

# Papua New Guinea: Highlands Earthquake

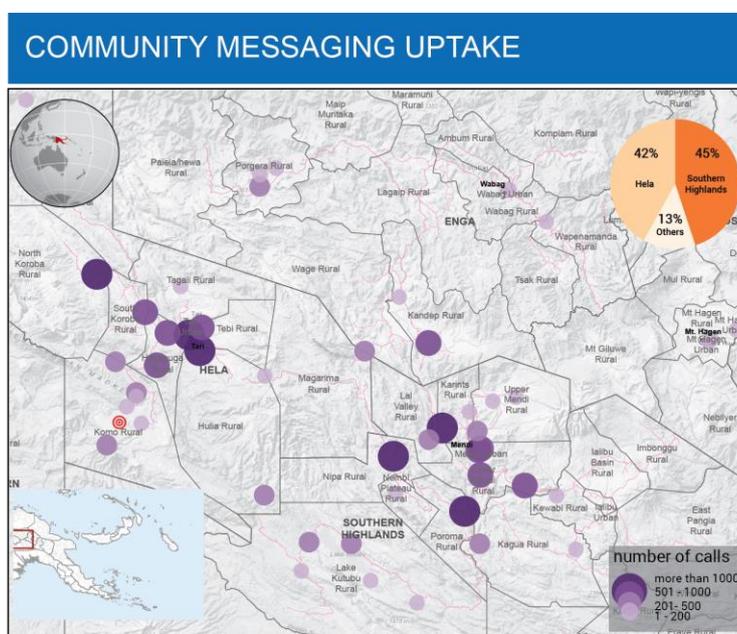
## Situation Report No. 8

20 April 2018

This report is produced by the National Disaster Centre and the Office of the Resident Coordinator in collaboration with humanitarian partners. It was issued by the Disaster Management Team Secretariat, and covers the period from 10 to 16 April 2018. The next report will be issued on or around 26 April 2018.

## Background

- 270,000 people are in need of assistance across four provinces of Papua New Guinea's highlands.
- 11,041 households (42,577 people) remain displaced in nine care centres.
- Over 38,000 callers listened to automated voice messages providing life-saving assistance in 2 weeks
- 181 cases of gastrointestinal and diarrheal diseases due to poor water and sanitation reported from nine health centres in Hela and Southern Highlands.
- 62 children in Southern Highlands province screened for Severe Acute Malnutrition; 2 hospitalized.
- Humanitarian operations in and around Tari, provincial capital of Hela province, remain suspended since 28 March, with reports of a new rise in tensions since 19 April.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: NSO, Digicel. Creation date: 20 April 2018

**270,000**

people in need of assistance

**\$62M**

funding required

**38,000**

callers listened to messages containing life-saving information

**4**

health facilities started providing nutrition services

**>70**

metric tons of relief items awaiting transport

## Situation Overview

On 26 February 2018, a 7.5 magnitude earthquake hit the Highlands Region of Papua New Guinea (PNG), affecting an estimated 544,000 people in five provinces – Enga, Gulf, Hela, Southern Highlands and Western provinces, with Hela and Southern Highlands the most affected. More than 270,000 people, including 125,000 children, have been left in immediate need of life-saving assistance. Since the initial 26 February earthquake, at least 195 aftershocks have occurred, of which six were of a 6.0 or greater magnitude.

The latest tracking figures available from the Displacement Tracking Matrix (DTM) implemented as part of the Shelter Cluster response, indicate that 11,041 households (42,577 people) remain displaced due to the earthquake, of which 1,252 households (24 per cent) are displaced in nine care centres while 9,789 households remain within their communities. The number of people registered as staying in care centres continues to fluctuate, and the overall number of displaced may rise as new assessments are carried out.

The Shelter Cluster has adopted common definitions of settlement types defining a *care centre* as a displacement site where people are hosted away from their community or area of origin, and *affected community* as a community where people are still living within their community, even if displaced locally from their damaged/destroyed home. Two shelter response options and recommended packages have been proposed for cluster members'

+ For more information, see "background on the crisis" at the end of the report

endorsement corresponding to the two target groups defined above: (1) IDP household Shelter-NFI return kit (for those in care centres); and (2) community reconstruction toolkit (for affected communities). The Food Security Cluster advises that affected households still living in their communities and thereby having access to land should also be supported with agriculture and other recovery kits, and that this could help promote return of other displaced people.

More than 80 per cent of health facilities in Hela and Southern Highlands (69 of 86) are open and functional, but 13 of these health facilities sustained severe structural damage that continues to pose serious occupational threats to all users. Refurbishment of earthquake related structural damages remains a challenge. In particular, 55 per cent of health facilities urgently need access to safe water sources.

Traditional water sources were destroyed by earthquake-induced landslides and landslips. Water quality testing is already underway, with capacity to sample and test water in sources suspected to be contaminated established in Southern Highlands province. The Health Cluster reports that the results of the water testing of the Kikori River in Gulf province showed no heavy metal contamination. However, bacteriological analysis showed heavy coliform presence which may result in water-borne diseases. The lack of access to safe drinking water significantly increases risks of water-borne diseases outbreak among affected and displaced persons. Gastrointestinal and diarrheal diseases due to poor water and sanitation are increasing, with a cumulative total of 181 cases reported from nine health facilities in Hela and Southern Highlands provinces.

A mass vaccination campaign is scheduled to begin at the end of April covering all children under five years of age in five districts of Southern Highlands Province: Lalibu Pangia, Imboggu, Kagua Erave, Mendi Munihu, and Nipa Kutubu.

Nutrition service provision has started at Mendi General Hospital, Urila Poroma Care Center, Tamenda Health Sub centre and Pimaga Rural in Southern Highlands province, with 62 children screened for Severe Acute Malnutrition (SAM) of which two were hospitalized. A total of 1,240 children are targeted to receive treatment for Severe Acute Malnutrition (SAM). To date, 14 community health workers and 13 nurses, nutritionists, and medical officers (out of 120 targeted for training) have been oriented in SAM management.

Since 28 March, most humanitarian programmes in and around Tari, the provincial capital of Hela province, have been suspended due to increased tension and inter-communal fighting. Many partners have temporarily relocated humanitarian staff to other locations, including to the Southern Highlands provincial capital, Mendi, in view of the situation. Humanitarian partners aim to resume relief work as soon as the security situation allows. While the situation seemed to calm for a period, tensions were reportedly rising again since 19 April.

## Funding

On 28 March, the Disaster Management Team (DMT) issued the Highlands Earthquake Response Plan, which seeks US\$ 62 million to provide life-saving assistance and help 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. It also aims to help restore livelihoods of affected people and ensure protection services for the most vulnerable. The UN Central Emergency Response Fund (CERF) provided \$9.2 million to kickstart response activities included in the Response Plan, including \$3.2 million is for food assistance; \$1.3 million for health; \$1.3 million for nutrition; \$1.25 million for WASH; \$1 million for shelter; \$605,000 for protection; and \$485,000 for coordination of logistics and security.

The International Federation of Red Cross and Red Crescent Societies (IFRC) released a Disaster Response Emergency Fund (DREF) plan that mobilized CHF 209,398 (approximately US\$ 220,000) to support 3,000 people affected by the earthquake with life-saving assistance in the areas of shelter, health and WASH.

On 4 April, the Asian Development Bank (ADB) signed a \$1 million grant agreement with the Government of Papua New Guinea (PNG) to help fund priority relief and recovery activities from its Asia Pacific Disaster Response Fund (APDRF).

Overall, funding and in-kind contributions for the earthquake response reached over \$61.5 million through bilateral and multilateral channels as of 9 April, according to various sources including media reports. Key donors include eight UN Member States – Australia, Canada, China, France, 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) directly to support Government response efforts, with large commitments from Bank South Pacific Group, ExxonMobil, Kumul Petroleum Holdings, Oil Search, Ok Tedi Mining Limited (OTML), and Porgera Joint Venture.

# Humanitarian Response



## Education

### Needs:

- According to the National Department of Education (NDoE), 15,726 students in 105 assessed schools have had their access to education affected by the earthquake, with five of the affected schools completely damaged and 100 partially damaged.
- 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 (STLS), and ensuring water and sanitation facilities in them;
  - Providing psycho-social support to school children and teachers;
  - Raising awareness on earthquake preparedness, sanitation and hygiene;
  - Providing teaching and learning materials, as well as recreational kits.

**2,600**  
children benefit from  
safe temporary  
learning spaces

### Response:

- Approximately 2,600 children are benefitting from safe temporary learning spaces (STLS) established at six earthquake-affected schools (Kar, Det, Soi, Sumis and Yaken primary schools, and Wolumesa elementary school) in Imbonggu and Nipa/Kutubu Districts of Southern Highlands Province. As part of the preparation of the STLS, 31 teachers (16 female) have been trained on setting up safe temporary learning spaces, and school tents, school-in-a-box kits, Early Childhood Development (ECD) kits and recreational kits have been distributed to the six schools by UNICEF and the NDoE.
- Between 16 and 20 April, UNICEF, UN Women and UNFPA commenced joint assessments of damaged schools and health centres in Southern Highlands Province. A total of 12 school sites and eight care centers for displaced people have been prioritized for additional safe spaces
- Current stocks include 40 ECD kits, 40 recreational kits and 50 schools-in-a-box in Moro, which are expected to be moved to Tari for distribution once the security situation allows. Another three ECD kits, seven recreational kits and 50 schools-in-a-box kits are in Mt. Hagen, of which the 50 schools-in-a-box were to be moved to the Catholic Diocese of Mendi.

### Gaps & Constraints:

- Planning and coordination with the NDoE and the Provincial Departments of Education in Hela and Southern Highlands needs to be strengthened, and their response plans shared with supporting partners.
- The Southern Highlands Provincial Department of Education confirmed that schools in the Mt. Bosavi area remain closed.
- The situation in Hela has stalled much-needed support for children and schools in the earthquake affected areas.



## Food Security & Livelihoods

### Needs:

- An estimated 153,000 people may require food assistance due to loss of staple food crops following damage to gardens, while damaged roads have reduced access to markets.
- 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

**58,700**  
people received food  
assistance

### Response:

- According to the cluster, at least 58,677 people have received some form of food assistance to date, with supplied food items including high energy biscuits, rice, tinned fish and beef, bottled water, biscuits, cooking oil, and flour.

- Humanitarian partners are prioritizing relief food distributions for the most affected areas and hard-to-reach areas. Partners will commence flying the first batch of food to hard-to-reach areas on 26 April.
- The Highlands Humanitarian Hub continues to work closely with the Western Highlands authorities on monitoring donations coming through the Hub into the most affected provinces. This coordination helps to inform partners as to what food stocks the Government has.

### Gaps & Constraints:

- Some partners report that most of the affected people at the care centres and communal hubs are there because of fear and not for food.
- Generally, earthquake-displaced people report that they want to move back to their villages but need early maturing crop seeds and planting materials and tools to restart their gardens.
- Tracking and targeting of food assistance distributions needs to be strengthened, and the protection needs of girls, women, boys and men need to be considered in planning and implementing food distributions. To prevent conflict between community members, there needs to be strengthened community engagement with community leaders, so they can support the coordination of distributions.



### Health and Nutrition

#### Needs:

- Access to healthcare for 544,000 earthquake-affected people needs strengthening due to damage to health facilities.
- Over 31,000 children aged 6 to 59 months require screening for Severe Acute Malnutrition (SAM).
- Priority response activities include:
  - Strengthening health sector coordination at national and provincial levels;
  - Restoring primary health services by repairing damaged health facilities, replenishing medical supplies, and conducting integrated community health outreach;
  - Restoring maternal and new-born health services;
  - Restoring the cold chain and integrated outreach for immunizations to prevent the spread of vaccine preventable illness;
  - Activating an emergency surveillance and response system;
  - Addressing post-disaster mental health and providing post-trauma counselling and psychosocial support.
  - Community-level malnutrition screening for early case identification and referral;
  - Procuring and distributing therapeutic foods and associated equipment for targeted management of severe acute malnutrition (SAM) cases;
  - Training service providers and volunteers on SAM and infant and young child feeding.

>80

per cent of health facilities opened

#### Response:

- More than 80 per cent of health and sub-health centres in earthquake-affected areas are open and functioning, but most urgently require clean water supplies.
- Reporting and remote monitoring of health events and potential disease outbreaks in Hela and Southern Highlands provinces is ongoing via the Early Warning Alert and Response System (EWARS) and provincial health emergency operations centres (EOCs). Health awareness and education is being provided at displacement sites and care centres, and Emergency Mental Health and Psychosocial Counselling and Care are ongoing in Southern Highlands province.
- A formal collaboration agreement has been established to support the Southern Highlands provincial health authority to implement its nutrition response. Services have started at Mendi General Hospital, Urila Poroma Care Center, Tamenda Health Sub center and Pimaga Rural.
- In Southern Highlands province, 62 children were screened for Severe Acute Malnutrition (SAM) of which 2 children were hospitalized. A total of 1,240 children are targeted to receive treatment for Severe Acute Malnutrition (SAM). To date, 14 community health workers and 13 nurses, nutritionists, and medical officers (out of 120 targeted for training) have been oriented in SAM management.
- A total of 481 children (of the targeted 47,628) have received a one-off high-dose vitamin A and a three-month micronutrient pack; 42,650 children aged 12-59 months are also to be dewormed.
- In Southern Highlands province, 43 health workers from 5 districts will undergo training and PNGFHA on the Minimum Initial Service Package (MISP) on Sexual Reproductive Health.
- Partners will send 14 vaccine refrigerators (Solar Direct Drive (SDD) for H/F's and Electric for Provincial vaccine store) in addition to eight refrigerators to replace damaged cold chain equipment (CCE) to the Southern Highlands. Partners will also send nine additional SDDs and 10 additional refrigerators to improve the cold chain network in Southern Highlands province.

- Partners have tested and assessed water quality in water sources available at health facilities and selected communities in Southern Highlands. Results from the water testing for Kikori River, Gulf province, showed no heavy metal contamination. However, bacteriological analysis showed heavy coliform presence which may result in water-borne diseases.
- Cluster partners include 12 lead agencies and 17 implementing agencies participate in the health response.

### Gaps & Constraints:

- Delivery of relief supplies and medicines to affected areas and care centres, as well as health workers reaching emergency shelters to provide health services, remains logistically challenging, including due to the security situation.
- Displaced local health workers require support to rebuild homes and families.
- Frequent aftershocks and tremors are resulting in continued fear and trauma among survivors.
- To date, children in Hela province have not been able to access nutritional services due to the security situation.



## Logistics

### Needs:

- Repair and rehabilitation of earthquake-damaged transportation infrastructure, including airfields, bridges and access roads.
- Sustainable last-mile transport arrangements to hard-to-reach and remote locations.
- 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.

**>70 MT**

of relief items awaiting transport

### Response:

- The Logistics Working Group is supporting the Government-led response with logistical coordination, cargo consolidation, information management and technical assistance to establish a humanitarian supply chain.
- The Australian Defence Force (ADF) airlifted 79 MT of relief items from Port Moresby (POM) to Mt. Hagen and Moro through 15 April.
- Information on local commercial options for sending cargo to Mt. Hagen and Mendi has been shared with organizations:
  - The port in Lae is fully functional, with a storage yard, and is the recommended port of arrival for humanitarian cargo. The road connecting Lae to Mt Hagen and Mendi is currently passable.
  - Local transporters are available to move the cargo from Lae port to Mt. Hagen and Mendi. Security measures need to be taken for the movement of cargo from Mt. Hagen to Mendi. PNGDF is available to escort the cargo with advanced planning due to limited capacity.
  - If planned cargo to Mt. Hagen and Mendi is already in Port Moresby, commercial shipping options are available to ship the cargo from Port Moresby to Lae Port.

### Gaps & Constraints:

- Access constraints continue to slow the delivery of aid to remote earthquake-affected areas, many of which can only be reached via helicopter.
- The road connecting Mendi to Moro remains unpassable.
- Some transport providers do not wish to tender/bid for services to Tari and Mendi due to the perceived security situation.
- WFP, UNICEF and IFRC report that they have more than 70 MT of food and non-food items that still require transport from Port Moresby to Moro or Mt Hagen, or from Mt Hagen to Moro.



## 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 who are unaccompanied and/or separated).
- Within the earthquake-affected population of 544,000 people, there are an estimated 35,782 women 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.
- There is large scale of psychological trauma occurring in Hela and Southern Highlands provinces with no access to mental health services or support services for those in need.
- 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.

**38,000**

callers listened to pre-recorded messages providing life-saving assistance

### Response:

- Some 182 women and girls living in care centres received education on Gender-Based Violence, treatment and counselling in Pimaga, Daga 1, Daga 2 and Degese villages. Dignity kits and reproductive health kits have been distributed to Pimaga and Inu.
- The 1tok Kaunselin hotline is sending out promotional SMS blasts to 3,000 people each week and receiving about 30 calls per day from affected areas.
- Digicel network users in Hela and Southern Highlands Province continue to receive life-saving messages and access pre-recorded automated voice messages. Over 38,000 callers have listened in on the automated voice messages in 2 weeks. An increase of 20,000 calls were made this week targeting 50,000 automated voice messages.
- One psychosocial specialist and one child protection officer were deployed to Hela and Southern Highlands provinces for assessment, training and mentoring of implementing partners in delivery of psychosocial support services and undertaking an end to violence against children campaign.
- Three safe spaces have been established to date, one in Hela province (Kupari) and two in Southern Highlands (Kumin and Kar LLGs). A total of 600 children have received psychosocial services in Kumin and Kar Safe Spaces.

### Gaps & Constraints:

- Lack of a medical doctor in the Pimaga District Hospital and only two nurses and one midwife to manage maternal and neonatal health. There is limited capacity of health workers to deliver sexual reproductive health services, and women in scattered and remote areas are unable to reach healthcare services due to lack of mobile clinic and outreach services.
- Referral pathways and support services for victims of gender-based violence and sexual exploitation and abuse remain limited.



## Shelter / Camp Coordination and Camp Management

### Needs:

- An estimated 60,000 people (10,000 households) in Southern Highlands and Hela provinces require shelter assistance, a large proportion of whom have been displaced.

**466**

households received shelter and NFI assistance

- According to the most recent update, 11,041 households (approximately 55,205 people) remain displaced, of which 1,250 households are staying in nine care centres while the remainder are staying with host communities.
- 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:

- 466 affected households in Southern Highlands and Western provinces have received shelter and NFI kits.
- 438 displaced households sheltering in care centres—Lil, Kopa and Pongal—in Nipa Kutubu District of Southern Highlands Province received mixed NFI kits including kitchen sets, water containers and hygiene items.
- The cluster has developed two shelter response options and recommended packages: (1) IDP household Shelter-NFI return kit; (2) Community reconstruction toolkit. Partners will establish a pipeline of 800 community reconstruction kits and 2,000 displaced family kits to cover need for 6,000 households (approximately 30,000 people).
- Training of beneficiaries on safe shelter and settlements is required when conducting shelter kit interventions. The Cluster has developed a training module for the context of PNG prior to the earthquake that is being adapted to suit this response.

#### Gaps & Constraints:

- Displaced populations living with host populations are not receiving sufficient assistance.
- For partners planning longer-term shelter recovery interventions, the issue of land use and resettlement will require further attention.
- Households away from airstrips and care centres are less likely to receive assistance due to limited visibility and accessibility.



### 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.

**180**  
hygiene kits distributed

#### Response:

- Clean water has been provided to 74 villages, and 56 villages have been provided with WASH NFIs, including 2,045 water containers, as well as water purification supplies and soap.
- 180 additional hygiene kits have been distributed during the reporting period.
- Existing water supply systems in one aid post, one secondary school, and one district hospital have been rehabilitated, and partners have installed rainwater harvesting systems in four care centres in Southern Highlands Province.
- Partners have conducted awareness and education campaigns in nine locations.
- The Government and partners are conducting water quality testing in Southern Highlands, prioritizing water points that are reported to be contaminated.
- Two WASH technical specialists have been sent to work with the Provincial Health Authorities of Hela and Southern Highlands to help facilitate assessments and gather information for the WASH cluster.

#### Gaps & Constraints:

- There is a lack of verified information on water quality at remaining water sources.

- Provincial Health Authorities require technical assistance on WASH provision and additional response capacity on the ground.

## General Coordination

The Government is leading the response operation and has welcomed the support of humanitarian partners. The National Disaster Committee (NDCComm) 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 three working groups (Communication with Communities, Early Recovery and Logistics), as well as the Inter-Cluster Coordination Group support the work of the Disaster Management Team.

An inter-agency field coordination team is based in Mendi, the Southern Highlands provincial capital, to support information exchange, response planning and other coordination initiatives among partners and with provincial authorities and security forces. A similar field coordination presence is planned for Tari when the security situation allows. Logistics coordination specialists have been deployed in Port Moresby and Mt. Hagen to provide supply chain coordination support to the Government and the PNG-DF.

The Government has tasked the PNG Defence Forces (PNGDF) to enhance security in affected areas, and to assist local partners in the distribution of relief items.

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

### For further information, please contact:

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For more information, please visit <http://pngndc.gov.pg/> or <https://www.humanitarianresponse.info/en/operations/papua-new-guinea>.

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