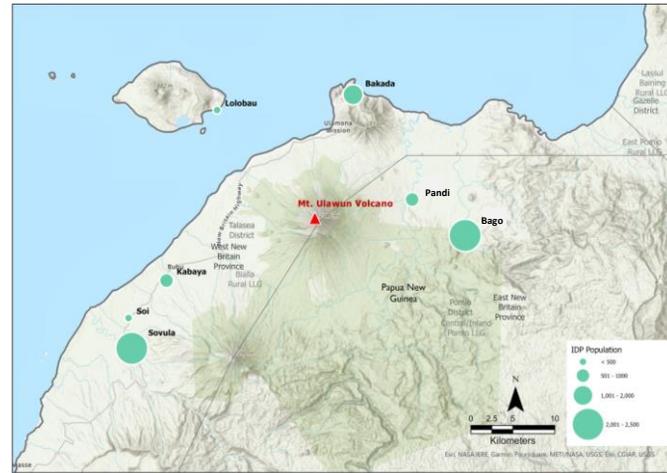


Mount Ulawun Volcano Eruption

BACKGROUND

On 20 November 2023, Mount Ulawun volcano on the border of the West New Britain (WNB) and East New Britain (ENB) provinces erupted, spewing ash plumes. The Rabaul Volcanological Observatory reported that seismicity was high, showing an upward trend but at a reduced rate and thus recommended that the Alert Level be upgraded to Stage 4. The volcano eruption caused mass displacement across the affected areas. IOM's Displacement Tracking Matrix (DTM) site assessment tool was rolled out in WNB and ENB within a week following the eruption and identified 8,565 persons (1,707 Households [HH]) displaced from the local villages in WNB and ENB.¹ Another 8,544 displaced individuals (private sector companies' evacuees) are hosted by their employers (Hargy Oil Palm and Navo Mill) in WNB and are not accounted for in the DTM assessment. Combined, the total number of displaced persons, company evacuees and local villagers, is 17,109. The situation remains fluid and information presented in this report may continue to evolve.

Map of the Affected Area



Disclaimer: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration. © UN Migration/IOM 2023

Displacement Overview¹ (n = 7 sites)



8,565

Internally Displaced Persons (IDPs)



1,707

IDP Households



52%

of the IDPs are males



48%

of the IDPs are females



59%

of the IDPs are children below 18 years old



3%

of the IDPs are persons over 60 years old



93%

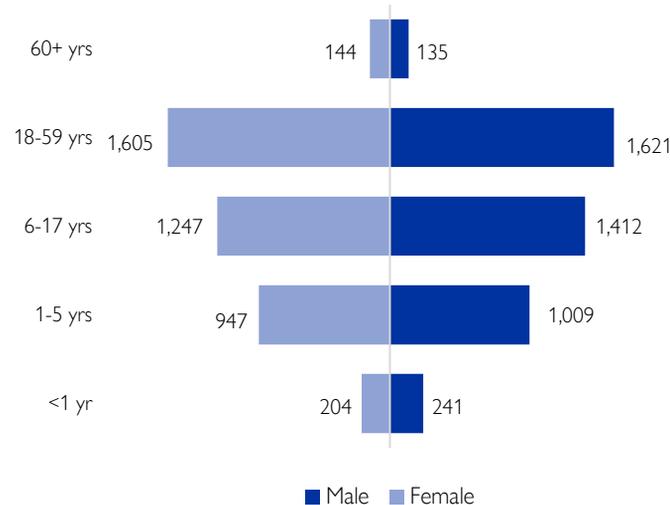
of the IDPs are staying at care centres in WNB (Bakada, Kabaya and Sovula) and ENB (Pandi and Bago)



7%

of the IDPs are staying in transitional shelters (Lolobau) and host community (Soi) in WNB.

Gender and Age Pyramid



DTM Operations are supported by:



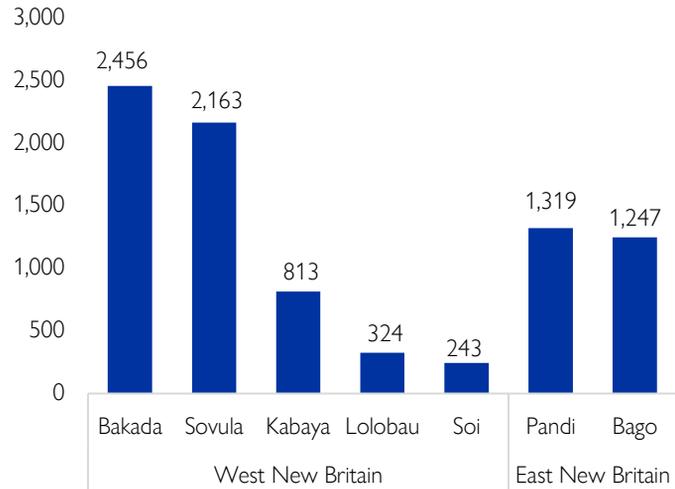
¹ Data is from the care centres, host community, and transitional shelters hosting 8,565 people displaced from the local villages in WNB (5,999) and ENB (2,566). It does not include private sector companies' evacuees (8,544) at Barema mill, Barema clearing, and Hargy area 6.

Mount Ulawun Volcano Eruption



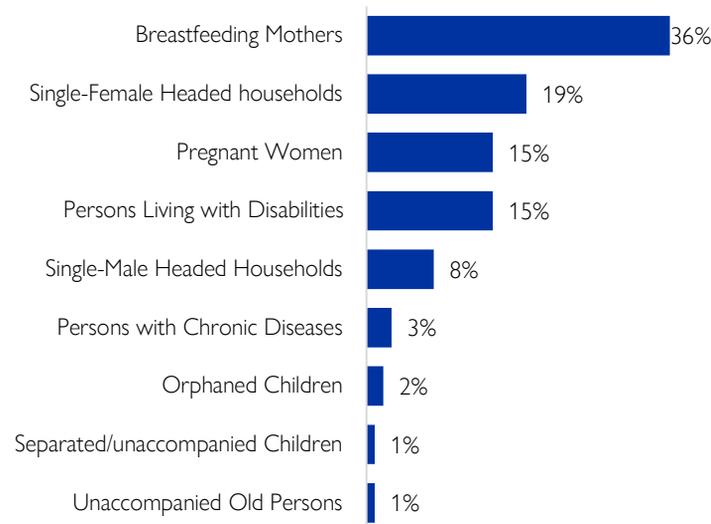
IOM continues to work closely the government (national and subnational) and partners and has deployed DTM enumerator teams to the locations directly impacted by the volcanic ash fall. © Lydia Ruru/ PNG Red Cross Society

Total No. of IDPs by Site



VULNERABILITIES

433 vulnerable individuals were identified, with the plurality identified as 'breastfeeding mothers' (36%).



The IDPs are caring for the HHs members requiring special care and these include persons living with disabilities.

SITE MANAGEMENT AND ACCESSIBILITY

The displacement sites have a Site Management Committees (SMCs) present, of which the SMC is made up of the community at the site.

Displacement sites in WNB (Bakada, Kabaya, Sovula and Soi) are accessible by road, and Lolobau is accessible by both road and sea.

It takes approximately 2.5hrs to travel by road from Kimbe, the provincial capital of WNB to Bialla town where the emergency forward operating base is located. Pandi and Bago care centres in ENB are accessible by road. IOM teams have been deployed to WNB to provide care centre management support.

SHELTER AND NON-FOOD ITEMS

Makeshift shelters, tents and tarpaulins constitute the types of temporary shelter being used by the IDPs in the care centres at Bakada, Kabaya and Sovula (WNB), and Pandi and Bago (ENB).

The shelters are very close to each other, limiting privacy. A number of IDPs were seen gathering local materials to reinforce their temporary shelters during the time of assessment.

Mount Ulawun Volcano Eruption



Several displaced households lack decent temporary shelter.
© Lydia Ruru/ PNG Red Cross Society

An established community care centre (with concrete floor, iron roof shelter, and no walls) was built at Kabaya after Mount Ulawun volcano erupted in 2019 and is being used to provide shelter for the IDPs.

FOOD SECURITY AND NUTRITION

The displaced population is relying on food aid currently. Local authorities in WNB and ENB dispatched food rations including rice, tinned fish, noodles and sugar to the IDPs including those living in sites managed by the private sector companies. The IDPs have not received nutrition supplements for children under 5 years old, pregnant women, and breastfeeding mothers.



Food distribution in one of the IDP sites in WNB.
© Sharon Nerius/ IOM

The IDPs reported that food crop gardens at the villages of origin were severely affected by ash fall. And they may experience food shortages upon return.

EDUCATION

As schools are currently closed following the eruption, no children are currently attending classes.



Women and children have greater risks to their survival and recovery in the aftermath of disasters. © Sharon Nerius/ IOM

PROTECTION

Security-related incidents have so far been reported at Kabaya care centre following tension between the IDPs from Ulamona and host communities. The police responded to the situation and have increased their presence in the area. Traditional structures are also being applied in maintaining order at the displacement sites.

The lack of Gender-based Violence (GBV) referral mechanisms was reported in the displacement sites. Crowding in shelters have resulted in limited privacy. A finding from the assessment shows that several women and girls do not feel to access the latrines at night because of the lack of lighting. The need for lighting especially around latrines and in communal was highlighted during the assessments.

The assessment found out that several people do not feel safe to return to their homes currently.

WATER, SANITATION AND HYGIENE

Most IDPs collect drinking water from the nearby creeks and rivers. It was reported that these water sources have been polluted by ashfall. Volcanic ash collected on the shelter roofs making it difficult to harvest rainwater. The two water tanks (5,000L) installed at Kabaya care centre are not functional and as a result, the affected population is resorting to collecting water for drinking and cooking from the creeks.

Key informants and community members contacted during the assessment reported that most households do not boil drinking water collected from the creeks and rivers. Insufficient water storage capacity due to the lack of water containers has resulted in women and children making frequent trips to the water source, placing an additional burden on them and heightened their risk.

Mount Ulawun Volcano Eruption



Most IDPs are using water from rivers and creeks for drinking and cooking.
© Sharon Nerius. IOM

Access to sanitation is a major challenge in the displacement sites. At Pandi care centre in ENB, only six toilets are available and shared among 1,319 IDPs. There is a need to install additional latrines to allow segregation between female and males. Open defecation has been reported across all sites assessed.



A pit latrine being used in one of the IDP sites in WNB. © Sharon Nerius/ IOM

The combination of lack of latrines and handwashing stations, and consuming water from unsafe sources (with no treatment) poses a risk of disease outbreak in the displacement sites.

IDPs have dug rubbish pits in the care centres. Integrating hygiene promotion and installing latrines and handwashing facilities would help to reduce the risk of disease outbreak at the displacement sites.

HEALTH

The IDPs at Soi highlighted that there is a nearby health facility (Aid Post). Identified IDP sites (Kabaya, Bakada, and Bago) reported cases of diarrhoea, and the need to help address this, as well as other health related issues, such as cough and malaria. Key informants at contacted at Kabaya care centre mentioned that a few IDPs on Tuberculosis treatment.

CHALLENGES

- Limited relief materials to address the immediate needs of the displaced population.

NEEDS IDENTIFIED

- Nutrition supplements for children under 5 years old, pregnant women, and breastfeeding mothers.
- Emergency shelter to avoid overcrowding and limit spreading of transmissible diseases.
- Proper lighting system (installation of solar lights).
- Beddings especially sleep mats.
- Gender-segregated latrines.
- Healthcare services in displacement sites. Mobile routine health services.
- Mental health and psychosocial support.
- Health and hygiene awareness.
- Hygiene/ dignity kits including face masks, hand sanitizers and soap.
- Mosquito nets.

Mount Ulawun Volcano Eruption



Makeshift shelters, tents and tarpaulins constitute the types of temporary shelter being used by the IDPs in the care centres at Bakada, Kabaya and Sovula (WNB), and Pandi and Bago (ENB). © Sharon Nerius/ IOM

METHODOLOGY

To better understand the situation including sectoral needs of the affected population, an inter-agency team comprising of local authorities from WNB and ENB, Papua New Guinea Red Cross Society, and the International Organization for Migration (IOM) deployed the Displacement Tracking Matrix (DTM) tool to the displacement sites on 22-30 November 2023. Displacement tracking was conducted through field observations, focus group discussions (FGD) and key informant interviews (KII) with affected population and local authorities. This displacement profile presents findings from the DTM assessment undertaken in WNB and ENB and recommendations for humanitarian assistance. The situation remains fluid and information presented in the displacement profile may continue to change.

LIMITATIONS

Information presented in this displacement profile covers the situation and needs at seven sites namely Bakada, Kabaya, Sovula, Soi, Lolobau in WNB, and Pandi and Bago in ENB.



IOM, USAID, PNG and local authorities visited displacement sites and affected villages in WNB. Shown in the photo is Mt. Ulawun volcano. © Sharlene Kendo/ IOM

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