

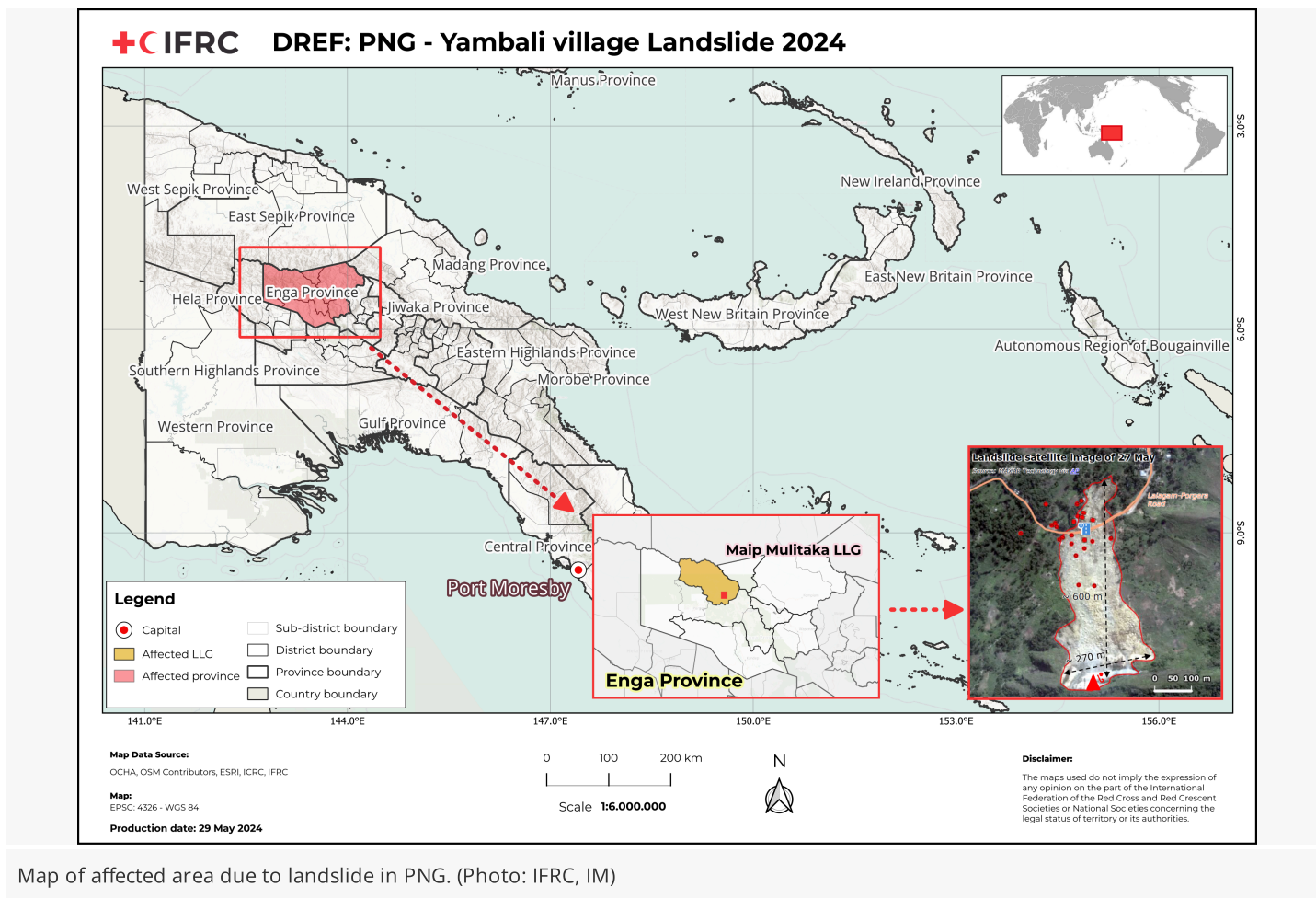


PNGRCS volunteers unloading household items. (Photo: IFRC)

Appeal: MDRPG012	Total DREF Allocation: CHF 200,726	Hazard: Landslide	Crisis Category: Orange
Glide Number: LS-2024-000080-PNG	People at Risk: 7,849 people	People Targeted: 2,000 people	People Assisted: 338 people
Event Onset: Sudden	Operation Start Date: 01-06-2024	Operational End Date: 31-12-2024	Total Operating Timeframe: 6 months
Targeted Regions: Enga			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to thank all for their generous contributions.

Description of the Event



Map of affected area due to landslide in PNG. (Photo: IFRC, IM)

Date of event

24-05-2024

What happened, where and when?

On 24 May 2024, a massive landslide engulfed villages in Yambali Ward, Maip Multaka Local Level Government of Lagaip-Porgera District, Enga Province, Papua New Guinea (PNG). The landslide caused extensive damage to lives, homes, and livelihoods. The destruction left an estimated 1,680 individuals displaced, with approximately 3,979 individuals affected and at risk of displacement. Furthermore, 9,952 individuals were estimated to have been directly impacted by the landslide. Immediate emergency response and long-term recovery plans were crucial to addressing the needs of these affected populations and mitigating future risks and vulnerabilities.

The landslide not only devastated Yambali Ward but also caused significant instability in the surrounding area. The soil remained highly unstable, with visible cracks indicating imminent threats to lives and properties. The landslide covered two creeks with debris and boulders, blocking waterways and increasing the likelihood of further slides.

The International Organization for Migration (IOM), in collaboration with the Enga Provincial Disaster Response Team and Site Management team, conducted a Displacement Tracking Matrix (DTM) assessment across all affected wards (Yambali, Pokolip, Kuandak, and Yuyango) between June and July 2024. This assessment was carried out by enumerators through field observations, focus group discussions, and key informant interviews with both affected populations and local authorities. Critical sectoral needs were identified, and the assessment highlighted ongoing risks of displacement in high-risk areas prone to further landslides and environmental hazards.

Access challenges due to land instability and security issues resulted in the affected population remaining at the Multaka Care Centre (CC) and within host communities longer than originally anticipated. Restricted access remained a significant challenge, as government agencies struggled to build an alternate access route due to soil erosion and instability. Further complicating the situation were checkpoints and clashes en route to and from the Multaka CC, following the withdrawal of security support. These factors greatly impacted the ability of the Papua New Guinea Red Cross Society (PNGRCS) to conduct assessments and address gaps where humanitarian



needs were not being met.

The affected area is also known to be a high-security zone due to ongoing tribal clashes. At this stage, the response has transitioned into a recovery phase rather than an immediate emergency response due to the complex nature of the situation.

The disaster response was highly complex for several reasons, which also affected the distribution of household items (HHIs) to the affected population. Security was a major concern for PNGRCS due to continuous tribal clashes, and the safety of volunteers in the field was a top priority. PNGRCS was unable to distribute HHIs, as the plan was to wait for the affected population to resettle in their new relocation area. However, this never materialized, and the affected population remains accommodated at the Care Centre near the Mulitaka Health Centre. The distribution of HHIs will now be carried out through the Australian Red Cross (ARC)-DFAT-funded project once further information on resettlement is confirmed with the Enga Provincial Disaster Office.



PNGRCS volunteers conducting household vulnerability assessment (Photo: PNGRCS)



A makeshift shelter built by one of the affected family (Photo: PNGRCS)

Scope and Scale

The landslide had occurred in the early hours of the morning and destroyed a portion of the main highway and severing access to the affected village. Support for the affected population had included the provision of clean and safe drinking water, as nearby water sources were contaminated by the landslide. It was estimated that a large number of children were orphaned by the landslide, requiring the restoration of family links activities to unite children with extended family members and provide psychosocial support to those traumatised. The affected population had lost their livelihoods and, subsequently, their means of survival, as food gardens and other sources of income were destroyed.

Due to the extent of the damage and the lack of official information regarding the total population in the affected area, there is still no confirmation on the total number of deaths, as data and information are still being collated. The Enga Provincial Administration Office had been working closely with the Disaster Management Team (DMT) secretariat and other humanitarian partners on the ground, providing essential items such as food and water.

Longstanding conflicts and rivalries in the surrounding areas add an extra layer of complexity to the situation. These underlying tensions were taken into consideration during the coordination, planning, and implementation of activities in PNGRCS efforts to support the affected population.

PNG's Defence Force had led search and rescue efforts; however, the site's remoteness, ongoing terrain movement, and damage to access roads have prevented heavy machinery from reaching the site, stalling body recovery efforts. In close coordination with local and national authorities, the UN and other partners in the field, the PNG Defence Force engineers and heavy earth-moving equipment were mobilised to the affected area. Government authorities remained focused on clearing debris and improving access to the site; however, the debris remains unstable, posing risks to the safe conduct of the operation. Finding a suitable alternate access route has also proved challenging, with the road connecting Porgera to Lae nearing completion four months after the event.

While the exact number of fatalities is still unknown, the affected community had initially estimated that a significant number of people were missing following the landslide. The confirmed number had slowly increased over time as bodies were uncovered by the affected population, who were digging by hand to search for resources such as galvanised iron within the landslide.

Provincial authorities had underscored the unpredictable nature of the landslide, reiterating the urgent need for geohazard assessments and services during the initial stages of the landslide event, to which the Government of Australia had offered assistance. A report was produced and presented to the Enga Provincial Disaster team and other partners involved in the humanitarian response.

Two tented evacuation sites (Care Centres) were established and were initially managed by PNG Defence Force personnel. The UN (IOM, UNDP, UNICEF, UNFPA) and other development partners (World Vision, Care International) had continued to assist government authorities with disaster coordination and response efforts for residents in the Mulitaka-based Care Centre. During the first few months of the response, the Provincial Administration had prepared additional food and household (HH) supplies for distribution, bolstering the relief efforts with emergency shelter, water containers, and puri-tabs that had already been distributed. Food had remained a pressing need at the Mulitaka Care Centre, as the population lost their kitchen gardens and farm animals in the landslide. Host families have also been supporting many affected families, and an assessment of their needs is pending.

Access to the Porgera-side Care Centre remains a challenge due to accessibility issues, but it is understood that this population was evacuated for safety reasons due to land instability and has access to their homes and gardens. While both communities remain in the Care Centres or with host families, many planned recovery activities have halted pending resettlement.

The United Nations Humanitarian Coordination Team had been established in Wabag and have been supporting the Provincial Disaster Committee with response coordination. The PNG Defence Force had initially provided security escorts to ensure the safe passage of relief convoys, especially in light of an unrelated clan dispute in Tambitanis, which had caused further casualties and property damage. Many humanitarian community members are based away from the affected area due to security concerns and, as such, agencies relied on security escorts for safe passage when travelling to and from the site. However, PNG Defence Force escorts have since ceased, and agencies have begun sourcing commercial security companies to escort them to and from the Mulitaka Care Centre.

The six months operations of the Enga Landslide Response had a bit of change from the original proposal of response activities. Due to on-going security issues in the Enga province area, implementation had been very slow. The initial assessment was based on secondary data that were shared by the government of PNG and that was being used as an official figure to estimate the number of people and households were impacted by the landslide.

The initial focus of the response was to procure Household Items (HHI) and have them distributed to the affected people. However, this took longer than expected, as the provincial government authorities were not able to resettle the affected population as indicated in their official documents. PNG Red Cross Society (PNGRCS) approach for the distribution of HHIs, was to wait till the affected population have been resettled before any distribution of HHIs can be done. As a result, to date, no distribution of HHIs have been done yet but are kept at the Western Highlands branch storage containers awaiting further advise from the Enga Provincial government.

PNGRCS had decided to conduct another vulnerability data assessment of the affected population, to get better data for analysing and identifying the most vulnerable and affected people. Based on PNGRCS assessment, about 237 households had been impacted by the landslide. These affected families are still being accommodated at the Care Centre. The UN (IOM, UNDP, UNICEF, UNFPA) and other development partners (World Vision, Care International) had continued to assist government authorities especially with distribution of HHIs and food to the affected population.

There had been good coordination with the Provincial Disaster Center, who had taken the lead to ensure that resources are distributed equally and that there is better collaboration and partnership with the development partners who have been supporting the Landslide response.

National Society Actions

Have the National Society conducted any intervention additionally to those part of

No



IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>IFRC PNG CD maintained close coordination support and technical support to PNGRCS and had participated in all the partners meetings related to the Enga landslide. IFRC had coordinated the movement coordination meeting with other RCRC partners, including the ICRC (in-country), Australian Red Cross, New Zealand Red Cross, Japanese Red Cross, Republic of Korea National Red Cross, and Singapore Red Cross. IFRC had also mobilised two surge deployments: Operations and Logistics, to support with the operation. PMER technical support from the AP regional office had provided support to facilitate the Lessons Learnt workshop that was held in November 2024.</p>
<p>Participating National Societies</p>	<p>Currently, there are not any Partners present in the country. The Australian Red Cross had been providing remote support to this operation through funding support and technical support including a surge deployment. New Zealand RC has supported a Surge Operation Manager deployment.</p>

ICRC Actions Related To The Current Event

With a sub-delegation in Mount Hagen, the ICRC is present in the highlands, responding to the humanitarian consequences of communal violence in the Enga province. The ICRC had been coordinating well with the PNGRCS and IFRC to provide security updates and at times convoy support for the volunteers supporting the disaster response effort. In addition, at an initial stage of the operation, ICRC delivered 10 body bags owned by PNGRCS to the affected site on behalf of PNGRCS.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>National Government has formally requested for international assistance through PNG Disaster Management Team (DMT). The Provincial Disaster Centre had taken the lead and provided coordination amongst the humanitarian partners.</p>
<p>UN or other actors</p>	<p>The PNG DMT is comprised of PNG Government National Disaster Management Office, UN Agencies and international organisations. The DMT Secretariat is led by UNDP and is supported by the following cluster leads: Protection (UN Women), Shelter (IOM), WASH (World Vision) and Health (WHO).</p>

Are there major coordination mechanism in place?

1. Papua New Guinea National Disaster Management Team (DMT) Coordination meeting:

- The DMT is led by UN Resident Coordinator (UN RC) Office as the Coordinating Secretariat, with PNGRC and IFRC Delegation participating in an observer role.
- Most of the meetings related to the Enga landslide had been done online, attended by all the humanitarian partners in PNG.
- DMT meetings had provided the avenue for giving important updates to the partners and also for the partners to provide any additional information that were helpful for coordination purposes.
- Situational Reports have also been circulated through emails. So far, six situational reports have been sent to the partners during the early stages of the response.
- Four Cluster Leads (Shelter, WASH, Health & Protection), upon request of DMT, had host online coordination cluster meetings and also in person meetings in Western Highlands and Enga provinces.

2. Highlands Humanitarian Hub (HHH) Coordination meeting:

- Lead by Care International PNG, the HHH is made up of humanitarian partners who are located in the highlands region of Papua New Guinea.
- The WhatsApp application group chat that was created had become an avenue for better mechanism of communication and to



facilitate coordination amongst the humanitarian partners. Since the departure of the former Care International PNG Country Director, the Provincial Disaster Coordinator and DMT Secretariat have been providing the coordination in this group.

- PNGRCS Western Highlands Branch had offered their office to host the coordination meetings.

Needs (Gaps) Identified



Shelter Housing And Settlements

In the initial assessments of the disaster, the International Organisation for Migration (IOM) had reported that a total of 1,650 individuals from 315 households have been displaced due to the landslide, as most shelters in the area were built using bush materials. As a consequence, many houses were swept away by the landslide, and others, not directly affected but precariously located near the affected area, were also deemed unsafe. This created a significant need for shelter, which the local authorities had established two Care Centres (CC).

Due to the issue of resettlement, the affected population are still accommodated at the Care Centre awaiting further advise from the government as to where they can resettle. This CC is still accessible and is serviced by humanitarian agencies that have distributed and continue to distribute HHIs.

The main highway have been cleared, and vehicles have been moving into the Pogera mine area. The main highway is now accessible. The resettlement of the affected population have been a continuous discussion at the national government level with no clear directions yet on the timing. The affected population have been struggling to live at the care center, as they try to meet their needs and livelihood security needs.

Once resettlement location is identified, then there will be a need to distribute shelter tool kits, so the families can build their homes again.



Health

The most common health problems that were identified were mainly related to waterborne diseases, such as diarrhea and urinary tract infections (UTIs), are followed by malaria cases. PNGRCS had been in close collaboration with the Enga Provincial Health Authority to facilitate MHPSS activities and a First Aid training with the Village Health Volunteers (VHV). Since the EPHA has been over stretched by hosting many donor communities and organizations presence, the trainings were put on hold until the Provincial Health Authority will provide further communication. Then, the First Aid training will be conducted under ARC / DFAT funding, at the Mulitaka Health Centre and will conduct Community-Based First Aid (CBFA) awareness for communities in and surrounding the affected area.

PNGRCS has taken a different approach to conduct the Mental Health and Psychosocial Support (MHPSS) activities, after identifying that there are a lot of trainings which have already been conducted by the other humanitarian partners. PNGRCS was using the "Story telling" approach which was to listening to the person's stories from the affected people. This approach was acceptable by those were willing to share their stories, as for many of them who just wanted someone to listen to them as part of coping mechanism.

Dead body management was initially considered a priority in the initial stages of the response; which PNGRCS had donated body bags, but was not involved further with this requirement.



Water, Sanitation And Hygiene

In the initial stages of the response, PNGRCS had attempted to set up the water purification machine next to a water source that was accessible by the affected population. However, there were no nearby water sources near the Mulitaka Health Centre, thus a decision was made to wait till the affected population are relocated to the new site. The communities' original primary water sources were creeks and streams located within a 20-minute walk; however, these were unfortunately buried under the landslide. An initial attempt at establishing an alternate water supply from a privately owned dam fell through when the owner removed it as a source of supply. This concurrently eliminated the only safe water source where PNGRCS could have installed its water purification unit for residents in the Mulitaka Care Center (CC). Subsequently, this CC was supplied with several 10,000-litre water tanks; however, at times, due to inadequate rainfall, some residents have resorted to scaling the unstable surface on the side of the landslide to access a creek buried underneath.



While hygiene kits and jerry cans have been distributed to the residents of the Mulitaka CC, access to clean and safe water and sanitation remains a key priority. The PNGRCS considers the distribution of hygiene kits, especially for women and young girls, as well as menstrual health, key priorities. However, as WASH support has been supplied by other agencies, it is anticipated that as residents relocate, there will be a need for the supply of additional jerry cans and hygiene kits to host communities and relocated residents. Furthermore, the most common type of toilet in the host community is the pit latrine, with menstrual health and handwashing hygiene highlighted as needs.



Protection, Gender And Inclusion

Widespread psychological trauma was apparent, observing many individuals experiencing fear, grief, and anxiety following the disaster. Vulnerable groups such as single and child-headed households, orphaned children, the elderly, and people living with disabilities had been prioritized for support during the response.

The displacement caused by the disaster had increased protection risks, particularly for women and girls. Initially, the Papua New Guinea Defence Force (PNGDF) and police had provided security at the Care Centre (CC); however, they have since departed. Although there have been no reported cases of sexual and gender-based violence (SGBV) following their departure, some individuals from neighbouring communities have been sabotaging and intimidating CC residents, raising serious security concerns. The protection and safeguarding of vulnerable populations highlighted the importance to have a volunteer training in Protection, Gender, and Inclusion (PGI) and understanding how to develop and access SGBV referral pathways.



Community Engagement And Accountability

During the response operation, PNGRCS had ensured that the community understood that the PNGRCS provided equitable support to those in need, based on their vulnerability, not their status or relationships. An understanding of the role of PNGRCS had surfaced by security situation with the necessity to explain its role at unofficial checkpoints en route to and from the Care Center (CC). As such, Community Engagement and Accountability (CEA) materials had been distributed to communities en route to and at the CC. Continually, the messages on PNGRCS' humanitarian mandates had been accentuated during the operations of the response when opportunities arose, particularly when explaining their role to community leaders during the needs assessment data collection .

The ICRC Mt Hagen sub-delegation office and an ICRC team in Wabag had facilitated security training for the provincial police. As a result, several volunteers, who have been trained by the ICRC, have developed good working relationships and presence within these communities. These existing relationships provide an opportunity to work closely with the communities and agencies at the Enga Provincial administration.

CEA approach has been integrated in all interaction activities with the affected populations. The vulnerability capacity assessment conducted by PNGRCS, involved community participation and importantly listening and gathering information based on their feedback on the questionnaires. The community engagement had been helpful for PNGRCS to be able to identify community members that were vulnerable and who needed assistance.

In the PGI training, CEA messaging was emphasized and the importance of community engagement and feedback. There was emphasis to the volunteers that it was important to get feedback from the affected population and also their engagement in order for PNGRCS to identify who the most vulnerable are within the affected population and to understand what response activities are applicable in providing support to them.

Operational Strategy

Overall objective of the operation

Through the support of IFRC-DREF, the PNGRCS aimed to reach 300 households, approximately 2,000 people, affected by the landslide. However, the operation was only able to reach 338 people through the MHPSS Story telling sessions, PGI training and Community Engagement activities which included the Vulnerability Capacity Assessment. The distribution of the HHIs will be done once the provincial administration confirms the relocation sites. This will reach 972 people that have been identified through the vulnerability assessment by PNGRCS.

The interventions had been focused mainly on coordinating and partnering with other NGOs and government bodies to accurately identify and address the needs of the affected population. The identified needs in the initial stages were:



- Water storage containers for clean and safe water,
- Hygiene kits (especially for women and young girls),
- Psychosocial support,
- Shelter (kitchen sets for relocated households),
- Blankets (considering the cold climate in the affected region).

While the core intention of the IFRC-DREF remained largely unchanged, the budget had been adjusted, which had seen an overspend and underspend of activities due to improved procedures, access challenges, and delays to resettlement. In consideration of the logistical challenges posed by the geographical area and the complexity of the operation due to safety and security concerns, this operation was proposed to last six months.

Operation strategy rationale

The operational strategy for the PNGRCS was designed to effectively address the immediate and evolving needs of approximately 300 households, or an estimated 2,000 people, affected by the recent landslide. This strategy is informed by a thorough assessment of the evolving situation, which included significant data and information challenges, limited access to affected areas, and prevailing security issues.

The IFRC-DREF support had procured relief items as well as had mobilized volunteers to implement activities covering the needs in shelter, WASH, health, and PGI, with PGI and CEA further mainstreamed into the thematic interventions.

The operation was planned for a duration of six months, allowing for a sustained response while considering logistical challenges and the complex security environment. The strategy was designed to be flexible, with regular reviews and adjustments based on the evolving situation and feedback from the ground. This adaptive approach had ensured that the operation remained relevant and responsive to the needs of the affected population.

The six months operations of the Enga Landslide Response had a bit of change from the original proposal of response activities. Due to on-going security issues in the Enga province area, implementation had been very slow. The initial assessment was based on secondary data that were shared by the government of PNG and that was being used as an official figure to estimate the number of people and households were impacted by the landslide.

The initial focus of the response was to procure Household Items (HHI) and have them distributed to the affected people. However, this took longer than expected, as the provincial government authorities were not able to resettle the affected population as indicated in their official documents. PNGRCS approach for the distribution of HHIs was to wait till the affected population have been resettled before any distribution of HHIs can be done. As a result, to date, no distribution of HHIs have been done yet but are kept at the Western Highlands branch storage containers awaiting further advise from the Enga Provincial government.

PNGRCS had decided to conduct another vulnerability data assessment of the affected population, to get better data for analysing and identifying the most vulnerable and affected people. Based on PNGRCS assessment, about 237 households had been impacted by the landslide. These affected families are still being accommodated at the Care Centre. The UN (IOM, UNDP, UNICEF, UNFPA) and other development partners (World Vision, Care International) had continued to assist government authorities especially with distribution of HHIs and food to the affected population.

There had been good coordination with the Provincial Disaster Center, who had taken the lead to ensure that resources are distributed equally and that there is better collaboration and partnership with the development partners who have been supporting the Landslide response.

Effective coordination with Movement network, including the ICRC and PNSs, as well as other NGOs and government bodies, was a cornerstone of this strategy. Leveraging the expertise and resources of these partners had enhanced the overall capacity and impact of the response.

Lessons learnt from the operations is for PNGRCS to strengthen the data collection mechanism to ensure real-time assessments. That includes adopting digital tools such as KOBO toolbox and ensure good data analysis. Better coordination of the response is another learning to ensure there is a response coordinating mechanism in place at the HQ and branch level. Trained staff and volunteers who have the capacity to response to be identified and clear roles and responsibilities are shared.

The ARC-DFAT funded project activities are focusing on the recovery phase of the response. This includes livelihood trainings and support and also the distribution of HHIs once the resettlement site has been identified and communicated by the provincial disaster office.



While the current situation still is complex, the Enga Provincial Health authority has asked the partners to share with them, their health activities and interventions. As part of the sustainability of the health programme and activities, the provincial health will support in complementing the activities that partners have been implementing with the affected population. The government to take ownership of the health interventions.

Targeting Strategy

Who was targeted by this operation?

In the initial stage of the response, the entire local population that was affected were the main target of the operations. However, access had proved to be an ongoing challenge, targeted support for the vulnerable population still remains to be verified and understood. Whilst remaining to be verified, the affected population is supported by many official and unofficial actors. PNGRCS was able to manage to collect some data from the most affected population identified during the MHPSS/Psychological First Aid (PFA) sessions held within the Care Center to identify those particularly at risk and their needs. The data collected indicated about 237 households; however, further data analysis done had shown that it was likely less than 200 households (about 995 people) were the realistic affected population to be targeted. This data is based on the Capacity Vulnerability assessment that was collated by PNGRCS and is used based on the targeted intervention. Furthermore, support to vulnerable host communities' household will also be incorporated.

Explain the selection criteria for the targeted population

The total targeted population was 2000 people and selection included identifying the vulnerable groups that were greatly affected:

1. Population affected by the landslide,
2. Orphanage children (parents/parent may have been killed in landslide),
3. Women headed households,
4. People living with disability,
5. Elderly,
6. Those at increased risk of SGBV.

Total Assisted Population

Assisted Women	-	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	-	People with disabilities (estimated)	15%
Assisted Boys (under 18)	-		
Total Population Assisted	338		
Total Targeted Population	2,000		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Security risk due to ethnic clashes	The PNG police and defence force have no longer resided in the local area. Many actors had resorted to commercial armed security companies to escort vehicles to/from and at the CC. Ongoing ethnic tensions and disenfranchised members in the local villages have presented an ongoing challenge. The PNGRCS



	had dispatched CEA materials and explains the role of the PNGRCS to personnel staffing informal checkpoints. Furthermore, two car movements had commenced and close coordination with the ICRC, interlocutors, provincial government authorities and the DMT have ensured that real time information on access and any security issues had enabled informed decision making.
Weather related risks	PNGRCS had coordinated closely with provincial government authorities and DMT to stay informed on current local conditions. Location of distribution points and care centres have been evaluated based on and ensuring safe location from any further event due to weather and erosion. Heavy rains were anticipated to result in further landslides with PNGRC staff who have avoided the landslide area as much as practicable.
Political interest because of the bi-election	Information have been received that there were individuals providing funding support for political gain that would help in the upcoming bi-election. PNGRCS had avoided any external partnership with individuals who may have political interests for their own gain.
Road infrastructure and access	<p>Due to the impact of the landslide and erosion in surrounding areas, there was an alternative route that was used to the affected area. PNGRCS had coordinated closely with provincial government authorities, DMT and the ICRC to remain updated on localised issues and ensure safety of all transportation of staff and volunteers along with relief items.</p> <p>Local authorities and PNG Defence Force have worked on repairing the main route to the affected area and has been completed. The PNG Defence Force had initially provided support to ensure the safety of movement of all personnel and logistics to the affected population but have subsequently ceased this service.</p>

Please indicate any security and safety concerns for this operation:

Safety and security of the staff and volunteers visiting and travelling to/from the Care Center was a high priority. Close coordination with provincial authorities was necessary for all movement into the affected area and thorough planning of distributions would be conducted.

The APRO Regional Security Unit has actively supported Country Office by providing security guidance. All field missions undertaken by IFRC personnel adhere to the current IFRC PNG security regulation and filed movement control and follow the latest health advisories. In the event that deployment of personnel to affected areas is required, an additional security clearance was required and approved by APRO Regional Security Coordinator and PNG Head of Country Delegation.

The National Society's security framework applies to staff and volunteers throughout the operation. For personnel under IFRC security responsibility, including surge support and integrated PNS, the existing IFRC country security framework will be applied. Rapid security assessments and analyses were conducted as needed. All IFRC staff had completed the IFRC Stay Safe 2.0 e-learning courses. NS staff and volunteers were encouraged to do the same. Staff and volunteers were also kept informed of the security status and briefed on emergency response protocols .

Has the child safeguarding risk analysis assessment been completed?	Yes
---	-----



Implementation



Shelter Housing And Settlements

Budget: CHF 64,049

Targeted Persons: 2,000

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people (and households) provided with emergency shelter, that is safe and adequately enables essential household and livelihoods activities to be undertaken with dignity	2,000	0
# of people (and households) provided with in-kind assistance that is safe and adequately enables essential household and livelihoods activities to be undertaken with dignity	2,000	0

Narrative description of achievements

• Under this sector, the procurement of the Household Items (HHIs) were done. HHIs that were procured were; Blankets - 600 pieces, Kitchen sets - 300 sets, Tarpaulins - 600 pieces, Water storage - 2,000 pieces. Distribution of the HHIs have not been done, as the affected population have not been resettled yet at the new location. PNGRCS had planned to do the distribution of the HHIs, once the affected population have been resettled, and there would be a great need of HHIs to ensure that that have been settled well into their new homes. The distribution of the HHIs, will be done through the ARC-DFAT funded project (Enga Landslide Response and Recovery) once further information is received in regards to the resettlement of the affected population.

Lessons Learnt

• Conduct a Disaster Needs Assessment to understand the needs of the affected population and the number of people and household that are affected by the disaster.

Challenges

• Delay in resettlement of the affected population which also impacted distribution of HHIs. The resettlement of the affected population took longer than expected due to the provincial government process to have to submit a "resettlement policy" to the national government for approval. In PNG, land is owned by the customary landowners and there is always a process on compensation to acquire land. Thus, the need for the government to have to take a legal process to develop a policy that will see the government acquiring the identified piece of land for the resettlement of the affected population. The "resettlement policy" has been approved by the national government; however, the progress in timely resettlement of the affected population is uncertain, and dependent on the provincial government resettlement plan and security plan given the concerns around ethnic clashes in the area.



Health

Budget: CHF 7,455

Targeted Persons: 2,000

Assisted Persons: 48

Targeted Male: 20

Targeted Female: 28



Indicators

Title	Target	Actual
# of people reached with PFA activities as a response to an emergency by community-based health (CBH) volunteers	2,000	48
# of CBH volunteers receive PFA refreshing training	25	0

Narrative description of achievements

- PNGRCS had taken a different approach to MHPSS training and have implemented a 'story telling' session with some of the affected population. About 48 people had been taken through the story telling session. A few of the participants, expressed gratitude, to be able to share their experience and trauma with the volunteers, who were willing to listen to them.

- This is customized PFA/a locally adapted approach from a training to a more interactive approach, was decided during a meeting held with the Provincial Health Authority CEO, Dr Betty. Dr Betty had mentioned to PNGRCS, that there had been so many trainings done by other humanitarian partners and saw that there was no need for the organisations to continue providing trainings but rather, use a different approach. Based on this initial discussion with the PHA CEO, the MHPSS approach had to be localized, and that was done by volunteers sitting down and having a story telling conversation with the affected population to hear their stories. The highlands region of PNG, is one of the violent areas and understanding the context of the environment and the situation was very important. The MHPSS "Story telling session" was identified as a good approach, to get people to talk and not offending.

Lessons Learnt

- MHPSS training approach had to be localized based on the disaster, cultural context, service availability and affected population trauma or psychological needs.

- The planned PFA training had to be cancelled by PNGRCS, due to the reason, that a trained PFA was not available. Thus, the decision to rather facilitate a story telling session with the affected population in the Care Centre. Taking into consideration cultural context, it was important that when talking to individuals, a female volunteer is required to talk to a female community member and similar to the opposite gender. The approach also provides the space to talk about any gender sensitive issues. Most of the volunteers that have been engaged in the response, were experienced volunteers who have been engaged in other previous disaster response and had the capacity to facilitate the story telling sessions.

- In addition, other agencies (UNICEF, UNFPA) were providing MHPSS/PFA and Child friendly space activities. PNGRCS has changed a strategy on PFA as a long term approach with a proper training and experience.

Challenges

- The overcrowding at the Care Centre was challenging to conduct a focus group discussion (FGD) with the affected population. The approach had to be changed to individual and household level sessions.



Water, Sanitation And Hygiene

Budget: CHF 15,900

Targeted Persons: 2,000

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
-------	--------	--------



# of people reached by WASH assistance	2,000	0
--	-------	---

Narrative description of achievements

- 2,000 water storage containers had been procured and prepositioned at the branch storage containers. Distribution of the water storage containers have not been done, as the affected population have not been resettled to the new location. The affected population in the Care Centre, also had received HHIs from the other donors and NGOs as well, thus decision made to distribute when they are resettled at the new location.
- Local procurement of 120 family hygiene kits were procured. The kit included soap, sanitary pads, underpants for women and girls, toilet paper roll, bath towel, face towel, nappies, safety pins, shaving razor (disposal for men), tooth paste and brush, and buckets with lid (10L).

Lessons Learnt

- Review of the Hygiene kits to localized context based on the most needed. Hygiene kits, especially items were reviewed, because PNGRCS would like to ensure the need of the targeted population were met, after having many other agencies working in the area. The hygiene kits targeted as a family set, where items included essential men items, children, baby and women. The 120 hygiene kits will be distributed to the households that are identified as vulnerable through the Life Skills training that will be conducted under the Australia RC - DFAT funded project.
- Budget preparation based on costing analysis and inflation rate.

Challenges

- Delay in resettlement of the affected population which also impacted distribution of HHIs.
- Increased price of items for the hygiene kits and logistics cost to freight. Budget had to be readjusted to cater for these costs.



Protection, Gender And Inclusion

Budget: CHF 2,663
Targeted Persons: 2,000
Assisted Persons: 25
Targeted Male: 16
Targeted Female: 5

Indicators

Title	Target	Actual
# of volunteers receive PGI training	25	25
# of people (and households) reached by SGBV and PGI awareness raising activity in the response period	2,000	0

Narrative description of achievements

- A PGI training was facilitated and attended by 25 volunteers. The training topics based on protection mainstreaming, PGI Minimum Standards and PGI in emergency response. It was a good learning for the volunteers, on how to be PGI sensitive during a response.
- PNGRCS has completed the Child Safeguarding Policy assessment.
- SGBV and PGI awareness raising activities have been planned to be integrated into the other activities that will be implemented through the Australia RC-DFAT Enga Landslide Response and Recovery project. There had been reports that other humanitarian partners also



responding, were implementing the same activities and thus the decision not to overwhelm the affected population with information that have already been shared. The approach taken by PNGRCS was to integrate into their other response activities through the ARC-DFAT funded project.

Lessons Learnt

- Before any deployment for any emergency response, volunteers to be reminded to be PGI sensitive in their response.
- Child Safeguarding Policy awareness raising activity to be conducted amongst the volunteers and staff.

Challenges

- A referral pathway map, varies in each location. A few of the service providers may not be that active in the province or location. It was difficult to try define a referral pathway, when service providers are not available. It could create more harm to the victims.



Community Engagement And Accountability

Budget: CHF 0

Targeted Persons: 2,000

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers receive CEA training	25	124
# of people (and households) reached by CEA awareness raising activity in the response period	2,000	140

Narrative description of achievements

- CEA messaging had been integrated into the PGI training. CEA approach has been integrated in all interaction activities with the affected populations. The vulnerability capacity assessment conducted by PNGRCS, involved community participation and importantly listening and gathering information based on their feedback on the questionnaires. The community engagement had been helpful for PNGRCS to be able to identify community members that were vulnerable and who needed assistance.

In the PGI training, CEA messaging was emphasized and the importance of community engagement and feedback. There was emphasis to the volunteers that it was important to get feedback from the affected population and also their engagement in order for PNGRCS to identify who the most vulnerable were within the affected population and to understand what response activities were applicable in providing support to them.

Lessons Learnt

- CEA and PGI messaging to be integrated as one training module.

Challenges

- Volunteers limited knowledge on CEA and how to integrate into emergency response activities.
- With the on-going security issue, PNGRCS was only able to reach 140 people at the care centre. This was through the data collection of the Vulnerability Capacity Assessment, which the volunteers were able to engage with the affected population to get their feedback on their vulnerability and needs.





Secretariat Services

Budget: CHF 63,900

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of interagency coordination meetings conducted	1	7
# of surge deployed to support operations	2	2

Narrative description of achievements

- IFRC PMER regional technical support provided to facilitate the Lessons Learnt workshop.
- Two surge delegates with profiles of Operation (Ops) Manager and Logistics officer were in PNG. Ops Manager was fully equipped with the disaster response experience and well understood of PNG culture. Ops Manager provided a wide range of supports to both IFRC PNG and PNGRCS in terms of response plan and implementation, security management, induction session for volunteers, finance tracking and management, coordination and mentorship. Logistics office was supporting both international and local procurements process, quality assurance and warehouse management. Logistics is one of the most difficult files in PNG and this support was crucial and beneficial.
- There were three main modalities of the coordination meetings; 1. National level Disaster Management Team meeting (High level meeting among UN agencies, donors, RCRC, all other stakeholders); 2. Highland Humanitarian Hub (all stakeholders based in the highlands area), and; 3. Enga provincial level coordination meeting (Provincial Government and other stakeholders). Key impacts of the meetings included: coordination of response activities, information sharing amongst the partners and understanding the provincial governments response plans to support the affected population. In addition, the movement coordination meetings were held led by PNGRCS/ IFRC PNG CD and participated by ICRC, PNSs.

Lessons Learnt

- Development of PMER tools, such as ITT and M and E plan to support the emergency response team to track implementation rate.
- Collaboration with the provincial disaster centre focal points to ensure better coordination with the other humanitarian actors.

Challenges

- On-going tribal clashes which was a high security concern which impacted implementation of the response.



National Society Strengthening

Budget: CHF 46,759

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of volunteers involved in the response operation that have increased their skills in response and management of operations	25	25
# of Lessons Learned workshop conducted	1	2

Narrative description of achievements

- The procured HHIs had been repositioned at the Western Highlands Branch (WHB) containers. The containers have deteriorated over the years and seen not suitable for storage of the HHIs. A decision was made to renovate the containers, to ensure that the NFIs were kept in a safe location, and with enough capacity for storage. The three containers refurbishment were completed in December 2024 and a recount of the HHI stock and quality check were done.

- Two Lessons Learnt workshops (LLW) were conducted at the Western Highlands branch and the HQ office. At the branch level, the volunteers who have been involved in the response participated in the LLW and at the HQ level, this was done with the staff who were directly involved that were providing the coordination support. A total of 16 participated (10 volunteers and 6 HQ staff). LLW reviewed the response to the massive landslide in Yambali village, which affected 7,849 people and disrupted access to essential goods. The workshops, conducted in two places: Mount Hagen Branch Office and Head Quarter (HQ) Office, identified key challenges, including coordination gaps between HQ and branches, reliance on outdated data, logistical constraints, and security risks due to tribal conflicts. Best practices highlighted PNGRCS's strong community presence, strategic aid distribution, and teamwork. Recommendations for future improvements include adopting digital data collection tools, strengthening coordination frameworks, improving logistics management, and enhancing security planning. Implementing these lessons will enhance PNGRCS's disaster response capacity.

Lessons Learnt

- Update volunteer database in the branches. At the start of the response, it was identified that the volunteer database was not updated for the branch and this made it difficult to identify suitable volunteers based on their capacity that could be able to support in the response. This also included identifying a volunteer that had the capacity to coordinate the response at the field. It was essential that there should be an update of the volunteer bi-annually or annual basis to identify volunteer capacity available in an emergency response at the branch level.

- Development of security risk management and updated based on disaster response. In locations as the highlands region of PNG, it is important to ensure that a security risk management matrix is developed at the beginning of the response. Having a security risk management in place, provides guidance to assess the security level of the response and to make decisions on the implementation of the response activities. Understanding the context of the security, especially the location of the disaster areas, is very crucial for PNGRCS management decision in an emergency response.

- The volunteer insurance, was to support the annual subscription of the volunteer insurance. This was covered under IFRC Insurance for Volunteers Accident Programme.

Challenges

- There were no dedicated staff to manage the emergency response and mobilize volunteers. There was administration challenges raised from PNGRCS staff of the Western Highlands Branch Office, making it difficult for coordination between HQ and branch office, resulting in delaying the operation. However, when this issue was raised to HQ, this administration issue was tackled. A decision was made by HQ to have one of the identified female volunteer from the Western Highlands branch to support with the response coordination. This was to ensure that there was a dedicated focal person, that can be able to deliver the response activities in collaboration with the HQ team.

- Delay in resettlement of the affected population which also impacted distribution of HHIs.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRPG012 - Papua New Guinea - Landslide

Operating Timeframe: 01 Jun 2024 to 31 Dec 2024

Selected Parameters			
Reporting Timeframe	2024/6-2025/6	Operation	MDRPG012
Budget Timeframe	2024/6-12	Budget	APPROVED

Prepared on 13/Aug/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	200,726
DREF Response Pillar	200,726
Expenditure	-121,577
Closing Balance	79,149

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	41,708	36,855	4,853
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	7,000		7,000
PO05 - Water, Sanitation & Hygiene	9,902	8,872	1,030
PO06 - Protection, Gender and Inclusion	8,000	24,433	-16,433
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	53,641	20,520	33,120
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	120,251	90,680	29,570
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	60,000	25,288	34,712
EA03 - National Society Strengthening	20,475	5,610	14,865
Enabling Approaches Total	80,475	30,897	49,577
Grand Total	200,726	121,577	79,149

[Click here for the complete financial report](#)

Please explain variances (if any)

As per the financial report, there is a balance of CHF 79,149, which will be returned to the DREF pool. In the early stage of the project, the Secretariat Services budget of CHF 60,000 was developed for two surge (Operations Manager and Logistics surge) which included their salaries. However, these two roles' salaries were paid by their national societies (Australian Red Cross and New Zealand Red Cross). Thus, the operation was only able to expense 50 per cent of the related budget (AP122) for all the in-country expenses and partial of the budget used for the PMER surge support for the Lessons Learnt Workshop.



Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Janet Philemon, Caretaker Secretary General, Care Taker, caretakersg@redcross.org.pg

IFRC Appeal Manager: Maki Igarashi, Head of Delegation, maki.igarashi@ifrc.org

IFRC Project Manager: Roslyn Kuniata, Programme Coordinator, roslyn.kuniata@ifrc.org

IFRC focal point for the emergency: Nusrat Hassan, Operations Coordinator, nusrat.hassan@ifrc.org

[Click here for reference](#)

