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Emergency Plan of Action Final Report

Papua New Guinea: Volcanic Activity

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRPG007
Date of Issue: 10 October 2018	Glide number: VO-2018-000002-PNG
Date of disaster: 5 January 2018	
Operation start date: 12 January 2018	Operation end date: 11 June 2018
Host National Society: Papua New Guinea Red Cross	Operation budget: CHF 83,763
Number of people affected: 736 ¹	Number of people assisted: 640
N° of National Societies involved in the operation: The National Society is working with the International Federation of Red Cross and Red Crescent Societies (IFRC).	
N° of other partner organizations involved in the operation: Provincial Disaster Committee (PDC), National Disaster Committee and PNG Disaster Management Team (DMT), PNG Defence Force, Police, WHO, IOM, Oxfam, Save the Children and ADRA.	

Summary:

The International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (DREF) was granted on 11 January 2018 for CHF 83,763 to the PNGRCS. The DREF reached 640 displaced people, who were evacuated from Kadovar Island after volcanic activity in the island.

Papua New Guinea's (PNG) Kadovar Island (East Sepik Province) became active on 5 January. This volcanic activity affected 736 Kadovar islanders and prompted their immediate evacuation to neighboring Blup Blup Island. The Provincial Government has since evacuated Kadovar islanders to mainland East Sepik Province since 14 January. The location for temporary resettlement was identified as Dan Dan (Turubu LLG), east of Wewak Town. The Provincial Government has identified up to 557 people who have resettled at Dan Dan Care Centre. The people evacuated to the mainland are settled temporarily on a small parcel of land on the coast, while the Provincial Government completes negotiations for a larger area for longer term resettlement.



Volcanic activity in Kadova Island on 6 January 2018. (Photo credit: Radio New Zealand website)

The Madang Branch, under the guidance of the DREF project manager, was tasked with planning the response. The volunteers were on stand-by from the second week of January, preparing their materials and other necessary preparation. Planning commenced in earnest, once the DREF was approved on 11 January. The Secretary General stopped over in Madang on 15 January, this provided an opportunity to discuss the operation and for him to meet the volunteers. On 22 January, the IFRC Head of the Country Office, brought the Regional Disaster Response Team (RDRT) member to Madang, to introduce him and hold discussions regarding the DREF requirements. The team left for Wewak on 23 January.

A response team of 10 volunteers from Madang branch along with the programme manager and one RDRT from IFRC was deployed to Wewak on 23 January to commence operation planning, coordination, distribution and awareness activities at the Dan Dan Care Centre south of Wewak.

With the DREF allocation, PNGRCS met the needs of affected people and implemented a strategy that included relief distribution; water, sanitation and hygiene (WASH); hygiene information and dissemination, and displaced people's community awareness. The scope and budget for this operation enabled the targeted population of 557 people reached directly who were settled in Dan Dan Care Center.

¹ Different figures in the media were referring to 591 people. However, PNGRC verification with government authorities on 9 January indicates that 736 people have been evacuated from the island (total population of Kadovar island 736).

Although there were delays in international procurement which caused this DREF to be extended for two additional months, the implementation of activities for the operation was successfully concluded by 30 April. An approximate balance of CHF 11,583 will be returned to the DREF pool. Please refer to the final financial report attached for further details. Click [here](#)

A. SITUATION ANALYSIS

Description of the disaster

The remote Kadovar Island volcano became active on 5 January 2018 with mild volcanic activity on the south-eastern side of the island. The Governor's office conducted an aerial assessment and observed lava flow on the island with an estimated 50-60 per cent of the island covered in lava. The entire population then was relocated to Blup Blup Island, which is an island of about 800 people.

By 6 January, prevailing wind conditions had carried ash clouds west of Kadovar Island. Kadovar (Kadovar) is a small island belonging to the cluster of islands referred to as Schouten Islands. Kadovar is approximately 100km from Wewak (line of sight) and 24km to nearest point on mainland East Sepik province. Kadovar is part of Wewak Island Rural LLG in Wewak District, East Sepik Province².



Evacuated population receiving NFI items. (Photo: PNGRCS)

Accordingly, the Wewak district administration worked with the East Sepik provincial administration and the member of parliament (MP) for Wewak to organize an evacuation. The population of Kadovar were evacuated to Blup Blup Island on 12 January and they received initial support from the provincial government and PNG defence force. They were then moved to the Dan Dan care centre (south of Wewak) from 14-17 January 2018.

Dan Dan Care Centre

The total number of people affected in Kadovar Island was 736, who were self-evacuated to Blup Blup Island. Later PNG government moved all of them from Blup Blup Island to be re-settled in Dan Dan Care Centre. However, a number of the affected population chose to move to other locations with their relatives/wontalk³. There were a total of 557 affected people registered at the Dan Dan Care Centre. This comprises of five community groups, the villages of Manot, Taragauo, Dong Sarakbano, Niukatnam and Rumgio, with a total of 145 families.

The care centre was quite well organised given the short amount of time and limited resources. Each community has its own designated area within the total space of this site. The care centre occupied a flat area in a small bay surrounded by large hills that is approximately 3.2 hectares in size.

The area is subject to being flooded by either king tides or large rainfall and runoff from the surrounding hills. Due to the confined space, multiple families shared tarpaulins as there is not enough land for individual family sites. Most families have raised platforms off the ground for sleeping. Walking paths have been made along the front and back of the camp with small trails between tarpaulin tents within each community area. Each community area is identified by signs at the entrance to their area. There are limited pit latrines per village area and very limited natural water supply from creeks at either end of the site. There is one generator in the location controlled by government officials with one large flood light to provide lighting. None of the communities have access to individual or community lighting within their tents, in communal areas or for using latrines at night.

The breakdown of the affected population at Dan Dan care centre, by community is listed in the table below:

Table 1: Details of affected population at Dan Dan Care Centre

Community	Male	Female	Children (Female/Male)			Total People	Total Families
			0-5	6-12	13-18		
Manot	24	31	13/12	23/24	9/3	139	33
Taragauo	30	31	9/5	14/13	9/5	116	35
Dong Sarakbano	20	25	9/13	12/11	6/5	101	26
Niukatnam	33	26	10/12	14/5	5/3	108	28
Rumgio	23	18	8/8	10/12	7/7	93	23
Total						557	145

² Source: UNDP Disaster Management Team Secretariat.

³ Extended family structure in PNG

It is anticipated that the affected population will remain at the Dan Dan care centre for the next six months before being resettled at a larger permanent site where they will be able to build houses and re-establish their communities. This requires the Provincial Government to finalize details with the host community that is providing land and ensure that payment is made to the community for the land before the population of Kadovar will be able to resettle permanently.

Due to the political nature of this decision process, it is extremely difficult to provide a prediction of how long this process will take in reality. The affected population will require support for the entire time they are located at the care centre as they have no means of income generation or livelihoods as previously undertaken at their home in Kadovar Island. Their movement from the area is also restricted with only limited boat access to the site.

Summary of response

Overview of Host National Society

Papua New Guinea Red Cross (PNGRC) was established by an Act of Parliament in 1976, making it an auxiliary to the authorities. The National Society has a total of 500 volunteers, 25 staff and presence in all administrative units of the country through 13 branches.

The National society has experience with managing six DREF operations in the past – including a [cholera response in 2009](#), a [drought response in 2015](#), as well as part of the [International Appeal response for Tropical Cyclone Pam in 2015](#) and [measles outbreak in 2017](#).

Throughout the operation, PNGRC liaised closely with the Provincial Disaster Committee Team. PNGRC has a disaster management unit. The programme manager led the operation, with technical support provided from the IFRC country and regional offices.



PNG Red Cross volunteers conducting distribution in Dan Dan Care Centre. (Photo: PNGRCS)

Overview of Red Cross Red Crescent Movement in country

IFRC has a country office in Papua New Guinea consisting of a head of country office and had a finance delegate during the implementation of this DREF activities. Additional technical resources required to support this plan came primarily from the Asia Pacific regional office based in Kuala Lumpur and IFRC country-cluster support team (CCST) office for the Pacific based in Suva, as well as the other Movement members, particularly those that have long standing cooperation with PNGRC, such as Australian Red Cross, New Zealand Red Cross and the International Committee of the Red Cross (ICRC). Partners are working on longer term planning towards supporting PNGRC with one aligned Movement support plan for greater efficiencies and drawing on the collective strengths of the Movement. IFRC Papua New Guinea country office provided guidance and support to PNGRC throughout the duration of the operation.

Overview of non-RCRC actors in country

A joint PNG Disaster Management Team regularly met once every month, hosted and chaired by National Disaster Committee (NDC). The Provincial Disaster Committee (PDC) and Rabaul Vulcanological Observatory (RVO) was actively involved in the volcanic activities and supported with information. A provincial coordination centre was setup in the office of the Provincial Administrator and all assessment and relief arrangements were done through the centre as per government advice.

Oxfam has an office in Wewak, East Sepik Province as they worked with the islands during drought; PNGRC coordinated with Oxfam who also provided support to the affected people. Initially the PDC managed the care centre operation. A camp manager and government officers provided direct support in the camp in the first months. Currently, the district administration continues to manage the camp on the longer run.

The other non-RCRC actors involved in the volcano evacuation operation were:

- ADRA, in providing 2 x 9,000L water tanks and rainwater catchment capability and provision of 20 pit latrines.
- Save the Children, in providing support to children and early childhood.
- Government agencies, in which Provincial health officers visited the care centre on 1 February.
- WHO, with personnel from WHO completed an assessment at the care centre on 1 February.
- IOM, in which they conducted a technical assessment.

PNGRCS Activities

A response team of 10 volunteers from Madang branch along with programme manager (PNGRCS Chairman) and one RDRT Delegate from New Zealand Red Cross deployed to Wewak on 23 January 2018 to commence operation planning and coordination prior to conducting distribution and awareness activities at the Dan Dan Care Centre south of Wewak.

PNGRCS conducted coordination meetings with PDC and other humanitarian organizations along with operational planning and local purchase of other required relief items (NFI) prior deployment to the care centre to conduct relief distributions and awareness activities. After conducting initial coordination, the programme manager (PNGRCS Chairman) returned to Madang on 28 January. The team deployed by dinghy from Wewak on 26 January to the care centre at Dan Dan (1 1/2 hours by boat south of Wewak). The purpose of the trip was to undertake introduction with the camp management and community leaders along with information gathering to better prepare for the relief distribution.

Eight members of the PNGRCS volunteer team deployed to Dan Dan Care Centre on 30 January to prepare beneficiary information, undertake interviews with communities to understand current and ongoing needs, and commence awareness activities. Two volunteers and the RDRT delegate remained in Wewak to await arrival of the container of NFI from Port Moresby. The container was finally available in Wewak on 31 January and the supplies were then loaded onto trucks and transported to Log Point (45 minutes by road) for loading onto dinghy's to be ferried to the care centre (20 minutes) ready for distribution. Due to weather conditions it took until the afternoon of 1 February to get all the NFI delivered to the care centre so the PNGRCS team could complete distributions. On 2 February, the PNGRCS team departed from the care centre back to Wewak. On 5 February, a team of six PNGRCS volunteers returned to Dan Dan to complete remaining distribution of NFI and conduct follow up interviews and further awareness activities.

The Secretary General of PNGRCS and IFRC HoCO conducted a monitoring visit to Dan Dan Care Centre on 7 February where they met with camp management and a number of the affected population. On 8 February, they accompanied the PNGRCS team leader and the RDRT delegate to PDC in Wewak for debrief of the PNGRCS activities to date. PDC were also briefed on PNGRCS intentions to conduct further monitoring visit and replenishment distribution. It was agreed that coordination would occur with PDC to determine exact date of the second distribution.

On 9 February, the PNGRCS team returned to Madang on completion of this phase of support to the affected population. Remaining NFIs are being stored at Seventh Day Adventist Church in Wewak to be utilized for replenishment distribution in the following weeks.

There were several challenges in undertaking the response operation that have caused delays in completing the required activities:

- The ship carrying relief items from Port Moresby to Wewak was five days late. The container was finally available for unloading on 31 January.
- The movement of relief items from the Log Point (end of the road and boat loading area) to the care centre took a further day due to rough sea conditions.
- One boat capsized at the beach landing area causing the loss of a small amount of relief items – 36 spade heads and six cooking pots. One volunteer was on the dinghy and made it safely to shore without issue (the volunteer was wearing a lifejacket). A small number of NFIs were lost in the sea – 36 spades, six cooking pots, and five ropes. An incident report was filed about this situation and the subsequent verbal threat to RDRT delegate and PNGRCS personnel by the local boat operator. This situation was dealt with by the local police and camp management. For safety reasons, the RDRT delegate was requested by the police, camp management and PNGRCS team leader to return to Wewak instead of continuing to the care centre from Log Point. RDRT delegate continued to support PNGRCS volunteer team from Wewak.
- Due to delays in conducting activities, it was difficult to book flights for the volunteers to return to Madang on completion of the relief distribution. Then due to unavailability of flights there was a further delay of six days (until 9 February) before flights were available from Wewak to Madang. This has caused overspend on volunteer costs (per diems, camping allowance and hotel costs) allocated in the original DREF budget. However, it also created an opportunity for the volunteer team to spend a further three days at the care centre completing distribution and awareness activities and providing further support to the affected population.
- There is no mobile network available at the care centre which causes difficulties maintaining good communications with people on the ground. In order to get network signal, personnel need to walk approximately 30 minutes uphill to gain access, and even then, it is weather dependent (any wind causes network failure). Therefore, a communication schedule needs to be utilized to receive situation updates. A satellite telephone was also deployed with the team for emergency communications.

As of 9 February 2018, PNGRCS have distributed the following NFI to the affected population at Dan Dan Care Centre as part of the first phase of relief activities:

Table 2: Details of NFI distribution

Item	Community					Total
	Dong Sarakbano	Rumgio	Niukatnam	Manot	Taragauo	
Shelter tool kit	26	13	28	19	14	100
Sleeping mat	46	46	72	60	68	292
Blanket	37	17	77	59	41	231
Kitchen set	26	13	28	18	16	101
Cooking pot	0	10	3	15	13	41
Bucket	26	23	31	33	33	146

Item	Community					
	Dong Sarakbano	Rumgio	Niukatnam	Manot	Taragauo	Total
Nail	0	10	3	22	20	55
Hammer	0	10	3	15	0	28
Knife	0	10	3	12	20	45
Mosquito net	46	45	79	64	48	282
Water container	52	52	62	66	70	302
Towels	26	26	31	33	29	145
Hygiene kit	26	23	28	33	35	145

Second visit: 2 to 7 April

Four volunteers from the Madang Branch, who were part of the initial response, returned to Wewak for the second phase, with the addition of the Programme Manager, one NDRT and volunteers from the PNG Red Cross. This second phase of the DREF operation was to conduct a monitoring visit to the care centre to conduct a beneficiary survey along with a second assessment followed by a distribution of relief items to replenish items consumed by the affected population and those identified through the assessment.

A meeting was held with the PDC for a brief on the current situation and make arrangements for travelling to the care centre. He highlighted that:

- An additional three lights have been installed at the camp which has improved the situation, but the security situation for particularly women needing the toilets during the night is still an issue.
- ADRA, who were installing emergency water and VIP toilets, have not returned to complete the job. They are expected to return once the road is completed. The situation with water and sanitation has not improved.
- Work on the road is progressing, with only the last few kilometres to be completed
- Food rations have been reduced.
- The management of the care centre is being handed over from the Provincial Government to the District Authority at the end of the meeting week.

Following the meeting with Provincial Disaster Center (PDC) and other stake holders, the team discussed the needs and decide that, subject to consultations with the beneficiaries, the provision of lights and fishing equipment. These two items should improve security of women and improve family food security.

The four volunteers and the NDRT visited the care centre on 4 April, where they conducted an assessment and updated the beneficiary list, the results of which informed the decision on what to distribute when they returned the next day. The assessment identified that three additional families had settled at the care centre, which increased the number of families to 148. The final distribution was 148 lights (covered by PNGRCS contribution), one for each family, replenishment of hygiene kits (148) and the fishing equipment which was proportionally distributed to the leaders of each village group. The following table summarizes solar light and hygiene kit distribution to the affected communities staying at the care centre.

Table 3: Details of solar light and hygiene kit distribution

Item	Community					
	Dong Sarakbano	Rumgio	Niukatnam	Manot	Taragauo	Total
Solar lights	26	23	29	34	36	148
Hygiene kit	26	23	29	34	36	148

Some positive observations were noticed when doing the assessment and distributions, these include:

- Many families are planting small garden plots with greens. These are not subsistence gardens but will contribute to providing some fresh vegetables to their diet.
- There are a large number of canoes at various stages of construction. These will be essential for fishing activities.
- An elementary and primary school are operating from tents provided by UNICEF and supported by Save the Children; the teachers are those that were posted to these schools on the island. An early childhood learning centre is also operating, with training of teachers from the villages, being conducted by Save the Children.



Photos of the care centre taken in February (left) and (right) in April. (Photo: PNGRCS)



Families in the care centre growing gardens among the tents (left) and making canoes (right). (Photo: PNGRCS)



UNICEF provided school tents (left) and children attending elementary school (right). (Photo: PNGRCS)



Presentation of the sewing machines and supplies. (Photo: PNGRCS)

The Chairman of PNG Red Cross and PM for the Kadovar response made a presentation to women leaders at the Dan Dan Care Centre of two sewing machines and some sewing equipment.

This was made possible with funds raised by the Milne Bay Branch following fundraising for those affected by the eruption. The total of K 550 raised was used for this and in complement to the DREF activities.

The women thanked the Milne Bay Branch for their assistance and said that this would enable them to better clothe their families.

Beneficiary Survey

The beneficiary survey indicated that overall, the Red Cross relief was well received. PNGRCS team received some good feedback with regards to the usefulness of the NFI's received and some essential items that were not given. This demonstrated how important consultations with the effected communities is. We must always consider culture and people's food needs are represented this.

As part of the survey, the PNGRCS NDRT volunteer interviewed the camp manager, the police officer and health officer at the care centre. Following is the observations and comments:

Police

There is a full-time police officer at the camp and his PR with the host community is good. It was reported that some people from the care centre were exchanging government rations for local food from the host community. This was stopped as there was concern that this could lead into other issues. The positive side seen was the Kadovar people were extending their friendship with the local host.

Health

The health extension officer manning the camp health post reported that so far there were no health issues reported. However, the team observed evidences of skin diseases due to the contaminated water sources among children and raised this with the health officer. A positive outcome of the disaster is that the host community now has better access to health care. Prior to the establishment of the care center, they had to travel some distance to the nearest health post.

The local (host) community has also indicated that they are benefiting from having road access to Wewak, the provincial centre. Further details on the beneficiary survey is as per attached [Appendix 1](#).

Needs analysis and scenario planning

Needs analysis

As basic needs for the affected population were met with the first phase of relief distribution according to the post-monitoring surveys, it was decided to not distribute further NFI's. The community through consultations however requested support with lighting equipment for their security and some fishing nets. Therefore, that is why the solar lamps were procured during the second phase of this operation to address these unmet needs. PNGRCS also procured some fishing equipment and sewing machine through local resource mobilization from PNGRCS Milne Bay provincial branch. This was done outside this DREF to meet those livelihood needs.

Operation risk assessment

Risks identified during the short information gathering trip to the care centre are:

1. Operational risks

- **Access to the care centre** - The only access to the care centre near Dan Dan is by boat (dinghy). The beach has surf conditions to negotiate to land a boat. Conditions are variable and contain an amount of risk to safely beach a boat at the site. As sea conditions change, the site becomes inaccessible limiting ability to visit or leave the care centre.
 - Mitigation** - The government officials only want boat operators that are experienced in beaching at the site to bring people and supplies ashore. On arriving near the beach, boats are to signal to the operators of dinghies at the site to come out past the surf to transfer people and bring them ashore. Supplies should only be brought from

Log point (end of the road) to the care centre by experienced boat operators. The provincial government plans to provide a 4WD track to the care centre in the near future.

- **Lack of mobile telephone communications** - This create issues with maintaining coordination with outside of the care centre and causes an issue for getting support in an emergency.
Mitigation - Communications were scheduled for each day to provide a telephone situation report by walking uphill 30 minutes to get coverage. Additionally, a satellite telephone was utilised by the team to have means of secondary communications in case of emergency.

2. Risks for the affected population

- **Flooding of the camp** due to either high king tides or inundation of water from heavy rainfall and water runoff from the surrounding hills into the small flat area of the camp location.
Mitigation - Raised platforms in most tarpaulin tents are already in place for sleeping. Creeks need to be maintained to ensure they do not get blocked and cause flooding.
- **Tsunami** - Due to the camp being located right next to the beach, it is in an area that could be easily affected by a tsunami.
Mitigation - PNGRCS advised the government officials in the location to do evacuation route and early warning preparation with each of the villages in the camp. PNGRCS have conducted tsunami preparedness activities with each community to ensure they have evacuation plans and routes identified.
- **Protection** - Security for women collecting water. Information gathered by volunteers talking with the community identified that the women have to walk a distance through the jungle upstream to collect clean water and they are concerned about possible security issues of doing this.
Mitigation - PNGRCS provided secondary means of rainwater collection. The team also provided awareness to local community of providing male escorts for females collecting water.
- **Hygiene and health issues** - From the random sampling and discussions with community members by PNGRCS, it has been indicated that there are many cases of dysentery/ diarrhoea within the evacuated population. Also affecting this issue is the lack of clean water for washing and lack of community awareness of need for good hygiene practices.
Mitigation - Government health workers are providing support for these issues. PNGRCS volunteers have provided hygiene awareness activities to the communities. Rain water collection and safe storage will also reduce this risk.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall objective

Support the response with immediate effect through reaching 640 affected people with awareness raising on possible risks, hygiene promotion and basic household items, jointly coordinated with the NDC/PDC and partners, to save the lives of people in East Sepik Province.

Proposed strategy

This DREF operation initially aimed to be implemented over three months, to be completed by 10 April 2018. The operation was extended by two months to allow procurement of items to be replenished, but the activities towards beneficiaries were completed within the original timeframe.

The operational strategy aimed at reaching out to the people affected and providing basic needs. The total number of people targeted was 640, which has been calculated based on the number of people in the affected areas as well as the capacity of the National Society to respond, other stakeholders' response (OXFAM, UN) in addition to information provided by the government and other partners. Further targeting was done during the implementation phase, and this number was changed to 572 as assessments revealed the affected population number was slightly lower than originally assessed.

Main activities included:


- Deployment of trained staff and volunteers from PNGRC to support the response from the target island. This deployment covers the entire population of targeted island where they are currently sheltered.
- Volunteers assisted in identifying affected people and preparing beneficiaries list.
- An assessment of WASH made with the possibility of conducting awareness on hygiene and water security. Sanitation and water also assessed and increased where necessary. (Partnership with Oxfam)

- Distribution of existing essential relief items⁴ from PNGRC existing stocks and subsequent replenishment through international procurement.
- A 'lessons learned workshop' for participating staff and volunteers was conducted at the end of the DREF operation.
- Given the possibility of ash fall out and tsunami, awareness information on what to do to minimise the effect of these was conducted over the local radio station. Appropriate messaging was sought from the NDC and Rabaul Vulcanological Observatory.

Table 4: Relief items distributed per household

Emergency shelter and household items / amount	
Kitchen sets	1
Blankets	2
Sleeping mats	2
Mosquito Nets	2
Tarpaulins	2
Emergency WASH ⁵ / amount	
Hygiene kits	1
Jerry Cans 10 L	2

C. DETAILED OPERATIONAL PLAN

 <p>Disaster Risk Reduction People reached⁶: 572</p>		
DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster		
Indicators:	Target	Actual
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	640	572
DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.		
Indicators:	Target	Actual
Hazard awareness campaign on volcanic activity, water security, tsunami conducted over radio	Yes	Yes
Progress towards outcomes		
<p>The PNGRCS volunteer team conducted awareness activities with beneficiaries at the care centre. They conducted discussions with families and by community group on all awareness issues. Camp management were also made aware of the need for particular focus on tsunami evacuation preparation for each community and water security measures. The volunteer team leader and programme manager met with the local NBC radio station to request community service announcements to be broadcast in the Wewak area for a few months.</p> <p>The team provided a number of PNGRCS information pamphlets to NBC to use for key messages and PNGRCS HQ also provided a number of key messages for NBC radio to use for community announcements. The key messages are about Tsunami risk and evacuation preparedness, water security issues from possible volcanic ash spread by wind, and health and hygiene messages. The PNGRCS team leader also conducted a short interview with NBC to explain what PNGRCS plan is to support the affected population at Dan Dan Care Centre. The Secretary General of PNGRCS and team leader conducted a further interview with NBC radio prior to departing Wewak. NBC radio in Wewak broadcasted the PNGRCS messages 2 to 3 times daily during their programme from 5pm -10pm for a few months.</p>		

⁴ PNGRC will also distribute baby bundles (kit with items for babies) to all families with children below 1 year of age. Those will not be replenished and will be absorbed by PNGRC outside the scope of this DREF.

⁵ These are standard IFRC hygiene kits procured from KL in stocks. They also include some menstrual hygiene items for women.

⁶ Reference to the counting people reached guidance



Shelter

People reached: 572

Outcome 1: Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Indicators:	Target	Actual
<i># of people reached with safe, adequate and durable recovery shelter and settlement assistance</i>	640	572

Indicators:	Target	Actual
<i># of volunteers conducting activities participating briefing on Child Protection and Gender and Diversity Minimum Standards</i>	10	10
<i># of beneficiaries identified of caseloads and verification in different target groups – inclusion factors integrate gender, diversity and disability in the response</i>	640	572
<i># of beneficiaries targeted with distribution of the shelter and household items (accompanied by awareness sessions on good use of goods)</i>	640	572

Progress towards outcomes

Initially, the total number of affected population at Dan Dan Care Centre was 557. Another three families (15 members) were added later during the second phase of distribution. Altogether, there are 148 families and comprising of 572 people. The PNGRCS team conducted distribution of NFI to the entire affected population (by family group) over the period 01/02 February and 05/07 February, and 2 to 7 April 2018.

The number of relief items distributed had been adjusted from the original planning figure to account for the exact number of families located at the care centre and actual need for NFI. A complete list of NFI distributed is as per indicated in Table 4 above.

Only 40 Tarpaulins have been distributed (due to already covered by PDC) to be shared by each community to use for replacement of any damaged tarpaulins due to wind and rain, and also to be used as a secondary means of rain water collection. The PNGRCS team have provided advice and demonstration to the communities of how to use tarpaulins for rain water collection.

The remaining tarpaulins are being stored at Wewak to be utilised for replenishment distribution later as tarpaulins deteriorate and/or when the evacuated population move to a permanent resettlement area. Other items distributed included - shelter tool kits, kitchen sets, blankets, sleeping mats, mosquito nets, buckets, water containers, knives, hammers and nails, cooking pots and towels. A number of NFIs were also distributed to community leaders for shared use by their communities. Distribution per community - 12 crow bars, 12 bush knives, 18 cooking pots, 9 tarpaulins and ropes.

Families with 6 to 8 members were provided with additional NFI by the volunteers. There were also a small number of vulnerable individuals that received NFI - elderly, disabled and single pregnant women. The team also conducted awareness training for the affected population on good use of relief items.

The evacuation of the entire population of Kadovar Island firstly to Blup Blup Island and then to the Dan Dan Care Centre has become a unique issue where the entire population is unable to return to their homes as the volcanic eruption has now rendered the island uninhabitable. There is reliance on the provincial government to finalize the release of land from the host community to provide a suitable area for permanent resettlement of the entire population of Kadovar Island. The exact timeframe of this process is difficult to predict due to the political nature of the decision. The government is required to provide satisfactory monetary compensation to the host community for land before the affected population will be able to establish new community areas and resettle in a permanent location. Whilst remaining at the care centre, the affected population are entirely reliant on support from provincial government and partner agencies.

Note on enhancing capacity building of the NS during the emergency phase

The volunteer team undertook training at Madang prior to deployment to support the evacuated population from Kadovar. They conducted refresher training on relief item distribution and awareness activities. They were also briefed on the situation and provided with an outline plan of the purpose of their deployment.

Having an RDRT delegate to support the PNGRCS for the entire deployment of the 10-member volunteer team also provided opportunity to train the volunteers on aspects of their operation including planning and risk management and water safety (use of life jackets, water rescue and basic sea survival).

During the operation, volunteers also received coaching from the RDRT delegate on risk management, problem solving and decision making, and providing task briefings.

Most of the volunteers had some training and experience in disaster response. However, this operation had challenges and difficulties that have provided further experience to all the volunteers. This experience will be extremely useful for any future response operations the volunteers are part of, and lessons learnt will strengthen the capability of PNGRCS to conduct successful disaster response operations in the future.

Due to the PNGRCS operation, there has also been considerable public interest in joining as volunteers, which is a success since currently there is no PNGRCS branch in Wewak or East Sepik. This creates an opportunity to expand the PNGRCS volunteer resources into another province.

Challenges

The total number of families reached was less than the planned (572 instead of 640) and the tarpaulins provided by Morobe administration PDC before the team's arrival in Dan Dan Care Center caused oversupply of tarpaulins. PNGRCS distributed only 40 tarpaulins, to be used primarily for rain water collection. The balance of tarpaulins is kept in warehouse for replenishment and future use.

Lessons Learned

The oversupply of tarpaulins provided a valuable lesson in which it highlights the importance for implementation to move up to speeds once an operation plan has been approved. This is to ensure identified targets can be fully met and to avoid unnecessary changes in the plan.



Water, sanitation and hygiene

People reached: 572

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of RC volunteers participating refresher training on carrying out water, sanitation and hygiene assessments as part of a multi sectorial assessment	10	10
# of people in targeted communities continuously monitored on the water, sanitation and hygiene situation	640	572

Progress towards outcomes

During the time the team spent at the care centre, it was observed that the water available for drinking, washing and cooking is very limited from two small creeks either side of the camp. Both creeks provide poor quality water and limited flow. This has a negative effect on hygiene situation of the affected population which is already causing many cases of diarrhea and skin diseases. Government health workers are on site to provide direct support to the evacuated population. However, it is necessary to improve water supply issues in order to minimize this negative impact on the affected population.

PDC provided limited water distribution. ADRA took the lead on provision of water and sanitation services to the affected population through the installation of 2 x 9,000L water tanks and collection system along with building 20 pit latrines for use by the communities.

WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of people in targeted communities involved to determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community	640	572

<i>based on health risks and user preference in coordination with the WASH group or cluster.</i>		
<i># of people in targeted communities received 160 IFRC standard hygiene kits and 320 jerry cans, sufficient for 2 months</i>	640	572
<i># of people in targeted communities trained in use of distributed hygiene kits and jerry cans (# of people in targeted communities)</i>	640	572
<i># of people involved to determine whether additional distributions are required and whether changes should be made.</i>	640	572
<i># of people in the households surveyed to monitor use of hygiene kits and user's satisfaction</i>	640	572

Progress towards outcomes

Distribution numbers were adjusted from the target of 640 to actual number of beneficiaries located at the care centre – 572 people.

One hygiene kit per family was distributed at the care centre. These kits will be fully consumed by affected population within four to six weeks after distribution and will then require replenishment. Coordination is made with PDC to ensure replacement items are distributed at the required time. The number of Hygiene kits distributed during the second phase is 152.

Jerry cans (collapsible 10L water containers) and buckets were distributed to the beneficiaries to provide them with sufficient water collection and storage capacity. Each family received one bucket and two collapsible 10L water containers. This is higher than initial planning but deemed necessary due to water issues being one of the most significant shortfalls at the care centre. It was assessed that providing more water storage capacity to each family was necessary to provide adequate ability for water collection and storage.

Volunteers also provided demonstration of using tarpaulins and buckets/water containers for rain water collection to supplement water distributed by government and water collection by women and girls. ADRA are providing large water collection and storage tanks to the care centre. PNGRCS distribution and demonstration was designed to supplement ADRA activities, and ensure families had their own means of water collection other than relying on provision of water by government and ADRA or by walking upstream to gather water from the two creeks.

Household survey were conducted in second phase as part of the monitoring visit.

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.

Indicators:	Target	Actual
<i># of people reached through baseline survey to define hygiene issues and assess capacity to address the problem.</i>	640	57
<i>Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).</i>	Yes	Yes
<i>Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.</i>	Yes	Yes
<i># of WASH volunteer deployed from Madang</i>	10	10
<i>Design/print IEC materials</i>	Yes	Yes
<i># of people reached through hygiene promotion activities with evacuees and host communities</i>	640	572
<i># of people reached to assess progress and evaluate results.</i>	640	572

Progress towards outcomes

During the initial visit to the care centre, information was gathered regarding hygiene issues. The volunteer team provided awareness activities with IEC materials for hygiene promotion and WASH to the affected population through discussions at family group and community group levels. IEC materials were also distributed to the affected population. Coordination occurred with NBC radio in Wewak to provide community messages on hygiene and WASH issues as part of their radio broadcasts. This reached the wider community of East Sepik province. ADRA are taking the lead on provision of clean water collection and storage and latrines and PNGRCS have provided supplementary distribution and awareness programme. Assessment of progress and evaluation were conducted during the second phase monitoring visit.

Challenges

No particular challenges faced other than lack of availability of water and limited sanitation facilities, this challenges largely face by the communities, where PNGRCS did their best they can with IFRC support.

Lessons Learned

Before setting up any camp for larger population, an operation from the very early stage should carefully look into the access to basic life-saving needs such as water and access to health and hygiene care. This is to ensure the population needs are properly addressed.



Note on: Protection, Gender and Inclusion

The PNGRCS volunteers conducted awareness activities with the affected population including gender and diversity and child protection.

Volunteers also identified the most vulnerable within each community and NFI were also distributed to those individuals – 6 disabled (five men with back injury and one deaf woman), 16 widows, 5 widowers and 9 single mothers/ single pregnant women. This was to ensure all members of the affected population were provided with equal support. Kitchen sets and hygiene kits were broken down and portions of each provided to vulnerable individuals.

Lessons Learned Workshop:

The lessons learned workshop was held in Madang on 19 and 20 April 2018. Fourteen volunteers from Madang Branch, who were involved with the Kadovar response, the Programme Manager for the Kadovar DREF, also from Madang; the Secretary General, the Manager OD and Programmes and the DM Coordinator, from PNG Red Cross HQ; and the Federation Head of Country Office and the Finance Development Delegate attended from Port Moresby.

Following introduction by the SG, an outline of DREF by the Head of Country Office and a dissemination of Red Cross by the DM Coordinator, the PM facilitated sessions looking at all aspects of the operation from finance and logistics, to the field operation; assessments, beneficiary listings and distributions, the receipt of the goods from Kuala Lumpur. The outcomes will be taken up in future response operations. This operation has demonstrated how a branch that has volunteers trained in the various aspects of disaster management has the capacity to respond in their own province and even in a neighboring province if there is no branch. Throughout this operation the field team have been supported by IFRC Country Office and PNGRCS HQ Disaster Management staff. Further details on the lessons learned workshop as per attached [Appendix 2](#).

D. BUDGET

Note on budget variances and expenditures

The overall budget has been underspent by CHF 11,583 which is equivalent of 13.9 per cent of the total budget of CHF 89,763. The balance funds will be returned to the DREF pool.

The budget line group that saw important variances is the personnel line. Expenses on volunteers was more than doubled. This is explained due that more volunteers working longer hours than expected and budget was required. There was also underbudgeting in their associated costs. Volunteers management remains a challenge in PNGRCS and need to be carefully monitored in upcoming operations.

Finally, there was an underspending under NFI and distributions as some NFI's were not distributed after the beneficiary satisfaction survey was conducted and concluded the final distribution round was not necessary. Some of the items were also overbudgeted and some cancelled (sleeping mats and clothes).

Reference documents



Click here for:

- [Previous updates](#)
- [DREF EPoA](#)

For further information related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

Disaster Response Financial Report

MDRPG007 - Papua New Guinea - Volanic Activity

Timeframe: 11 Jan 18 to 11 Jun 18

Appeal Launch Date: 11 Jan 18

Final Report

Selected Parameters

Reporting Timeframe	2018/1-8	Programme	MDRPG007
Budget Timeframe	2018/1-6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		83,763				83,763	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		83,763				83,763	
C4. Other Income		83,763				83,763	
C. Total Income = SUM(C1..C4)		83,763				83,763	
D. Total Funding = B +C		83,763				83,763	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		83,763				83,763	
E. Expenditure		-72,180				-72,180	
F. Closing Balance = (B + C + E)		11,583				11,583	

Disaster Response Financial Report

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Timeframe: 11 Jan 18 to 11 Jun 18

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Final Report

Selected Parameters

Reporting Timeframe	2018/1-8	Programme	MDRPG007
Budget Timeframe	2018/1-6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			83,763			83,763		
Relief items, Construction, Supplies								
Shelter - Relief	4,160		3,210			3,210	950	
Clothing & Textiles	6,656		4,104			4,104	2,552	
Water, Sanitation & Hygiene	2,400		1,922			1,922	478	
Utensils & Tools	5,916		4,055			4,055	1,861	
Other Supplies & Services			1,344			1,344	-1,344	
Total Relief items, Construction, Sup	19,132		14,635			14,635	4,497	
Logistics, Transport & Storage								
Storage	3,125		3,250			3,250	-125	
Distribution & Monitoring	9,269		5,892			5,892	3,377	
Transport & Vehicles Costs	8,750		4,952			4,952	3,798	
Logistics Services	3,500		1,260			1,260	2,240	
Total Logistics, Transport & Storage	24,644		15,353			15,353	9,291	
Personnel								
National Society Staff			238			238	-238	
Volunteers	8,531		19,351			19,351	-10,819	
Total Personnel	8,531		19,589			19,589	-11,058	
Workshops & Training								
Workshops & Training	9,375		4,477			4,477	4,898	
Total Workshops & Training	9,375		4,477			4,477	4,898	
General Expenditure								
Travel	10,438		12,281			12,281	-1,843	
Information & Public Relations	5,000						5,000	
Office Costs	469		196			196	273	
Communications	656		660			660	-4	
Financial Charges	406		584			584	-178	
Total General Expenditure	16,969		13,721			13,721	3,248	
Indirect Costs								
Programme & Services Support Recove	5,112		4,405			4,405	707	
Total Indirect Costs	5,112		4,405			4,405	707	
TOTAL EXPENDITURE (D)	83,763		72,180			72,180	11,583	
VARIANCE (C - D)			11,583			11,583		

Papua New Guinea Red Cross Society

Appendix - 1

Beneficiary Survey for NFI Distribution and Awareness Activities at Dan Dan Care Centre for evacuated population of Kodavar Island

1. Were you asked what you need as relief item(s) or support for the disaster by Red Cross?

Yes No

2. Do you know how to make a complaint to Red Cross about the relief items/services you received?

Yes No

3. Is there any change you would like to say in regards to the operation?

A. NON-FOOD ITEMS (hygiene kits, shelter tool kits, sleeping mats, kitchen sets, jerry cans, blankets, towels, plastic buckets)

4. Which items did you receive from Red Cross for emergency?
(and number of each item per family)

Shelter tool kit (or hammer, knife and nails) _____

Kitchen set (or cooking pot and plates, knife/fork/spoon) _____

Hygiene kit _____

Sleeping mat _____

Blankets _____

Mosquito nets _____

Bucket _____

Water container _____

Towel _____

Other _____

5. Were these items appropriate and adequate for your family?

Yes No

6. Qualify the items quality you received?

Papua New Guinea Red Cross Society

Excellent Good Regular Bad

7. What would you improve if the items received where not adequate?

Not appropriate for my needs, solidity Different material Overall quality
 Durability

Other: Specify _____

8. In your opinion was there any essential item missing?

Yes What? _____ No

B. Awareness Activities

9. Did you receive information from Red Cross on Tsunami preparation and evacuation routes?

Yes No

10. If yes, was this information useful

Yes No

11. Did you receive information from Red Cross on improving hygiene?

Yes No

If yes, what type? hand washing food preparation waste disposal

improving toilets/latrines other, what _____

12. Did you receive information from Red Cross on safe water storage

Yes No

13. Did you receive a demonstration on how to use tarpaulins for rain water collection

Yes No

14. Are you satisfied with the support you received from Red Cross

very satisfied ok not very satisfied not at all

If 'not very' or 'not at all'

Why and what could have been better?

Any other comments



**DREF Volcanic Eruption for Kadovar, East Sepik Province
Lessons Learnt Workshop
Madang, Papua New Guinea, 19 -20 April, 2018**

MESSAGE FROM THE SECRETARY GENERAL

Let's be competitive at the global seen, those of us here now, lets us change our mind sets of being Papua New Guineans. But be like other Red Cross volunteers around the world who mobilise and build their membership which is the foundation of Red Cross in the work. Each of us has a role to play, disseminate about Red Cross and want members to join.



This lesson learnt report hints how we can do well, I apologise on behalf of the National Office for doing our part effectively. This workshop being held will improve future response. This Disaster Response Emergency Response Funds (DREF) Operation is the second DREF Operation I've gone through after the Measles in Vanimo, West Sepik Province. It's unique as Internally Displaced People (IDP) has moved from their home, Kadovar Volcanic Island to Dandan Care Centre on the main land. This is now the Government's responsibility to relocate and settle these people.

Uvenama Rova
Secretary General

1. BACKGROUND

Capturing lessons learned is an integral part of project management and serves as a valuable tool to use by other project managers within the organisation who are assigned to manage similar operations. It is the aim of the project that a formal lesson learnt information sharing session has been convened and the outcome of the overall response is well documented as part of reporting and information for future use. This report is specifically intended for the Kadovar Island Volcanic eruption in East Sepik Province.

Kadovar Island (Kadowar) is a small island belonging to the cluster of islands referred to as Schouten Islands. Kadovar is approximately 100km from



Wewak (line of sight) and 24km to nearest point on mainland East Sepik province. Kadovar is part of Wewak Island Rural LLG in Wewak District, East Sepik Province. The remote Kadovar Island volcano became active on 5 January 2018. The aerial view from the Governor's office was conducted as reported they observed lava flow on the island with an estimated 50-60% of the island covered in lava. The Provincial Assessment Team from East Sepik Provincial Administration with combined PNG Defence Force and Police personnel were dispatched to Kadovar Island on 07th January 2018.

Since January 6th, the Wewak District Administration has been working with the East Sepik Provincial Administration and the Member of Parliament for Wewak to organize an evacuation. The entire population (736) has relocated to Blup Blup Island, which is an island of about 800 people. As first priority Government is providing water and food for the displaced affected population.

PNGRCS liaised closely with the Provincial Disaster Committee Team to provide assistance to those affected and displaced population. The assigned Programme Manager specifically for this response took the lead for the operation, with technical support provided from the IFRC country and regional office.. The Madang Red Cross Branch has been committed to respond to the disaster on the ground level and assisted those relocated to Dandan Care Centre on the main land

2. PUPOSE OF THE LESSONS LEARNT REPORT

The purpose of the lessons learnt report was to capture the overall reflection and share what has transpired throughout the implementation phase of the DREF Operations. This report may be used as part of planning a similar operation in order to determine what challenges were faced and how those challenges can be handled in the future.

3. OBJECTIVES OF THE LESSONS LEARNT WORKSHOP

The objective of this lesson learnt workshop was to share, discuss and learn from each other on;

- a) What activities went well that has contributed to the overall success of the response
- b) What activities did not worked well during the response for our future actions

4. LESSONS LEARNED FROM THIS OPERATION

The table provided the lists of possible issues that were identified during the two distribution phase. The list of issues by each category has been summarized under the sub headings for easy category and reference. Common issues have been identified followed by operation knowledge and descriptions, impacts and recommendations. We have also captured both the success and challenges as well under each category.

Table 1: Beneficiary Listing Assessment and distributions

CATEGORY	Identified Issue	PROBLEM/SUCCESS	IMPACT	RECOMMENDATION
Logistics	<ul style="list-style-type: none">Communication and coordination	<ul style="list-style-type: none">Lack of effective communication between the logistics and relief team	<ul style="list-style-type: none">Poor coordination during the operationMiscommunication of the arrival of non-food items shipment especially during the second distributionThere were inconsistencies in the supply of the non-food items from POM warehouse resulting in the final supply received being less or more than what was enlisted in the Emergency Plan of Action	<ul style="list-style-type: none">Proper needs analysis after the assessment should be carried out as a requirement to determine the exact number of goodsThe Emergency Plan of Action shouldn't be used as the basis to determine the quantity of non-food items.We need to avoid being reactive and maintain our neutrality to deliver

CATEGORY	Identified Issue	PROBLEM/SUCCESS	IMPACT	RECOMMENDATION
				<ul style="list-style-type: none"> • Deployment of the Branch or NHQ EOC Officer for immediate confirmation and assessment • All officers to be working closely with the Logistic Officer who is responsible for the movement of non-food items and should be communicating and coordinating with the relief team at all times
	<ul style="list-style-type: none"> • Proper record and documentation of the movement of relief items. 	<ul style="list-style-type: none"> • No proper record and knowledge on the movement of the NFIs 	<ul style="list-style-type: none"> • Total of 200 hygiene kits and 300 mosquito nets were moved from Lae, Morobe Province with Red Cross labels without the knowledge of the Logistics Officer and the responding team. • In-direct distribution was done without the presence of the relief team as it went ahead of the team. • No proper record of the distribution lists 	<ul style="list-style-type: none"> • Recording and documenting movement of goods using the standard logistics forms. • Maintain effective communication between the branch and HQ • Concerned Branch should seek approval and notify National Logistics Officer before moving items.
	<ul style="list-style-type: none"> • Lack of appropriate Transportation 	<ul style="list-style-type: none"> • Locally, the private sectors willing to provide assistance as and were required • Mr Peter Singut assisted with the transportation of the non-food items to Dandan Care Centre. • The partners were also available and provided the transport assistance • Proper coordination among the partners are required as far as the transportation issue is concern 	<ul style="list-style-type: none"> • Time spent in arranging transport also delays the delivery of the NFIs more efficiently 	<ul style="list-style-type: none"> • Arrange MOU with the transport companies • Use of hire cars subject to the case by case and road conditions (small cars can be used in town if activities centred around and within the town)
	<ul style="list-style-type: none"> • Branch Warehousing or storage area 	<ul style="list-style-type: none"> • Identifying storage facilities in provinces without branches 	<ul style="list-style-type: none"> • Insecurity of the NFIs and relief items 	<ul style="list-style-type: none"> • .Establishing MOU and partnership with the church,

CATEGORY	Identified Issue	PROBLEM/SUCCESS	IMPACT	RECOMMENDATION
		<p>remain a concern</p> <ul style="list-style-type: none"> The Seventh Day Adventist Church provided their premises as free storage space for non-food items 		<p>private sectors and other NGOs for storage</p> <ul style="list-style-type: none"> Highly recommended to establish and strengthen partnership with the Churches as they are the first point of contact in the community
	<ul style="list-style-type: none"> Inadequate supply of NFI 	<ul style="list-style-type: none"> NFIs sent to the disaster sites were either oversupplied, under supplied and not required for the specific needs The Emergency Plan of Action didn't cover some of the non-food items sent from the National Warehouse to Wewak. For instance the shelter kit tools that included the hummers, bush knives and nail weren't included in the list. From previous lesson learnt, the DM team included the tools for the shelter kit which was found very useful by the beneficiaries. 	<ul style="list-style-type: none"> Unwanted NFIs sent to the province caused much delay when trying to identify and distribute the relevant NFIs The beneficiaries missed out on the necessary NFIs or lack of adequate supplies 	<ul style="list-style-type: none"> Distribution of NFIs to be based on standardised operational manual especially from the SPHERE hand book All required relief items should be included into the Emergency Plan of Action. Identify reputable service providers locally to supply quality disaster relief items
Finance	<ul style="list-style-type: none"> Unexpected timing of the disaster that occurred during the public holiday (Christmas period) Delayed availability of funds from the partners to the recipient because of the public holiday (Christmas) 	<ul style="list-style-type: none"> Set back in responding immediately as a result of shutdown period and limited business activities Branch did not meet to devise a Plan of Action on time to respond effectively. 	<ul style="list-style-type: none"> Procurement process and preparation of the deployment was delayed by at least a week. 	<ul style="list-style-type: none"> National HQ to prepare financially to address issues especially during the public holiday Both the branch and HQ to be on-call during the public holiday
Personnel	<ul style="list-style-type: none"> Selection Criteria of volunteers 	<ul style="list-style-type: none"> The Madang branch volunteers were deployed and responded successfully 	<ul style="list-style-type: none"> Extra care to be taken to provide assistance to untrained volunteers Gender diversity be considered a priority 	<ul style="list-style-type: none"> Equal participation of gender be encouraged when identifying and selecting the volunteers

CATEGORY	Identified Issue	PROBLEM/SUCCESS	IMPACT	RECOMMENDATION
		<ul style="list-style-type: none"> Volunteers who are trained in Emergency Response and First Aid to be considered when responding to disaster Among the team where two inexperienced youths and have the opportunity to participate in the response – a learning experience for them 	in addressing the needs of those affected	<ul style="list-style-type: none"> Capacity building of the untrained and trained volunteers for specific needs be considered and included in the POA.
Communications	<ul style="list-style-type: none"> Channel of Communication & issues on the POA 	<ul style="list-style-type: none"> The Deputy Branch Chairperson was contacted instead of the Branch Chairperson regarding the planning process in preparation for deployment causing misunderstandings Lack of communication and ,misunderstandings on who to prepare the POA The Disaster Program Manager did not have a plan of action for the DREF operations to be shared in time when the HQ had furnished up a plan 	<ul style="list-style-type: none"> The final POA was not well received by the PM The lack of following the required channel of communication may have long term effect on the branch operations 	<ul style="list-style-type: none"> At all times to comply with the reporting and communication channel even during the emergency. If a new channel of communication to be developed purposely for the Disaster, that must be done and communicated in time to the TEAM The assigned PM in future to consult the HQ for assistance in writing the approved POA ALL finalised POA to be communicated and disseminated to all parties concern for understand and compliance. POA must at all times be disseminated to the PNGRCS DM Team for information sharing and reporting purposes
	<ul style="list-style-type: none"> Lack of knowledge on the Movement of NFIs from Morobe warehouse to Wewak 	<ul style="list-style-type: none"> A total of 200 hygiene kits and 300 mosquito nets with Red Cross Labels were moved from Lae, Morobe Province to the disaster sites without the 	<ul style="list-style-type: none"> The distribution of items without following the due process has painted a bad image to the Red Cross Society When there is disparity in the distribution, the possibility of under or 	<ul style="list-style-type: none"> The HQ and branch EOC to be updated on any disaster response for ease of information dissemination and effective communication

CATEGORY	Identified Issue	PROBLEM/SUCCESS	IMPACT	RECOMMENDATION
		<p>knowledge of HQ DM Team</p> <ul style="list-style-type: none"> • Furthermore the Red Cross relief items were distributed at Kadovar Care Centre without our knowledge • Lack of communication between the branch and the HQ causing over supply of the NFIs 	<p>over supplied a household or individual more than the other are inevitable causing community dissatisfaction and unexpected problems.</p>	<ul style="list-style-type: none"> • We don't have to be reactive but to maintain our neutrality to and respond according to the set criteria • To advice all branch to provide an update on their actions during the disaster
	<ul style="list-style-type: none"> • Community lack adequate knowledge on Red Cross functions 	<ul style="list-style-type: none"> • Lack of dissemination of Red Cross in terms of who we are, what we do and who we target in a Province that doesn't have Red Cross Branch. • 	<ul style="list-style-type: none"> • The host community expected money from the relief team for accommodation and transport at a price which wasn't reasonable. 	<ul style="list-style-type: none"> • Entry strategy into the community is through local leaders who have authority and local knowledge of the community. The community leaders have to be taken through the Red Cross Dissemination and purpose of our visit.
Security	<ul style="list-style-type: none"> • Incident Management 	<ul style="list-style-type: none"> • The Personal Protection Equipment's used at that time was the rain coat and life jackets and used by the volunteers 	<ul style="list-style-type: none"> • Boat capsized while entering the care centre and the volunteer on board the boat lost all his belongings. However, he was safe as he had his life jacket on. 	<ul style="list-style-type: none"> • The National Society has to consider having a Policy for security risks and insurance cover in terms of medical. • Personnel Protective Gear to be purchased and made readily available for all volunteers and staff during disaster response.
Assessment	<ul style="list-style-type: none"> • Beneficiary Listing 	<ul style="list-style-type: none"> • The relief team successfully completed and compile the household beneficiaries listing prior to the actual distribution 	<ul style="list-style-type: none"> • Non-food items were distributed fairly to the beneficiaries. 	<ul style="list-style-type: none"> • Need Analysis to be done to determine the exact number of non-food items required for the response. • We don't have to be reactive but to maintain our neutrality to deliver
Beneficiary Survey	<ul style="list-style-type: none"> • Monitoring and evaluation of the response 	<ul style="list-style-type: none"> • The relief team have to ensure that the support appropriate to the beneficiaries. 	<ul style="list-style-type: none"> • From the survey, the relief team found that buckets for instance where much more useful then water containers for the 	<ul style="list-style-type: none"> • Monitoring and Evaluation visit are essential to ensure that the support given is appropriate.

CATEGORY	Identified Issue	PROBLEM/SUCCESS	IMPACT	RECOMMENDATION
			purpose of cartage.	

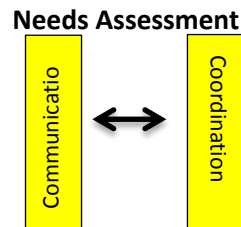
5. RECOMMENDATION ON LESSON LEARNT

From the lesson learnt workshop, it is important that the information collected and documented are circulated for learning purposes. The organisation should consider its appropriateness prepare for change in any unlikely event that we faced with similar operations in future. We recommend the following;

1. **TEAM WORK:** The relief team and logistics team have to work together during the response phase as follows:

Logistics Team

Logistics POA
 Receives Requisition
 Removes items from the warehouse



Relief Team

Needs analysis
 Relief POA
 Send requisition
 Sets up Distribution Site

Activation Report

2. **Insurance Cover:** Policy for security risk and insurance cover in terms of medical is the responsibility of the National Society. The National Society will have to pay for the loss of trained volunteers and staff who encounter incidents on the field such as theft.
3. **Personnel Protective Gear** has to be included in any DREF Operations. This will reduce the risk of injuries and loss of lives on the field.
4. **Monitoring and evaluation** visits are vital and helps the Disaster Management Team to do better in disaster response.
5. In addition, to consider the important points highlighted as recommendations on specific identified issues on the table above

Thank you