# RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS PAPUA NEW GUINEA RAPID RESPONSE DROUGHT 2016

| RESIDENT/HUMANITARIAN COORDINATOR | Roy Trivedy |
|---|---|

## REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An AAR was conducted on 10 November 2016 within the context of a Disaster Management Team (DMT) meeting. Partners involved in the meeting were: National Disaster Centre, Australian High Commission, Church Partnership Program, IOM, FAO, New Zealand High Commission, Save the Children in Papua New Guinea (PNG), UNDP, UNICEF, WFP, WHO, and World Vision.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

Members of the PNG DMT were consulted on the final version of the report. Members include the PNG National Disaster Centre and humanitarian partners (ADRA PNG, Australia DFAT, CARE PNG, Caritas Australia, Caritas NZ, Caritas PNG, ChildFund PNG, ECHO (Bangkok), European Union Delegation in PNG, FAO, ICRC, IFRC, IOM, LDS Church, MSF France, New Zealand MFAT, Oxfam PNG, Plan Australia, PNG Red Cross Society, Save the Children PNG, TransformAid Australia, UNDP, UNFPA, UNICEF, United Church PNG, Uniting World Australia, UN OHCHR, UN RCO, UN Women, USAID, WaterAid PNG, WFP, WHO, World Bank, World Vision PNG.)

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| **Total amount required for the humanitarian response**: | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 4,736,155 |
| | COUNTRY-BASED POOL FUND (*if applicable*) | - |
| | OTHER (bilateral/multilateral) | 16,927,130 |
| | **TOTAL** | **21,663,285** |

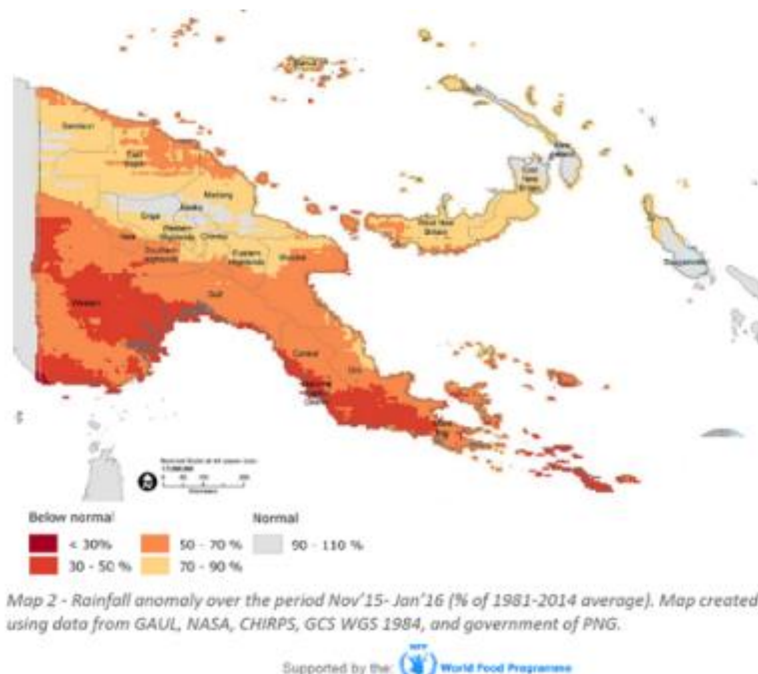
| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – date of official submission:** 01-Apr-16 | | | |
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| UNICEF | 16-RR-CEF-054 | Nutrition | 736,670 |
| WFP | 16-RR-WFP-029 | Food Aid | 3,999,485 |
| **TOTAL** | | | **4,736,155** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of implementation modality** | **Amount** |
| Direct UN agencies/IOM implementation | 3,713,999 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | 604,774 |
| Funds forwarded to government partners | 417,382 |
| **TOTAL** | **4,736,155** |

### *HUMANITARIAN NEEDS*

Since April 2015, much of rural Papua New Guinea (PNG) had been severely impacted by a major drought and, at a number of high altitude locations (2200-2800 m), by repeated frosts. In July 2015, rainfall was 80% of norm and by September many areas were having only 40% of average rainfall. During the period of Nov 2015 – March 2016, some regions in the country received only 30% of norm. The reduced cloud-cover associated with these dry conditions resulted in frosts at high altitudes. Temperatures as low as minus 2C were recorded between mid-July and mid-August, with the worst frosts on 11-14 August.

This created a series of cumulative shocks to food security. From April to August 2015, growth of staple crops (largely root crops) was stunted, with frosts wiping out crops in higher altitude areas completely. Replanting during the peak of the drought (August–November 2015) was impossible, and existing stocks were depleted. Following the increase in rains in November to December, communities replanted, but in the Highlands and other areas, the sudden rains on dry ground created pest infestations and too much nitrogen in the soil, resulting in crop failure. Having now lost staple crops multiple times by January 2016, reserve stores of food and other coping mechanisms had been exhausted. In addition, the total loss of crops meant that in certain areas of the Highlands, no harvest would be available for 6-9 months.




*Map 2 - Rainfall anomaly over the period Nov'15- Jan'16 (% of 1981-2014 average). Map created by WFP using data from GAUL, NASA, CHIRPS, GCS WGS 1984, and government of PNG.*

Beginning in September 2015, the Government of PNG led assistance efforts to respond to food needs brought about by the drought with an allocation of PGK 25 million. In November 2015 the Government publically announced that an additional PGK 178 million (approximately 70 million USD) was being made available for drought relief through Members of Parliament. Although distribution of food by Government began early and reached a large number of affected areas, it was clear and publically acknowledged that the assistance delivered had not been sufficient in quantity to address the scope of needs of populations affected. Furthermore, coordination and information management had been complicated by the decentralization of the relief response to the district level. Local capacities, such as logistics and budgets at district level are variable and the level of assistance provided from district to district fluctuated significantly. Humanitarian actors had been able to access little accurate and reliable information on the actual quantities distributed and on numbers of beneficiaries reached. With significant budget constraint partly as a result of the fall in global commodity prices in 2015, the Government faced a difficult economic situation and service delivery was over-stretched. Nonetheless, line ministries, notably the National Department of Health (NDoH) and the Department of Agriculture and Livestock (DAL), were working closely with humanitarian partners to address sectoral needs.

From January 2016, highly concerning field reports came in, including of starving children in the Western Province. This triggered a food security assessment (mobile Vulnerability Analysis and Mapping, mVAM) by the World Food Programme in support of the National Disaster Centre. The assessment, which consisted of over 3,700 interviews with key informants living in affected areas confirmed that the food security situation had in fact deteriorated significantly over the three months since January 2016. The mVAM indicated that 1.31 million people were experiencing high food insecurity, with over 162,000 people in six Local Level Government areas (LLG) facing extreme food shortages and classified as severely food insecure. In addition, indications were strong of extreme food needs in Milne Bay outer islands, where the District Provincial Administrator said 18,700 people may need assistance. Including other pockets of critical need around the country (43,000 people), there were therefore approximately **223,700** people requiring immediate humanitarian assistance.

Critically, while no deaths directly attributable to the drought had been officially reported in 2015, the mVAM survey found up to 63% of respondents reported perceived drought-related deaths. In some small villages perceived drought-associated death rates (young adults) had been reported at 30/1000 against a normal baseline of 7.5/1000. Very rough estimates of total mortality from the drought (i.e. young adults) ranged up to 5000 people with most coming in end-2015/early-2016, heavily concentrated in the Highland areas. At this stage, the Government had not publically acknowledged any drought related deaths and this remained an extremely politically-sensitive issue throughout.

The mVAM survey and other food security analyses did not assess child wasting and therefore could not clearly demonstrate a spike in malnutrition rates within the six extremely food insecure LLGs. However, anecdotal field reports from Nomad-Mougulu LLG (from Western Province, an adjacent province) identified visible cases of oedema. Numerous longitudinal ink spot technical assessments by NGO partners, and analyses by agricultural experts as well as a distinct increase in malnutrition rates in less-severely impacted and recovering LLGs across the country (WFP's mVAM) also provided a clear pattern of escalation. These proxy indicators strongly suggested that malnutrition rates in the six LLGs had been exacerbated by the drought beyond pre-existing rates of 14% Global Acute Malnutrition (GAM). Through very strong indications that the malnutrition rates within extremely food insecure LLGs were highly likely to have increased beyond pre-existing GAM rates and would invariably have led to an increase in the Severe Acute Malnutrition (SAM) cases, an urgent nutrition response was triggered in part also by results from an ongoing screening programme in a Médecins Sans Frontières-run hospital in Tari, Hela province that showed that in late 2015 the rates of malnutrition showed an increase in Moderate Acute Malnutrition (MAM) cases, which was to be expected as a drought situation progressed – the SAM cases usually tend to increase later on. The MSF data showed an average MAM prevalence of 46% and SAM prevalence of 5% during the period of weeks 37-44, which was highly alarming. (Tari hospital is the only hospital in Hela province where SAM treatment is provided and therefore draws from a catchment area with two of the four targeted LLGs for this CERF-supported intervention.) As such, it was critical that a lifesaving nutrition intervention was launched urgently alongside a food relief intervention to treat cases of children under five suffering from SAM as well as other forms of malnutrition in order to avert excess malnutrition and mortality.

The drought also created a number of other critical needs related to water shortages, lack of proper sanitation, and an increased incidence of communicable disease. Urgent support for restoration of agricultural and livelihood activities was also required.

Following discussions with the PNG DMT and UNCT, it was agreed that the rapid deterioration of the food security situation required an immediate emergency response. The RC and the UNCT agreed that the priority should be on a rapid scale-up of food distributions and nutrition interventions. This was recognized by other donors and partners and coordinated efforts to respond commenced, notably a complementary distribution organized by Australia DFAT (with support from the New Zealand MFAT) and WFP (with support from Digicel Foundation) in Western Province in coordination with Western Province local authorities and Ok Tedi Development Foundation. Extended logistical support for distribution in this area was also confirmed following a Food For Peace/USAID contribution. Other partners, including IOM, CARE, Oxfam and CPP had also been conducting limited food distributions in areas of the Highland provinces.

The humanitarian need and funding gap was assessed to be particularly critical in 4 LLGs in Hela and Enga Provinces with around 70% of those in critical need - 140,556 people. The CERF request was used to kick-start a rapid response in those areas, setting up a logistics system through existing partners, to do a single distribution for two months of food, out of the three to six months that may be required. The CERF was also intended to be used to address the most critical portion of a wider nutrition response focused on addressing acute malnutrition, specifically a targeted nutrition intervention for children under 5, to screen and address cases of SAM through provision of therapeutic foods, training of health centre staff and distribution of multi-nutrient powder. The nutrition project ran for three months to ensure that cases of SAM could be fully addressed within the project timeline. While caseloads were relatively small, the project required close work with local government partners to reach households in extremely remote and insecure areas to identify cases and train local staff, in areas where access to formal medical facilities remains limited. Aspects of the program were run jointly with the National Department of Health and the local provincial health departments.

## II. FOCUS AREAS AND PRIORITIZATION

The DMT developed a DMT El Nino Response Plan in April 2016 to strengthen a coordinated approach to the response. The strategic objectives of the response were:

- To address the immediate food and nutritional needs of people in areas suffering from extreme food shortages.
    - Providing emergency deliveries of food to areas suffering critical shortages;
    - Ensure that cases of Moderate and Severe Acute Malnutrition, particularly among vulnerable groups are addressed.
- Support the restoration of basic services and agricultural and other livelihood activities
    - Ensure a rapid transition to early recovery for the affected people;
    - To address Water, Sanitation and Hygiene (WASH) and Health needs arising from the drought.

The priorities by clusters were defined as follows:

- **Food Security (Food Relief).** To address the immediate food needs of people in areas suffering from extreme food shortages in areas severely impacted by the El-Nino induced drought/frost (e.g. in the Highlands, Western and Milne Bay provinces etc.) through food distributions and close monitoring of the developing food security situation. The target beneficiaries would be approximately 200,000 people in areas with severe food security impact

- **Food Security (Agricultural Recovery).** The main agricultural recovery priority is to ensure timely recovery of household gardens that were damaged or destroyed through various agricultural interventions. Capacity of subsistence farmers will be strengthened through drought resilience training activities and adaptive farming practices training. In addition, national capacity for seed and planting material production/multiplication will be supported and strengthened institutionally, by supporting appropriate national agencies such as DAL, NARI and FPDA. Agricultural recovery in Papua New Guinea will be strengthened through institutional development of local and national drought monitoring and reporting systems.

- **Health.** The Health sector response plan will be focused on providing access to water and medical supplies to ensure the continued functioning of the selected critical health facilities as well as providing direct preventive and curative services to affected populations. In addition, the plan will aim to strengthen disease surveillance and outbreak preparedness in the most affected areas. The priority locations identified for targeting areas experiencing high and extreme food insecurity as food shortage is the predominant underlying cause of current worsening of health outcomes.

- **Nutrition.** Address short term needs to ensure that children and other vulnerable groups with acute malnutrition in targeted areas have access to therapeutic food while also ensuring community members at risk of malnutrition in targeted areas have access to micronutrient powders. The cluster also aims to support health service providers and volunteers in targeted areas have the capacity to address acute malnutrition as well as enable behavioural change on nutrition sensitive practices.

- **WASH.** The WASH cluster plan will be focused on addressing both the short term as well as longer-term needs. In the immediate term, the priority would be to provide access to clean water through the provision of WASH supplies (NFIs) to communities and improving water supply systems for affected communities. This will be coupled with hygiene promotion to improve understanding and application of basic hygiene practices.

- **Early Recovery.** Key to early recovery from drought impacts is the diversification of livelihoods of affected communities through longer term recovery and community-based development as well as the strengthening of early warning system for enhanced preparedness at the community level. The resilience of vulnerable communities will be improved through having a more diverse livelihood as well as being better prepared for climate related risks through early warning.

CERF Funding was intended to complement ongoing multi-sectoral activities by allowing the immediate kick-starting of **food security and efforts to address severe acute malnutrition operations in affected areas of Hela and Enga Provinces**. This was also intended to complement the DFAT and WFP food distributions that have been initiated in other affected areas of Western Province. The DMT and Food Security Cluster also actively and successfully sought alternative funding options for affected islands in Milne Bay based on assessments. As other cluster activities were then better funded, and the UNCT unanimously agreed to prioritize emergency food distributions in the CERF.

The key strategic priorities for the CERF application were fully aligned with the overall strategy being developed by the Disaster Management Team. CERF funding would kick-start a rapid scale-up of food and nutrition assistance. The following objectives underpinned the focus of the CERF:

- Address the immediate food needs of people in areas suffering from extreme food shortages.
- Ensure that vulnerable groups, particularly children under 5, suffering or at risk for severe acute malnutrition receive nutritional support.

The following table indicates the critical areas supported with CERF funds.

| Main Humanitarian Issues | Activities |
|---|---|
| Address the immediate food needs of people in areas suffering from extreme food shortages. | Implemented by WFP<br><br>• Prevent food insecurity through delivery of food aid to 140,556 people. |
| Ensure that children and others particularly vulnerable to severe acute malnutrition receive nutritional support. | Implemented by UNICEF<br><br>• Procurement and distribution of therapeutic feeds for targeted treatment of cases diagnosed with SAM.<br>• Provide skilled training of service providers and volunteers on SAM.<br>• Procurement and blanket distribution of multiple micronutrient powders (MNPs) to the rest of the children under five given the risk to hidden hunger, resulting from 'improvised' |

## III. CERF PROCESS

The CERF application process was initiated by the DMT following the results of the assessments indicating that the situation had become critical in certain areas. Prioritisation, based on urgent needs and life-saving criteria, was done within the UNCT, guided by and refined through consultations with cluster leads and the DMT. The DMT is a collaborative mechanism among major humanitarian actors in PNG that is co-chaired by the UN Resident Coordinator and the Head of the PNG National Disaster Centre (NDC). While the UNCT during its meeting on 28 March 2016 considered a range of humanitarian needs stemming from the drought, including spread of communicable diseases, lack of water and sanitation, closure of schools and other sectors, it was recognized that the most critical life-saving activity was to address the critical food shortages in the 4 LLGs. In addition, given that other cluster activities had started receiving funding, the UNCT unanimously agreed to prioritize emergency food distributions with CERF funding.

The Food Security and Nutrition clusters focused on immediate life-saving activities to address the severe food shortage in the most affected regions. The extremely high base-line costs of delivery and distribution within PNG meant that activities needed to be tightly streamlined, and paired with complementary efforts whenever possible.

A rapid gender analysis was conducted by CARE PNG in Oct 2016 and shared with the PNG humanitarian community. The gender analysis served to inform the design of the CERF intervention to mitigate the drought's direct impact on women in PNG Highlands as traditional carers in the household and food producers through subsistence agriculture. To ensure that the food needs of vulnerable groups such as female-headed households were also met and any cause for inter-household conflict prevented, blanket food distribution was planned. Pre-distribution registration was conducted with a focus on ensuring female-headed households and females within households were accounted for. Women in communities were also actively involved in collection of food rations while distribution points were planned to be as close to communities as possible to minimise travelling distances.

## IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Total number of individuals affected by the crisis**: 162,000 | | | | | | | | | |
| **Cluster/Sector** | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| Nutrition | 8,300 | NA | **8,300** | 10,847 | NA | **10,847** | 19,147 | NA | **19,147** |
| Food Aid | 25,598 | 26,643 | **52,242** | 27,732 | 38,864 | **56,595** | 53,330 | 55,507 | **108,837** |

1 *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

### *BENEFICIARY ESTIMATION*

Of the total population of 162,000 people facing severe food insecurity in a total of 6 LLGs across the country, over 140,000 people are targeted for assistance with CERF funds are located in 4 priority LLGs, clustered in the western part of PNG's highlands between Enga and Hela provinces (i.e. 1 LLG in Hela and 3 LLGs for Enga namely Upper Wage in Hela, Wage Rural in Enga, Kandep Rural in Enga, Pilikambi Rural in Enga). Given the available funding allocation under the CERF, it was not possible to cover the full caseload of 162,000 people; rather, CERF funds available were only sufficient to cover 4 out of the 6 total priority LLGs, or approximately 86.4% of total beneficiaries identified as severely food insecure. This was thoroughly discussed and agreed locally in the UNCT and Disaster Management Team meetings, with all humanitarian actors agreeing that CERF funds should be maximized to reach 140,556 beneficiaries within a fixed and specific geographic area (4 LLGs).

The CERF-supported nutrition intervention targeted the jointly identified catchment populations (140,000 people) experiencing extreme food insecurity in Hela province (Upper Wage LLG) and Enga province (Wage Rural LLG, Kandep LLG, Pilikambi Rural LLG). The specific target population targeted was estimated to be 17,500 children under five years in these four LLGs of which 5,304 children (12.5% of target population) were expected to require treatment for SAM. The non-SAM sub-set targeted to receive micronutrient powders was an estimated 16,970 children. 12.5% of 140,000 total population (children below 5 years) were targeted to be supported of which 3% were estimated to have SAM, rounded off from 525 to 530.

In estimating total number of beneficiaries, both interventions targeted the same catchment population with the nutrition intervention specifically targeting the under 5 year old sub-set population. As such, the sub-set population reached (19,147) is assumed to be part of the total number of beneficiaries reached by the food relief intervention (108,837). This is further supported by the food relief intervention's targeting approach which is based on blanket distribution within an identified locality with all members of the household receiving an equal ration of rice.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2] | | | |
|---|---|---|---|
| | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Female** | 25,598 | 26,643 | **52,242** |
| **Male** | 27,732 | 38,864 | **56,595** |
| **Total individuals (Female and male)** | **53,330** | **55,507** | **108,837** |

2 *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

### *CERF RESULTS*

Photo 1. Food distribution at Wanepap EDP (WFP/Mats Persson)

Within the context of the overall $37.57m DMT El Niño Response Plan, the food relief and nutrition component ($13.09m target) formed a key pillar of planned multi-sectoral activities. The CERF grant complemented ongoing multi-sectoral activities by allowing the immediate kick-starting of food security and nutrition efforts to address severe acute food insecurity situations in affected areas of Hela and Enga Provinces. The grant also allowed the commencement of urgent interventions while the DMT and Food Security Cluster continued to actively seek additional funding support. To this end, the CERF grant enabled the execution of planned interventions by providing **108,837 people** in Enga and Hela Provinces with food assistance for 2 months while reaching **19,147 children** (under 5 years) with malnutrition treatment in the four targeted LLGs within the same two provinces. The food assistance intervention commenced within six weeks of the approval of the CERF grant which saw the rapid scaling up of operational capability by WFP (a non-resident UN agency in PNG) to first distribution in highly remote locations in the Highlands. Both interventions were completed prior to the respective grant expiration dates.

A joint interagency CERF monitoring mission was conducted from 22-24 June 2016 to Enga Province to observe the implementation of the food assistance and nutrition interventions. The mission was jointly led by Acting Director of the PNG National Disaster Centre, Mr Martin Mose and the UN Resident Coordinator, Mr Roy Trivedy and comprised representatives from WFP RBB, UNICEF and UNDP. The mission observed food distributions at Mang Extended Delivery Point (EDP), trans-loading and storage points at Mang Parish, and St. Mary's Health Centre (Yapum). The members of the mission also had opportunities to interact with beneficiaries at the EDPs.

Photo 2. Mission led by Acting Director NDC (left foreground) and UN RC (right foreground) arriving at Mang EDP (UNDP/Gerard Ng)

Photo 3. Food distribution at Mang EDP by CARE PNG staff (UNDP/Gerard Ng)

The UN RC, supported by UNDP, also closely monitored the implementation of activities through an implementation monitoring plan which included fortnightly status updates by WFP and UNICEF to UN RC coupled with updates to the PNG DMT on alternative weeks. This allowed the RC to be systematically kept abreast of developments and challenges while being able to provide timely guidance where required.

Food Assistance Intervention

In the food assistance intervention in Upper Wage, Wage Rural, Kandep, Pilikambi Rural LLGs, a total of 108,837 people (21,767 households) received food assistance following registration of beneficiaries which confirmed the beneficiary population. The planned beneficiary population of 140,556 was based on latest national census figures from 2011 whose accuracy has been challenged. Improved food security situation in Bomai/Gumine LLGs, Chimbu Province as well as an escalation in the physical security situation in Hela Province prevented access and also contributed to discrepancies between planned and reached numbers.

Bomai/Gumine LLG in Chimbu Province was initially included in WFP's emergency operation (EMOP) as a planned distribution area. A subsequent assessment of the Bomai/Gumine LLG determined that although the food security situation was severe, shorter planting cycles and imminent crop yield would significantly improve the food security situation in Bomai/Gumine LLG by May/June. As such, WFP did not distribute rice to over 20,000 planned beneficiaries in the LLG but continued to monitor them.

The volatile security situation in the Highlands continued to be an underlying concern during relief operations. Because of security risk, the final five wards to be reached from Hela Province were not served in the first round of food distributions (supported by the CERF grant) by WFP. These locations were subsequently served within WFP's broader EMOP when the security situation eased.

Of the 108,837 beneficiaries reached, 24,651 received food distribution at Wanepap Extended Distribution Point (EDP), 31,543 at Mang EDP, 51,363 at Marient EDP and the remaining 1,276 at Margarima EDP. The disaggregated numbers of beneficiaries reached by the CERF grant are as follows:

| **Extended Distribution Point (EDPs)** | **Children (< 5)** | | **Children (6-14)** | | **Adult (15-49)** | | **Adult (>50)** | | **Total** |
|---|---|---|---|---|---|---|---|---|---|
| | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | |
| Wanepap | 2,166 | 2,212 | 3,231 | 2,998 | 6,006 | 5,886 | 1,011 | 1,141 | **24,651** |
| Mang | 1,423 | 2,662 | 5,558 | 4,729 | 7,503 | 7,762 | 893 | 1,013 | **31,543** |
| Marient | 1,151 | 1,457 | 8,155 | 6,600 | 14,814 | 14,491 | 2,214 | 2,481 | **51,363** |
| Margarima | 64 | 116 | 206 | 136 | 328 | 312 | 48 | 66 | **1,276** |
| **Total** | **4,804** | **6,447** | **17,150** | **14,463** | **28,651** | **28,451** | **4,166** | **4,701** | **108,831** |

Nutrition Intervention

UNICEF undertook a complementary nutrition intervention in the same target locations as the food assistance intervention. Beyond the planned 17,500 beneficiaries (children under 5 years) and anticipated 530 SAM cases, **19,147 children were screened and 680 children were diagnosed with SAM and treated based on protocol**. Non-SAM children screened received micronutrient powders accordingly in the four planned LLGs in order to prevent an escalation to SAM.

Deviations in overall planned number of beneficiaries for both interventions were also impacted by availability of accurate census figures. The latest available census data was from 2011 and subsequent beneficiary registration enabled a more accurate determination of target beneficiaries.

Photos 4-8. Progress of SAM Treatment in Enga Province (UNICEF/Hanifa Namusoke)

## *CERF's ADDED VALUE*

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

Within the context of highly inaccessible target locations and limited existing logistic supply chains, CERF funds enabled commencement of interventions within six weeks of grant approval.

**b) Did CERF funds help respond to time critical needs[1]?**
YES ☒ PARTIALLY ☐ NO ☐

Given the severe escalation of food insecurity in early 2016 in line with the cumulative impacts of the El Nino, the funds allowed the kick-starting of interventions to stem the critical risk of child and adult mortality due to food insecurity.

**c) Did CERF funds help improve resource mobilization from other sources?**
YES ☐ PARTIALLY ☒ NO ☐

CERF funds attracted an additional $5.1m for emergency food relief from bilateral donors. This significantly increased the funding for the food assistance intervention to $9.1m (70% of funding target). 30% of the food assistance intervention target remained unfunded. The grant support to nutrition intervention was unable to attract further funding support and limited the intervention.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

The process of identifying target populations, prioritising sectors and deliberating the prioritisation for CERF facilitated increased engagement and coordination amongst active members of the PNG DMT (comprising both the humanitarian community and the PNG government). The DMT meetings were convened up to a weekly basis during the initial planning and execution of the CERF-supported activities. Programming of the CERF grant also ensured closer operational coordination between implementing partners and provincial/sub-provincial governments.

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

e) **If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

The approval of the CERF grant had a strong signalling effect (by the international community) to acknowledge the severity of the situation in PNG relative to other El Nino impacted countries as well. This also provided justification to bilateral donors to release additional funding (in lieu of a national request for assistance). The relative flexibility of the CERF also allowed WFP to prioritise the focus of its operations in response to the developing ground situation vis-á-vis more restrictive conditions attached to some donor funding.

## V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible entity** |
| Need to evaluations to be planned and budgeted as part of project implementation. | There was no specific guidance during the CERF application process to indicate that a post-implementation evaluation was required beyond standard monitoring but the RC report template queries on whether one was done. It would have been better to indicate upfront whether it is a requirement or a recommended good practice so that agencies can allocate budget lines accordingly rather than to find that out at the point of reporting. If it is a requirement, the application guidance should indicate this explicitly. | CERF Secretariat |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible entity** |
| A volatile security situation can impact on delivery of relief (e.g. Hela province) | Future response plans to include updated security analysis of targeted locations to identify potential physical risks to interventions and factor in likely delays within implementation plan.<br><br>Plan for increased engagement of local government and community stakeholders to improve community security arrangements. | UNDP (in consultation with UNDSS)<br><br>UNDP (in support of implementing agency) |
| Lack of options on the side of implementing partners for delivery of relief assistance | Complete mapping of potential partners in all provinces within PNG. (part of ongoing prepardeness activities undertaken by UNDP as part of the DMT in terms of identifying partner presence across the country through a development-humanitarian 3Ws mapping exercise. Expected to be complete by end of Qfirst quarter of 2017.)<br><br>Building of identified partners' technical capacity and alignment with core humanitarian standards. | UNDP (in coordination with DMT and PNG NDC)<br><br>UNDP (in consultation with OCHA) |

## VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|---|---|---|
| **CERF project information** | | | |
| **1. Agency:** | UNICEF | **5. CERF grant period:** | 18/04/2016- 17/10/2016 |
| **2. CERF project code:** | 16-RR-CEF-054 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Nutrition | | ☒ Concluded |
| **4. Project title:** | Lifesaving nutrition interventions to the El Nino affected populations of Papua New Guinea, particularly for children under five years | | |

| 7.Funding | | | |
|---|---|---|---|
| a. Total funding requirements[2]: | US$ 8,400,000 | d. CERF funds forwarded to implementing partners: | |
| b. Total funding received[3]: | US$ 736,670 | ▪ *NGO partners and Red Cross/Crescent:* | |
| c. Amount received from CERF: | US$ 736,670 | ▪ *Government Partners:* | US$ 417,382 |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| *Direct Beneficiaries* | *Planned* | | | *Reached* | | |
|---|---|---|---|---|---|---|
| | *Female* | *Male* | *Total* | *Female* | *Male* | *Total* |
| *Children (< 18)* | 8,750 | 8,750 | 17,500 | 8,300 | 10,847 | 19,147 |
| *Adults (≥ 18)* | | | | | | |
| ***Total*** | **8,750** | **8,750** | **17,500** | **8,300** | **10,847** | **19,147** |

**8b. Beneficiary Profile**

| *Category* | *Number of people (Planned)* | *Number of people (Reached)* |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 17,500 | 19,147 |
| ***Total (same as in 8a)*** | **17,500** | **19,147** |

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[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[3] This should include both funding received from CERF and from other donors.

| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | NA |
|---|---|

| **CERF Result Framework** | | | |
|---|---|---|---|
| **9. Project objective** | Provide lifesaving nutrition interventions to the El Nino affected populations of Papua New Guinea particularly for children under five | | |
| **10. Outcome statement** | Children in targeted areas are protected against acute malnutrition | | |
| **11. Outputs** | | | |
| **Output 1** | Children with SAM in targeted areas have access to therapeutic food. | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | Number of cases with severe acute malnutrition receiving treatment | 530 | 680 |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Procure therapeutic food for treatment of children with SAM | UNICEF | UNICEF |
| Activity 1.2 | Arrange logistics, storage and distribution to ensure that the therapeutic food will reach the beneficiaries | UNICEF in collaboration with WFP | UNICEF/ National Department of Health (NDoH)/ Provincial Health Offices (PHO) |
| Activity 1.3 | Develop Programme Cooperation Agreement with local partners to implement the screening, treatment and follow-up of children under five with severe acute malnutrition as well as to conduct nutrition education to families and caregivers | UNICEF/local NGOs/CBO | None |
| Activity 1.4 | Conduct screening of children under five in all villages of 4 LLGs together with nutrition education | Local NGO/CBO with support of health workers | Government Provincial Health Department |
| Activity 1.5 | Analyse data to inform distribution of therapeutic food | UNICEF/NDOH/Provincial Health Offices | Government Provincial Health Department/ NDoH/UNICEF |
| Activity 1.6 | Distribute therapeutic feeds to targeted beneficiaries | Local NGO/CBO/health workers | NDoH/Provincial Health Department |
| Activity 1.7 | Follow-up children under five under SAM treatment | Local NGO/CBO with support of health workers | NDoH/Provincial Health Department |
| **Output 2** | Children without SAM in targeted areas have access to micronutrient powders. | | |

| Output 2 Indicators | Description | Target | Reached |
|---|---|---|---|
| Indicator 2.1 | Number of health workers and volunteers who receive face to face training on SAM management using the protocol | 120 | 120 |
| **Output 2 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 2.1 | Print and distribute protocols and training manuals to training venue | UNICEF | UNICEF/NDoH |
| Activity 2.2 | Procure MUAC tapes and other tools for screening children for SAM | UNICEF | UNICEF |
| Activity 2.3 | Train trainers and supervisors who will conduct training and mentoring to health facilities. | NDoH | NDoH |
| Activity 2.4 | Provide health workers with screening tools. | UNICEF/NDoH | UNICEF/NDoH |
| Activity 2.5 | Conduct training and mentoring of health workers and volunteers who will manage children with SAM in the four LLGs | UNICEF/NDoH | UNICEF/NDoH |

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**Outputs**

| | Total screened | Total SAM |
|---|---|---|
| Wage LLG/Enga | 6,396 | 84 |
| Kandep LLG /Enga | 7,136 | 527 |
| Laigaim/Enga | 3,829 | 64 |
| Upper Wage/Hela | 1,786 | 5 |
| | **19,147** | **680** |

- A total number of 19,147 (vs. 17,500 planned) children were screened, rising above the targeted.
- **Collectively, 680 (vs. 530 planned)** were diagnosed with SAM and treated based on protocol; others received micronutrient powders accordingly in the four planned LLGs. Resources (time, health worker training, cash transfers, mentorship and supervision) spent in Upper Wage were not returning value for money, since there only 5 children with SAM in more than 1,700 initially screened. Effort was then diverted to Enga, and in fact, the contraction of SAM caseload was determined at about 4%, far above what was thought to be the case at the time of seeking the CERF contribution.

**Activities**

- The plan was to partner with other NGO/CBOs to execute the activities. Locally, there was no known presence of NGO/CBO nor capacities to address activity needs, thus, partnership was with National Department of Health (NDoH) and Provincial Health Offices (PHO);
- The partnership with NDoH and PHO **required more output** (children screened and children with SAM treated) at the lowest health care service points, the Aid posts. However, there were challenges. At LLG Aid post level, the human resource staffing levels were too thin. The majority of existing Aid posts were nonfunctional at the time of executing this activity. Many were long closed down due to tribal fights, or an aging health worker force or because staff had abandoned their duties. Such situations were most prevalent in Upper wage LLG in Hela province. As a result, screening for SAM through static, outreaches and patrols was done in one LLG at a time.

| | |
|---|---|
| • There were other cross cutting encounters due to tribal conflicts that resulted in on and off activities such as in Pilikambi LLG in the catch mate areas of Kapelam. However, the situation was similar in Tambitanis in Liaigam LLG. This meant that screening and follow up activities were interrupted. | |
| **13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:** | |
| • In all the four LLGs, in the two provinces, provincial health offices committed to deliver the activities under the leadership of the National department of Health and technical assistance by UNICEF till the end;<br>• In June, there was a joint supervision visit by the Government, office of the UN Resident Coordinator, WFP, UNICEF, among others;<br>• All activities were conducted professionally and with high integrity. Rights of the beneficiaries were observed. | |
| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
| No CERF-specific evaluation will be conducted as the CERF supported intervention is a subset of a broader ongoing nutrition intervention being undertaken by UNICEF. The current program is expected to be complete by 31 March 2017 after which an evaluation is feasible for the entire caseload (including those reached through the CERF grant). Resources for a formal evaluation are not available at present but UNICEF's result monitoring framework will continue to monitor and report the outcomes of the intervention (including measuring against the program success benchmark of 75% children cured). | EVALUATION PENDING ☐<br>NO EVALUATION PLANNED ☒ |

| TABLE 8: PROJECT RESULTS | | | |
|---|---|---|---|
| **CERF project information** | | | |
| **1. Agency:** | WFP | **5. CERF grant period:** | 13/04/2016- 12/10/2016 |
| **2. CERF project code:** | 16-RR-WFP-029 | **6. Status of CERF grant:** | ☐ Ongoing |
| **3. Cluster/Sector:** | Food Aid | | ☒ Concluded |
| **4. Project title:** | Emergency Food Assistance to Severely Food Insecure Households Affected by El-Nino-induced drought | | |

| **7.Funding** | | | | |
|---|---|---|---|---|
| a. Total funding requirements[4]: | US$ 12.6m | d. CERF funds forwarded to implementing partners: | |
| b. Total funding received[5]: | US$ 9.2m | ▪ *NGO partners and Red Cross/Crescent:* | US$ 604,774 |
| c. Amount received from CERF: | US$ 3,999,485 | ▪ *Government Partners:* | |

**Beneficiaries**

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

| *Direct Beneficiaries* | *Planned* | | | *Reached*[6] | | |
|---|---|---|---|---|---|---|
| | *Female* | *Male* | *Total* | *Female* | *Male* | *Total* |
| *Children (< 18)* | 33,458 | 31,198 | 64,656 | 25,598 | 27,732 | 53,330 |
| *Adults (≥ 18)* | 39,276 | 36,624 | 75,900 | 26,644 | 28,857 | 55,501 |
| ***Total*** | **72,734** | **67,822** | **140,556** | **52,242** | **56,589** | **108,831** |

**8b. Beneficiary Profile**

| *Category* | *Number of people (Planned)* | *Number of people (Reached)* |
|---|---|---|
| *Refugees* | | |
| *IDPs* | | |
| *Host population* | | |
| *Other affected people* | 140,556 | 108,831 |
| ***Total (same as in 8a)*** | **140,556** | **108,831** |

[4] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[5] This should include both funding received from CERF and from other donors.
[6] Age disaggregation for reached households projected beased on census data.

| | |
|---|---|
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | Bomai/Gumine LLGs in Chimbu Province was initially listed in the EMOP as a planned distribution area. A subsequent assessment of the Bomai/Gumine LLG determined that although the food security situation was severe, the shorter planting cycles and imminent crop yield would significantly improve the food security situation in Bomai/Guimine LLG by May or June. Consequently, WFP did not distribute rice to over 20,000 planned beneficiaries in the LLG but continued to monitor them.<br><br>The volatile security situation in the highlands was an underlying concern during the WFP/CARE distributions. Because of the security risk, the final five wards to be reached from Hela Province were not served in the first round.<br><br>As per the CERF proposal, additional funds were mobilised to fill the remaining months of food assistance for the targeted highland areas. |

| **CERF Result Framework** | | | |
|---|---|---|---|
| **9. Project objective** | Provide immediate, emergency food assistance to populations suffering from severe food insecurity | | |
| **10. Outcome statement** | Enable target populations to meet immediate food needs for 2 months | | |
| **11. Outputs** | | | |
| **Output 1** | 2 months of food rations successfully distributed in target areas | | |
| **Output 1 Indicators** | **Description** | **Target** | **Reached** |
| Indicator 1.1 | 100% of people receive emergency food rations distributed by WFP and partners | 140,556 | 108,831 |
| Indicator 1.2 | 2,108 MT of food distributed in target geographic areas | 100% (2,108 MT) | 72% (1,524 MT) |
| Indicator 1.3 | 2,108 MT of food (rice) procured by WFP for distribution | 100% | 72% |
| **Output 1 Activities** | **Description** | **Implemented by (Planned)** | **Implemented by (Actual)** |
| Activity 1.1 | Distribution registration and verification/identification of 28,111 beneficiary households | WFP & Cooperating Partners | WFP & CARE |
| Activity 1.2 | Procurement of 2108 MT of food relief | WFP | WFP |
| Activity 1.3 | Primary and secondary transportation and storage of 1,406 MT of food relief | WFP | WFP |
| Activity 1.4 | Identification of Cooperating Partners and finalisation of agreements | WFP | WFP |
| Activity 1.5 | Distribution process and post-distribution monitoring | WFP & Cooperating Partners (TBD) | WFP & CARE |
| Activity 1.6 | Distribution of emergency food rations to 140,556 people | WFP & Cooperating Partners | WFP & CARE |

| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: |
|---|
| WFP submitted the CERF proposal on the basis that 162,000 people faced severe food insecurity in 6 LLGs across the country. A total of 140,000 people were targeted for assistance using CERF funds in 4 priority LLGs, clustered in the western part of PNG's highlands between Enga and Hela provinces. The CERF contribution did not intend to cover total food assistance needs in the targeted areas −the entirety of the sectoral response, in the form of food relief operations, was planned to cover the total population of over 162,000 people over a 3 month period.<br><br>CERF funds permitted WFP, with the support of implementing partner CARE, to kick-start distributions by ensuring that an initial six week ration was delivered to populations experiencing immediate food shortages, while additional funds were mobilised to fill the remaining months of food assistance for these areas and other areas.<br><br>The CERF contribution covered WFP food distribution to 108,831 people (21,767 households) in the highlands. Each household received a 70 kg ration lasting six weeks. Using CERF funds, WFP distributed a total of 1,524 MT of fortified rice, which was procured and distributed from 06 June to 09 August in 3 LLGs- Pilikambi Rural, Kandep Rural and Wage Rural of Enga province and 1 LLG- Upper Wage of Hela province.<br><br>WFP and partner CARE were challenged by the volatile security situation throughout the operation. On 07 August, as distributions of CERF rice were nearly completed, CARE officially withdrew as a partner from the Field Level Agreement with WFP due to proliferation and escalation of security incidents. Heavy rains also caused some transport delays. |
| **13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:** |
| WFP implemented AAP in the framework of the project. Prior to distributions, WFP consulted with UN, interagency and Government stakeholders to ensure a common understanding on project areas (humanitarian principles and standards, registration and distributions process, safety and security protocols, monitoring and accountability mechanisms, gender and child protection frameworks). WFP submitted planned beneficiary targets disaggregated by gender and age as part of the CERF proposal to ensure accountability across these characteristics during the actual distribution.<br><br>WFP accounted for AAP in the actual distribution by maintaining the 'social license' to operate, gained through the close coordination with the church networks as well as the surveys and community rapports previously established by the church network. This 'social license' allowed partner CARE teams to move freely among the impacted areas to complete 'socialisation' – beneficiaries were provided with an overview of the food distribution before it occurred. Following successful socialisation, teams commenced the registration process. This was done in collaboration with community leaders to ensure accuracy. WFP also ensured that community leaders were informed of the complaint mechanism, beneficiary rights and entitlements, staff roles and responsibilities and WFP contact details. Community members were involved throughout the distribution process and provided security assistance, crowd control management and physical assistance in the actual distribution.<br><br>WFP ensured AAP in relation to the security situation. As the highlands was an environment characterised by a volatile security situation, WFP maintained a strategy of ending distributions immediately if any security incidents occurred. This ensured that risk to staff was kept at a minimum. The security situation would be re-evaluated so that populations where security incidents took place could still be reached while the safety of WFP staff was also ensured.<br><br>WFP took particular care to ensure the AAP of the most vulnerable and severely affected populations. The vulnerable population cohort comprised of single, elderly, pregnant and/or disabled females. During the distribution, beneficiary data in both registration and distribution lists were disaggregated by gender and age of head of household and family members, while also capturing vulnerabilities within families. Community leaders and family members received and carried rice on behalf of the vulnerable people. Furthermore, to ensure safety of children and infants, there was a strict no children policy applied at the distribution site. |

WFP conducted sample interviews at distribution sites. Interviews asked beneficiaries questions regarding the food deliveries in general and the ration provided. There was a rough estimate of 80 males to 60 females interviewed in total. WFP aimed to interview more women, but many women declined to be interviewed.

A feedback and complaint mechanism was established through a WFP monitor, as well as through CARE. WFP registered complaints at each distribution and assessed the legitimacy of these complaints. When WFP determined that the households had legitimate complaints, WFP distributed rice to these households, typically on the same day that they filed their complaints.

WFP shared information with donor, UN, Government, NGO, media and private partners through regular news releases, situation reports, and presentations at DMT meetings.

*Photo 1: Elderly beneficiary at a distribution site in Lawe, Enga Province, was assisted by porters and casual workers to carry rice out of distribution site. (WFP/Mats Persson)*

| **14. Evaluation: Has this project been evaluated or is an evaluation pending?** | EVALUATION CARRIED OUT ☐ |
|---|---|
| WFP regularly visited distribution sites to observe and monitor distribution activities. Monitoring arrangements were organised with partner networks to report the amount of food distributed, as well as age and gender of beneficiaries. Daily reporting was vital to keep the WFP regional office abreast of the situation on ground.<br><br>Distribution and post-distribution monitoring systems were implemented to verify that food insecure households were able to access entitlements safely and in line with the distribution plan. Monitoring of distributions were completed using WFP On-site Monitoring (OSM) and Entitlement Basket Monitoring (BM) tools.<br><br>WFP has just completed a second round of mVAM as part of post-implementation monitoring. The findings are currently being analysed and will be used for their annual reporting due on 31 Mar 2017. | EVALUATION PENDING ☒<br><br>NO EVALUATION PLANNED ☐ |

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US$ |
|---|---|---|---|---|
| 16-RR-WFP-029 | Food Assistance | WFP | INGO | $604,774 |
| 16-RR-CEF-054 | Nutrition | UNICEF | GOV | $417,382 |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| AAP | Accountability to Affected Populations |
| AAR | After Action Review |
| ADRA | Adventist Development and Relief Agency |
| BM | Basket Monitoring |
| CBO | Community-Based Organisation |
| CERF | Central Emergency Response Fund |
| CPP | Church Partnership Program |
| DAL | Department of Agriculture and Livestock |
| DFAT | Australia Department of Foreign Affairs and Trade |
| DMT | Disaster Management Team |
| ECHO | Directorate-General for European Civil Protection and Humanitarian Operations |
| EDP | Extended Delivery Point |
| EMOP | Emergency Operation |
| FAO | Food and Agricultural Organization |
| FPDA | Fresh Produce Development Agency |
| GAM | Global Acute Malnutrition |
| ICRC | International Committee of the Red Cross |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| IOM | International Organization for Migration |
| LDS | The Church of Jesus Christ of Latter-day Saints |
| LLG | Local Level Government |
| MAM | Moderate Acute Malnutrition |
| MFAT NZ | New Zealand Ministry of Foreign Affairs and Trade |
| MNP | Micronutrient Powders |
| MSF | Médecins Sans Frontières |
| MT | Metric Tonne |
| mVAM | Mobile Vulnerability Analysis and Mapping |
| NARI | National Agricultural Research Institute |
| NDC | National Disaster Centre |
| NFI | Non-Food Item |
| NGO | Non-Governmental Organisation |
| NDoH | National Department of Health |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| OHCHR | Office of the United Nations High Commissioner for Human Rights |
| OSM | On-site Monitoring |
| PHO | Provincial Health Office |

| | |
|---|---|
| PNG | Papua New Guinea |
| PGK | Papua New Guinea Kina |
| RBB | WFP Regional Bureau (Bangkok) |
| RC/HC | Resident Coordinator/Humanitarian Coordinator |
| SAM | Severe Acute Malnutrition |
| UNCT | UN Country Team |
| UNDP | United Nations Development Programme |
| UNDSS | United Nations Department of Safety and Security in PNG |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Programme |
| WHO | World Health Organization |