










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

as of 21 May 2020

COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 15 May 2020)

Key Figures

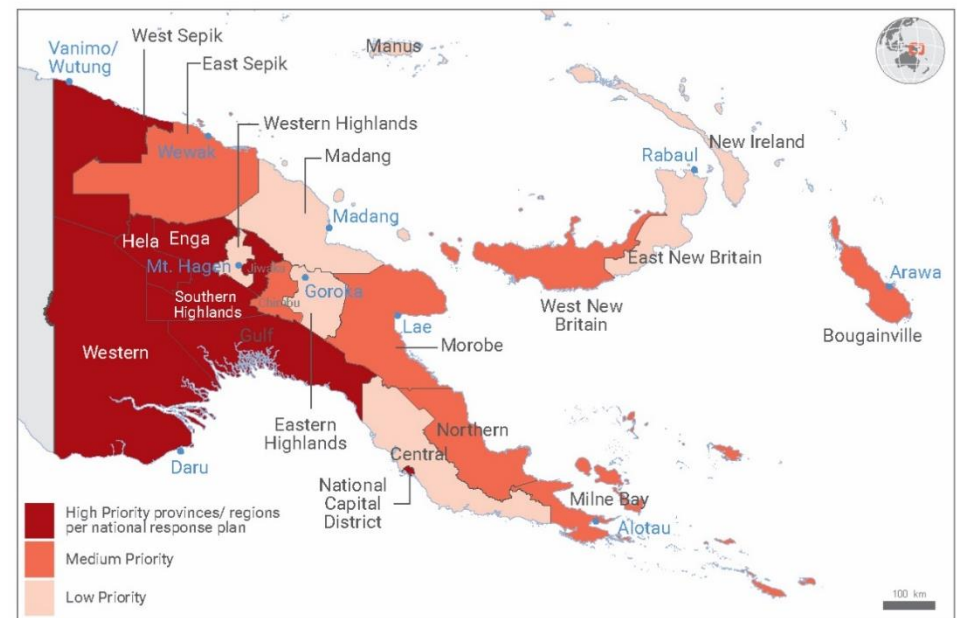
-  1.7 million people potentially affected nationwide
-  2.3 million people in high-priority provinces
-  0.5 doctors and 5.3 nurses per 10,000 people
-  45% of people have access to improved drinking water source
-  29% of people have access to improved sanitation facilities
-  720 km porous land border
-  \$105.1 million financial requirement for 6 months

Introduction

This revision to the Disaster Management Team's (DMT) multi-sector response plan for COVID-19 is meant to align the multi-sector plan with the Department of Health's COVID-19 Emergency Response Plan issued on 24 April 2020. Additionally, at the time of this version, the Department of Education and Department for Community Development and Religion have also issued their own national COVID-19 response and recovery plans.

The Government's plan maintains a health sector focus and plans for a 'worst case' scenario, articulating the process of progressing into containment and subsequently mitigation of community transmission and on to recovery. It presents an opportunity to improve the core capacities of the whole of government, to see where both health and non-health sectors fit in and respond in the immediate and medium terms, and to adapt to the 'new normal' that this coronavirus has inevitably presented.

The DMT multi-sector response plan for COVID-19 attempts to be as simple as possible so it can be understood by all. It augments the Government's plans and, jointly with Government partners, attempts to adequately address the primary and secondary impacts of this health emergency and the necessary measures put in place to contain and mitigate its impact. It is adequately and appropriately costed for immediate resourcing.



This plan is initially designed to address the next six months of the response and socio-economic recovery. It is an evolving document needing regular updates as the situation changes. The next review will be in three months following a light evaluation of the resources mobilised to that point and the impacts of the actions implemented.

Background

Papua New Guinea's (PNG) current population is estimated at over 8.5 million people, 85% of which live in rural communities that are hard to reach. It is administratively divided into 22 provinces and 89 districts. The country shares a 720-km land border with Indonesia on the west and sea borders with Australia on the south and Solomon Islands on the south-east through which traditional border crossers travel daily.

Since the 1960s, PNG has also been the destination for West Papuans seeking asylum from the Indonesian military and government. Most recently, at least 160 asylum seekers arrived in November 2019 and currently live in a crowded temporary settlement awaiting processing.

Port Moresby is the capital and largest city. It has international flights from Australia, Federated States of Micronesia, Fiji, the Philippines, Japan, Singapore, Hong Kong and

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Solomon Islands daily. Additionally, there are private international charters between Australia and mining sites.

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

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

Recurrent food insecurity and lack of access to clean water result in malnutrition and water- and mosquito-borne diseases. Coupled with inconsistent and weak investment in disaster management and disaster risk reduction, the country is poorly positioned to adequately respond to a nationwide-scale emergency.

PNG has a weak health system and is facing an aging health workforce. The country suffers from a critical shortage of human resources for health. Recent estimates of health worker densities reflect 0.5 physicians per 10,000 population and 5.3 nurses per 10,000 population (WHO, 2008). These problems are more prominent in the provinces and hard-to-reach areas because of difficult terrain and risky conditions.

The health workforce is aging and lacks midwives and community health workers. Many are demotivated due to poor working conditions including low wages and poor physical infrastructure. Major challenges include a high level of fragmentation in the institutional and fiscal relationships between national, provincial, and lower levels of government; and an unclear allocation of responsibilities for service delivery.

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

Situation overview

On 7 January 2020, the Government of China identified a novel coronavirus (COVID-19) from a cluster of map cases of unknown aetiology in Wuhan City, Hubei Province. The virus has rapidly spread throughout the world since then. On 28 February, WHO increased the risk of spread and impact to 'very high' globally. This may evolve as the

risk assessment is updated regularly based on new information.

PNG has had imported and local transmission cases of COVID-19. On 20 March, the Prime Minister announced the first positive COVID-19 case in the country. To date, there have been at least eight confirmed cases in the country.

An initial state of emergency began on 24 March and lasted for 14 days. At the same time, the Government established a Joint Agency Task Force at its National Operation Centre and appointed the Police Commissioner as its Emergency Controller, with deputy controllers represented by the Assistant Police Commissioner and the Secretary of Health.

Viewing this as both a health and national security issue, the multi-ministerial and inter-agency coordination body is meant to coordinate the strategic planning and operations on all the health and non-health aspects. The national state of emergency was subsequently extended for two months on 6 April. The extended state of emergency will remain in place until 2 June. At present, physical borders are closed but land and sea borders remain porous.

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

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

At the same time, the Highlands provinces are currently experiencing an outbreak of African Swine Fever that has killed hundreds of pigs to date and threatens both widespread socio-economic impacts and an increase in clan violence in the already fragile region. Clan conflicts also persist, resulting in dozens of deaths and hundreds temporarily displaced, which has also impeded preparedness and community outreach efforts in those areas to date.

In Western province, a fall armyworm invasion threatens food crops, and is projected to rapidly spread across the Southern Region. Heavy seasonal rains have resulted in local landslides and flooding across the Northern, Highlands and Southern Regions, destroying home gardens, isolating villages, and displacing at least 60,000 people in

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Gulf province alone and thousands more in other provinces, and has caused the deaths of at least 20 people.

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

The Autonomous Region of Bougainville has declared its own state of emergency through 15 June. Additional restrictions on flights between Bougainville and PNG have limited response capacities to those organizations based in Bougainville and which remain staffed while impeding the delivery

On 6 April, the Treasurer announced an economic stimulus package worth PGK 5.6 billion (USD 1.6 billion) for the COVID-19 response, the largest in the country's history. The package aims to limit the expected economic downturn and enable access to life-saving health equipment. COVID-19 comes at a time when the country is already facing a challenging economic context; at the start of the year, the planned 2020 deficit was PGK 4.6 billion (USD 1.3 billion).

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

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

Planning assumptions

- Since 24 March, a Joint Agency Task Force led by an Emergency Controller appointed by the Prime Minister has overseen the national preparedness and response for COVID-19.
- The Government's national plan focuses on the health sector, but some departments have also begun developing sectoral response and recovery plans. Preparedness activities to date have focused on information and containment measures.

- At present, physical borders are closed but land and sea borders remain porous. The only formal points of entry are Port Moresby's air and seaports, and the seaports of Lae, Madang and Rabaul. Restrictions on international air travel will be relaxed to enable repatriation of PNG citizens abroad and to allow essential personnel into the country related to the national COVID-19 response.
- An information and education campaign including a 24/7 hotline number for information and reporting cases, and frequent information from NDOH and WHO CO on social media (Facebook), radio, television, print media messaging and through the churches is ongoing.
- The provinces have activated their provincial COVID-19 task forces and have submitted plans for preparing their hospitals and other health facilities and to train health workers to manage patients.
- The PNG Institute for Medical Research in Goroka has some capacity to test for 2019-COVID-19, but a current lack of test reagents in the country has forced samples to be sent to Brisbane, Australia, for testing. The country's domestic capacity to test may not resume before the end of May 2020.

For the DMT, the following factors were also considered in response planning.

- The Government has formally requested the international humanitarian community for assistance. NDOH had requested international humanitarian partners prioritize the National Capital District and ten provinces with international borders/important air- or seaports and provinces with important regional medical facilities.
- The Government is inadequately resourced to address the multi-sectoral secondary impacts from COVID-19 and measures in place to control it. Resources, especially at the provincial and local level, are inadequate to handle multiple concurrent emergencies. Regional and global access to health and hygiene equipment and goods is also a challenge.
- The government's health plan is largely funded with commitments from development partners and international financial institutions.
- The most vulnerable populations to the health emergency are older people, infants and children, and people with complicating conditions such as diabetes, heart or respiratory diseases, or compromised immune systems.
- Women and girls, concentrated populations (including encampments of internally displaced people and urban settlements), highly mobile populations (including migrants, asylum seekers and refugees), people employed in the informal economy, communities with inadequate access to clean water, proper hygiene supplies or inadequate hygiene practices are more vulnerable.















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Response objectives

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

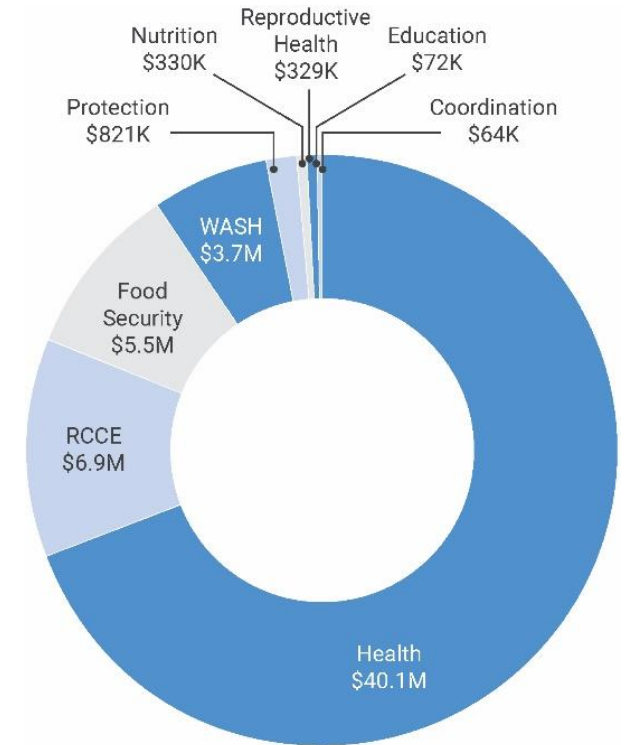
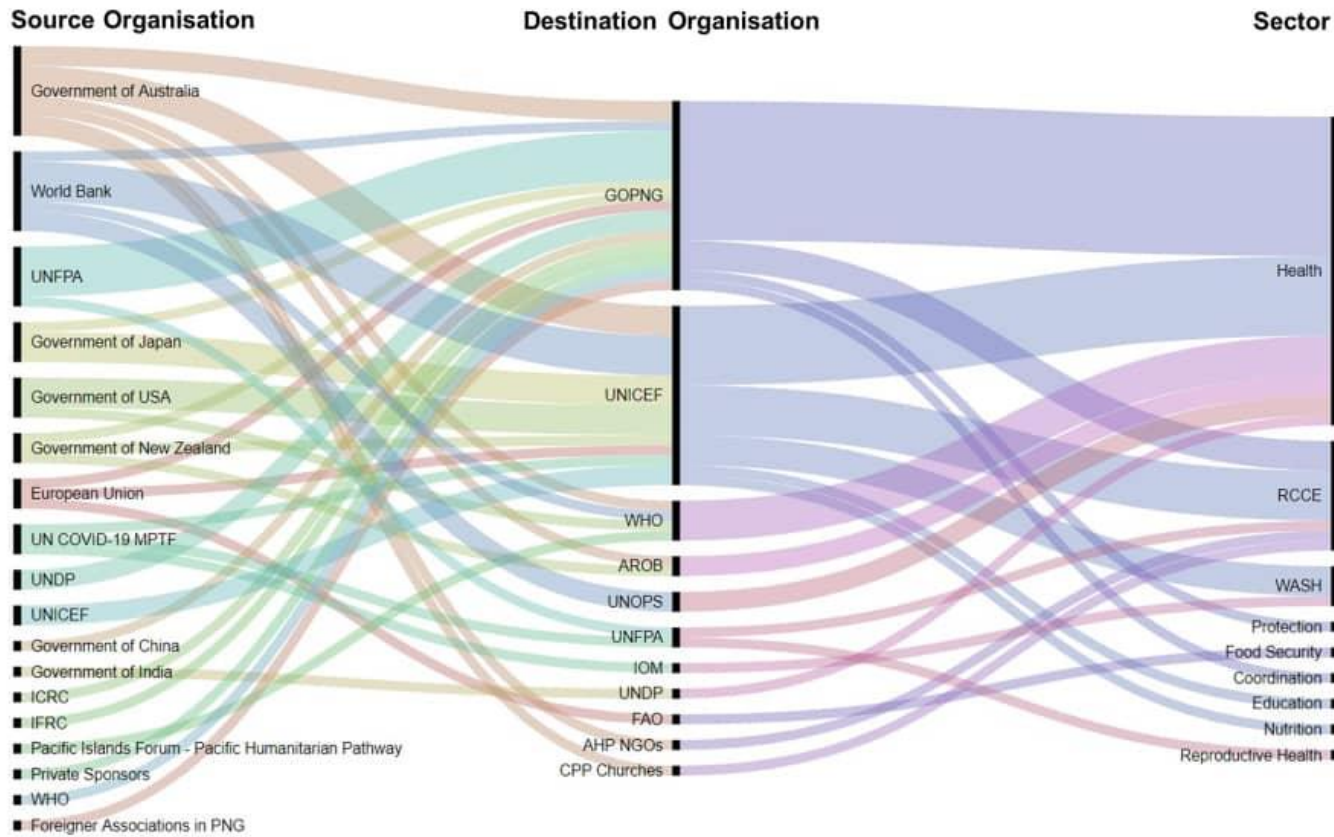
The most affected and most vulnerable people have equal access to assistance, services, information and rights, are protected against violence, without discrimination.

Financial requirements by sector

SECTOR	REQUIREMENTS (US\$)	%
 Health	\$59.1 M 	56.2%
 Education	\$22.2 M 	21.2%
 WASH	\$16.9 M 	16.1%
 Protection	\$5.7 M 	5.4%
 Nutrition	\$530 K 	0.5%
 Food Security	\$400 K 	0.4%
 Socio-Economic Recovery	\$250.0 K 	0.2%
TOTAL	\$105.1 M	

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International contributions as of 15 May



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Response to date



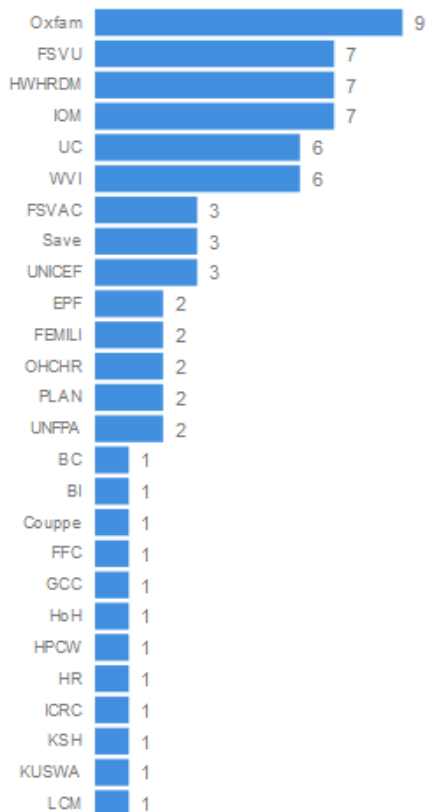
COVID-19 Non-health related activities

WHO



48 organisations

No. of provinces per organization



WHAT

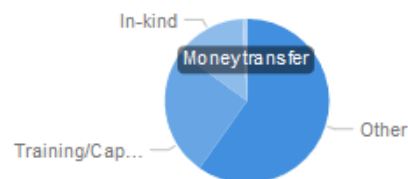


7 sectors

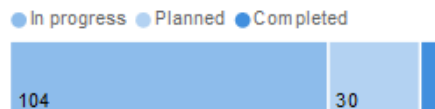
No. of provinces per sector



No. of activities by modality of impl.



% of activities by status of impl.



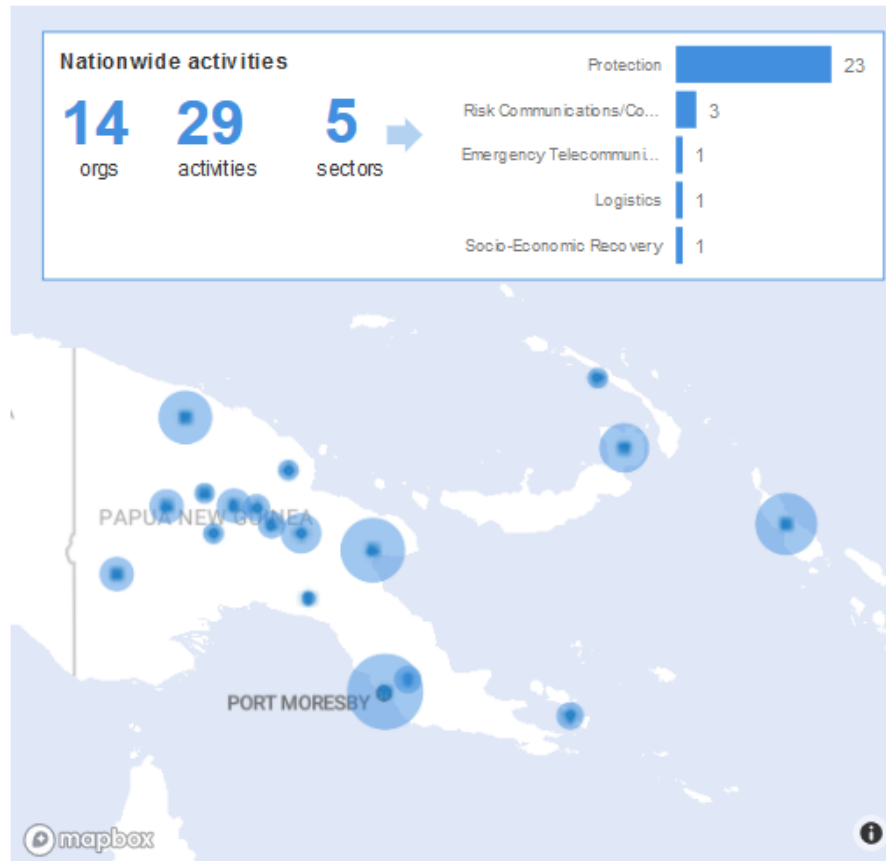
WHERE



18 provinces

107 activities

No. of activities per province



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Response to date



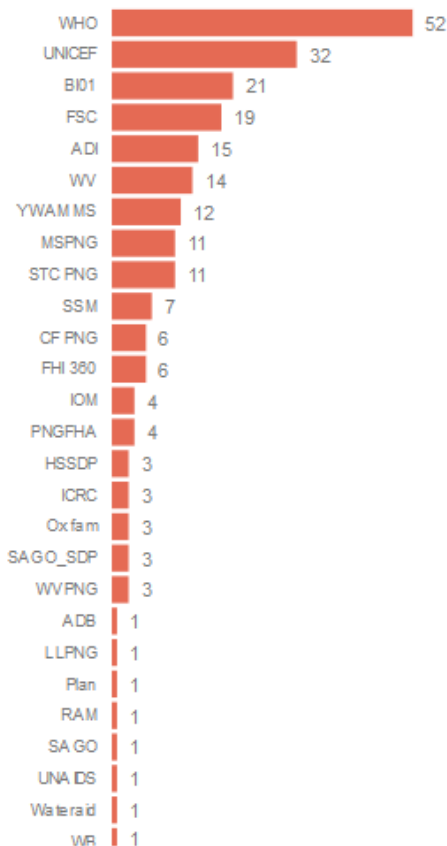
COVID-19 Health-related activities

WHO



31 organisations

No. of provinces per org



WHAT

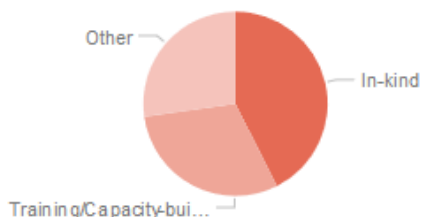


9 pillars

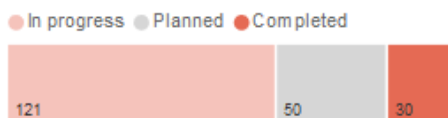
No. of provinces per pillar



No. of activities by modality of imp.



% of activities by status of impl.

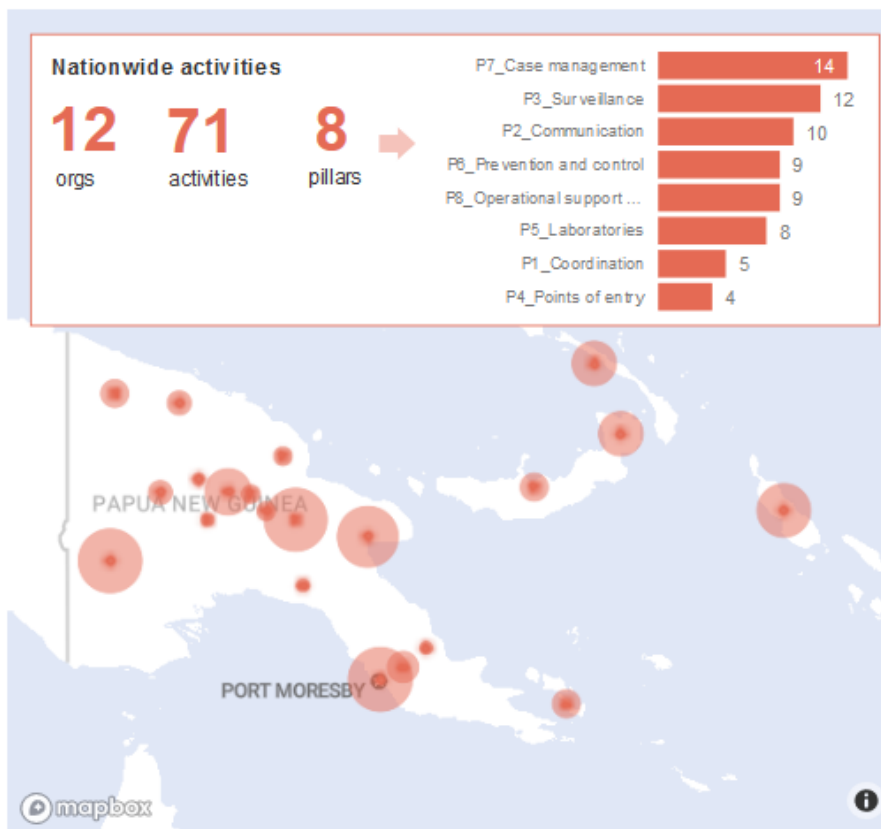


WHERE



22 provinces **221** activities

No. of activities per province



Sector plans



Water, sanitation and hygiene

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

Number of targeted beneficiaries: 5,227,960

Funding required (USD\$): 16,901,523

Lead Government Agency: National Department of Health

Lead DMT Cluster Agency: World Vision Papua New Guinea

Sector overview

COVID-19 is a viral infection caused by a coronavirus that has not been previously identified in humans. It is a novel (new) coronavirus first identified in Wuhan, China. Since its discovery, its geographic distribution continues to evolve. Provision of safe water, sanitation and hygienic conditions play an essential role in protecting human health during all infectious disease outbreaks, including the current COVID-19 outbreak. According to the technical brief on Water, sanitation, hygiene (WASH) and waste management for COVID-19, there have not been reports of faecal-oral transmission of COVID-19 to date. The two main routes of transmission of COVID-19 are respiratory and contact. Ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces and health care facilities will further help to prevent human-to-human transmission of the COVID-19 virus. The most important information concerning WASH and the COVID-19 virus is summarized here.

- Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behaviour change techniques.
- WHO guidance on the safe management of drinking-water and sanitation services applies to the COVID-19 outbreak. Extra measures are not needed. In particular, disinfection will facilitate more rapid die-off of the COVID-19 virus.
- Many co-benefits will be realized by safely managing water and sanitation services and applying good hygiene practices. Such efforts will prevent many other infectious diseases, which cause millions of deaths each year.

- To date PNG has registered 08 cases of COVID-19. Based on a 'worst case' modelling scenario developed by NDOH and WHO, one in five Papua New Guineans could become infected in this COVID-19 pandemic.

Priority response (key immediate response actions for next six months)

Short-term emergency assistance

- Risk communication and community engagement (use of IEC materials to create awareness in communities, including those living in displacement situations, migrant communities and their host communities, schools and health care facilities on the spread of COVID-19)
- Promotion of handwashing in communities, schools and health facilities (Activity will involve demonstration and installation of handwashing facilities in schools and health facilities and working with communities, including those living in displacement situations, migrant communities and their host communities, to install their own facilities)
- Increasing access to safe water through water trucking and repairing of water supply systems (use of SPHERE and national standards will be adopted)
- Distribution of NFI including hygiene kits assembled for COVID-19 response
- Improved sanitation in institutions (mobile facilities) and management of wastes (Sorting of wastes and incinerators for health facilities).

Medium-term assistance

- Risk communication and community engagement (use of IEC materials to create awareness to communities including those living in displacement situations, migrant communities and their host communities, schools and health facilities on COVID-19)
- Promotion of handwashing in communities, schools and Health Facilities (activity will involve demonstrations of handwashing in communities and installation of handwashing facilities in schools and health care facilities)
- Increasing access to safe water for communities, schools and health facilities through rehabilitations and construction of new facilities for unserved communities (Use of SPHERE and national standards to guide intervention).
- Improved sanitation in communities (appropriate behaviour changes approaches maybe applied), schools and health facilities.



Protection

(Including Child Protection and Gender-based Violence)

Target areas: Nationwide

Number of targeted beneficiaries:

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

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

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

Lead government agency: Department for Community Development and Religion (DfCDR)

Lead DMT cluster agency: UN Women (PNG); UNICEF; UNFPA; IOM; OHCHR; UNHCR

Sector overview

The PNG Protect Cluster consists of four (4) sub clusters which are focused on the following thematic areas: Gender Based Violence (GBV); Child Protection (CP); Disability; and Shelter/Non-Food Items (NFI)/Camp Coordination & Camp Management (CCCM). This Humanitarian Response Plan (HRP) encompasses activities and financial estimates from all sub-clusters. The PNG Protection Cluster has been established to provide predictable, timely and coordinated support to the Government of Papua New Guinea to meet its obligations. Cluster operations are underpinned by IASC principles and operational guidance for protection cluster coordination.

Papua New Guinea faces several hazards including earthquakes, volcanic eruptions, tsunami, drought, floods, tropical cyclones, landslides, sea level rise resulting from climate change, oil spills, industrial pollution and destructive land use practices, societal crisis (for example, gender-based violence) and displacement.

During COVID-19 protection challenges include the need for protection of the most vulnerable groups including women, children, elderly people, people with disabilities, internally displaced people (IDPs) and migrant groups from violence, abuse and exploitation increasing during emergency, prevention of family separation, increase of mental health and psychological distress and access to early warning messaging, relief and recovery services; land issues, the need for adequate durable solutions..

Considering these protection concerns there is a need to support the Government of Papua New Guinea to develop adequate protection strategies and implement existing emergency response plans to ensure the protection of the most vulnerable within communities, their access to services and land as well as practical tools and capacity development resources.

Protection includes all activities aimed at ensuring full respect for the rights of the individual in accordance with international and national human rights and laws, including the Universal Declaration of Human Rights, the Convention on the right of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).



Child protection sub-cluster

Priority Response

- Support the National Office of the Child and Family Services in the implementation of the National Child Protection in Emergencies Preparedness and Response Strategy and to ensure effective coordination of stakeholders and interventions during the emergency response.
- Support to the implementation of the COVID-19 National Risk Communication Strategy, ensuring that issues of child protection are mainstreamed. Activities include: i) public service announcements (PSAs) for radio, TV and social media, educative song with video for social media and radio distribution, and radio adaptation of My Hero is You book on COVID-19 for children; ii) engagement of people on child protection issues using the U-report tool; iii) dissemination of printed materials on positive parenting and other child protection related issues; iv) COVID-19 Community Engagement and Awareness Training Program organized by NCD Provincial Health Authority in collaboration with NDoH, UNICEF, World Vision and WHO to discuss issues related to child protection.
- Advocacy efforts to ensure that children's right protection during the SOE and that services remain available and functional;
- Provision of MHPSS support to children, adolescents and parents/caregivers;
- Strengthen case management for children a risk or survivors of violence;
- Support the government to review and/or finalize key protection documents and guidelines such as the out of home care guidelines;
- Assessment of secondary impact of COVID-19 on children.

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Short-term emergency assistance

- Procurement of hygiene kits, dignity kits, and protective equipment for children and staff in out-of-home-care facilities and correctional facilities, as well as social welfare workers, based on rapid needs assessments.
- Strengthen case management and referrals/psychosocial support, awareness raising/RCCE
- Support to Child-Fund PNG's "1-Tok Kaunselin Helpim Lain" to provide Mental Health and Psychosocial Support to children, adolescents, and families. Facilitate links between the helpline and other service providers for proper case management
- Multimedia campaigns on secondary impact of COVID-19 on parents/caregivers and children, including through the use of u-report.

Medium-term assistance

- Support the OCFS and the Department of education to create referral systems for children affected by violence, abuse and neglect and ensure safe schools, including through pre-service/In-service teachers training on Respectful Relationship Education, Comprehensive Sexuality Education, Child Protection and GVBIE;
- Continuation of provision of PPE and hygiene kits;
- Support the DJAG to assess case by case the children in detention to ensure their release and reintegration into families/communities;
- Continuation of communication campaigns on secondary impact of COVID-19 on children, parents/caregivers;
- Continuation of MHPSS support including through supporting CPOS and CPVs to provide this type of support.



GBV sub-cluster

Priority Response

Short-term emergency assistance

- Support GBV-response service providers with PPE and Operational assistance to ensure services remain available for all who need them
- Map and coordinate referral partners, stakeholders, and those involved with GBV response
- Identify barriers to service provision and mitigate their effects at the community level; collect and raise these issues and trends
- Integrate GBV prevention, response and risk communication, and referral mechanisms into general COVID-19 training and communications

- Continue to advocate internally for gender equality and inclusive interventions

Medium-term assistance

- Assess COVID-19 impacts on GBV and develop mitigation measures for future crises
- Ongoing training of PHAs and frontline healthcare workers on GBV identification and referrals
- Boost partnerships for support services for vulnerable populations- PWD, PLHIV, LGBTIQ, Women and Girls, rural dwellers, etc
- Ongoing outreach programs and maintenance of virtual services (helplines) for Psychological First Aid
- Advocate for and initiate GBV mainstreaming in all response services
- Continue to advocate internally for gender equality and inclusive interventions



IDPs/ Migrants/ Host communities

Priority Response

Short-term emergency assistance

- Assess information on the current situation regarding COVID-19, WASH, Shelter, Protection and other needs/gaps in the existing displacement affected communities, migrant groups and host communities.
- Conduct assessments on new displacement sites (if displacement happens) including generating IDP population demographics and multi-sectoral data including WASH, Shelter and Protection.
- Conduct risk communication and community engagement, awareness-raising campaign in IDP sites, migrant groups (considering the needs of materials in their languages), and host communities, providing NFIs and other related needs.

Medium-term assistance

- Monitor risks and likely cases of community-level violence (which may cause new displacements) resulting from miscommunication or misunderstanding of information on COVID-19.
- Rehabilitate and improve shelters in IDP sites, migrant communities, and host communities to ensure enough living space to prevent the spread of diseases.



Nutrition

Target areas: Nationwide

Number of targeted beneficiaries: 183,000 people (43,000 children; 140,000 people including pregnant and lactating women)

Funding required (USD\$): 530,000

Lead government agency: National Department of Health (NDOH) - Nutrition

Lead DMT cluster agency: UNICEF

Sector overview

Nutrition activities relating to the funding support for COVID-19 response is mainly in the areas of Infant and Young Child Feeding (IYCF), micronutrient supplementation and malnutrition screening and treatment. Implementation of activities will be through NDOH to the respective provinces and districts. Essential nutrition supplies, excluding 21,000 PACs of multiple micronutrient powders, have arrived and distribution preparation underway with actual distribution happening in the next two weeks. Received USD\$150,000 from UNICEF Australia for micronutrient supplementation nationally and IYCF activities in EHP and NCD. MPTF funds when received will be implemented on nutrition activities in Western Province (North Fly District). Essential nutrition services are expected to continue during COVID-19 response and recovery while considering safety measures. Weekly cluster meetings are happening with members being updated on the plans and activities that are currently happening.

Priority response

Short-term emergency assistance

- Planning and preparation to respond in the context of COVID-19 (including training for nutrition)
- Creation, printing and distribution of specific nutrition IEC materials
- Contribution to fundraising efforts
- Distribution of essential nutrition supplies
- NDOH to negotiate with Area Medical Store for storage space to keep small quantity of essential nutrition supplies as buffer stock due to short shelf life

Medium-term assistance

- Continuous national, provincial and district support in implementation of nutrition activities together with partners
- Continuation of essential nutrition services and care, and infant and young child feeding messages

- Follow-up, monitoring and reporting
- Cluster meetings for updates
- Provinces and districts to continue interventions after response and recovery.



Education

Government lead: National Department of Education

Lead agency (co-lead): UNICEF, Save the Children

Sector members: National Callan Services Unit, Australian High Commission, Child Fund, National Disability Sector Coalition, Caritas PNG

Funding required (USD\$): 22,244,089

Sector overview

Education Response Plan is structured around four phases of response: i) remote learning, ii) returning to school safely, iii) safe learning at school and, iv) resilience-building. It is acknowledged that, given the fluid nature of the response to the COVID-19 pandemic, these phases may not occur in a linear pattern. Schools have re-opened on 4 May 2020, but attendance is not compulsory and not all students can attend classes every day, so it is expected that a number of students will continue learning through radio, television and the internet.

An education rapid needs assessment was completed by National Department of Education inspectors and guidance officers using telephone interviews in more than 400 schools across PNG. The results of this assessment were used to develop a national COVID-19 Emergency Education Response and Recovery Plan, which can be accessed on the NDoE website ([http://education.gov.pg/documents/PNG-COVID-19-Education-Response-and-Recovery-Plan-\(Final-Draft-04-05-2020\).pdf](http://education.gov.pg/documents/PNG-COVID-19-Education-Response-and-Recovery-Plan-(Final-Draft-04-05-2020).pdf)). The goal of this plan is to sustain learning and inclusion during and after the COVID-19 pandemic. This will be achieved if all students can continue remote learning safely, all students and teachers can return safely to school, all students remain safe and are able to learn and the education system becomes more resilient to future disruptions.

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

Priority response

Short-term emergency assistance

- Education Rapid Needs Assessment
- Develop a national COVID-19 emergency education response and recovery plan
- Print and distribution of COVID-19 prevention awareness materials to target schools.
- Releasing school grants as part of the Government Tuition Fee Subsidy to ensure all schools throughout the country have funds to enhance WASH in Schools services and assist teachers in preparing materials for students in their learning during the emergency period
- Mass media messages on the importance of the continuation of learning at home.
- Broadcasting daily early childhood, elementary/primary, and secondary lessons via radio and television.
- Setting up an ICT platform for teaching and learning.



Food security

Target areas: Nationwide

Number of targeted beneficiaries: 5,000 +

Funding required (USD\$): 400,000

Lead government agency: National Department of Agriculture and Livestock

Lead DMT cluster agency: Food and Agriculture Organization

Sector overview

While the restriction on movement of people is necessary to contain the further spread of the virus in PNG, the effect of this has affected food systems. This had impacts on food supply and demand, and indirectly through decrease in purchasing power, the capacity to produce and distribute food, and the intensification of care tasks, all of which have differentiated impacts and have affected the most vulnerable in the both the urban and rural areas in PNG.

Movement restrictions necessary to contain the spread of the virus simultaneously disrupt the food supply chain from production to processing, packaging, transporting, marketing and consumption as well as fishery and livestock feed supplies and movements which are crucially for survival. Furthermore, the closure of urban markets had a negative impact on livelihoods of people who depend on the informal sector

including the street vendors who buy and sell their goods from farmers and wholesalers and aggregators along the fresh food supply chain and impact was also felt by the urban residents who mostly depend on sales of fresh produce from urban main markets.

Members of the Food Security Cluster are working with relevant government agencies, non-governmental organisations, faith-based organizations and the private sector to provide necessary response actions to the loss of food, income and livelihoods from the impact of COVID-19. Additionally, the cluster is closely monitoring the situation to ensure the food security response actions are designed and adhere to the new normal standards and requirements, however the actions also suit to the needs of the most affected during these hard times. Concurrently, the cluster will be conducting rapid and in-depth food security, nutrition and livelihoods assessments to better inform the medium actions in response to the effect of COVID-19.

Priority response

- Conduct rapid assessment on the impact of COVID-19 on food security, agriculture, nutrition, livelihoods, and market supply chains to better inform the government
- Monitor and coordinate food security response actions within the sector
- Conduct simple urban agriculture trainings for self-sufficiency including simple food processing techniques
- Establish seed banks, multiplication sites and produce sufficient amount of seeds and planting materials for semi commercial, peri-urban and backyard farms
- Ensure adequate and high-quality fresh food crops are produced by local village farmers for city markets and retailers and arrange farmer markets for local farmers in the urban towns
- Provide new innovations and technologies disseminated to individual farmers and farming communities for food security and for sustainability in future
- Support the government to increase control, containment and awareness of the emerging biosecurity issues of Fall Armyworm and African Swine Fever in the SHP, Hela and in Western Provinces



Health

Target areas: Nationwide

Number of targeted beneficiaries: 8.5 million

Funding required (USD\$): 59,135,144

Lead government agency: National Department of Health

Lead DMT cluster agency: World Health Organization

Sector overview

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

Priority response

Short-term emergency assistance

- Support the set up and operations of Isolations Wards and Quarantine Facilities, including clinical management, infection prevention control and provision of PPE.
- Surveillance including capacity development and training of rapid response teams for surveillance and investigation of Person of Interest, Person Under Investigation and Contact investigation and tracing of confirmed and suspect cases.
- Risk communication and technical assistance for the implementation of the PNG Communication Plan for COVID-19, including gender and SRH and mental health.
- Informing and development of health and social interventions as part of a package of non-pharmaceutical interventions to guide the “the new normal”
- Continuous provision of technical assistance to guide the national response, partner coordination and advocacy for financial support from government and donor agencies and partners.

Medium-term assistance

- Support to community engagement, community care facilities and care pathways
- Support for infrastructure development for sustainable and resilient health facilities to increase capacity
- Technical assistance for tracking economic and financial implications to the health sector and maintaining provision of essential services.
- Operational research



Socio-Economic Recovery

Lead Government Agency: Department National Planning and Monitoring

Lead Agency (co-lead): UNDP

Sector members: RCO, UNICEF, UN Women, World Bank; Asian Development Bank; Commercial Banks; Private sector; Chambers of commerce; bi-lateral development partners; civil society organisations; faith-based organisations.

Funding required: 250,000

Sector overview

During the response phase, the socio-economic recovery cluster is focusing on an analysis of social, economic and political impacts. This will identify ways to mitigate these impacts with sustainable, resilient and rights-based solutions that leverage public-private partnerships and support financing for the SDGs where possible.

Priority Activities

- Integrated crisis management and humanitarian coordination support and response that supports UNCT and Government maintain core functions and plan, coordinate, communicate and finance their response activities.
- Deploy digital solutions and technical innovations that support improved decision making. UNDP will utilise existing good practice initiatives already tested in Papua New Guinea that use mobile technologies to collect data and provide information for policy makers and development partners.
- Support central Government agencies recalibrate policy settings to facilitate social and economic recovery.
- Emergency job creation and economic restoration, particularly for those most effected and targeting women and youth.
- Working with the financial system to increase the access of those most effected to affordable credit to assist efforts to re-establish livelihoods.

Common services



Risk communications and community engagement

Government lead: NOC, NDOH

Lead agencies (co-lead): Humanitarian Communications Group (HCG), WHO, UNRCO

Priority activities

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



Logistics

Government lead: NOC, NDOH

Lead agencies (co-lead): UNICEF, UNOPS, WHO

Priority activities

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



Coordination & information management

Lead agency (co-lead): DMT Secretariat

Sector members: HCG, OCHA, IOM

Priority activities

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



Emergency telecommunication

Lead agency (co-lead): WFP (Pacific Regional ETC Cluster)

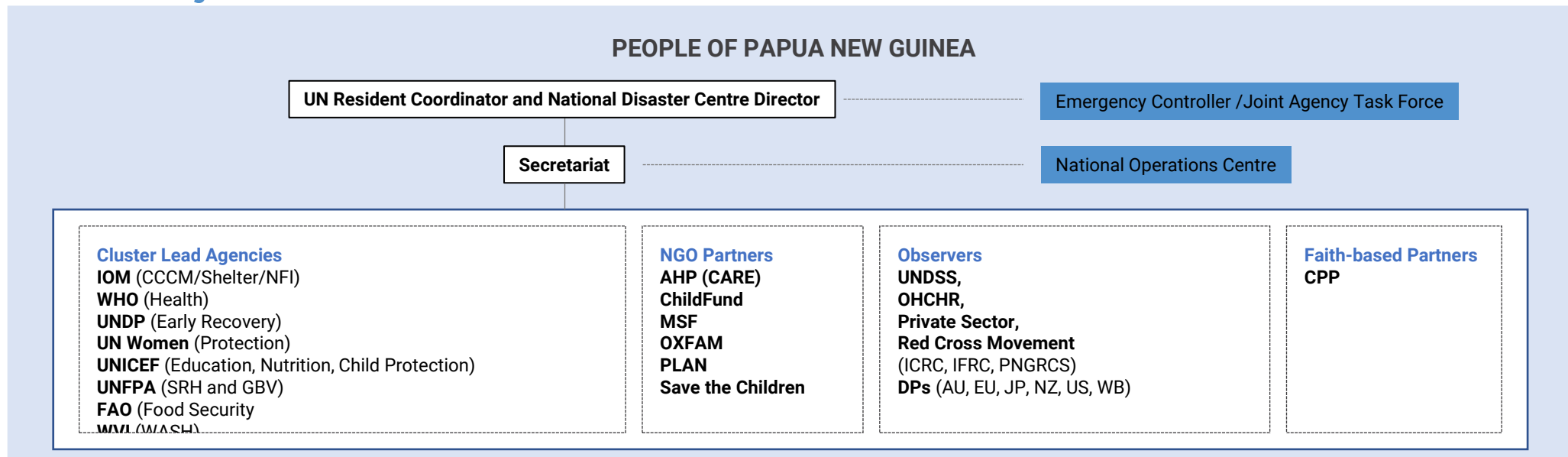
Priority activities

- Strengthen and coordinate with national mechanisms
- Technical advisory and assessment
- Contingency planning
- Training
- Infrastructure improvements and prepositioning strategy
- Co-lead the cluster and provide overarching ETC coordination support.
- Conduct assessments to ascertain the communications status and identify priority areas.
- Provide technical support staff (surge capacity) to establish ICT services and provide coordination support.
- Establish emergency communications (voice and data) using equipment brought in by the cluster.
- Provide ongoing technical advice and support.

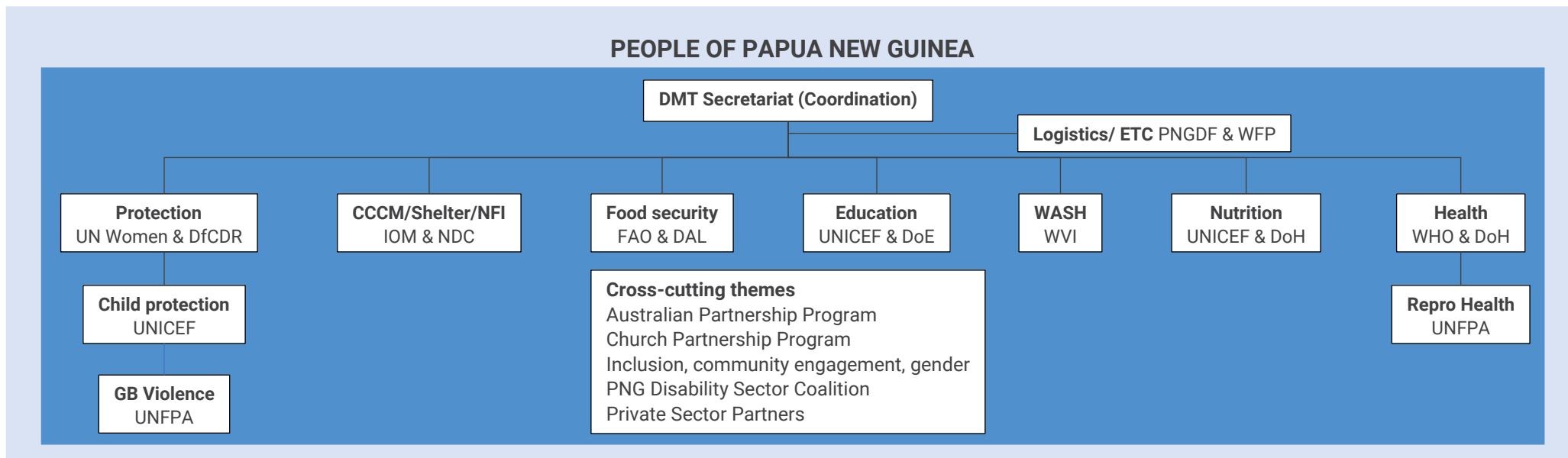
COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 15 May 2020)

Coordination structure

Disaster Management Team

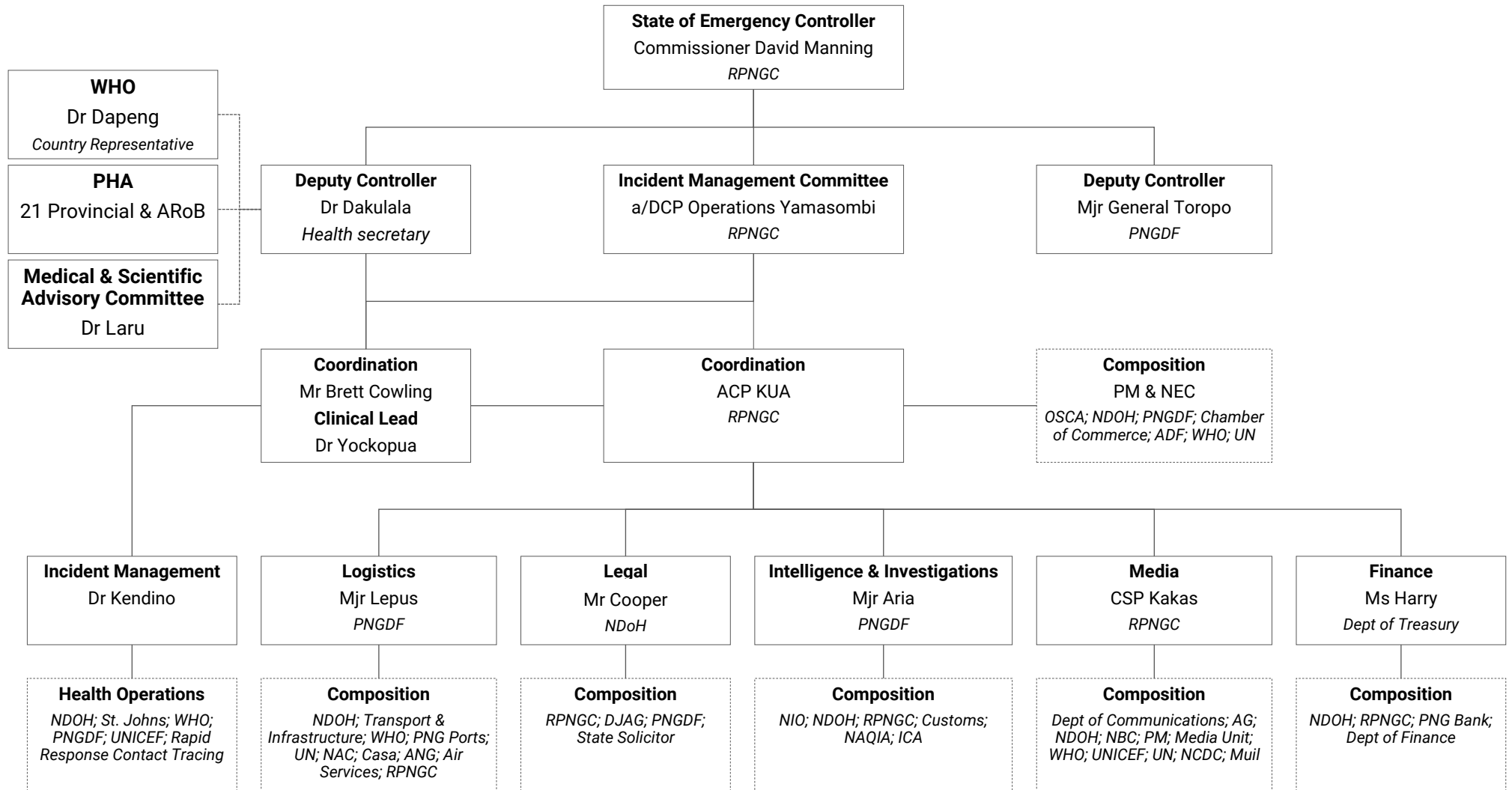


DMT Inter-Cluster Coordination Group



COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 15 May 2020)

National Covid-19 response organisational structure



COVID-19 MULTI-SECTOR RESPONSE PLAN - Papua New Guinea Disaster Management Team (as of 15 May 2020)

Coordination

The Government has established a Joint Agency Task Force (JATF) led by an Emergency Controller to manage the COVID-19 response. The Disaster Management Team provides direct support to the JATF for overall international humanitarian coordination, logistics, risk communications, community engagement, and information management.

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

The DMT has convened weekly or bi-weekly coordination meetings with the JATF leadership to collaborate and share information on preparedness and response activities.

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