Parliament passed two bills on 27 March 2018, formalizing the State of Emergency and establishing a Restoration Authority for earthquake-affected provinces.

UN and partners issued their initial earthquake response plan, calling for US$ 62 million to provide life-saving assistance and kick-start early recovery for 270,000 people in earthquake-affected areas. Of this, $9.2 million has been met from the UN Central Emergency Response Fund (CERF).

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

Of 67 health facilities in Hela and Southern Highlands provinces damaged by the earthquake, 73 per cent are now open.

On 27 March 2018, the Parliament passed two bills formalizing the State of Emergency in earthquake-affected areas and establishing a Restoration Authority for the affected provinces.

The first bill formalised the State of Emergency initially declared by Prime Minister on 2 March 2018, while the second establishes the WESH Restoration Authority, covering Western, Enga, Southern Highlands, and Hela, as well as parts of West Sepik and Gulf provinces. The Restoration Authority will have similar functions and legal provisions to the Gazelle Restoration Authority, which was established to manage recovery and reconstruction in the wake of the 1994 volcanic eruptions on the Gazelle Peninsula (East New Britain province) and which is considered a best practice for comprehensive and long-term recovery and reconstruction in Papua New Guinea.

The Prime Minister indicated that the Restoration Act's primary attention was rebuilding infrastructure and resettling people displaced by the earthquake, and that the Authority's focus would be recovery and restoration of impacted social and economic infrastructure and services within the affected provinces. The terms of the Restoration Act establish the Authority for a four-year period with a budget of K450 million initially allocated by the Government.

On 28 March, the Disaster Management Team (DMT) issued its initial earthquake response plan, which focuses on providing life-saving assistance and helping to re-establish basic services for 270,000 people in need of immediate assistance due to the 26 February 2018 earthquake and subsequent aftershocks and landslides.
The response plan, which supplements Government-led relief and recovery efforts, also aims to help restore livelihoods and self-reliance of affected people, and provide safety and protection for the most vulnerable, including women, girls, boys and men and persons living with disabilities.

It calls for US$ 62 million to support urgent action in seven areas, including Food Security; Health and Nutrition; Water, Sanitation and Hygiene; Shelter; Protection; Education; and Logistics Coordination. Sector-specific detail on priority response activities is provided below.

According to the results of an initial Early Recovery Cluster assessment, 73 per cent of areas in which affected populations are located can be accessed by road, although some of people may not be able to access roads due to other factors (e.g., local conflict, terrain, etc.). For affected populations in the other 27 per cent of affected areas, alternative approaches are required as road-based assistance or the use of commercial activities to deliver aid are not likely to be effective. Challenges related to physical access, as well as security considerations, remain a cross-sectoral concern that is affecting the delivery of assistance, particularly in remote areas accessible only by helicopters and/or small planes.

Some affected communities are yet to be reached by response efforts, with many having moved to informal sites locally referred to as care centres. Water collection and storage systems, health facilities and schools have been damaged and destroyed in affected areas, compromising the affected population’s access to basic services and increasing the risk of epidemic-prone diseases and malnutrition. Damage to household gardens and reduced market access due to damaged roads has increased the risk of food insecurity.

Funding

As of 27 March 2018, nearly US$ 50.7 million in funding and in-kind support had been recorded as pledged and/or contributed to earthquake response efforts through bilateral and multilateral channels. Key donors include seven Member States – Australia, Canada, China, Israel, Japan, New Zealand, and the United States – as well as the European Union. The majority of contributions to date, however, have come from the private sector (approximately $43 million), with large commitments from Bank South Pacific Group, ExxonMobil, Kumul Petroleum Holdings, Oil Search, Ok Tedi Mining Limited (OTML), and Porgera Joint Venture.

Under the Restoration Act, the Government has allocated K450 million (approximately US$ 138.8 million) for recovery and reconstruction efforts; of this amount, some K50 million has already been spent, primarily on clearing and rehabilitating roads and other transport infrastructure in the affected areas.

Some US$ 9.2 million has been mobilized from the UN Central Emergency Response Fund (CERF), and the IFRC has released CHF 209,398 (approximately US$ 220,064) from the Disaster Emergency Relief Fund (DREF) to support its response operations.

Humanitarian Response

Education

Needs:
- The DMT response plan targets 10,000 children whose access to schooling has been affected by the earthquake
- Priority response activities include:
  - Setting up safe temporary learning spaces (SLTS), and ensuring water and sanitation facilities in them;
  - Providing psycho-social support to school children and teachers;

10,000 children in need of education support
Response:

- Two safe spaces for children and women have been set up, one within the Catholic Diocese of Mendi and one in Kupari, in Tari.
- Ten early childhood development (ECD) kits and ten recreational kits have been sent to Mt. Hagen; two are already in Mendi. ECD materials for 80 STLS are in the pipeline for printing.
- 31 volunteers have been trained on the use of ECD kits, recreational kits and on running safe spaces; teachers and volunteers from four (4) areas are to be trained on the use of ECD and recreational kits.
- 40 ECD kits, 40 recreational kits and 100 school-in-a-box kits are ready for airlift from Port Moresby to Tari and Mendi.
- A consultant will be contracted to support National Department of Education on cluster coordination.

Gaps & Constraints:

- The total number of school children affected and schools damaged in the LLGs remains unclear.
- The Provincial Departments’ of Education coordination capacity requires further support.

Food Security & Livelihoods

Needs:

- An estimated 153,000 people will require food assistance due to loss of main staples in damaged and destroyed gardens and damaged roads reducing market access.
- The latest mobile Vulnerability Assessment Mapping (mVAM) report indicates that up to 64,000 people were experiencing conditions of extreme food insecurity before the earthquake event, with reports of children eating one meal a day (mainly “kaukau” or sweet potato).
- Priority response activities include:
  - Supplying relief food;
  - Providing farming supplies, seeds and planting materials;
  - Training for farmers and households.

Response:

- To date, at least 58,677 people have received some form of food assistance.
- Supplied food items include rice, tinned fish and beef, bottled water, biscuits, cooking oil, and flour.

Gaps & Constraints:

- Distribution of food assistance needs to expand to cover affected people in Nomad Rural (Western province), and Wage Rural and Kandep Rural (Enga province) LLGs.
- Targeting of food assistance distributions needs to be strengthened.

Health and Nutrition

Needs:

- Access to healthcare for 544,000 earthquake-affected people needs strengthening due to extensive damage to health facilities; of the 67 health facilities reportedly damaged by the earthquake and subsequent aftershocks, 27 per cent remain closed and/or have not reported their status.
- Priority response activities include:
  - Strengthening health sector coordination at national and provincial levels;
  - Restoring primary health services through repairing damaged health facilities, replenishing medical supplies, and conducting integrated community health outreach;
  - Restoring maternal and new-born health services;
o Restoring the cold chain and integrated outreach for immunizations to prevent the spread of vaccine-preventable illness;
o Activating an emergency surveillance and response system;
o Addressing post-disaster mental health and providing post-trauma counselling and psychosocial support.
o Community-level malnutrition screening for early case identification and referral;
o Procuring and distributing therapeutic foods and associated equipment for targeted management of severe acute malnutrition (SAM) cases;
o Training service providers and volunteers on SAM and infant and young child feeding.

Response:
- Surveillance systems have been set up in Hela province with community based surveillance and rapid response trainings underway. Trainings are planned for Southern Highlands province next week.
- Two AUSMAT (Australian Medical Assistance Teams) specialist teams have deployed to Mendi Hospital in the Southern Highland to provide relief support as well as well temporary surge support.
- A joint WHO-NDOH mental health team is in Mendi, Southern Highlands as of 25 March to provide psychosocial support for affected communities and traumatized health workers.
- A joint UNICEF-WHO-NDOH is supporting the Southern Highlands provincial health authority to provide integrated immunization, maternal and neo natal child health and nutrition services. Similar intervention plans are now finalised for Hela province.
- Cold chain equipment is to be distributed to Hela and Southern Highlands provinces, with roll-out of solar fridges to support vaccination.
- Water quality testing has been conducted for the Kikori River.

Gaps & Constraints:
- Delivery of relief supplies and medicines to affected areas and shelters, as well as health workers reaching emergency shelters to provide health services, remains logistically challenging.

Logistics

Needs:
- Repair and rehabilitation of earthquake-damaged transportation infrastructure, including airfields, bridges and access roads.
- Strengthened coordination to facilitate access to humanitarian logistics capacities provided by the Government, bilateral donors (including foreign military assets) and private sector companies.
- Priority common logistics services to be provided include:
  - Logistics assessments and planning to improve access to the affected population;
  - Technical assistance to establish a humanitarian supply chain;
  - Logistics coordination and information management support.

Response:
- Logistics Working Group has been supporting the Government-led response with logistical coordination, cargo consolidation, information management and technical assistance to establish a humanitarian supply chain.
- Request for Assistance (RFA) forms have been rolled out to streamline humanitarian organizations’ requests for the use of available military assets. From 21-26 March, the Logistics Working Group received seven (7) RFAs and transported or stored approximately 50 MT of relief items for the food, shelter, health, education and WASH sectors.
- As well as a Logistics Coordinator in Port Moresby, WFP has deployed an additional logistician to Mount Hagen to support cargo consolidation, logistics coordination and provide technical assistance to the Government and other humanitarian responders.
- The Australian Defence Force (ADF) completed C-130J airlifts from Port Moresby to Mount Hagen and from Mount Hagen to Moro.

Gaps & Constraints:
- Access constraints are hampering the delivery of aid to remote earthquake-affected areas, many of which can only be reached via helicopter.
- Information gaps on cargo pipeline and transport corridor are affecting logistical planning and response.
- Some transport providers do not wish to tender/bid for services to Tari and Mendi due to the perceived security situation.
- Some RFAs are yet to be tasked due to unavailability of free-to-user last-mile transport services.

**Protection**

**Needs:**
- Cluster partners will target 270,000 people with protection assistance and services, particularly marginalized and vulnerable groups including women (especially single, pregnant and lactating women), adolescent girls, female-headed households, persons living with disabilities, older persons, and children (especially those unaccompanied and/or separated).
- Within the earthquake-affected population of 544,000 people, there are an estimated 35,782 females of reproductive age of which 4,938 may be pregnant. Based on national averages, 895 pregnant women may be at risk of miscarriage or unsafe abortions in the next nine months, while 716 women and girls are at risk of sexual violence.
- Priority response activities include:
  - Providing emergency psychosocial support, first aid and referral services for the most marginalized and vulnerable people;
  - Providing dignity kits containing essential protection and hygiene supplies to women and girls;
  - Strengthening services and promoting inclusion of persons with disabilities in response activities;
  - Providing gender-based violence (GBV), child protection and sorcery-related violence prevention and response services, including strengthened referral pathways and service providers, community mobilization and messaging;
  - Establishing safe centres for women and children;
  - Preventing sexual exploitation and abuse of affected people through the coordination and reporting mechanism and sensitizing armed forces and humanitarian workers;
  - Promoting accountability to affected people by establishing a common service to receive and monitor feedback, complaints and rumours on the humanitarian response.

**Response:**
- The national telephone counselling service has received over 800 calls from people (including children) in affected areas seeking information, support, trauma counselling, as well as complaints.
- 280 hygiene kits have been distributed to family support centres in Tari (100 kits to Tari Hospital, 80 kits to Huya and 100 kits to Dodomona).
- 84 community members and health workers have received training on Psychosocial First Aid including managing stress and violence after the earthquake.
- Gender and protection mainstreaming support is being provided to assessments and response plans.
- Digicel and UN-Women are supporting the dissemination of audio messages – available for free on Digicel mobile phones in affected areas – containing key information on self-care and response, with bi-weekly text messages advertising the service to be sent to 100,000 people each week. An additional 10,000 automated calls will be made with the same messaging.
- Flyers with common messages are being shared (e.g. What is an earthquake?) and community leaders are participating, translating messages into local languages, such as Huli.

**Gaps & Constraints:**
- There is a lack of referral pathways or services for survivors of violence, including domestic violence and gender-based violence.

**Shelter / Camp Coordination and Camp Management**

**Needs:**
- An estimated 60,000 people (10,000 households) displaced in Southern Highlands and Hela provinces require shelter assistance.
- Displaced people staying in care centres and with host communities require access to basic services, particularly safe drinking water and sanitation facilities. The number of people displaced in care centres is expected to rise as care centres are assessed.
Priority response activities include:
- Providing shelter, shelter tools and non-food items;
- Improving sites in identified care centres;
- Creating safe, dignified and protected temporary living conditions for the displaced population through care centre management;
- Rolling out the Displacement Tracking Matrix;
- Sharing safe shelter messages related to landslides, site selection and shelter technical design.

Response:
- The displaced population (updated DTM information is expected at the end of the week) has been categorized into three groups, with the first two prioritized for immediate response:
  1. Village destroyed with no possibility of return to area of origin, requires relocation or settlement at the current location;
  2. Shelter completely or partially destroyed but could return to reconstruct and repair shelters; and
  3. Households or individuals temporarily in care centres that moved out of their places of habitual residence due to safety concerns but can return when declared safe.
- Between 21 and 26 March, 144 households received essential household items.
- Partners are starting to look at more standardized higher-impact interventions following internationally recognized quality standards that may involve international procurement.
- Joint approaches with other clusters, particularly WASH and Recovery, are being sought and will be strengthened.
- The Cluster is also advising that the security of the clan plays a key role in shelter and settlement considerations for populations in the earthquake-affected areas, and protection (e.g. through strategic location or secure perimeter fencing) needs to be considered while designing interventions. Moreover, gender considerations need to be brought into shelter interventions, including the practice of polygamy and common practice that men and women sleep separately.

Gaps & Constraints:
- Access constraints for aid delivery due to tribal conflict and remoteness of many hard-hit communities. Shelter-NFI interventions remain very visible activities and may attract rival clans, compared to other forms of assistance, and are often more logistically intensive due to the nature of items distributed.

Water, Sanitation and Hygiene

Needs:
- Some 312,000 people are estimated to require WASH assistance to prevent and reduce the incidence of waterborne disease outbreaks due to contamination, damage or destruction of surface and rainwater collection systems.
- Priority response activities include:
  - Providing safe drinking water through restoration of rainwater collection systems, water trucking, installation of water treatment and distribution of storage tanks;
  - Distributing jerrycans for water storage;
  - Providing emergency latrines that are gender-segregated and disability-friendly, including regular desludging and maintenance;
  - Distributing hygiene kits and disseminating basic life-saving hygiene promotion messages.

Response:
- 74 villages have been reached with water and 45 villages have been reached with WASH NFIs, including 1,200 water containers, as well as water purification supplies and soap.
- 400 hygiene kits have been distributed.
- Rehabilitation of existing water supply systems in 1 aid post and 2 new water supply systems installed

Gaps & Constraints:
- There is a lack of verified information on water quality at remaining water sources.
General Coordination

The Government is leading the response operation and has welcomed the support of humanitarian partners. The National Disaster Committee (NDComm) and relevant sub-committees have been mobilized to develop the national response strategy. The National Disaster Centre (NDC) coordinates assessments and relief operations. On 1 March, the Government appointed an Emergency Controller to lead the National Emergency Disaster Restoration Team in overseeing relief and recovery efforts. On 27 March, the Parliament adopted the two bills on the declaration of a State of Emergency in the earthquake-affected provinces and establishing the WESH Restoration Authority.

The Government has established two Forward Operating Bases (FOBs), one in Mt. Hagen led by the Western Highlands Provincial Disaster Coordinator, and one in Moro led by the Southern Highlands Provincial Administrator. The Government also established Emergency Operations Centres (EOCs) in the capitals of Hela and Southern Highlands provinces, Tari and Mendi respectively. Provincial Administrators have assumed leadership in coordinating provincial responses.

The National Department of Health (NDOH) is leading the integrated health and nutrition response for the earthquake affected areas with support from the humanitarian Health Cluster. Health Emergency Operation Centres have been established in the NDC and in Mendi and Tari.

The inter-agency PNG Disaster Management Team (DMT) is coordinating relief efforts among humanitarian partners and with private sector companies, in support of the Government-led response. Six informal clusters (Education, Food Security, Health and Nutrition, Protection, Shelter, and WASH) and the inter-cluster coordination group support the work of the Disaster Management Team.

The UN Disaster Assessment and Coordination (UNDAC) team deployed to support the DMT and the NDC in response coordination and information management ended its mission on 29 March 2018. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has now deployed a second team to work within the Office of the Resident Coordinator to support the DMT and the NDC, as well as national and provincial authorities in key operational nodes in Port Moresby, Tari and Mendi.

The Government has tasked the PNG-DF to assist local partners in the distribution of relief items. Logistics coordination specialists have deployed to provide supply chain coordination support to the Government and the PNG-DF, particularly in Port Moresby and Mt. Hagen.

Humanitarian partners are encouraged to register on www.humanitarian.id and actively use the dedicated earthquake response window on www.humanitarianresponse.info/en/operations/papua-new-guinea.

Background on the crisis
On 26 February 2018, at 03:44 local time, a magnitude 7.5 earthquake hit the Highlands region of Papua New Guinea (PNG), with the epicentre located 30 km south of Tari town, Hela Province. The tremor was the largest earthquake recorded in the region since a similar event in 1922. A series of strong aftershocks, including a 6.7 M tremor on 8 March in the same area, caused widespread panic amongst the communities. According to preliminary estimates and based on latest earthquake intensity mapping, around 544,000 people in five provinces were affected and more than 270,000 people are in immediate need of assistance. Of those in need of assistance, more than 125,000 are children, 55,000 aged less than five years.

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