

Papua New Guinea Country Office

COVID-19 Situation Report

SitRep No: 13
Date: 20 July 2020

1. Situation in Numbers

Total Confirmed Cases in Country	Total Confirmed new cases in Country (since last SitRep)	Total deaths in Country	Total Cases Recovered
30	19	1	11

Please refer to WHO Sit Reps to populate this table. Available [here](#).

2. Key Issues

Include a brief statement on each of the following:

- Key government updates, including mitigation and response measures.
- Brief contextual analysis of the situation, including impact on health, education and other essential services.
- Impact on children and families in ChildFund operational areas.
- Impact and effects on ChildFund team.
- The work of other agencies and ChildFund’s relationship with them.

Prior to this week, government and private agencies had resumed full operations including businesses, schools, domestic travel and implementation of the new normal guidelines. However, the spike in new cases over the past week has led to a rapid change in the context and new regulations.

Of the total 30 cases: first was an expatriate mine worker in Morobe Province; two from East New Britain Province; three from Western Province related to border crossings; one from Eastern Highlands Province; and 23 from NCD. The outbreaks in NCD initially comprised an outbreak at National Emergency Control Centre and military personnel returning from Western Province. The most recent cases are all from NCD and relate to infection control breaches at the national testing laboratory, POM General Hospital, and university students. This is suggestive of community transmission. One death is related to a woman with stage 4 cancer and it is contested as to whether her death was caused by COVID-19, though she did test positive. New cases are in isolation and no cases are reported as acute.

Port Moresby General Hospital is scaling down services due to COVID-19 cases being detected within the premises and Christian Health Services are still waiting on government grants from May-July and have reduced working hours.

Government response: While there is no evidence of hospitals being overwhelmed, possibly due to stigma and poor health checking behaviour, the country is preparing for large scale community transmission. The priority now is to accelerate the readiness of functioning quarantine and isolation facilities in all provinces. The government is working with provinces and NGOs to address stigma and barriers to testing. It is resisting instituting full lockdown due to the economic implications, but new measures announced with effect from 23 July 2020 are intended to minimise disruption to livelihoods and businesses and increase emphasis on strengthening hygiene, social and physical distancing, enhanced testing, isolation and quarantine and the wearing of masks. Those that have been released so far include:

- Isolation of all confirmed COVID-19 patients at a designated facility regardless of severity. If facilities are full, home isolation will be considered.

- The full activation of Rita Flynn facility to care for 70 patients from NCD and Central Province.
- Preparation of all provincial hospitals to have isolation wards to care for COVID-19 patients.
- Testing any patient with pneumonia or respiratory issues and selected testing of people with influenza like illness or simple cough.
- The closure of night clubs.
- Approvals required for sporting activities.
- Immediate ban on gatherings over 100 people.
- Markets to comply with social distancing requirements and safe and hygiene practices.
- Religious activities to continue but to comply with health protocols.
- Wearing masks in public places.
- Reduced home quarantine options for new arrivals (although people arriving from Brisbane who have been there for prior 7 days , need only do 7 days quarantine).

Impact on children and families in ChildFund operational areas

No specific new data on COVID-19 impact on children and families in ChildFund working areas. The most visible impact has been loss of employment in the private sector in NCD; increased crime and increased reporting of GBV, family and domestic violence. People have been encouraged to return to their villages where livelihoods are more viable than for those who become unemployed in Port Moresby. Until this recent COVID-19 outbreak, most services were resuming and the focus was on addressing the secondary impacts of COVID and resuming focus on broader health, education, economic and social issues in PNG. This may change over coming weeks.

The work of other agencies and ChildFund's relationship with them

ChildFund continues to work closely with government and other NGOs at provincial level and through the clusters that meet weekly. Through the NGO Council ChildFund continues to liaise with DFAT and with WHO, which is seeking support from NGOs to promote testing and consider ways of assisting with mobile testing options. WHO is also requesting deployment of International Emergency Medical Teams (EMTs) to prepare for and manage an anticipated surge in cases and preparation of isolation facilities.

3. Operations Update

3.1 People and Organisational Development

Include a brief statement on each of the following:

- Number of staff affected by COVID-19, including the number of staff in self-isolation.
- International arrivals and departures of staff since COVID crisis.
- WFH arrangements, including any related challenges.

As of 1 of July, ChildFund has 47 full time employees. No staff in self-isolation and no known cases of COVID-19 in the team. One family member and one staff repatriated. No international arrivals since COVID-19 crisis. All staff continue to work full-time duties since 9 June. Large office and reduced staff numbers makes distancing feasible. SMT have continued to work approx. 1 day per week from home. Staff pickup and drop-off ceased from 9 June as public transportation resumed. Refreshed focus and tighter hygiene control protocols adopted in the office this week including more staff briefings, refreshed and more frequent hand sanitising, temperature checks, more frequent cleaning of surfaces. Re-usable masks have been ordered for all staff and should be ready next week. Protocols in place for hygiene measures and visitor monitoring including

temperature checks and visitor contact details. SMT is monitoring the situation closely and scenario planning will be revisited next week depending on outcome of new announcement by the National Control Centre. New jobs in the NGO sector creating some turnover as staff take on new opportunities. Requires careful management and interim arrangements as new recruitment takes place.

3.2 Finance, IT and Administration

Include a brief statement on each of the following:

- Challenges that relate to registration, MoU's, contracts, cash transfers and general banking.
- IT situation.

Finance, IT and Admin continue to work normal hours. Annual audit is in progress by KPMG. Budget holder responsibilities briefing session carried out. Finance team planning meeting this week will include mapping of finance roles and responsibilities over this quarter and will be shared with all staff. Admin continues to coordinate driver allocation to manage increased fieldtrips. Continued strengthening of procurement processes.

3.3 Security

Include a brief statement on each of the following:

- Update on general security level in ChildFund operational areas and security incidents impacting ChildFund since the last situation report. Please include *analysis* where necessary/possible.
- Any changes/updates to the security guidelines/evacuation plans.

ChildFund with other INGOs continues to participate in NGO security group, and has been included in new UNDSS Whatsapp group for security monitoring. This, together with Blackswan alerts, provide increased information on real time security developments, coordination advice. Reports of increased violent crime. Two expat staff relocated to more secure accommodation in closer proximity to staff from other INGOs and more facilities in the event of increased restrictions. Helpline team continue to be picked up and dropped off secure transport for early morning shifts and evening drop off. SMT continue to review.

3.4 Office Status

OFFICE	OFFICE STATUS: During lockdown			
	Open, Fully Operational	Majority of staff working from home	100% Working from Home	Shutdown, non-operational
PNG	<p>Helpline operating usual hours from 7am to 7pm. All CO staff working normal office hours – Programs, Operations, Finance, HR and MEL. Observing social distancing and hygiene measures. All program teams actively conducting field trips in Central Province but no travel yet to ENB. Review planned for next week following further announcements from NCC related to new COVID outbreak and any new restrictions.</p>			

4. Programs Update

4.1 Programs Activity Level (indicator of current programming level)

OFFICE/ PROGRAM	PROGRAM OPERATIONS				
	75 - 100%	50 - 74%	25 - 49%	< 25%	0%
Health - APHCOS	x				
Education – T4E Phase 2	x				
Gender, Child Protection and Resilience: DRR	x				
Gender, Child Protection and Resilience: RRR	x				
Gender, Child Protection and Resilience: Stopim Hevi		x			
Gender, Child Protection and Resilience: Helpline	x				

4.2 Overview of ChildFund Activities (with a focus on COVID work)

Summary:	<p>Program teams implementing all programs: portfolio of 9 projects. All active including start-up of 2 new grants. Programs have continued to maximise field activities in Central Province and NCD; plans underway for ENB activities to resume. This is reviewed on a weekly basis given the context is unpredictable. ChildFund continues work closely with Provincial Authorities. SMT continues to meet weekly to ensure effective coordination and context monitoring. Focus is on regular deliverables as well as COVID-19 programming. Current focus on DIP finalisation for the FY, new project start-up, year-end Reporting, recruitment and strategy familiarisation. Strong engagement and support from Sydney based TAs in each thematic area.</p>
Education: T4E	<p>T4E Phase 2 officially commenced on 1 July, launched with a consortia wide face-to-face meeting, and dial in by members based in Australia. Start-up activities and detailed work planning in progress. The implementation period for this project is tight and requires strong coordination and oversight. Staff are focussed on DIP finalisation following the consortia meeting; completion of phase one reporting and preparatory logistics for Phase 2 start-up activities:</p> <ul style="list-style-type: none"> • Staff preparing school selection for Resource Teachers inception and SLIP conference planning including identification of strong functioning SLIPs in Kairuku. • Staff attended Child Safeguarding Risk Plan for T4E at World Vision office. • Recruitment of teacher trainers underway. • ChildFund also assisting Bilum Books, unable to travel to PNG due to COVID-19, in their partnership with DIGICEL Foundation, to conduct a TOT for teacher trainers from Bougainville, Central and Western Provinces. This is a good opportunity to strengthen collaboration and lay the foundation for expanded partnerships. • Ongoing participation in LEG and Education Cluster.
Gender, Child Protection and Resilience	<p>4 active projects and ongoing participation in relevant clusters: Protection Cluster, GBV and CP sub-clusters and SRH sub-cluster. Participation in clusters has provided opportunities for partnership development. We have strengthened engagement with UN agencies and other partners through these forums. In addition to UNICEF, UNFPA and UN Women, there are ongoing discussions with UNHCR on potential partnership. A new potential source of funding has also been discussed at the Protection cluster meeting. MEL has met with individual project teams to support preparations for the accreditation.</p>
HELPLINE	<p>Fully operational and expanded reach to support and respond to COVID-19 impacts and the current increased demand for GBV and CP support. Continuing to see increase in GBV and CP incidences and providing COVID 19 information. From the 18-19 July 2020, Helpline temporarily</p>

relocated to the ChildFund main office due to earthquake on 17 July. Direction to cease the use of the building where the Helpline is located until the property manager conducted assessment was given. Due to relocation, the Helpline capacity reduced to 3 staff and operational hours from 8am-5pm. The team had to work with only one phone line to manage the call as well as responding to U-report using tablets. As of 20 July, the Helpline is back to normal operations in the office. Follow up is planned on how to sustain the Helpline service in the event that restricted access to the current venue occurs again.

UN women proposal to support extension of Helpline service hours (to 24 hour service) based at St Johns is waiting on final agreement but progressing with revised timeframes. This will expand access to callers and pilot ChildFund's capacity to run a 24-hour service. This is a key way to strengthen GBV support services. UNICEF project has enabled expanded service to respond to CP including more personnel, training, strengthened coordination with key child services, and support to parents and caregivers to support prevention of CP issues and ameliorate psychosocial distress. Second month report has been submitted to UNICEF with data showing increase in CP related calls and demand on the service. Also highlighted challenges regarding changing situation and implementation delays. A request to extend the partnership to November has been submitted and is approved in principle. Increased Management, HR and MEL support to assist project management and personnel arrangements for scaled up operations over coming 6 months. Exploring options on how to use this resourcing and time to skill up and test different models. Helpline team are participating in Protection cluster and CP and GBV sub-clusters as well as the NCD FSVAC COVID-19 response group (via WhatsApp). Helpline continuing to support mapping of GBV essential services across PNG and identifying any PPE or COVID-19 specific support needs to ensure continuation of services. The helpline contributed both qualitative and quantitative data to the Protection Cluster publication State of GBV during State of Emergency (see link below). This report provides vital data on issues that survivors and service providers experienced.



The State of GBV
During the Papua N

Activities with East New Britain GBV secretariat to support COVID-19 response activities have commenced but have been slow and were not completed in FY19-20. This is due to the logistical challenges of working remotely with ENB and partners. Options are being explored to base a ChildFund staff member in ENB. Data update of Helpline calls from 07-17 July 2020:

total calls for fortnight: 1521 (Valid:528, Invalid:993)

- 60% Male, 33% Female and 6% unknown
- Top 3 Provinces calling: NCD (169), Morobe (139) and Southern Highlands (63)
- # COVID related calls: 41 (M:27, F:14)
- Breakdown of presenting issues and referral to COVID: 29 (M:22, F:7) callers provided with COVID information/referral; 12 (M:5, F:7) callers identified GBV incident due to COVID19 impacts; 5 (M:2 and F:3) callers were referred to COVID-19 hotline.

Continuing to see high number of GBV incidences reported to Helpline; particularly high in comparison to previous periods is number of child sexual abuse incidences.

- # GBV incidences for fortnight: 178 (F:117, M: 58, Not Specified: 3)
- Types of GBV incidences: Intimate Partner Violence, Relationship Issues, Family Violence
- # Child Protection related calls for fortnight: 39 (M: 9, F:30)
- Types of CP cases: Child Welfare (39), Child Abuse (14) Child Sexual Abuse (6)
- Top 3 Provinces with GBV/CP incidences: NCD (14), Morobe (11), Southern Highlands (7)

	<p>Still seeing callers reporting GBV with correlation to COVID 19 and impacts including job loss and increase PSS distress.</p> <p>Formalising partnership with NRI to conduct analysis and reporting for Year 1 and spotlight on COVID-19. Working with CP global area of responsibility UNICEF to conduct data analysis on Child data. Planning for FY20-21 has begun including a reflection and planning workshop with the team and implementing partner and draft DIP and budget developed.</p>
<i>DRR/ ER:</i>	<p>Handover to Education and Resilience manager. Recruitment underway for 3 new DRR roles to be funded from COVID 3 proposal (under the AHP partnership). DRR portfolio comprises ongoing AHP, plus COVID 1,2 and 3 funds. The regular AHP DRR project has been sidelined due to implementation of AHP COVID 1 and 2 project implementation and limited staff numbers. Current capacity is limited given that one PO is in place and pending the recruitment of new team members. DIPs being refined. COVID initiatives include RCCE in current project areas in central province and new work in ENB. Focus is on WASH in schools, livelihoods strengthening and community awareness. Staff member to be based in ENB hosted by ADRA.</p>
<i>SEL: Youth empowerment and community engagement</i> <i>GAP / RRR</i>	<p>After the reflection workshop, team has focused on implementing remaining activities before project end in September. These are the visits to the schools and refresher courses for the Peer Educators. They are following up on COVID training conducted last month and delivering the remaining PPEs requested by schools. The visits to schools are also for collecting monitoring tools and preparing for the endline survey. The team has submitted a video produced as part of the IEC materials for advocacy, to SMT for review. The team continues to coordinate the online training for CF and YWCA staff on GBViE training conducted by UNICEF, as part of the RRR Project objectives 1 and 2 on ensuring gender equality outcomes. The team also underwent a PSEAH online training under UNFPA, with follow up session conducted by PPM Consultant.</p>
Stopim Hevi – EU	<p>MOU has now been signed with the department of Justice and Attorney General’s office (DJAG) authorising implementation of activities that involve training of Village Court Officials. Planning underway for TOT of DJAG personnel and training of 270 VCOs over coming months in coordination with Central Province and DJAG. Renegotiated scope of Youth Peace Manual and advertising underway for new consultancy in coordination with YWCA. MEL Manager providing day to day management oversight of the project team pending appointment of new Youth Empowerment Manager. Preparations underway with Tribal Foundation and World Vision for Peace festival due to take place in September in ENGA province, CD, SPO and PO to participate.</p>
Spotlight	<p>Recruitment for project staff has commenced and prior program manager currently contracted to support start up and signing of the MOU. UNFPA Asst. Representative advised CF that the administrative processes are underway and the release of funding is expected to be released soon.</p>
<i>IMPACT</i>	<p>The agreement document has been sent by CF New Zealand. The team has already met with NDoE and YWCA officials to discuss the project and areas for collaboration. While YWCA has been part of the design workshop, there are implications in the budget which had to be taken up with them. The engagement with NDoE is critical, as the IMPACT Project will be working with another division, which has developed a new curriculum. Implications to the existing LRM has been discussed and an agreement to collaborate has been reached. An MOU will be drafted as part of the project implementation.</p>
<i>Health: General</i>	<ul style="list-style-type: none"> • ChildFund continues to participate in Health Cluster meetings: main challenges include limited testing, sustaining services (especially church-based services given delays in payment by government) and high levels of stigma. • Need to scale up testing, including border provinces. This is not because of laboratory capacity. Adequate laboratory equipment, supply of materials, and trained personnel.

<p>APCHOS (MCH)</p> <p>CBTT project</p>	<ul style="list-style-type: none"> Reasons why testing not occurring complex but some factors include: requests from HWs to get hazard pay (note that HWs with PPE and trained to collect specimen are really safe); fear from patients and HWs about being associated with COVID-19; logistics such as cool boxes etc; biggest reason patients and HWs not adequately perceiving COVID-19 as a risk. WHO brought NGOs working in NCD (Hope World Wide, Anglicare, World Vision and ChildFund) together to discuss how best to support and scale-up testing. NGOs keen to support awareness raising and promote testing. NGOs also raised concerns about available services following a positive diagnosis and risks associated with community attitudes. Proposed a Regional COVID Coordinator who could serve to link up this work and link them to PHAs. <p>APCHOS Project implementation continues, including COVID related activities. A key staff member resigned (to work on the World Bank funded TB project in NCD) and recruitment for a replacement is underway. Short-term support has been arranged. Community outreach activities continue to be scheduled including training of CHVs in the Orman area in Rigo.</p> <ul style="list-style-type: none"> Kivori Health Post construction was delayed after original contractors could not complete the assignment due to COVID travel restrictions. Sub-contracting arrangements are in progress and it is likely to resume soon. Recruitment is underway and the current casual position assist with conducting ICHOS in Hiri. Accreditation: APHOS files all filed into the Accreditation folder. Data entries for Children vaccinated continuing. Detailed Implementation Plan developed and to be finalised this week TOR for Community Health Volunteers to be finalised and Code of conduct updated and ready for sign off St Theresa's renovation has been completed and is ready for quality control review. Final asset handover to NCD health in progress.
<p>Immunisation project Central Province</p>	<p>Preparations underway for start-up of the new project. Still waiting on MOU and final documentation and start up from Clinton Health Initiative (CHAI) for program in Central Province. Confirming specific geographic coverage and alignment with APCHOS areas. Recruitment commenced and phased budget put into new GAVI template. DIP has also been drafted while mapping of communities in relation to projected population. Project database developed as per project indicators. Draft MOU with Central PHA being developed.</p>

4.3 Partnerships

Include a brief statement on each of the following:

- The status of partner organisations and to what extent they have been able to continue operations during the reporting period.
- What, if any, support, monitoring, information sharing and/or collaboration has taken place with local partners during the reporting period?

CIMC-FSVAC: FSVAC have returned to normal operations and begun field trips. FSVAC are implementing a communications campaigns re COVID-19 and protection and access of information to vulnerable populations, including women and children. ChildFund is providing some funding repurposed from unspent funds to support this. The partnership MoU has been signed and funds will be transferred. FSVAC underwent a CF finance and child safeguarding induction.

YWCA EU project partner: a review of Capacity Development Plan conducted as part of the reflection and planning workshop. The plan has been circulated for updating and documentation of the implementation.

4.4 Safeguarding

CHILD SAFEGUARDING

Number of child safeguarding incidences reported since the last SitRep:	0
Number of cases open and in progress:	0
Number of cases closed:	NA

PSEAH

Number of PSEAH incidences reported since the last SitRep:	0
Number of cases open and in progress:	0
Number of cases closed:	NA

Include a brief statement on each of the following:

- What new child safeguarding or PSEAH risks have been identified since the last sitrep?
- What new mitigation actions have been implemented to respond to child safeguarding or PSEAH risks since the last sitrep?

N/A

4.5 Child Sponsorship

Number of children (sponsored and/enrolled) affected by COVID-19:	NR
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Include a brief statement on each of the following:

- Challenges related to correspondence, communication and support to sponsored and/or enrolled children.

N/A

5. Communications

Include a brief statement on each of the following:

- Local media, particularly news regarding ChildFund/partner activities or relevant child wellbeing issues.

Media statement issued by Childfund PNG and FSVAC on domestic violence case of high profile sportswomen.

ChildFund led the drafting of a media statement on behalf of the NGO Council regarding GBV and the high-profile murder of a young woman by her partner

Childfund participated in a radio interview with Radio FM 100 in regard to GBV issues and the NGO Council statement.

Radio interview with Radio New Zealand in regard to GBV in PNG and the service offered by the Helpline.

6. Urgent Issues

Include a brief statement on each of the following:

- Urgent or significant issues.
- Support required from the Sydney Office.

ChildFund needs to plan for and monitor implications of escalating cases of COVID on operations and implementation.

7. Any Other Business (AOB)

Provide any additional information here.

N/A