REACHING THE REMOTEST

EARTHQUAKE RESPONSE IN PAPUA NEW GUINEA

A TIMELY AND COORDINATED RESPONSE
On 26 February 2018, a M7.5 earthquake took place in the Highlands of Papua New Guinea. This resulted in the loss of lives and destruction of key infrastructure while affecting businesses, livelihoods and access to essential services across the region. The earthquake affected more than 544,000 people, displaced thousands of people and saw approximately 270,000 people in immediate need of life-saving assistance.
“OUR HOUSES WERE BAGARAP (DAMAGED) DURING THE BIG QUAKE AND FOOD GARDENS WERE DESTROYED BY LANDSLIDES. ALL THE ADULTS AND CHILDREN INCLUDING MY SON WERE VERY AFRAID THAT THE GROUND WOULD FALL AWAY”.

recounted Robin Dern a village spokesperson in Huya, Hela Province.
Timeline of Key Events

26 February
M7.5 Earthquake Strikes

02 March
Disaster Management Team Meeting (DMT)

06 March
M6.7 Aftershock Occurs

08 March
Logistics Coord. Support to Government

26 February
Situation Update #1

02 March
Initial Assessment & Distribution

28 February
Estimated Impact Complete

04 March
UN Country Team Meeting

05 March
UNDAC Team Deployment

22 March
Commencement of Private Sector Response

15 March
Commence UN Relief Activities

05 April
Field Coordination in Mendi Established

29 March
Suspension of Activities in Hela

05 April
Endorsement of DMT Response Plan

16 May
Hela Ops Planning Group Established

17-18 May
Operational Review

07 April
M6.3 Aftershock Occurs

07 April
UN Convoy Attacked in Mendi

15 June
Activities in Southern Highlands Suspended

15 June
Resumption of Relief Activities in Mendi

21 June
Resumption of Relief Activities in Hela

August
No-Cost Extension of CERF-funded projects

31 August
Drawdown of Logistics Coordination Support

28 September
Drawdown of Field Coordination Support

October
Complete Implementation of CERF projects

22-23 November
Lessons Learnt Workshop (planned)
THE IMPACT

PAPUA NEW GUINEA: 7.5 Earthquake
SOUTHERN HIGHLANDS PROVINCE SNAPSHOT (07 March 2018)

414,000
Tribal population of Southern Highlands

12,000
Population in Care centres

6
Care Centres in Kutubu

37
Deaths in Southern Highlands

360
Road kilometres destroyed

Baily Bridges
30,000 population cannot access Mendhi town

Schools affected

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 07 March 2018  Sources: Papua New National Disaster Centre
Together with humanitarian partners and private sector, the UN undertook assessment of humanitarian needs and tracking of displaced persons.
A UN Disaster Assessment and Coordination (UNDAC) Team was deployed within the first week to support the PNG Government and humanitarian community with response coordination.

The UN supported the PNG Government with the coordination of humanitarian actors through the PNG Disaster Management Team (DMT) and humanitarian clusters. The DMT mobilised rapidly and met within the first week to define priorities and scope of support to the PNG Government. The UN also established field coordination functions in Southern Highlands and Hela provinces.
MULTI-SECTORAL RESPONSE PLAN LAUNCHED

Based on PNG Government’s priorities, the PNG Disaster Management Team (DMT) supported by the Resident Coordinator’s Office and the UNDAC team developed a multi-sectoral response plan targeting the affected population in Southern Highlands and Hela provinces to complement the Government’s response efforts.

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

Key Figures

- 544,000 people affected
- 270,000 people in immediate need of life-saving assistance
- 18,200 people displaced in care centres
- 5 provinces affected
- 544,000 people targeted
- $62M required (US$)
- 17.3% funded

SITUATION OVERVIEW

On 21 February 2018, a 7.5 magnitude earthquake hit the Highlands Region of Papua New Guinea (PNG) affecting around 544,000 people in Enga, Gulf, Hela, Southern Highlands and Western provinces. Of these, more than 270,000 people are in immediate need of life-saving assistance.

Aftershocks continue to cause fear and panic, forcing many people to remain outside. While numbers fluctuate, around 14,000 displaced people are staying in informal care centres, with thousands more staying with host families. Around 54,000 homes have been damaged and are in need of urgent shelter assistance.

Landslides caused by the earthquake have negatively affected food security. Many root crops and family vegetable plots have been destroyed. Around 143,000 people are estimated to have been rendered food insecure.

Roads have been damaged reducing access to markets and public services. Around 64% of health facilities have been damaged and 32% remain closed. Health workers are traumatised and unable to work. Surveillance systems are not functional, leaving the affected communities highly vulnerable to outbreaks risks.

The integrity of water sources has been affected and are not safe for drinking. Rainwater collection systems have been destroyed. With limited access to safe and clean water, waterborne diseases, such as diarrhoea are a significant risk. This is further compounded by the destruction of sanitation facilities and unsafe hygiene practices.

Many children and teachers have been affected, many likely displaced. Children have been traumatised and are afraid to go back to school. In the seven most affected Local-Level Government (LLGs) over 14,000 school children are enrolled in 368 schools.

The earthquake has significantly affected children, women and girls, young people, persons living with disability and other vulnerable people. Psychosocial support is critical to help people deal with trauma and loss. The earthquake is likely to exacerbate cultural views and practices in relation to women and girls such as restrictive socio-cultural norms and practices, high levels of sexual and gender based violence. Mainstreaming of protection and gender considerations therefore are critical across the entire response.

The current response focuses on life-saving assistance while slowly transitioning to life-supporting and early recovery efforts. This relief-to-recovery transition will be critical to empower those affected to quickly rebuild their lives with dignity.
The Early Recovery Cluster supported other clusters in identifying recovery needs while early recovery needs were primarily mainstreamed and addressed through other relief activities especially in the areas of Shelter and WaSH.
The UN focused on establishing safe temporary learning spaces (STLS), including provision of water and sanitation facilities; provision of psychosocial support to school children and teachers; awareness on earthquake, sanitation and hygiene, and the provision of teaching and learning materials, as well as recreational kits.
Food Security

To complement the Government's food relief efforts, the UN provided food assistance to extremely remote, hard-to-reach communities accessible only via small aircraft.
Health/Nutrition

The UN partnered with Provincial Health Authorities and local churches to restore safe and accessible primary health services through rapid health facilities repairs, and replenishment of vital medicines and medical supplies. The UN undertook integrated community health outreach activities including vaccinations, while also provided post trauma counselling and psychosocial support as well as screening for and treatment of severe acute malnutrition (SAM).
Protection

The UN established a network of Learning, Empowerment and Protection (LEP) centres across both provinces underpinned by more than a hundred community mobilisers to serve women and girls with psychosocial support services, recreational and learning activities, awareness raising, information and skills building opportunities in response to exposure to violence, abuse and exploitation.

Dignity kits containing essential protection and hygiene supplies were provided to women and girls.

Collective accountability was undertaken by the humanitarian community by adopting a common Code of Conduct for protection against sexual exploitation and abuse by humanitarian workers.
Shelter

The UN rolled out of the Displacement Tracking Matrix, to track and monitor displacement of people affected by the earthquake while also providing emergency shelter kits and core relief items, site improvements and management to identified care centres (informal displaced persons sites). The UN also supported communities in building back their home safer through the provision of safe shelter and building techniques.
Given the disruption to access to clean water, the UN prioritised the provision of safe drinking water through the restoration of rainwater collection systems, water trucking, installation of treatment and distribution storage tanks (including emergency water points with water tanks), distribution of water containers while also building gender segregated and disability friendly emergency latrines in schools and for communal use. Hygiene kits and dissemination of basic life-saving hygiene promotion messages were also distributed.
**Logistics Coordination**

Given that the earthquake struck in an area of PNG that is largely mountainous and with isolated communities, there were many challenges in relation to access and logistics. The earthquake damaged infrastructure, including airfields, bridges and access roads. Several small airports and airstrips have experienced damage. The UN provided strengthened logistics coordination to facilitate access to donated logistics assets and helped enable the flow of goods and services to affected communities. This was provided as a common service to support the humanitarian community as well as the PNG Government.
Communicating with Communities

The UN prioritised the accountability to affected people by facilitating the Communicating with Communities Working Group to establish and scale up common service to receive and monitor feedback, complaints and rumours on broader humanitarian response, share with responders to make appropriate changes to the response, and share coordinated information back to communities using preferred communication channels including community engagements.
**Physica Remoteness**

Many affected communities lived in extremely remote villages with no road access available. To reach these communities with relief items, the UN had to organise distributions using helicopters. Even in locations with road access, some communities could only be reached after travelling many hours in 4x4 vehicles on roads in extremely poor conditions.

**Lack of Humanitarian Access**

Persistent outbreaks of armed violence in Southern Highlands and Hela provinces due to tribal and political conflicts continually hampered the delivery of humanitarian assistance. Humanitarian convoys and personnel were directly exposed to attacks on several occasions. Repeated temporary suspension of relief activities due to insecurity caused significant delays to response efforts especially in Hela province. These access challenges were largely overcome by continuous engagement with government authorities and local communities. However, some affected locations in Hela province remain inaccessible.

**Pre-Crisis Development Gaps**

The impact of the earthquake compounded already poor pre-crisis development indicators amongst the earthquake-affected communities. With many communities already experiencing high-levels of food insecurity as well as lack of access to healthcare, education and sustainable livelihoods, the disaster further eroded the limited resilience of communities. The disaster also impacted men, women, boys and girls differently.
Despite the significant lack of implementing partners operating in both provinces, the private sector, churches and several NGOs have proven to be invaluable partners in the UN's response.

**P A R T N E R S H I P S**

The UN system in PNG demonstrated its commitment to Delivering as One through working in a truly collaboratively manner. Aside from traditional agency roles in humanitarian response, the UN Country Team worked to leverage on each other’s key strengths and comparative advantage to contribute to the UN’s overall response. This included undertaking joint planning and distributions while also collectively supporting inter-agency initiatives such as Communicating with Community activities.

**M O B I L I S E D R E L I E F S U P P L I E S**

Prepositioned emergency supplies such as shelter kits and water containers allowed the UN to mobilise rapidly to commence emergency distributions to the most affected communities while mobilising more resources to support additional relief supplies.

**S U R G E C A P A C I T Y**

The mobilisation of surge personnel from within the UN system and also through standby partners enabled the UN to rapidly scale up relief operations. The calibre, commitment and resilience of these surge personnel operating under extremely challenging conditions were instrumental in the response.

**D E L I V E R I N G A S O N E**

The @UNinPNG has returned to Mendi after a brief hiatus. With David McLoughlin & Gianluca Rampolla del Tindaro - Resident Coordinator. Our partnership with @UNICEF_PNG is strong for the care of children, women & vulnerable people. Welcome home to Mendi!
“WE ARE REALLY HAPPY THAT WE THE LITTLE PEOPLE HAVE NOT BEEN FORGOTTEN”.
Chocol Sawe, Seana Falls, Southern Highlands Province