fish
- Increase support for cold storage and preservation facilities of perishable products



Health

(Including sexual and reproductive health)

Target areas: Nationwide

Number of targeted beneficiaries: 1.7 million

Funding required (USD): 59,135,144

Lead government agency: National Department of Health

Lead DMT cluster agency: World Health Organization, UNFPA (SRH)

Sector overview

The cluster's plan is the national health response plan focusing on an immediate 6-month containment response phase. The plan is articulated for PNG to prepare, respond, contain and mitigate outbreaks of COVID-19 when the disease is introduced to the country, local transmission is established, and the large-scale community transmission is confirmed. It covers the following the strategic and technical areas: incident management, clinical management of suspect and confirmed cases, infection prevention and control, surveillance and investigation, port of entry, risk communication and community mobilization, laboratory testing, non-pharmaceutical public health interventions, and operations and logistics and partner coordination.

Priority response (key immediate response actions to December 2020)

- Expansion of surveillance including capacity development and training of rapid response teams for surveillance and investigation of Person of Interest, Person Under Investigation and Contact investigation and tracing of confirmed and suspect cases.
- Have fully operational all provincial isolations wards and quarantine facilities, including implementation of clinical management and infection prevention control guidelines and measure and continuous supply of PPE.
- Implement Niupela Pasin and increase community engagement and risk communication, including gender and SRH and mental health with Churches, Schools, NGO partners and local-level government and business communities.
- Technical assistance to guide the national response, partner coordination and advocacy for financial support from government and donor agencies and partners for the next 12 months.
- Technical assistance for tracking economic and financial implications to the health sector and maintaining provision of essential services.
- Maintain reproductive health services, especially for pregnant women and ensuring training/ provisions are made to accommodate special needs of pregnant, COVID-positive women and new-borns
- Implement measures to protect affected populations, particularly women and girls, from sexual violence in the provision of SRH services implemented by humanitarian agencies and national and NGO partners.
- Strengthen a coordinated referral system that facilitates transport and communication from the community to the health facility, between health facilities, and among partners to achieve a robust comprehensive response
- Support the provision, distribution and re-allocation of RH Kits and supplies among partners to ensure adequate SRH response in crisis situations.



Socio-economic recovery

Target areas: Nationwide

Number of targeted beneficiaries: micro, small and medium enterprises, focusing on the most vulnerable, women and youth

Funding required (USD): 5,000,000

Lead government agency: Department National Planning and Monitoring

Lead DMT agency: UNDP

Cluster members: RCO, UNICEF, UNWomen, World Bank, Asian Development Bank,

commercial banks, private sector, chambers of commerce, bi-lateral development partners, civil society organisations, faith-based organisations

Sector overview

Navigating the 'New Normal' during an evolving COVID-19 pandemic and ensuing socio-economic crisis will require a suite of responses. Some must focus on the short-term, others on the medium to longer-term. This will require that policy settings are appropriately calibrated and initiatives well targeted. The United Nations will continue to work with Government, private sector, development partners and civil society to support national response and recovery efforts in the short, medium and long-term. Globally, five pillars have been identified to assist countries recover from the impact of the COVID-19 pandemic. The recently concluded socio-economic impact assessment of the effects of COVID in PNG have confirmed the need for well-targeted investment in paid recovery and protection initiatives, particularly the most vulnerable, women headed households and micro, small and medium enterprises.

Priority response (key immediate response actions to December 2020)

- Integrated crisis management, humanitarian coordination support and response that supports DMT and Government maintain core functions and plan, coordinate, communicate and finance their response activities. This includes assistance to the health sector to strengthen health systems.
- Deploy digital solutions and technical innovations that support improved decision making. UNDP will utilise existing good practice initiatives already tested in PNG that use mobile technologies to collect data and provide information for policy makers and development partners. This will include efforts to increase the digitalisation of the economy to improve efficiencies.
- Support Government agencies recalibrate policy settings and deliver initiatives to facilitate social and economic recovery and improved social protections for the most vulnerable, particularly women. This will aim to deliver more inclusive and forward-looking socio-economic policy settings that facilitate stronger livelihoods, more equitable opportunity and investment to 'green' the economy.
- Emergency job creation and economic restoration, particularly for those most effected and targeting women and youth. This includes partnering with the private sector, various chambers of commerce and business councils to focus efforts where they are needed most.
- Working with the financial system to increase the access of those most effected to affordable credit to assist efforts to re-establish livelihoods. This effort will target, micro, small and medium enterprises.

Common services



Risk communications and community engagement

Lead government agency: NCC, NDOH

Lead DMT agency: WHO, UNRCO, Humanitarian Communications Group

Priority response (key immediate response actions to December 2020)

- Provide overall support for communications and community engagement to the Communications Cell and the national hot line call centre
- Provide information management services on communicating with communities and community feedback
- Develop, maintain and promote a cohesive communications plan for health and non-health messaging
- Provide support to DMT member organizations on developing and translating health and non-health messaging
- Collaborate with the national ICT agency to leverage media platforms, including SMS messaging, radio, television and social media services to deliver messaging.



Logistics

Lead government agency: NCC, NDOH

Lead DMT agency: WHO, UNICEF, UNOPS

Priority response (key immediate response actions to December 2020)

- Support NCC Logistics Team to coordinate the logistics response.
- Provide logistics support and information management services to DMT member organizations.
- Coordinate the procurement of health items through the Global Supply Chain.



Coordination & information management

Lead government agency: NCC

Lead DMT agency: DMT Secretariat (UNDP)

Priority response (key immediate response actions to December 2020)

- Support the Government with overall coordination of international partners
- Support the Government and DMT with information management services
- Facilitate meetings of the DMT and ICCG.
- Provide regular situational updates to DMT, ICCG and regional partners.
- Support dissemination of IEC materials.



Emergency telecommunication

Lead government agency: National ICT Authority

Lead DMT agency: WFP (Pacific Regional ETC Cluster)

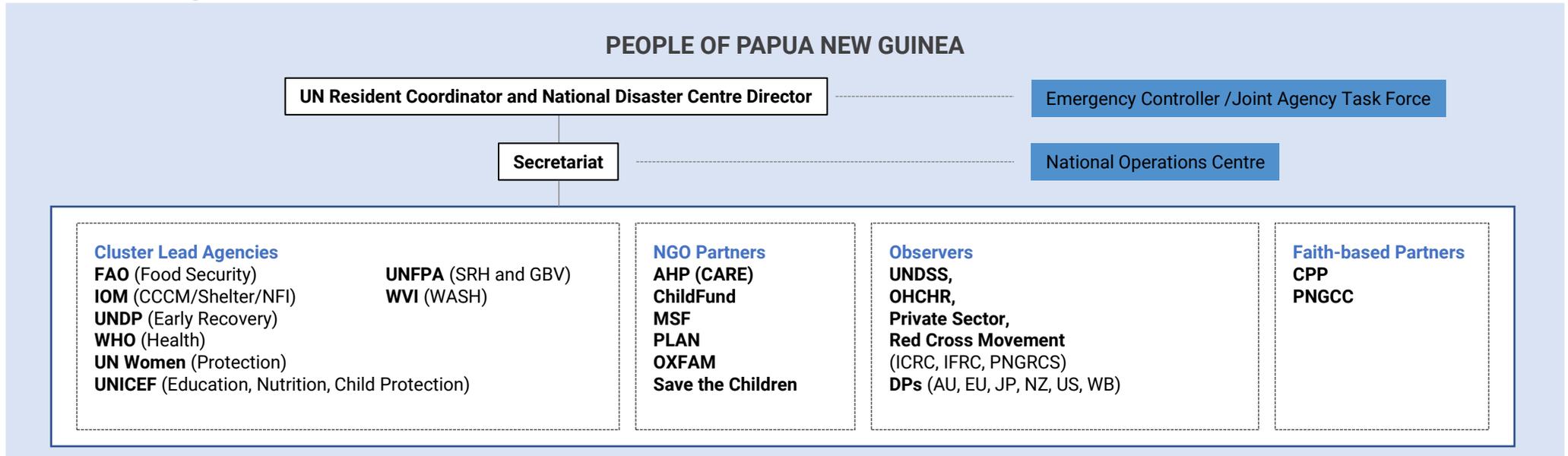
Priority response (key immediate response actions to December 2020)

- Strengthen and coordinate with national mechanisms
- Infrastructure improvements and repositioning strategy
- Conduct assessments to ascertain the communications status and identify priority areas.
- Provide technical support staff (surge capacity) to establish ICT services and provide coordination support.
- Establish emergency communications (voice and data) using equipment brought in by the cluster.
- Provide ongoing technical advice and support.

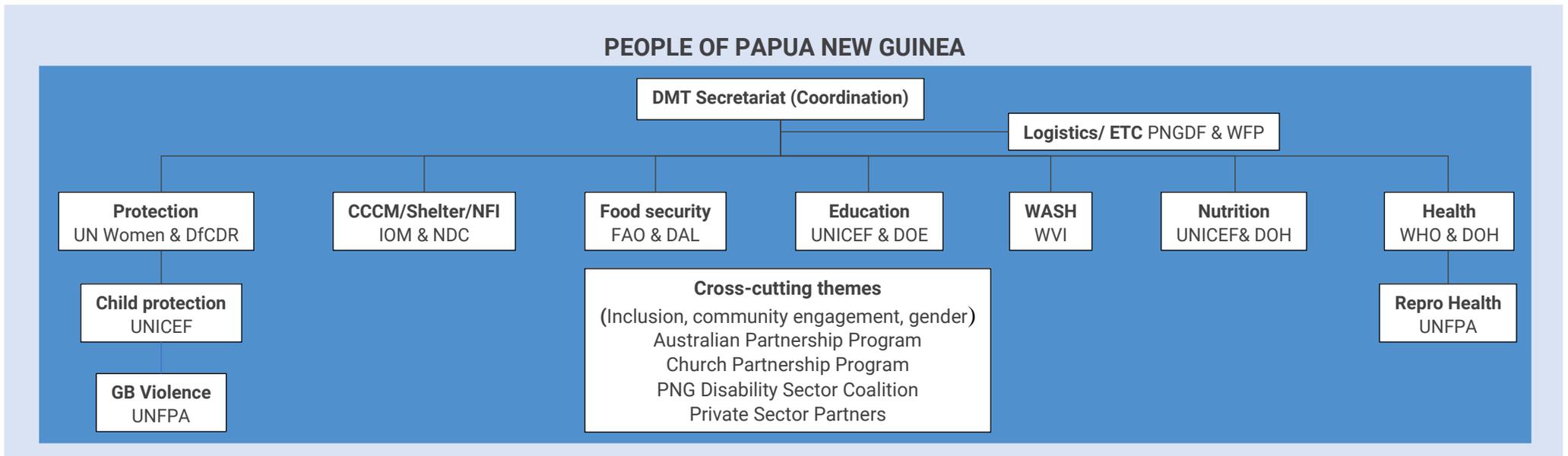
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Coordination structure

Disaster Management Team



DMT Inter-Cluster Coordination Group

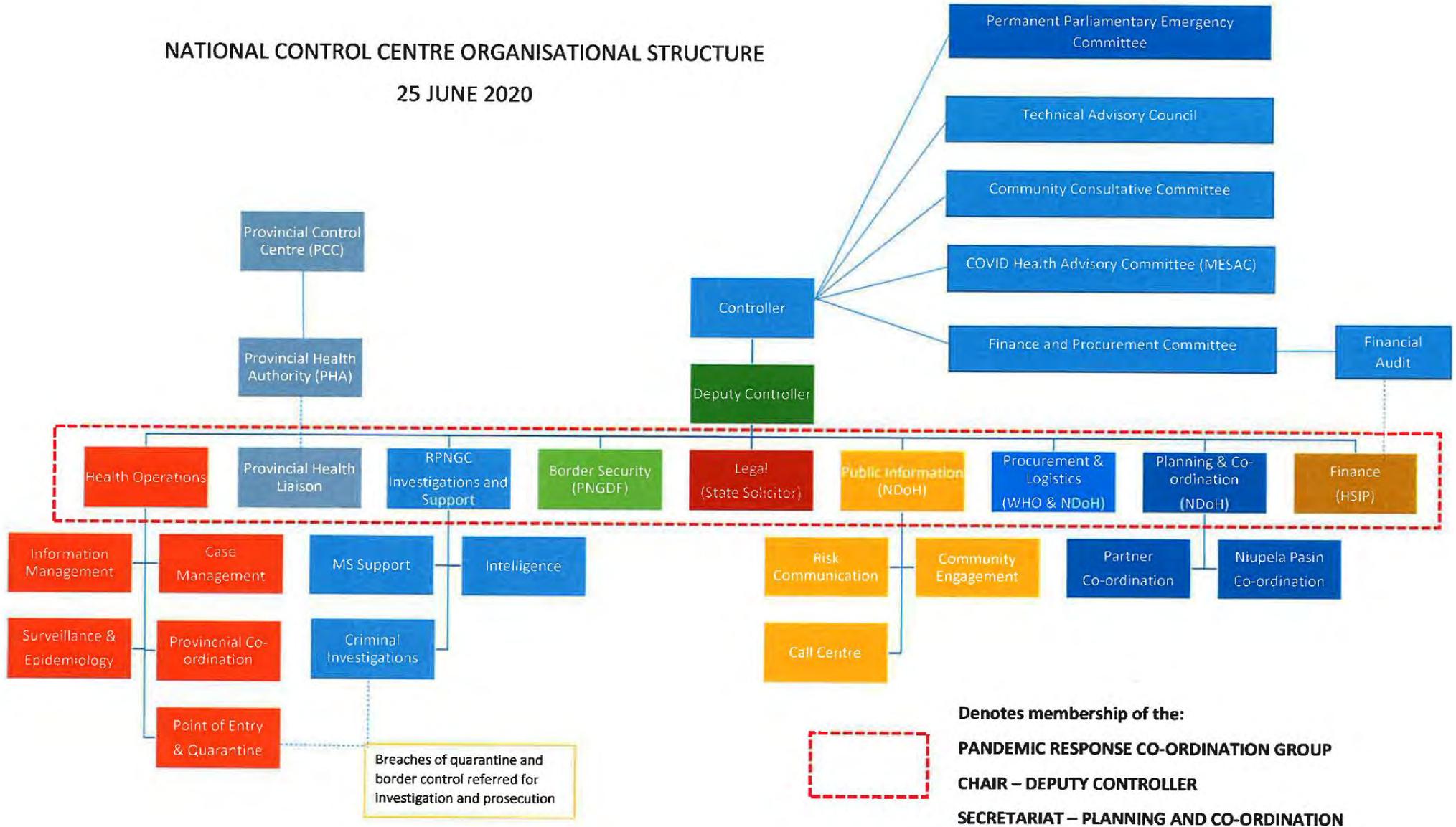


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National Covid-19 response organisational structure

NATIONAL CONTROL CENTRE ORGANISATIONAL STRUCTURE

25 JUNE 2020



Denotes membership of the:
PANDEMIC RESPONSE CO-ORDINATION GROUP
CHAIR – DEPUTY CONTROLLER
SECRETARIAT – PLANNING AND CO-ORDINATION

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 3 September 2020)

Coordination

The Government has established a National Control Centre (NCC) led by a Controller to manage the ongoing COVID-19 response. The NCC is an interagency coordination mechanism within the Government, including Department of Health, Department of Police, Department of Defense and a range of other government agencies and involvement of key partners for the implementation, management and monitoring of the response.

The Controller is supported by expert advice from the Technical Advisory Committee (TAC) from time to time in the discharge of his duties. The TAC includes senior technical officials placed at the NCC to discharge their duties. This includes the following agencies; Health, Finance, Treasury, Justice, National Security, Immigration, Border Protection, Public Safety, Provincial Affairs, Commerce and Industry, Foreign Affairs, Education, Transport, and any others deemed relevant for the implementation of the NRP to be included from time to time as and when required by the Controller.

The Deputy Controller provides managerial and operational support to the Controller and assists in carrying out the functions declared under the Act especially those specific to the implementation of PNG's obligation to the IHR-2005 and the evolving nature of COVID-19 as a global pandemic.

The Disaster Management Team, the country's coordinating body for international humanitarian assistance, which is co-chaired by the UN and Government and includes UN, NGOs, faith-based organizations, the Red Cross Movement and key development partners among its members, liaises with the NCC at multiple levels. In addition to the health response supported by WHO, the DMT maintains NCC liaisons for overall coordination, logistics, information management and risk communications.

The DMT has convened regular and ad hoc coordination meetings with the NCC leadership to collaborate and share information on preparedness and response activities.

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