

# THE UNITED NATIONS' SUPPORT TO COVID-19 PREPAREDNESS AND RESPONSE IN PAPUA NEW GUINEA

April 2022



Since the onset of the COVID-19 pandemic in 2020, the United Nations in Papua New Guinea (PNG) has been supporting national efforts in preparing for, responding to, and recovering from the COVID-19 pandemic in the following areas:



*Figure 1. Government of Netherlands donated 302,400 J&J doses of COVID-19 vaccines to COVAX facility 3.*

- Health Emergency and Humanitarian Coordination
- Clinical Management and Procurement
- Risk Communications and Community Engagement
- Protection and Secondary Impacts
- Socio-Economic Impact and Recovery

The funds used by the United Nations agencies, funds, and programme in PNG to support national efforts have been received from various sources, such as the Governments of Australia, Japan, New Zealand, United States of America, India, China, Netherlands, also

from the private sector, the Global Partnership for Education, the Government of Papua New Guinea, and the World Bank. The UN also has made contributions from its own core resources. These funds are being delivered by the UN agencies directly and through implementing partners.

As of 10<sup>th</sup> April 2022, more than 320,000 people have at least received one dose of the COVID-19 vaccine while more than 263,000 people are fully vaccinated. A cumulative total of 43,526 positive COVID-19 cases had been recorded in the country, including 643 known COVID-19 related deaths.

The United Nations agencies, funds and programmes in Papua New Guinea have received disbursements and pledges of **US\$ 88.6 million (approximately 308 million kina)** since the start of the pandemic in early 2020 to support COVID-19 response efforts:

- This includes **US\$ 54.1 million** for health-sector related COVID response and,
- **US\$ 34.5 million** for non-health related response such as for addressing the socio-economic impact of the pandemic.

UN has delivered support worth **US\$ 59.8 million** thus far.

## Health Emergency and Humanitarian Coordination

The World Health Organization (WHO) works closely with the National Department of Health (NDoH), the National Control Center and partners, to provide technical, operational, and capacity-building support for PNG's COVID-19 response. This includes advice on public health and social measures, expanding health system capacity through training, support for scaling up surveillance, testing, reporting and contact tracing, and securing doses and rolling out COVID-19 vaccinations. WHO has also supported with the deployment of multiple Emergency Medical Teams (EMTs), coordinating the health cluster and communicating with health workers and communities to understand their concerns, explain the risks of



*Figure 2. UNICEF Representative, Claudes Kamenga and Executive Director, Ministerial Task Force, Api Kassman watch as New Zealand Deputy High Commissioner, Nathan Ross hands over vaccines and vaccine carriers to Ken Wai, Deputy Secretary, National Department of Health.*

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COVID-19 and how to protect themselves and others through vaccination and adherence to Niupela Pasin measures.

UNICEF continues providing technical support through the logistics and health operation Technical Advisory Groups (TAGs) of the Ministerial Task Force on COVID-19 vaccine deployment. This is complimented by UNDP's continuing provision of technical expertise to the NCC to assist partner reporting and coordination. This is supporting both partners and Government track contributions and assistance. As part of this continued engagement, UNICEF shares weekly vaccine stock balance and utilization reports during the first quarter with respective stakeholders.

The UN co-chairs the Disaster Management Team (DMT) with Government and leads the DMT's implementation of a multi-sectoral plan to support the national response. PNG DMT, supported by UNDP technical expertise, continues to provide support through capacity building in strengthening national humanitarian institutions and guidance on strategic and operational planning processes. DMT also continues monitoring and coordination with the Food Security, Protection, Child Protection, Gender-based Violence, Education, Health, and WASH clusters. The DMT remains the focal point for NGOs, church leaders and donor partners to share information and coordinate international humanitarian assistance for COVID-19 to Papua New Guinea.



Figure 3. IEC materials developed by UN Women.

UN Women and Department of Community Development and Religion (DofCDR) co-chair the Protection Cluster which has continued to serve as a pivotal coordination point in COVID-19 response

throughout 2021. The cluster brings together 140 individual members within 12 NGOs, 8 INGOs, 7 Faith Based Organisations, 8 UN agencies and 2 government departments. Through the Protection Cluster, 28 members reported to have linked with another cluster CSO, FBO or agency on their COVID-



Figure 4. Small Handover ceremony of vehicles from the Government of Japan to the PNG Government on 31st March 2022.

19 response projects.

UN Women has paid particular attention to inclusion of disability organizations by providing institutional support to these organisations to improve their work in providing information to PWDs and in promoting their access to essential services. Equal Playing Field and Cheshire disability services have received institutional capacity grants. The support to Equal Playing Field reached a further 5 organizations: PNG Deaf Association, PNG Association of Blind and Vision Impaired, National Capital District (NCD) Disability Persons Organisations, Moitu Koitabu Disability organisation and Central Province Persons Organisation on disability specific advocacy, and empowered them to develop their administrative skills, in order to promote institutional capacity.

The grant to Cheshire Disability Services helped the organization in providing COVID-19 disability support services including the installation of hand washing facilities in three locations including NCD, Vabukori-coastal indigenous communities and the Central Province, providing great benefit to the recipients, by targeting over 800 school students and village communities, alongside providing training to the beneficiaries on the use of these facilities and their basic maintenance. UN Women also supported Cheshire Disability Services to upgrade its ICT

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infrastructure and developed an operational guidelines handbook incorporating the lessons learnt for use and reference in the current and possible future pandemics. They also undertook some repair and maintenance work to facilitate the social distancing among their beneficiaries who were staying in their hostel.

UN Women, through the Protection Cluster, provided training on the centrality of Protection and protection mainstreaming for 46 members of the Health Cluster and 16 members of the Education Cluster (10 female and 6 male participants).

Given the surge of covid 19 cases during the last months of 2021 and early months of 2022, UNFPA supplied various essential PPE to Kiunga Hospital, Western Province, and Port Moresby General Hospital. These included 500 reusable face shields, 500 long sleeve gowns, 15,000 examination gloves, 2000 surgical gloves, 30,000 disposal facemasks, 300 protective goggles and 44 thermometers.



*Figure 5. Clinicians being taught how to use non invasive ventilators.*

## COVID-19 Operational Support and Coordination

Under WHO's operational support to the COVID-19 response, WHO's Incident Management Team is embedded within the National Control Center, having worked closely with the National Department of Health and the Provincial Health Authorities to integrate COVID-19 into existing systems with clearly defined surge plans. Technical advice on surveillance, case management, infection prevention and control (IPC), logistics, laboratory and risk communications have been provided through consultants and staff working with the national COVID-19 Incident Management Team.

For case management, WHO is supporting the development of a national emergency medical team (EMT). This team will be deployed during disasters and will work with clinicians and provincial health facilities in between disasters to improve clinical, IPC and biomedical capacity, particularly with a focus on oxygen use and maintenance of oxygen devices. A pre-deployment workshop was held in Port Moresby in April and trained 26 people who could be deployed under this initiative. A pilot trip was organized to the Highland provinces of Enga, Western Highlands and Jiwaka in anticipation of a surge of cases following the general elections. Recommendations were also



*Figure 6. High-Level Consultation meeting to address challenges in roll out of COVID-19 vaccination program.*

provided on COVID-19 clinical pathways and therapeutics. During these trips, clinicians are being trained on new modes of ventilation such as CPAP and BIPAP to improve in-patient management of COVID-19 cases.

For infection prevention and control (IPC), a training course for trainers on basic IPC for provincial focal points was organised in Port Moresby. This activity trained 16 provincial IPC focal points. A baseline IPC assessment for health facilities has also commenced using WHO's Infection Prevention and Control Assessment Framework (IPCAF) tool, on core components of IPC programmes at the acute health-care facility level. 17 provincial hospitals, the Port Moresby General Hospital and other urban clinics have undergone this assessment. This assessment will allow health facilities to objectively identify core IPC areas that need to be supported. WHO is also providing support on the management of waste at health facilities.

An oxygen strategy was created recently to improve oxygen production through the distribution of oxygen concentrators and setting up of PSA plants in PNG.

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The first plant has been set up at the Port Moresby General Hospital with WHO support, with another three plants planned for selected provinces. There is also ongoing work on other modes of oxygen production such as liquid oxygen and improving the logistics of existing oxygen distribution. Multiple guidelines and one-pagers on COVID-19 management have been developed, some of which are undergoing revision.



*Figure 7. Biosafety Cabinet installation and certification*

WHO has supported large scale procurement and distribution of biomedical equipment and consumables to 57 designated health facilities through partnership with other agencies and donor partners including USAID and FHI360. Commodities such as PPE, IPC material, consumables, biomedical equipment and laboratory commodities, have been supplied to all 22 provinces. Led by the National Control Center, WHO also supports the preparation of pre-packed packages with medical consumables and PPE that can be shipped to provinces in the event of a surge. A mapping exercise of biomedical equipment distributed to provinces is also being carried out with the intention of providing biomedical support for the commissioning and user training of these items.

WHO is working closely with the National Control Centre to develop a COVID-19 testing strategy, whole genome sampling (WGS) criteria, referral pathway for whole genome sequencing in Singapore and Australia, laboratory surge response plan, and guidance for institutionalized testing using AgRDT. Technical support has also been provided to develop testing and reporting training curriculum and materials for GeneXpert, PCR, AgRDT, and quality management system.

The laboratory cluster has also worked to provide operational and technical support for capacity building particularly for the Central Public Health

Laboratory to act as a national reference laboratory and lead the initiative to decentralize testing to four regional PCR labs. The team has conducted laboratory assessments for PCR testing labs using a WHO assessment tool to identify testing capacity and gaps for quality improvement. They continue to support the national laboratory team in the validation and selection of PCR and AgRDT test kits for use in the country. Other technical advice on the standardization list of laboratory commodities and forecasting for uninterrupted testing supplies



*Figure 8. Clinicians receiving refresher sessions on Basic Life Support.*

continue to be given by the WHO laboratory team to their national counterparts.

Through TAG, UNICEF supported NDoH prepare and execute the country's vaccine distribution plan (J&J vaccines & AstraZeneca) to ensure adequate supplies of COVID-19 vaccines at all provinces.

Technical support was provided by UNICEF to update and finalize the national COVID-19 vaccine deployment plan (2022), National Operation Guideline for COVID-19 vaccine (2022), Guide to Health Workers & Vaccine Handlers on COVID-19 vaccine management, Guide to setting up a COVID-19 vaccination site, and COVID-19 vaccination micro plan templates.

Procurement of 216,000 doses of Johnson and Johnson COVID-19 vaccines and 2,000 vaccine carriers were facilitated by UNICEF through the Government of New Zealand which were then handed over to the PNG Government on 22 March 2022. This vaccines and vaccine carriers will be distributed to the provinces in PNG.

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Also, at end of March 2022, the Government of Japan in collaboration with UNICEF handed over 30 new vehicles to the National Department of Health in support of the country's COVID-19 immunisation programme. This was complimented by UNDP's handover of eight ambulances to the Minister for Health and HIV. These ambulances are being delivered to rural and remote areas across the country. Tailored to local conditions, they will assist the delivery of life-savings services.

For assistance with the emergency response projects, UNFPA in partnership with PNG Family Health Association and Hela Provincial Health Authority established sexual and reproductive health mobile clinics at four sites in Tari, Hela Province. These sites are set up to support and provide services to internally displaced women and girls as well as the host community who cannot access the main hospital freely due to ongoing insecurity.

UNFPA is also carrying out training on Minimum Initial Service Package in Tari to 9 males and 8 females with plans to conduct Clinical Management of Rape Training.

## Risk Communications and Community Engagement

WHO provides technical support to the Risk Communication & Community Engagement (RCCE) cluster through strategy and partner coordination which includes coordinating cluster meetings, incorporating research insights into strategy and content development. WHO leads coordination of social listening efforts amongst partners, ussing social listening findings to develop a regular 'social media wrap,' which identifies misinformation and provides social media content that partners can share to counter that misinformation. This is distributed to 90 recipients fortnightly. Content support is also extended to training for national vaccine and health promotion officers, including developing communication tools and guides for health care workers and partners. WHO also works with Facebook to flag mis- and disinformation, boosting posts through Facebook ad credits Daily with weekly posting / publishing of vaccine content on the WHO Facebook page, including daily support of content for the National Department of Health Facebook page. Ongoing activities include coordination of media advocacy sessions, media interview requests, development of talking points and Q&A's for media

interviews, and development of communication tools including for community engagement.



Figure 9. Setting up of COVID-19 Awareness Billboards in East New Britain Province.

UNICEF conducted a whole-community engagement approach in partnership with Save the Children, Touching the Untouchables, The Catholic Church Health Services and Australian Doctors International and this was supported by The World Bank, the Government of Australia, New Zealand, the United States of America, Gavi, The Vaccine Alliance and New Crest. The technical support provided by UNICEF included the training of four CSO partners' provincial coordinators of the project across the 22 provinces of PNG.



Figure 10. IEC Materials developed, printed, and distributed.

PNG Council of Churches (PNGCC) was also supported by UNICEF in which they concluded a series of advocacy and community engagement workshop that ran between December 2021 and February 2022. This saw 250 church leaders, pastors, Provincial and National Health Authority representatives which was conducted in five regions:

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NCD, Southern Region, Highlands, Momase and the Islands region.

The Food and Agriculture Organization of the United Nations (FAO) is supported by the Japanese Government to provide emergency support in preventing the spread and mitigation of the impact of COVID-19 along the agriculture value chain while building resilience in food security, nutrition, and livelihoods.



*Figure 11. Installation of the automatic hand sanitizers and pull-up banners at the Hela Provincial Government Building*

Awareness of the project and advocacy on the COVID-19 Niupela Pasin were held with key stakeholders such as the Provincial and Districts Administrators, Agriculture Commodity Board Agencies, Private Sector, model farmer group. Pull-up banners with COVID-19 new normal messaging were distributed to provincial partners in the country. This also included construction of ten billboards in the township of Tari (Hela Province), Mendi (Southern Highlands), Goroka (and Kokopo (East New Britain Province).

Fifty COVID-19 Automatic hand sanitizers and pull-up banners have been distributed to key stakeholders within the agriculture sector and installed at the Internal and Domestic airports and entry points in the country.

Over 5000 facemasks were distributed by FAO's key stakeholders and partners, including OISCA Rabaul Eco-Tech Training Center in East New Britain Province. OISCA have been working with schools and 22 wards in Rabaul and Kokopo district.

Meanwhile, UNICEF has supported the development, printing, and distribution of 900,000 Information, Education and Communication (IEC) materials in English and Tok Pisin on COVID-19 vaccination for Provincial Health Authorities, Health Workers, CSO Partners in the 22 provinces of PNG.



*Figure 12. Tents set up for Women and Girls Safe Space a mission station in Tari.*

To address the challenges of the national COVID-19 Vaccination roll out program, UNICEF supported a four-day high level consultation meeting from 28 February to 03 March 2022 that saw 160 representatives of Provincial Health Authorities, public health system managers, donor and development partners, and Civil Society Organizations participated in. This workshop was led by the Ministerial Task Force to provide an avenue for the delegates to review the status of the COVID-19 response interventions and to plan afresh with an aim of revamping the rollout and communications strategies with a view to strengthening the health care system.



*Figure 13. Sister Mae Lohis, Team Leader of one of the Mobile clinics of PNG Family Health Association in Tari, Hela Province.*

UNICEF led an awareness and risk perception campaign continued through the mass media, on social media channels and via outdoor advertising

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dissemination vital information on the COVID-29 risks, vaccination, and booster doses. The campaign delivered 300 radio spots, 60 TV spots, 60 press advertisements and 13 billboards.

With support from the Government of Australia, UNICEF recruited five national Health Promotion Officers for East Sepik, West Sepik, Enga, Morobe and Madang Provinces to help provide key support to the provincial Health Authorities in coordinating the risk communication, community engagement and social mobilization efforts towards creating demand for the COVID-19 vaccine and raising risk perception.



**Figure 14.** *Locally customized and procured Dignity Kits offloaded at Tari Hospital for distribution to women and girls displaced by the inter-klan conflicts in Tari.*

In partnership with PNG Family Health Association, the UNFPA provided key messages addressing Sexual Reproductive Health, Gender-Based Violence (GBV) and COVID-19 to displaced women and girls through the distribution of Dignity Kits and Sexual and Reproductive Health Mobile Clinics.

Similarly, UNFPA in coordination with Protection Cluster and Child Protection Sub Cluster, developed and shared joint advocacy notes to Government counterparts, donors and other key stakeholders and supported the ongoing push for inclusion of GBV frontline responders in the prioritized first round of vaccination roll-out.

## Protection and Secondary Impacts

UN Women supported 14 Civil Society Organisations received training on Protection from Sexual Exploitation and Abuse (PSEA) Policy, procedure and Complaints and Feedback Mechanisms (CFMs). As a result of this training, 80% of participants planned to create and introduce a PSEA Code of Conduct to their

organisations and 100% of participants planned to create an internal PSEA policy or integrate PSEA within existing safeguarding policies

To ensure continuity of nutrition services amidst the COVID-19 pandemic, UNICEF continued supporting the National Department of Health (NDoH) in ensuring the availability and accessibility of nutrition services in the National Capital District, Western Highlands, and Western provinces.

The NDoH with technical and financial support from UNICEF ensured the availability and accessibility of a package of proven high impact nutrition interventions in health facilities, communities and in school.

IOM improved health and hygiene practices for 10,600 people, through distributing 18,504 pieces of soap, 10,000 face masks and 2,300 water buckets in East Sepik, Manus, and Autonomous Region of Bougainville (AROB).

To promote safe face to face awareness, UN Women updated the guidance for face-to-face Community Awareness on Coronavirus (COVID-19), placing an emphasis on the prevention measures, including vaccination, and made it available to Protection Cluster organisations and CSO partners.

Target communities in Morobe, Southern Highlands, Hela and AROB benefitted from improved access to water, sanitation, and handwashing facilities from IOM.

UNICEF saw to a total of 7,580 care givers of children under five years old have reached with counselling on appropriate childcare practices. In addition, 5,533 children under five years of age received interventions



**Figure 15.** *Mt. Hagen market managers with the UN Women Market Toolkit.*

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for Anemia prevention that included deworming and supplementation with micronutrient powder.

1,685 school age children received nutrition education on healthy diets while 1,605 have been dewormed through the nutrition program carried out by UNICEF. Meanwhile, 272 adolescent received Iron Folate to prevent Anaemia.



Students at Kiunga Secondary School demonstrate steps for effective handwashing at newly built facilities provided through the Department of Education's EERRP. The school received 16 additional basins to reach the minimum standard of 1 tap to 50 students.

**Figure 16.** Kiunga Secondary School now have access to newly built handwashing basins.

UN Women with support of the Spotlight Initiative and DFAT, continued to address Violence Against Women and Girls through an operational support package to 25 safe houses in 15 provinces. The package includes food vouchers, reusable facemasks, PPE materials, medicines, and ICT equipment (comprising laptops, mobile phones, sim card and internet data credit) As of December 2021, a total of 2481 GBV survivors benefitted from these services 897 women, 302 men, 797 girls, 449 boys, 27 female PWD and 9 male PWD. The support sustained operations through the COVID-19 pandemic, however sustainable funding for CSOs is required. The ICT equipment enabled the safe houses to maintain appropriate and confidential case records of the survivors', improved efficiencies in provision of immediate support for emergency cases and provision of timely reporting and requests to stakeholders.

UNFPA locally procured 600 customized Dignity Kits enroute to Kiunga in Western Province. Additionally, 400 Dignity Kits were procured and distributed to displaced women and girls affected by the inter-clan violence in Tari of Hela Province. UNFPA further strengthened multi-sector GBV response by conducting three days of training with 14 females and 7 males, clinical and non-clinical participants on Gender-Based Violence in Emergency. Furthermore, 800 PPE were procured by UNFPA to support the training participants and the hospital in Tari.

In partnership with the church agency, UNFPA established a mobile Women and Girls Safe Spaces (WGSS) in four sites in Tari with ongoing consultation



**Figure 17.** Women and Girls displaced by inter-clan conflict receive Dignity Kits from UNFPA.

with community mobilisers and church partners to support and strengthen the initiative. At the same time, a Mobile WGSS Technical Guidance Tool is in the process of being finalized.



**Figure 18.** Improved access to safe water source in Rigo District.

As the Co-Chair on the GBV Sub-cluster in partnership with the National GBV Secretariat, UNFPA conducted an audit amongst GBVSC members and GBV service providers of PPE and other essential items in response to the increased COVID-19 emergency too support safe, uninterrupted support for survivors. In this capacity, UNFPA also developed joint advocacy notes with the Protection Cluster and Child Protection Sub-Cluster advocating on the Non-Interruption of Essential Family and Sexual Violence Services and disability inclusion during the COVID-19 "Emergency and Ensuring Equal Access" and Inclusion in the COVID-19 Vaccination roll-out. These notes have been shared with the Government counterparts, donors, and other key stakeholders, and to support the ongoing push for inclusion of GBV frontline



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responders in the prioritised first round of vaccination roll-out.

refuge with a relative received adequate referral service.



Figure 19. Infographics created by UNICEF for IEC materials.

UNICEF supported the 1 Tok Kaunselin Helpline operated by ChildFund and supported by UNICEF continues to provide on-going 24-hour services focused on the provision of mental health and psychosocial support (MHPSS) to children, parents, and caregivers, as well as case management services to children and women at risk or survivors of violence. The following beneficiaries were reached between the period December 2021 to February 2022:

- A cumulative number of 1782 children (768 females, 1014 males) MPSS services,
- 371 parents/caregivers (253 females, 101 males) received mental health and psychosocial support services, bringing the cumulative number of children reached to 2549 (1278 female, 1261 males, 1 transgender, 9 unspecified),
- Cumulative total of 926 (592 females, 301 males, 33 unspecified) children at risk of being affected by violence received case management services. Of these, 11 children (6 girls, 1 boy, 4 gender not specified) received emergency support as follows:
  - 8 children were facilitated to access safe shelters with their mothers who had experienced intimate partner violence,
  - 3 children who were sexually abused including a child who had fled from Eastern Highlands Province to National Capital District (NCD) to seek

- UNICEF collaborated with other service providers, including the Government Institutions (NCD Welfare Office and National Office of Child and Family Services) to provide support to these mentioned emergency cases.
- Also, with UNICEF support, Child Fund finalized child-focused information and education materials on prevention of violence and to empower children to report any form of abuse.



Figure 20. UNICEF provided 11,185 back packs filled with stationeries for students.

Alongside UNICEF, UN Women also supported 1-tok Helpline Lain to maintain its GBV free services nationwide 24 hours a day, 7 days a week by supporting additional counsellors to the helpline. In the first quarter of 2022, the helpline received a total of 5,269 calls, out of which 2,525 were valid, comprising 40.35% female, 58% male and 1.65 % unspecified callers. Through UN Women's support, the helpline produced and distributed IEC materials, including 5000 Wallet cards, 2000 Brochures, 2000 posters and provided two GBV sensitisation training, which was conducted for community representatives and leaders in the Central Province (Kairuku & Rigo) with 41 participants: 11 females and 30 males, in February and March. To raise the public awareness on available services, 1 Tok helpline continues to advertise its services in various media including SMS blasts.

For the water and sanitation hygiene activities, the Government of Japan provided support to combat COVID-19 by facilitating prevention and response

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work in schools, healthcare facilities and communities. UNICEF supported the implementation of Community Led Total Sanitation activities and improving access to water in communities:

- A total of 80 communities in Rigo District, Central Province have achieved an 'Open Defecation Free' (ODF) status following the construction and upgrade of over 4000 household toilets with handwashing facilities. Over 18,000 people in the district have a positive impact of living in clean and safe environments.
- In Rigo district, 25 communities now have improved access to a safe water source through upgraded water sources with shallow borehole pumps, rehabilitated of hand pumps and connection to rehabilitated Gravity Fed Water Systems that is benefiting more than 5,000 people.
- With support provided by European Union, UNICEF, in partnership with ADRA and World Vision have rehabilitated 15 Gravity Fed Water Systems to improve access to safe water in 15 communities in Nawaeb, Morobe Province, Goroka, Eastern Highlands Province and Central Bougainville in the Autonomous Region of Bougainville. Over 8,000 people benefited from the improved access to water.

The construction of gender segregated inclusive WASH facilities has been in 30 schools. This includes gender segregated toilets, handwashing and menstrual hygiene management facilities including washing rooms and waste incinerators. The toilets are designed to allow access for people living with disabilities. Above 8000 students including more than 3900 girls now benefit from this newly built gender segregated WASH facilities in schools.

UNOPS continues to support the government with the procurement of lab supplies and biomedical equipment for CPHL and PNGIMR. A team from the Health Facilities Branch is currently undertaking the installation and certification of the Bio Safety Cabinets in all the provincial hospitals in the country.

To support students in targeted regions with basic materials for learning during the response and throughout the recovery, over 100 Early Childhood

Development (ECD) kits, 551 school in a carton-packs, 305 cartons of drawing books, 856 temperature guns, 11,185 student backpacks with stationery, 4058 solar radios with torches and 3093 reading books have been distributed to date.

## Socio-Economic Impact and Recovery



Figure 21. Raised beds for growing vegetables activities carried out by FAO.

UNDP continues to support post-COVID economic recovery efforts targeting micro, small and medium enterprises, particularly those ventures led by women. These efforts have commenced training a total 4,400 female entrepreneurs in business management and finance related skills. With UNCDF, a first of its kind loan guarantees will also be delivered in partnership with Women's micro bank.



Figure 22. Construction of satellite nurseries in East New Britain Province.

Multiplication and distribution of drought resistant and early maturing seed and planting materials for the rehabilitation farmer nurseries. In partnership with OISCA Rabaul Eco-Tech Training Center in East New Britain Province under the Japanese Government funded project, OISCA established 16 satellite nurseries and distributed 144,750 vegetative seedlings and planting materials in Rabaul and Kokopo District. Rice seeds of more than half a tonne

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and 22 bags of organic fertilisers were also distributed by OISCA to farmers in East New Britain.

IOM working in partnership with the local authorities upskilled 44 men and 15 women from government and partners in Southern Highlands, Western Highlands, and Jiwaka with knowledge and skills on COVID-19 mitigation in displacement sites through capacity development in camp coordination and camp management.

Income generating agricultural activities for smallholder farmers. Capacity building and training development for small farmers on building resilient agricultural livelihoods.



*Figure 23. Fabrication and installation of water sink basins at PNG Agriculture Company buying points in East New Britain.*

With the support of the Australian government, the Markets, Economic Recovery, and Inclusion (MERI) program was introduced in June 2020 to reduce the risks of COVID transmission in twelve major markets. The program aims to strengthen the capacities and capabilities of market actors, including women vendors, local COVID 19 committees, market management structures and the Provincial Administration responsible for markets, to improve safety and sanitation practices. A national taskforce made up of the Department for Community Development and Religion and PMNEC provides the strategic guidance and direction for the implementation of the MERI Program. The following markets were included in the first phase of the MERI: National Capital District (Gordons, Boroko, Waigani), Daru, Lae, Wewak, Vanimo, Madang, Kokopo, Mt Hagen, Goroka and Tari. Some of these locations do not have a formal and/or functional markets at present (Daru, Tari, and Vanimo), making implementation and progress varied by location.

UN Women's engagement includes support in strengthening leadership around market governance to improve COVID 19 awareness and prevention measures and collaborating with women vendors to restore income levels affected by COVID 19. PlanPac focussed on improvements to the water and sanitation facilities in markets to improve health and hygiene for vendors and users. The opening of the markets was facilitated by guidelines developed through the MERI programme and gave market vendors an opportunity to trade in the markets and earn a living. By the end of Phase 1 in June 2021, 43.5% market vendors reported that their income returned to pre COVID – 19 level. The main reasons for the increase in sales were:

- The enabling environment created by the market management following market management guidelines.
- Livelihood training which identified and improved market products, baking and sewing products.
- Market vendors were diversifying their products by selling agricultural products as well as baking or sewing products.
- UN Women trained market vendors in financial literacy and linked them with local financial institutions to offer financial services. The intervention led to a 4.7% increase in market vendors owning bank accounts from 36.2% during baseline assessment to 40.9% end line assessment. UN Women has now partnered with UNCDF and provided funding to guarantee loans to women vendors so that they can access them without collateral and at low interest rates.



*Figure 24. UNDP supporting local SMEs.*

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There was also an improvement in women's engagement in market governance, with 33% female representation in Local Project Implementation Teams. At household level, 69.9% women reported that they make most of the decisions on how to use the money earned from the market.

Additionally, through the partnership with AgBook Agribusiness Training and Advisory Services Ltd (AgBook), 288 households in East New Britain Province participated in the Farmer's Financial Literacy Training program in the province.



**Figure 25.** *FAO Project – Active participation of communities in East New Britain Province.*

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