

Papua New Guinea

Consolidated Emergency Report 2018

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Abbreviations and Acronyms

ADRA	Adventist Development and Relief Agency
CDM	Catholic Diocese of Mendi
CFS	Child Friendly Spaces
C4D	Communications for Development
ECD	Early Childhood Development
EENC	Early Essential New-born Care
EPRP	Emergency Preparedness and Response Plans
DMT	Disaster Management Team
HIE	Health in Emergencies
HPPM	Humanitarian Performance Planning and Monitoring
LEP	Learning, Empowerment and Protection
LLG	Local Level Government
MUAC	Mid-Upper Arm Circumference
M&E	Monitoring and Evaluation
NDC	National Disaster Centre
NDOH	National Department of Health
PNG	Papua New Guinea
PNGDF	Papua New Guinea Defence Forces
PC	Programme Criticality
PHA	Provincial Health Authorities
SIA	Supplementary Immunization Activities
STLS	Safe Temporary Learning Spaces
SDGs	Sustainable Development Goals
VHVs	Village Health Volunteers
WINS	WASH in Schools

A. Executive Summary

On 26 February 2018, the Highlands Region of Papua New Guinea (PNG) was struck by a 7.5 magnitude earthquake – the first of several major quakes of 6.0 or greater magnitude and hundreds of still ongoing tremors. The earthquakes caused widespread destruction across Hela, Southern Highlands, Western and Enga Provinces. Families lost homes, water sources, health facilities, schools and subsistence family farms/gardens. According to the inter-agency Disaster Management Team (DMT) response plan, 544,000 people (with 46 percent children under 18) were affected, of which 270,000 people, including 125,000 children, were estimated to be in need of immediate need of life-saving assistance. The Humanitarian Response plan targeted seven local governance areas in Hela and the Southern Highlands Provinces.

In April, violence in Tari and other parts of Hela Province led to UN staff being moved from the Province. On 14 June, violence erupted in Mendi, the provincial capital town of Southern Highlands Province. UN staff that had been working from Mendi were moved to Mt Hagen in the neighbouring Western Highlands Province. PNG Defence Forces were deployed and remain in both Provinces. Humanitarian work continued in some peaceful areas of Southern Highlands, but work was particularly delayed in the worst affected areas of Southern Highlands and in all of Hela Province due to access restrictions for the UN in both Hela and Southern Highlands Provinces. Until mid-July 2018, humanitarian assistance was restricted to only food and supply deliveries. However, the response scaled up after mid-July with an improving security situation. In late June, a Public Health Emergency for a polio outbreak was declared initially for three Provinces but now extending to a national outbreak response. By mid-2018, there were three overlapping States of Emergency in PNG. There have also been outbreaks of measles and pertussis that triggered urgent, localised special immunization campaigns. However, safe access for responses has been expanding – although local negotiations and/or military escorts are required in many areas.

UNICEF is contributing to the objectives in the March 2018 Humanitarian Response to Earthquake Plan through integrated maternal and child health; access to safe water, sanitation and hygiene education; children's access to safe learning spaces for early, elementary and primary education; psychosocial support for children and parenting education for caregivers of children. UNICEF is working through multi sectoral national and provincial governments and with local FBOs that have long-standing operational presence and trust within the affected communities. UNICEF, UNFPA and UN Women are implementing a joint UN relief and recovery programme called Learning, Empowerment and Protection (LEP) for women and children. The purpose of the programme is to ensure women and children who are the most vulnerable and marginalised due to the earthquake have access to the support and protection they need during the disaster response.

Subsequent to the early rapid assessments and formulation of the humanitarian response strategy and plan, UNICEF and partners, as well as other humanitarian actors, carried out more in-depth assessments of needs and identified a larger number of Local Level Governance (LLG) areas where children need humanitarian assistance. A series of real time reviews in June 2018 showed that UNICEF had reached 13 LLG areas (compared to the seven included in the Response Plan), however, unfortunately insecurity resulted in only a relatively small amount being done in LLGs in Hela Province. Subsequently, the response strategy was adjusted to re-gain humanitarian access to selected areas of Hela Province and scale up responses in all sectors wherever possible. UNICEF's humanitarian strategy was also adapted towards more direct implementation and government partnership. Within the March interagency emergency response plan to the February earthquake, UNICEF supported an integrated campaign for children with a package of critical child survival interventions in the two earthquake-affected provinces (Southern Highlands and Hela) between March and July 2018. It reached 107,873 people, including children and

women of reproductive age, with life-saving supplies and services. 44,672 children under 5 received measles-rubella vaccination, 17,331 infants received penta-valent vaccination, 36,686 women of reproductive age received tetanus toxoid vaccination, and 82 new-borns were resuscitated.

UNICEF led the nutrition response to the earthquake emergency and supported government to deliver nutrition interventions, including micronutrient and vitamin A supplementation, deworming, infant young child feeding, counselling, and management of acute malnutrition, in the two affected provinces. UNICEF trained 1,091 health workers (654 females) on management of children with acute malnutrition, followed by on-the-job mentoring. Resulting from this mentoring 4,357 boys and girls (2,198 girls) aged 6–59 months identified with acute malnutrition were admitted into therapeutic feeding programmes. By mid-November, up to 4,004 children had already been discharged, with an 82 per cent cure rate, 12 per cent default and 6 per cent died. Nutritional screening reached 40,874 (20,223 girls) of the targeted 30,000 children under 5 in the UNICEF-supported response in both Hela and Southern Highlands provinces. Up to 1,044 (601 girls) of the targeted 850 children with acute malnutrition received treatment. Education on infant and young child feeding practices was also provided, including the use of micronutrient powders, as well as cooking demonstrations for 77,768 people, 22,739 of whom were pregnant and breastfeeding women. By the end of November 2018, a total of 122,582 children (85 per cent coverage) aged 6–11 months and 808,584 (81 per cent coverage) aged 12–59 months received vitamin A during the national polio campaign. Efforts to eradicate iodine deficiencies gained momentum with UNICEF's provision of 200mg caps/PAC-1500 of iodized oil for a one-off annual dose to 200,000 women of reproductive age, and multiple micronutrient powders/PAC-30 for a one-off three-month dose for 17,000 children aged 6–23 months.

Education services have been restored for 8,674 children (3,851 girls) in earthquake-affected schools in the Highlands, allowing children to attend daily classes and recover from trauma through the provision of psychosocial services supported by UNICEF. As the education cluster co-lead and first responder, UNICEF has made a strong impact on emergency preparedness and response in PNG through mobilizing \$1.5 million from the Education Cannot Wait Fund. UNICEF education in emergencies response to the 2018 earthquake in the Highlands allowed 8,674 children (3,851 girls) to return to classes and continue learning. UNICEF has procured education in emergencies supplies to equip teachers in setting up at least 62 safe temporary learning spaces in both Southern Highlands and Hela Provinces.

UNICEF provided financial, technical and physical resources to the establishment of 32 child-friendly spaces (CFS) in Southern Highlands and Hela provinces to provide centre-based psychosocial support services, reaching 4,818 children (2,648 boys and 2,170 girls) with activities such as reading and writing, drawing, singing and sports. A total of 158 trained CFS facilitators are engaged in the CFS centres, where 13,175 children and adolescents (7,232 boys and 5,943 girls) benefited from psychosocial support services through activities such as drama and singing. The trained facilitators also worked with trained community Child Protection Volunteers to support the #ENDviolence against children campaign, reaching a total of 33,199 people (17,797 men and 15,402 women). Campaign leaflets and handbooks were distributed to more than 450 religious leaders of more than a dozen denominations to raise awareness of violence against children in church and the community. A total of 109 cases of children at risk (62 boys and 47 girls) were identified, counselled and referred to medical and psychosocial support services in emergency-affected areas with most of the cases related to physical and sexual abuse.

The WASH cluster was led by World Vision, with technical support from UNICEF through a field cluster coordinator. UNICEF's emergency WASH response was integrated into child protection, education, health and nutrition projects to deliver an integrated package of services and complemented with stand-alone

activities, such as reaching displaced people with water testing, water purification tablets and collapsible water containers. The WASH sector partnered with the Catholic Diocese of Mendi and ADRA (a humanitarian organization) to serve the population affected by the earthquake. UNICEF coordinated with NDOH to undertake water quality testing and trained six health officers in affected provinces on water quality testing. Cumulatively, UNICEF provided 123,588 people with access to safe drinking water, through water purification tablets, water filters at health facilities, and rainwater harvesting systems at community churches and schools. Toilets and rainwater harvesting systems were installed, repaired and improved (“build back better”) in 22 schools; now 12,993 girls and boys (plus their teachers) have access to new, improved toilets. A total of 111,708 adults and children were reached with information on the importance of ending open defecation, boiling or otherwise purifying water and practicing good hygiene.

In response to the Public Health Emergency declared due to confirmation of vaccine-derived polio cases, the National Department of Health along with WHO, UNICEF and other Global Polio Eradication partners are implementing an Outbreak Response Plan. This includes strengthening of Acute Flaccid Paralysis surveillance, strengthening of routine immunization and polio Supplementary Immunization Activities (SIA). Round 1 of the SIA was concluded in August in the three high-risk provinces of Eastern Highlands, Madang and Morobe. Round 2 targeted more than 700,000 children under 5 years of age. Rounds 3 and 4 were conducted in the remainder of the nation in September and October 2018. UNICEF designed and distributed 110,500 posters, 140,000 flyers, 1,750 banners, and 40,000 SIA leaflets. Eight international Communications for Development (C4D) consultants, recruited to provide support to the Provincial Emergency Operation Centres, held more than 25 advocacy events and delivered over 1,500 other activities across the country, engaging church and tribal leaders, teachers, the private sector and women’s groups. Approximately, 2,000 health workers were trained on polio C4D with a total of 3,287,124 children under 15 vaccinated against polio. The main stakeholders in the most-at-risk provinces have been mapped and engaged to ensure active involvement in the polio response second phase in 2019.

Meanwhile, in response to outbreaks of measles and pertussis, and surges in malaria cases, provincial level responses to intensify facility-based and outreach vaccination and mosquito net distribution are also ongoing. In Hela Province, this emergency response to measles has been integrated into the UNICEF supported integrated maternal and child health campaign.

UNICEF PNG would like to thank all contributing donors to Humanitarian Action Thematic Pool for their crucial support and commitment to UNICEF PNG’s earthquake emergency response which has enabled more Papua New Guinean children to access immediate lifesaving interventions and basic health, WASH, child protection, nutrition and education services. UNICEF PNG would also like to acknowledge the role and engagement of all partners, donors, civil society and other UN Agencies as well as UNICEF Country Offices from around the world (for their generous surge support) whose collaboration was key to the achievement of these results for children.

B. Humanitarian Context

UNICEF PNG’s Child Centred Risk Assessment (2018) identified PNG as “one of the countries in the Asia-Pacific Region with the highest frequency of natural hazards” and this is confirmed in the 2019 Index for Risk Management Report¹. The risk is further increased by patches of highly urbanised areas with

¹ [Inform Report 2019](#)

increased population density and a relatively low Human Development Index² (ranked 153/189 in 2018). According to the 2017 Multi-Hazard Risk Assessment, by the National Disaster Centre, UNDP, DFAT Australia and the Regional Integrated Multi-Hazard Early Warning System, PNG “is exposed to a range of natural hazards including cyclones, floods, landslides, droughts, frost, earthquakes, tsunamis, king tides, volcanic eruptions and seasonal fire among others. Its coastal regions in the north and islands region are exposed to cyclones and tsunamis, as these regions are exposed to extreme weather events inducing tidal storm surges. Earthquakes are also a major threat in PNG, as the country is located in the Pacific Ring of Fire. Despite government’s efforts to provide warnings to communities through various channels, including mass media, the negative impacts of disasters clearly manifest the limited preparedness measures at the sub-national level, specifically at the community and household levels”.

On 26 February 2018, PNG experienced a 7.5 magnitude earthquake – the first of several major quakes of 6.0 or greater magnitude and more than 190 ongoing tremors to shake the country. The earthquakes caused devastating landslides and widespread destruction across the Hela, Southern Highlands, Western Highlands and Enga Provinces. Many families lost their homes, water sources, health facilities, schools and the subsistence family farms/gardens they relied on for food. According to the inter-agency DMT response plan, 544,000 people (with 46 percent children under 18) were affected, of which 270,000 people, including 125,000 children, were estimated to need immediate life-saving assistance. The Humanitarian Response plan targeted seven local governance areas in Hela and the Southern Highlands Provinces.

On 14 June, violence erupted in Mendi, the provincial capital town of Southern Highlands Province. An aircraft and its cargo contents (including vaccines destined for Hela Province) were destroyed and government buildings were burnt. UN staff that had been working from Mendi were moved to Mt Hagen in the neighbouring Western Highlands Province. Humanitarian work has continued in some peaceful areas of Southern Highlands; however, a State of Emergency was declared for Southern Highlands, with additional PNG Defence Forces (PNGDF) deployed. The State of Emergency and ongoing inter-communal violence has led to some access restrictions for the UN in both Hela and Southern Highlands Provinces. To address these challenges the PNGDF provided escorts to all humanitarian actors and UNICEF’s Security Advisor noted that the PNGDF presence provided an inhibiting context and enhanced stability and security in these Southern Highlands and Hela. Overall the security situation has stabilised after flashpoints though in selected areas there is ongoing inter-communal fighting and these areas have restricted access for UN humanitarian workers. This further increase logistical costs for humanitarian delivery since it means additional security measures and more project locations requiring expensive security escorts.

² [Human Development Index 2018](#)

Estimated Population in Need of Humanitarian Assistance following Earthquakes			
(Interagency Response plan dated 28 March 2018)			
Start of humanitarian response: 1 st March 2018			
	Total	Male	Female
Total Population in Need	544,368	280,680	263,688
Children (Under 18)	252,480	129,656	121,824
Children Under Five	70,767	36,488	34,279
Children 0 to 11 months	17,419	9,058	8,361

Following confirmation of several vaccine-derived polio cases, a Public Health Emergency was declared in June, including earthquake- and conflict-affected provinces. In response to the continuous circulation of the polio virus, all 22 provinces of the country were included in the emergency response from September 2018, with a target of 3,520,450 children under 15 to be vaccinated against polio. This is a huge and challenging task, given that the routine immunization system has produced stagnant results for the past decade plus, with immunization rates hovering around 60 per cent for most provinces³. The polio outbreak was confirmed by the health authorities as the first in eighteen years. The virus was first detected in a child in April and a vaccine-derived poliovirus type 1 was isolated as the cause of paralysis in May. Vaccine-derived polioviruses are rare and tend to occur in populations with very low vaccination rates. They develop when children who have not been vaccinated come into contact with the excrement of vaccinated children and are exposed to the weaker virus. On 26 June, the PNG Government declared the circulating vaccine-derived poliovirus type 1 outbreak in Morobe province a National Public Health Emergency. The National Department of Health (NDOH) worked closely with Global Polio Eradication Initiative partners to launch a comprehensive response. The UN (UNICEF & WHO) and PNG authorities launched an emergency immunization campaign to try to prevent other children from becoming infected, PNG officially launched the outbreak response campaign on 16 July in Morobe, Madang and Eastern Highlands provinces. The outbreak response was expanded to a national response with five planned rounds in 2018. This meant the target population for vaccination was more than 3 million children 15 and under.

The frequency and intensity of natural hazards such as cyclones, tsunamis and drought in PNG are increasing each year, putting more and more people at risk. These emergencies impact differently on women, men, girls and boys, depending on their status in society, their capacity to cope and respond and their gender roles and responsibilities in the household and in the community. Women and girls are at particular risk due to their increased workload and caring responsibilities. Women and girls also face secondary gendered risks that result from disasters, including increased gender-based violence, including

³ [Gavi PNG Fact Sheet 2018](#)

forced marriage and trafficking, and impaired sexual and reproductive health⁴. To ensure concerns around gender, human rights, and protection were key considerations in emergency response it has been noted from the initial assessment phase that a) the pre-existing gender gap in PNG meant women and girls meant women and girls were particularly affected by disaster, specifically the earthquake; b) assessments specifically addressed gender; c) field teams for assessments, distribution and field activities are gender balanced; and d) ensuring special provision in response to the crisis for women and children who are the most vulnerable and disproportionately impacted due to the earthquake have access to support and protection, especially from gender based violence and violence against children.

C. Humanitarian Results

Following the February 2018 earthquake access to affected areas was a serious challenge due to lack of roads and ongoing conflict. Given this context needs assessments were labour and resource intensive and conducted at a slower pace than originally planned. To address this this information gap UNICEF focused on field presence to reach the most difficult areas, engaging local institutions, cluster coordination and active participation in the inter-agency DMT. The overall humanitarian response is led by the National Government through a Disaster Controller supported by the DMT co-chaired by the Director of the National Disaster Centre (NDC) and the UN Resident Coordinator. The Southern Highlands and Hela Provincial Disaster Coordination offices and the PNGDF coordinate and support relief work in the Provinces. It is under the auspices of the DMT that UNICEF contributed to the earthquake humanitarian response as outlined in the Humanitarian strategy with three strategic objectives (1) provision of life saving assistance to affected populations and reestablishment of basic services; (2) support restoration of livelihoods and self-reliance; and (3) provision of safety and protection for vulnerable people, including children and women.

With basic services already lacking and often completely destroyed by the earthquake UNICEF's response focused on restoration of lifesaving health and nutrition interventions (immunization, vitamin supplementation), reestablishment and/or provision of basic services such as WASH (clean water, adequate latrines) and education (safe temporary learning spaces, SLTS) and addressing the significant fear, sense of uncertainty and disruption of daily life with increased domestic and gender based violence and group conflict (psychosocial services, child friendly spaces and prevention of sexual exploitation and abuse). For programme implementation UNICEF worked through national and provincial governments and with local faith-based organizations which have operational presence and acceptance within the affected communities. In the immediate aftermath of the earthquake UNICEF finalized its first Programme Cooperation Agreement with the Catholic Diocese of Mendi, covering all programme sectors. In consultation with the Government, UNICEF engaged with technical government staff on water testing, assessments and programme implementation support in the affected areas.

⁴ [Gender in Emergencies Lessons Learnt; Care International 2017](#)

UNICEF provided significant logistics and minimum incentives towards daily expenses of the staff working in hard-to-reach areas. Due to the access and logistical challenges in remote areas in the highlands, UNICEF was an active participant in humanitarian coordination through Government-led Clusters (Health & Nutrition, WASH, Education, Protection- including child protection). Cluster membership and coordinated action in PNG includes private sector oil and gas companies, as well as UN, NGOs, FBOs and others. Specifically, UNICEF worked with the national and provincial departments of health, education, community development; the Catholic Diocese of Mendi; Adventist Development and Relief Agency and Evangelical Church of PNG. Additional implementing partnership agreements were finalised with Save the Children; Just Play and South Star Sports Foundation. UNICEF, UNFPA and UN Women implemented a joint UN relief and recovery programme called Learning, Empowerment and Protection for women and children. The purpose of the program is to ensure women and children who are the most vulnerable and marginalised due to the earthquake have access to the support and protection they need during the disaster response. LEP centres were established in high-need areas that provide a safe space for women and children, as well as coordination points for meeting immediate psychosocial needs and accessing a range of emergency support. A network of trusted Community Mobilisers was attached to the centres, to help coordinate referral pathways for women and children experiencing gender-based violence or sorcery related violence.

Subsequent to the early rapid assessments and formulation of the humanitarian response strategy and plan, UNICEF and partners, as well as other humanitarian actors, carried out more in-depth assessments of needs and identified a larger number of LLG areas where children need humanitarian assistance. A series of real time reviews in June 2018 showed that UNICEF had reached 13 LLG areas (compared to the seven included in the Response Plan), however, unfortunately insecurity resulted in only a relatively small amount being done in LLGs in Hela Province. Subsequently, the response strategy was adjusted to re-gain humanitarian access to selected areas of Hela Province and scale up responses in all sectors wherever possible. UNICEF's humanitarian strategy was also adapted towards more direct implementation and government partnership.

In response to the Public Health Emergency declared due to confirmation of vaccine-derived polio cases, the National Department of Health along with WHO, UNICEF and other Global Polio Eradication partners are implementing an outbreak response plan. This includes strengthening of Acute Flaccid Paralysis surveillance, strengthening of routine immunization and polio SIA. Round 1 of the SIA will be concluded in early August in the three high risk provinces of Eastern Highland, Madang and Morobe. Round 2 will target more than 700,000 children under 5 years of age. Rounds 3 and 4 will be conducted in the remainder of the nation in September and October 2018. Meanwhile, in response to outbreaks of measles and pertussis, and surges in malaria cases, provincial level responses to intensify facility-based and outreach vaccination and mosquito net distribution are also ongoing. In Hela Province, this emergency response to measles has been integrated into the UNICEF supported integrated maternal and child health campaign.

Results Table

Indicators	Cluster/Sector 2018 Target	Cluster/Sector Total Results	UNICEF 2018 Target	UNICEF Total Results
Health				
Children (0-59 months) who received pentavalent vaccination (any dose)*	79,400	17,331	15,000	17,331
Number of children (0-59 months) who received measles and rubella vaccination*	79,400	44,672	40,000	44,672
Number of women (15-49 years) who received TT vaccines*	Not a cluster target	N/A	30,000	36,686
Children under age 15 vaccinated against polio	3,340,000	3,287,124	3,340,000	3,287,124
Nutrition				
Children < 5 years old with acute malnutrition admitted into therapeutic feeding programme*	850	1044	850	1044
Children 6 to 59 months old receiving micronutrient powder*	32,000	42,813	32,000	42,813
Children 6-59 months receiving Vitamin A*	47,617	342,813	47,617	31,385
Children 12-59 months receiving deworming tablets*	32,000	40,178	32,000	40,178
Pregnant and lactating women counselled on infant and young child feeding*	30,000	22,739	30,000	22,739
Child Protection				
Number of children and adults reached with violence prevention messages*	33,400	Not available	16,000	22,124
Number of children reached with psychosocial support services*	15,000	10,550	15,000	10,550
Education				
Number of children (3-14 yrs.) enrolled in STLS for non-formal education, including early learning*	10,000	8,674	10,000	8,674
Number of teachers reached with teaching kits and training support*	300	306	5,000	Not available
WASH				
Number of children and adults who have access to safe drinking water*	270,000	Not available	75,000	123,588

Number of girls and boys who have access to repaired and improved latrines*	270,000	Not available	15,000	12,993
Number of people who received information on good hygiene practices*	270,000	111,780	70,000	111,780

*Results as at November 30, 2018

Health

UNICEF's support to respond to the humanitarian crisis was aligned with NDOH's priorities, and the Health Cluster's humanitarian response plan that had been critical to enable the UNICEF supported implementing partners, including Government, to achieve results for children and women. UNICEF, in collaboration with WHO and Health Cluster partners, launched an integrated campaign for children with a package of critical child survival interventions in the earthquake affected provinces (Southern Highlands and Hela) that reached approximately 107,873 people including children and women of reproductive age with life-saving supplies and services. The campaign reached 44,672 children under 5 who received measles-rubella vaccination, 17,331 infants who received penta-valent vaccination, 36,686 women of reproductive age who received tetanus toxoid vaccination, and 82 new-borns were resuscitated.

The polio outbreak had worsened the humanitarian situation as a more complicated emergency and brought renewed challenges in protecting children to survive and thrive. UNICEF supported the implementation of high-quality polio vaccination campaigns by deploying 14 international polio experts including 10 C4D international consultants at the provincial health offices to provide technical assistance with micro-planning, training, monitoring and reporting. A total of five rounds of polio campaign were supported in 2018 that includes two National Immunisation Days (NID) and three Sub-National Immunisation Day. A total of 3,287,124 children below 15 years received 2 drops of bOPV (97 per cent coverage) and 954,124 children 6–59 months received a high dose of vitamin A (84 per cent coverage) during the 2nd national immunization day conducted from 4–18 Nov 2018.

Nutrition

The nutrition in emergency programmes began in mid-April 2018 in Southern Highlands and Hela Provinces. In the highlands region of PNG there are many misperceptions and harmful practices that negatively impact on children's nutritional status and contribute is the high prevalence of diarrhoea. Stunting prevalence is officially 55%, and perhaps it is much higher in remoter parts of Southern Highlands and Hela. Recently, nutrition campaigns, as other outreach services, were affected by the polio outbreak and could no longer continue as previously planned due to the all-encompassing nature of the polio campaign which required suspension of other campaigns to ensure polio was the primary message as per Government priorities. There was very little understanding of the causes and effects of malnutrition and very little technical skills among the government health workers and other implementing partners, consequently, quick emergency training had to be done in both Provinces. Altogether 203 (118 of whom are female) community and health workers were trained on screening and management of acute malnutrition and appropriate infant and young child feeding practices, including use of nutrient supplementation.

Of the 30,000-revised target to be screened, 40,874 children ages 6 to 59 months have been reached, achieving more than the target to date as a result of successful community engagement and promotion of nutrition messages. Of these, 1,044 among whom are 601 females were diagnosed with acute malnutrition and started on nutrition rehabilitation. Overall, 47,617 children aged 6 to 59 months are targeted to be reached with vitamin A and micronutrient powders, and by now, 42,813 (21,387 female) children have been reached, achieving 90% of the target. A total of 40,178 (19,843 female) of the targeted 32,000 children aged 12 to 59 months have received deworming tablets, also, achieving more than the target. Finally, 22,739 of the targeted 30,000 pregnant and lactating women have already been reached with infant and young child feeding messages for children aged to 23 months, achieving 76% of the target.

The approach in both provinces was, initially, an integrated maternal and child health and nutrition campaign. The work started off with nutrition training while the campaigns were undertaken. Integration of nutrition into other health interventions was a one-off activity, therefore the nutrition component required more support than a one-off campaign. Additional support took the form of regular on the job coaching and training on nutrition with health staff. PNG's humanitarian response-maintained malnutrition indicators within the SPHERE standards in Southern Highlands and Hela provinces, for the emergency response between March and October 2018. This was achieved during the period of increased risk to malnutrition following the February 28 earthquake.

Child Protection

During the reporting period the Child Protection programme reached more than 5,000 children with psychosocial support activities through 26 CFS or SLTS in Southern Highlands and Hela Provinces. Around 11,000 children and caregivers have participated in events organised by Mobile Child Protection Teams, including "Ending Violence against Children campaign" with messages through drama, songs and speeches from religious leaders, teachers and children. Five of the CFS are linked to Learning Empowerment and Protection centres, which is a joint UN WOMEN-UNFPA-UNICEF response to the crisis to ensure women and children who are most vulnerable and disproportionately impacted due to the earthquake have access to the support and protection, especially from gender-based violence. A total of 58 community and district child protection workers and community CFS volunteers were trained and ten child friendly spaces were established in Hela Province (serving 1,400 boys and 1,360 girls). Overall, a total of 30 child friendly spaces have been established in the two-earthquake affected provinces. Furthermore, 30 sets of recreational materials were distributed to the 30 CFS. To date, a total of 10,550 children (5,882 boys and 4,668 girls) were reached with centre and community based psychosocial support services. Similarly, a violence against children campaign was conducted in both Hela and Southern Highlands Provinces reaching a cumulative total of 22,124 during the emergency response. In all the 30 CFS, trained community child protection volunteers were supplied with child abuse case registration book to record, follow up and better organize referral pathway. During the reporting period a total of 67 cases of child neglect were identified, counselled and referred for care, managed by UNICEF trained Child Protection counsellors.

Education

UNICEF procured all necessary school supplies including tents, Early Childhood Development (ECD) kits and recreational kits and equipped teachers in setting up 62 STLS in both Southern Highlands and Hela. Additionally, as an incentive to encourage students back to school, student backpacks were procured along with teacher's kits for the selected schools identified by partners based on available needs assessments and reports collated by the Provincial Divisions of Education. For proper use of the education kits and school supplies, Training of Trainers in Education in Emergencies and Psychosocial Support was conducted in collaboration with Save the Children. This training of trainers covered a total of 28 female and 63 male teachers bringing the total of trained trainers to 91, reaching 6,808 children (Girls: 2,926).

Overall ten thousand children have been targeted while training will continue with Education Cannot Wait funding into 2019. Given existing gender disparities more boys will potentially benefit than girls due to lower enrolment and higher dropout rates for girls, as part of regular programming UNICEF advocates for gender equality and female empowerment. This training workshop was to aid UNICEF's recovery strategy in response to the earthquake in training existing teachers on the ground and developing their capacity to implement a child rights and equity approach in bringing all children back to school. The training targeted teachers, school management and key provincial education officers and community leaders including faith-based organizations and provincial government, providing face to face intensive capacity development on the coordination of STLS and guidance on returning children in Elementary and Primary school to routine and normalcy. The training also looked at addressing needs of younger children from age 3 and providing psychosocial support through early childhood programmes in the STLS set up.

Collectively to date a total of 8,674 children (Girls: 3,799) have been enrolled in STLS for formal and non-formal education, including early learning, achieving 87% of the target. Education in emergencies early recovery will focus on WASH in Schools (WinS) ensuring that affected children will benefit from WinS facilities and services, including rainwater harvesting systems and the establishment of hygiene clubs. Many of the 3-14-year-old children attend STLS have never been to schools or ECD centres or have attended only rarely. These children participate in discussions on disaster risk reduction and safety measures.

WASH

UNICEF's emergency WASH response was integrated into the child protection, education, health and nutrition projects, and there are also stand-alone activities, such as reaching displaced people with water purification tablets and collapsible water containers. Water quality testing has consistently demonstrated that all water sources -including tanks of rainwater - are highly contaminated with bacteria. Cumulatively, UNICEF has reached more than 120,000 people with access to safe drinking water, achieving over the target of 75,000, through provision of water purification tablets, water filters for health facilities, and repairs to rain water harvesting systems at community churches and schools. Repairs and improvements ("build back better") to latrines and rainwater harvesting systems are three-quarters completed at the initially assessed and targeted schools and child friendly spaces in Southern Highlands Province. Work in Hela Province could only begin in June, with partner ADRA leading the way, in areas which are still not security-cleared for access by UN staff. More than 12,900 girls and boys (plus their teachers) have access

to new, improved latrines at their earthquake damaged schools and/or at child friendly spaces, reaching 87% of the target. WASH messages are integrated into community health worker training and are part of the activities at child friendly spaces and temporary learning spaces. These messages and demonstrations are also included in the health and nutrition integrated outreach campaigns. As a result, 111,780 adults and children have listened to messages and other information on the importance of ending open defecation, boiling or otherwise purifying water and practicing good hygiene, achieving over the target of 70,000. The Education Cannot Wait emergency response and recovery project which started in mid-July, also integrates WASH learning and activities, and this will continue through the first quarter of 2019, at 67 schools in Southern Highlands and Hela Provinces.

UNICEF provided comprehensive support to the emergency response with technical assistance, funding, provisions of life-saving supplies and deploying Health in Emergency (HiE) experts (international consultants) in the two affected provinces and the polio experts (international consultants) across the country. UNICEF also supported to introduce new and innovative child survival interventions such as early essential new-born care (EENC), specifically, focused on neonatal hypothermia management using a smart medical device on early detection and management of hypothermia including promoting kangaroo care.

Both earthquake and polio emergency response also significantly contributed to develop and further strengthen the capacity of the government health systems towards a more resilient approach of emergency preparedness, planning and response. The cold chain facilities were rebuilt, staff were trained on new interventions (e.g. EENC) including refreshers course, networks of community health volunteers were established and expanded, community engagement and participation in planning and response improved, and comprehensive HiE preparedness and response training of both health facility workers and community health volunteers conducted. Approximately 40,000 people were educated and sensitized on life-saving interventions package with disseminating life-saving message by 64 trained community health volunteers in 286 communities.

There were discrepancies observed in targets achieved for certain indicators, because of the overestimation done during the planning phase using the projected 2011 census data for affected districts. There were on the contrary some targets for some indicators and certain age groups underestimated initially and observed increased number of children reached against planned targets. Although UNICEF was able to achieve the target against its HAC appeals, the cluster target in some indicators were not met due to the challenges of accessing the affected population by cluster implementing partners in the geographically assigned areas where UN operations had to suspended following escalated security threats.

The UN operations in earthquake affected areas required UN security-cleared permits that was not feasible due to tribal warfare and other conflicts. Access in some sub-districts in SHP and entire Hela gained only in mid-July 2018 when “catch-up” work started. UNICEF’s partners were implementing through quick helicopter or small light plane stops or through remote programming to deliver in these sub-districts. None of these approaches was successful for the labour and time intensive work, as there was a need to have face to face coaching, mentoring and guidance to effectively kick-off the

implementation, as well as cold chain preserved vaccines and transportation arrangements were needed for the community health workers to do the time intensive outreach work.

The government declared the national public health emergency on 25 June 2018 following outbreak of polio that constrained implementation of humanitarian response activities on integrated maternal and child health interventions as the entire health system pivoted away from an integrated approach of service delivery to a focus on containing the disease outbreak. One of the constraints to the health campaign in Hela, resulting from the earthquakes, was breakages to the vaccine cold chain, however, provision of emergency funds enabled UNICEF to procure cold boxes and installation of new refrigerators that helped the campaign to roll out in late July-August but got interrupted due to polio emergency response as the Provincial Health Authority had to stop working on the earthquake response campaign in order to carry out a polio response campaign.

a. Case Studies

No case studies were conducted in PNG in 2018, a lesson learned for future response.

D. Results Achieved from Humanitarian Thematic Funding

UNICEF PNG received generous support from Humanitarian Thematic funding in response to the devastating 7.5 magnitude earthquake and recurrent tremors first experienced on February 26, 2018. The earthquakes caused devastating landslides and widespread destruction across the Hela, Southern Highlands, Western Highlands and Enga Provinces. Many families lost their homes, water sources, health facilities, schools and the subsistence family farms/gardens they relied on for food. According to the inter-agency DMT response plan, 544,000 people (with 46 percent children under 18) were affected, of which an estimated 270,000 people, including 125,000 children, needed immediate life-saving assistance.

UNICEF played a leading role in the humanitarian response, working under the auspices of the National Government through a Disaster Controller supported by an inter-agency DMT co-chaired by the Director of the National Disaster Centre and the UN Resident Coordinator. UNICEF remains actively engaged in humanitarian coordination through Government-led Clusters of members: Health and Nutrition, WASH, Education, Protection (including gender-based violence and child protection). Cluster membership and coordinated action in PNG includes private sector oil and gas companies, as well as UN, NGOs, FBOs and others.

With support from Humanitarian Thematic funding, UNICEF is one of the major contributors to life-saving humanitarian and early recovery support for children and mothers and is working through national and provincial governments and with local faith-based organizations which have long-standing operational presence and trust within the affected communities. Specifically, UNICEF is working with the national and provincial departments of health, education, community development; the Catholic Diocese of Mendi; Adventist Development and Relief Agency (ADRA) and Evangelical Church of PNG. Additional implementing partnership agreements are being finalised with Save the Children; Just Play and South Star

Sports Foundation. UNICEF, UNFPA and UN Women are implementing a joint UN relief and recovery programme called Learning, Empowerment and Protection for women and children.

The Humanitarian Thematic funding supported UNICEF PNG with in providing timely emergency response and meeting operational requirements including transport, communication equipment, security, technical assistance and surge capacity. The earthquake primarily affected seven local governance areas in Hela and Southern Highlands provinces and these were targeted by the Humanitarian Response plan. These areas include remote and hard to access populations in need of assistance with intercommunal violence also hampering relief efforts. Transportation to reach these areas was essential to the response and ensuring no one was left behind. Transportation costs included hiring of security, particularly once a State of Emergency had been declared following violence and insecurity in Mendi town in June 2018. An Emergency Coordinator was supported to provide technical expertise, direction and guidance for the implementation of the six emergency projects, as well as data collection, programme and financial monitoring and reporting. The Emergency Coordinator played a vital role in ensuring field implementation and monitoring was conducted as planned and risks were proactively identified and addressed/mitigated.

Additionally, a Security Advisor, based in the field, was supported to ensure compliance to security minimum requirements for UNICEF staff while delivering the emergency response, provide security assessments and real time security updates and guidance and train partners while maintaining flexibility with plans to reach people with lifesaving interventions as and when the security situation allows. The Security Advisor, hired security and transport in the field were invaluable to programme staff and enabled them to implement, conduct monitoring and train partners.

For Supply and Logistics support a surge Supply Specialist was recruited to provide additional assistance in planning, shipping, clearing (customs) and distribution of life saving supplies, including to rural and remote populations/areas. In total for the emergency response UNICEF PNG Supply and Logistics has delivered over 120 Metric Tons/480 Cubic Meters of Health, Nutrition, WASH, Education and Child Protection supplies. This is both UNICEF controlled stock and stock for Government partners. Without the supply and logistics, transport and security and technical assistance and surge capacity UNICEF PNG would not have been able to deliver immediate lifesaving interventions, emergency response covering health, nutrition, education, WASH and child protection needs and play a leading role in coordination, implementation, monitoring and reporting against the inter-agency strategic objectives agreed by the DMT.

Results achieved include reaching affected populations, specifically women and children, with vitamin supplementation and micronutrient powders, vaccinations, safe drinking water, improved latrines and hygiene promotion, psychosocial support services, violence prevention messages and safe temporary learning spaces. It would have been impossible for UNICEF PNG to respond as quickly, efficiently and effectively without having flexible thematic contributions that enable a targeted context and needs based approach and empowered UNICEF to play a leading role through quickly organising much needed surge support for both emergency programmes, and just as importantly, emergency coordination, supply and logistics and security. Ensuring UNICEF could operate in an insecure environment was of paramount importance to the emergency response while having swift surge capacity aided coordination, particularly

field coordination where technical specialists (WASH, Child Protection) also served as field coordinators to facilitate and enhance collaboration and deliver mutually reinforcing results.

During the response phase to the earthquake that struck the Highlands, UNICEF surge support from the Pacific Office was able to travel to the site in Southern Highlands and Hela for planned education and protection interventions to affected children and communities. From this funding national education staff were also able to be onsite and build the capacity of local community members, volunteers and teachers around the use of recreational and ECD kits aimed at providing psycho-social support in managing trauma for children. During this time, there were numerous ongoing tremors with displaced communities still however with awareness and key life-saving messages woven throughout the trainings, there was a general appreciation and gratitude expressed by locals during this time. Schools had slowly reopened and a CFS set up initially with additional CFS per parish as part of the response design discussions with partners. This was valuable and beneficial in getting the initial consultations started and allowing the UNICEF team to be on the ground very early on before any other sectoral partner was present.

Having been the first time for UNICEF or other UN agencies to work in this remote area of PNG, there were many developmental issues arising as well as ongoing tribal conflict situations which was high risk in terms of staff security and responding to remote areas. This funding was timely and useful in contracting Guard Dog services with their level of expertise and service delivery making it possible for UNICEF staff to be on the ground early on in the emergency response phase. The highly trained and qualified drivers and escort crew had provided service for UNICEF staff to deliver in a timely and secure manner which was paramount during the entire mission and coordinated by the UN Security on standards and keeping track of timely movements. As a result, by the situation report in April 2018, UNICEF had provided training to 70 teachers and volunteers (31 females) on the use of the education and recreational kits, including ECD, and setting up and maintaining tent schools and at a child-friendly space in Mendi, Southern Highlands Province around 400 school children (including 50 pre-school) had benefited from psychosocial recovery activities, using recreational kits.

a. Thematic Funding Case Studies

As above, no case studies in 2018- a lesson learned for future emergency response.

E. Assessment, Monitoring and Evaluation

UNICEF participated health cluster's initial rapid assessment in the affected provinces and districts. The Monitoring and Evaluation (M&E) was done jointly by UNICEF, Government (PHA) and its implementing partner, the Catholic Diocese of Mendi (CDM) through complementing the existing routine M&E systems of PHAs with introduction of Humanitarian Performance Planning and Monitoring (HPPM) system. UNICEF hired and deployed an international M&E expert who regularly coached and supported both government and CDM staff on how to engage the affected people while collecting data/report. Exit interviews and discussions were held by the officers and staff of UNICEF and partners to collect the views and expectations of mothers and care-givers of children. The affected people represented by local community

health volunteers, tribal and church leaders also participated the joint programme monitoring and reviews. A series of real time reviews in June 2018 showed that UNICEF had reached 13 LLG areas (compared to the seven included in the Response Plan), however, unfortunately insecurity resulted in only a relatively small amount being done in LLGs in Hela Province. Subsequently, the response strategy was adjusted to re-gain humanitarian access to selected areas of Hela Province and scale up responses in all sectors wherever possible. UNICEF's humanitarian strategy was also adapted towards more direct implementation and government partnership. An "After Action Review", a reflective exercise for team-based learning during an ongoing initiative, was conducted in August 2018 with learning feeding into programme implementation, future preparedness planning and the transition from humanitarian and early recovery towards sustainable development programming.

UNICEF was a leading actor in producing and disseminating information on the earthquake emergency response including producing Situation Reports to detail a) Situation Overview and humanitarian Needs; Humanitarian Leadership and Coordination; Humanitarian Strategy; Summary Analysis of Programme Response; Communications with Communities, Community Engagement & Accountability; Supply and Logistics; Media and External Communications; Security and Funding. Initially the Situation Reports were produced every two weeks before moving to a two-month schedule from mid-May 2018. These reports were made available to partners in country including the DMT and NDC while they were also published online through UNICEF's website and on ReliefWeb. UNICEF programmes were also given significant visibility through media articles and television, both locally and internationally.

F. Financial Analysis

Table 1: Funding status against the appeal by sector

Funding Requirements (slightly revised from the initial response plan prepared 30/03 in August 2018)					
Appeal Sector	Revised Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	3,000,000	1,667,885	NA	1,332,115	44
Health	3,000,000	877,590	NA	2,122,410	71
WASH	3,200,000	877,336	NA	2,322,664	73
Child Protection	2,000,000	948,096	NA	1,051,904	53
Education*	2,500,000	1,635,296	NA	864,704	35
Total	13,700,000	6,006,203	-	7,693,797	56

* Education Cannot Wait funding in the amount of US\$1.5M is not counted as emergency funding but will be used to provide support to UNICEF's education humanitarian and early recovery response.

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
UNICEF National Committee	SM/18/9910	160,417
b) Non-Thematic Humanitarian Funds		
Canada	SM/18/0251	310,800
SIDA Sweden	SM/18/0245	574,713
UNOCHA - WASH	SM/18/0115	422,986
UNOCHA - Child Protection	SM/18/0114	404,436
UNOCHA - Nutrition	SM/18/0113	1,333,351
UNOCHA - Health	SM/18/0109	434,422
Total Non-Thematic Humanitarian Funds		3,480,708
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM/18/xxxx	3,480,708
Humanitarian Response Fund	SM/18/x9910	160,417
d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTS for supplies & cash) Norway	KM/18/xxxx	0
Total humanitarian funds received in 2018		3,801,542
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	0
f) Carry-over of non-Thematic Humanitarian Funds		
Example: Spain	SM/17/xxxx	0
Example: US Fund for UNICEF	SM/14/xxxx	0
Total carry-over non-Thematic Humanitarian Funds		0
Total carry-over humanitarian funds		

		0
III. Other sources		
Example: Regular resources diverted to emergency	GC/xx/6xxx-	
Example: Regular resources set-aside or RR for unfunded OR used for emergency	GP/18/xxxx or GS/18/xxxx	
Example: EPF if not reimbursed by 31 Dec 2018**	GE/xx/xxxx	
Total other resources		400,000

* Programmable amounts of donor contributions, excluding recovery cost.

** 2018 loans have not been waived; COs are liable to reimburse in 2019 as donor funds become available.

- Table 3: Thematic Humanitarian contributions received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global Thematic Humanitarian*	SM189910	125,000	125,000
Total			

*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2018 Humanitarian Action Annual Results Reports.

G. Future Work Plan

The Health Cluster has developed its 2019 preparedness and response plan focused to assess and monitor the health needs and priorities, define scale and scope of the emergencies, carry out risk assessment, define strategy of response, and strengthen disease surveillance, timely develop Situation Reports. The key priorities are to respond to outbreaks and other health in emergencies, strengthen disease control and identify surveillance and response gaps that are critical for delivery of health care.

In 2019, UNICEF PNG will continue to align with the principles of inclusiveness and sustainability prescribed by the Government's Strategy for Responsible Sustainable Development and commitments on localized Sustainable Development Goals (SDGs). UNICEF PNG will continue technical support towards improving nutrition for all Papua New Guineans through evidence-based, coordinated nutrition approaches that optimizes resources and aligns actions towards a smart, fair, wise, healthy and happy nation. For this, UNICEF PNG will ensure that national and provincial Governments have improved capacity to formulate policy and strategize, plan, budget, manage and coordinate multisector nutrition-specific and nutrition-sensitive interventions for the most vulnerable and disadvantaged children, adolescents and women, including during emergencies. To achieve this, national workshops to develop nutrition-specific interventions' action plan for the period 2019-22 to operationalise the multi-sectoral National Nutrition Policy (2016 – 2026) will be conducted, 10 provincial workshops for health workers on

nutrition programming and related nutrition-specific interventions will be facilitated, integrated and tailored training package of selected nutrition-specific interventions (maternal nutrition, infant and young child feeding, micronutrient supplements, Mid-Upper Arm Circumference (MUAC) screening and severe acute malnutrition) will be revised and technical assistance and mentorship to review and upgrade the pre-service curricula in the Health Extension, General Nursing and Community Health Workers schools to ensure integration of nutrition-specific interventions will be provided.

Further, that national, provincial and district health authorities have improved capacity and the necessary supplies to ensure the delivery of nutrition-specific interventions to prevent excess morbidity and mortality among children and women, including during emergencies. For this, UNICEF PNG focus provinces will be equipped with trained staff and supplies to implement nutrition-specific services (severe acute malnutrition management, adolescent and maternal nutrition, micronutrient supplementation and infant and young child feeding counselling), health facilities in UNICEF PNG focus provinces will be equipped with trained staff, equipment and supplies to provide severe acute malnutrition management for children 6 to 59 months to scale up integrated services and UNICEF PNG will ensure that focus provinces have Emergency Preparedness and Response Plans (EPRP) for nutrition developed.

Finally, that male and female caregivers and families, especially the most vulnerable and disadvantaged, have improved knowledge of appropriate feeding and caring practices for women, adolescent girls, infants and young children and seek quality health and nutrition services, including in emergencies. For this, UNICEF Papua New Guinea focus districts will be supported to achieve a minimum level of implementation of C4D plans that include nutrition, village health volunteers in UNICEF PNG focus provinces will be trained and equipped on the promotion of infant and young child feeding, severe acute malnutrition management and Adolescent & Maternal Nutrition services. Also, Community Health Posts in UNICEF PNG focus provinces will be supported with at least one trained community health workers on the promotion of Adolescent & Maternal Nutrition and infant and young child feeding practices.

As the earthquake affected areas continue to present significant challenges to programming due to poor pre-existing development indicators, remote physical access and continued low-level armed tribal conflict. Beyond the immediate humanitarian response, the UN Country Team demonstrated a strong interest to continue its programme presence in the Southern Highlands and Hela Provinces through a Programme Criticality (PC) exercise conducted in the fourth quarter of 2018. The Programme Criticality Framework is a common UN system policy for decision-making on acceptable security risk. It puts in place guiding principles and a systematic, structured approach in using PC in the UN Security Risk Management process to ensure that programmes and mandated activities implemented by UN personnel can be balanced against security risks. The criticality levels of all UN tasks and programme activities are determined through a Programme Criticality Assessment which takes place at regular intervals at country level. UNICEF actively engaged in the Programme Criticality Assessment in October 2018 to enable informed decision-making on acceptable security risks for UN personnel and to guide the decision-making process of shaping the envisaged UN, including UNICEF, presence given the associated risks of operating in the Highlands.

The agreed Strategic Results for the geographic area of Southern Highlands and Hela Provinces were drawn from the UNDAF 2018-2022 and the residual priorities from the earthquake recovery. A 12-month timeframe for the Programme Criticality Assessment has been agreed, with periodic reviews. The Strategic Results are as follows:

1. *Improved protection and access to basic services that include health, nutrition, education, WASH, early childhood development, and shelter.*
2. *Increased financial inclusion supported by the establishment of durable livelihoods and community resilience.*
3. *Enhanced support to inclusive peace-building efforts, with attention to reducing social inequalities.*
4. *Increased protection and accountability to affected people through a cross-cutting approach for the most vulnerable groups, including those who are left behind.*
5. *Enhanced capacities for disaster preparedness, response and recovery.*

The PC Custodian Group, with UNICEF as an active member, has been established and includes the core colleagues included in the peer review process. The PC Custodian group will regularly review the Programme Criticality Assessment on a quarterly basis (March, June, September and December), and on an ad-hoc basis as required. UNICEF's future work plan for the Highlands Region of PNG is captured under the PC Strategic Results Area 1 and detailed in the below table:

Programme Criticality Strategic Result Area 1. Improved protection and access to basic services that include health, nutrition, education, WASH, ECD, and shelter.					
UNICEF Programmes	Country Programme Outputs	Activities	2019 Indicative Budget (US\$)	2020 Indicative Budget (US\$)	Funding Gap(US\$)
Health	Output-1 (Policies & Systems): The budgetary and regulatory capacities of the national and provincial health authorities in selected provinces have improved to support the effective implementation and scaling-up of high-impact gender-responsive maternal, newborn, child and adolescent health (MNCAH) services, focused on the most disadvantaged.	Review and develop costed provincial Annual Implementation Plan incorporating priority interventions on EPI, MNCAH and PPTCT to promote programmatic convergence.	50,000	50,000	

	Output-2 (Service Delivery): National and provincial health authorities in selected provinces have improved capacity to plan, implement, monitor and report the delivery of gender-responsive MNCAH services, focused on the most disadvantaged, to prevent excess morbidity and mortality among girls, boys and women, including in humanitarian situations.	2.1 Expansion and strengthening of cold chain systems with supplies, training, distribution, installation and commissioning of CCEs.	400,000	200,000	
		Expansion of community-based MNCAH and EPI services in partnership with NGOs, FBOs and CBOs.	80,000	80,000	
		Expansion of EENC services with capacity building and training including exposure programme and introducing innovative technology and establishment of Special Care Nursery with Kangaroo Care Unit (KCU).	200,000	280,000	
		Capacity building and implementation of Health in Emergency (HiE) and Public Health Emergency (PHE) programme.	50,000	50,000	75,000
		Planning and operational support to polio outbreak responses with implementation of SIA campaign.	350,000	-	350,000

		Planning and operational support to implement a nation-wide integrated measles SIA campaign.	750,000	-	750,000
	Sub-Totals US\$		1,880,000	660,000	1,175,000
Nutrition	Output-3 (Demand for Nutrition): Male and female caregivers and families, especially the most vulnerable and disadvantaged, have improved knowledge of appropriate feeding and caring practices for women, adolescent girls, infants and young children and seek quality health and nutrition services, including in emergencies.	Facilitating national workshop to understand the service delivery mode of VAS, Deworming, MNP, MNT, IFA, Iodised cap, Zinc and other supplements in the routine services, key challenges, bottlenecks and develop workplan to address these challenges.	10,000	10,000	10,000
		Training and equipping of CHW & VHV on the promotion of Adolescent & Maternal Nutrition (AMN) and IYCF practices.	180,000	240,000	300,000
	Sub-Totals US\$		190,000	250,000	310,000
Child Protection	Output-2 (Responsive Services): Mandated government departments and civil society organizations in selected provinces have increased capacity to plan, budget and deliver essential packages of preventive and responsive protection services across	Support CPIE training, capacity building, and response, in focus provinces and emergency prone areas	350,000	50,000	160,000

	health, welfare, education and justice sectors by 2022.				
	Sub-Totals US\$		350,000	50,000	160,000
Education	Output-1 (Policies & Systems): Output 1: Education Officers at the National and Subnational Levels have increased capacity to plan, budget, implement and monitor child friendly education in elementary and Primary, including education for out of school children in selected provinces.	Develop resource materials on CCA and DRR	218,000	-	-
	UNICEF Output-2: (Supply) Teachers and school management in early childhood education centres, elementary and primary schools have improved skills to deliver child-friendly education and learning outcomes including for out-of-school children in rural and remote areas in selected provinces.	*Develop and implement disaster preparedness and response plans in selected schools and in IERCs in selected provinces, including monitoring.	289,380	-	-
		Education in emergencies preparedness, response and early recovery.	50,000	1,500,000	-
	Sub-Totals US\$		557,380	1,500,000	-
WASH	Output-1 (Policies & Systems): National WASH Programme Management Unit have	Support the PMU to implement the National WASH Policy.	12,500	12,500	25,000

	strengthened capacity to lead and coordinate WASH sector and ensure that key governance functions for the WASH sector are in place, including during emergencies.	Support the NDoE to develop national guidelines, designs and implementation protocol for school WASH infrastructure	80,000		80,000
		Support strategy to develop and align WASH provincial/district Planning Units to the national WASH policy 2015-2030.	-	-	-
	Sub-Totals US\$		92,500	12,500	105,000
	GRAND TOTAL US\$		3,069,880	2,472,500	1,750,000

H. Visibility

In the in the initial stages of the response informational messages and public service announcements were developed and translated into Tok Pisin and shared with partners to support their communication through the Communicating with Communities Working Group, and broadcast by Tribe FM, NBC short wave and medium wave channels along with talks with awareness-raising key messages on Nutrition, Immunization, WASH, Child Protection and Education. Some 2,000 posters promoting a return to school are now being printed. UNICEF is also working with churches and faith-based radio stations to disseminate key response messages in Highland languages to affected communities. For the recovery phase of the response, an expanded plan to work with churches in the affected areas is being developed.

Following the initial stage of the response, coverage of UNICEF's humanitarian work in local and international media was highly encouraging. Responses to media queries prepared by UNICEF's Communication team resulted in stories covering a joint press release issued by UNICEF and WHO highlighting risks of disease outbreak in affected communities. Key coverage was featured in the Post Courier and The National Newspaper (local) and Reuters, The Guardian, Mail Online UK and The Guardian Australia (international). UNICEF's work on early recovery and the situation of children and their needs in the Highlands was highlighted in a press conference in UNICEF Geneva. This information was also featured on UNICEF.org, and coverage was highlighted on the ReliefWeb website. Visibility for donor contributions was provided through regular UNICEF Situation Reports with six published through 2018.

I. Expression of Thanks

UNICEF PNG would like to take this opportunity to express its gratitude to all resource partners whose overall contributions supported the office's humanitarian action in 2018. The achievements described in this report were the results of these continued partnerships. In particular, UNICEF expresses its sincere appreciation to all resource partners that contributed thematically to the organization's work in humanitarian response. It is thanks to thematic funding and its flexibility that UNICEF PNG has been able to provide timely and effective technical, operational, coordination and programming support to emergency responses for the February earthquake and the polio outbreak. Thematic funding provides flexibility, longer-term planning and sustainability of programmes. It reflects the trust that resource partners have in the capacity and ability of UNICEF to deliver quality support.

ANNEX A: Two Pagers non-Thematic Funding contributions



Two-pager SIDA
SM180245.docx



Two-pager CIDA
SM180251.docx

ANNEX B: Donor Statement (As of 31 December 2018)



SM180109 Donor
Statement by Activity (



SM180251 Donor
Statement by Activity (



SM180245 Donor
Statement by Activity (



SM180114 Donor
Statement by Activity (



SM180113 Donor
Statement by Activity (



SM180115 Donor
Statement by Activity (



SM189910 Donor
Statement by Activity (

ANNEX C: Human Interest Stories

[Immunization campaign kicks off to prevent disease outbreaks in Papua New Guinea's quake-hit region](#)

[Bringing baby Adaline's appetite back to life](#)

[A community on the edge of thirst in rural Papua New Guinea](#)

[UNICEF / PAPUA NEW GUINEA EARTHQUAKE](#)

ANNEX D: Checklist for Donor Reporting (Donor Feedback Form)

UNICEF Papua New Guinea is working to improve the quality of our reports and would highly appreciate your feedback. The form is available on line at this link: [English version](#). Thank you!