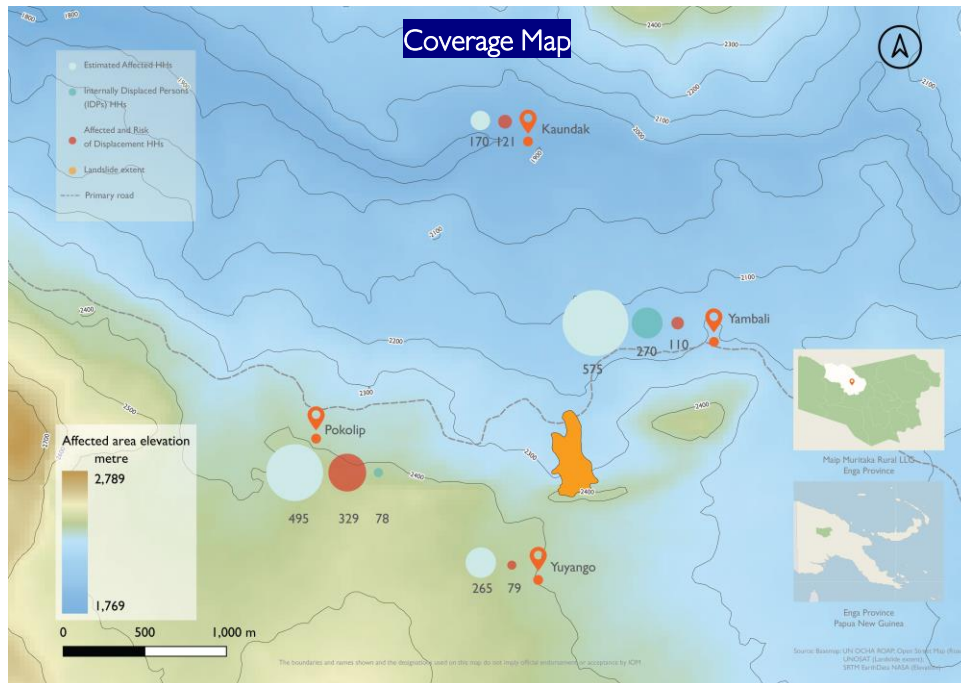


BACKGROUND AND METHODOLOGY

On 24 May 2024, a massive landslide engulfed villages in Yambali Ward, Maip Mulitaka Local Level Government of Lagaip-Porgera District, Enga Province of Papua New Guinea. The landslide caused extensive damage to many lives, homes and livelihoods. The extent of the destruction has left an estimated **1,680** individuals displaced, with an estimated **3,979** individuals affected and at risk of displacement. Furthermore; **9,952** individuals are estimated to be directly affected by the landslide. Immediate emergency response and long-term recovery plans are crucial to address the needs of these affected populations and mitigate future risks and vulnerabilities.

The landslide has not only devastated the Yambali ward but also caused significant instability in the surrounding area. The soil remains highly unstable, with visible cracks indicating imminent threats to lives and properties. Ongoing geo-seismic activities in the vicinity exacerbate the risk, as the land continues to shift. The landslide covered two creeks with debris and boulders, blocking waterways and increasing the likelihood of further slides. The blockage of these creeks poses a critical risk of flooding, which could trigger additional landslides, endangering the already vulnerable community.

The International Organization for Migration (IOM), in collaboration with the Enga Provincial Disaster Response Team and Site Management team, conducted a Displacement Tracking Matrix (DTM) assessment across all affected wards (Yambali, Pokolip, Kuandak, and Yuyango) between June-July 2024. This assessment was carried out by enumerators through field observations, focus group discussions, and key informant interviews with both affected populations and local authorities and as well critical sectoral needs were identified. The assessment also highlighted ongoing risks of displacement in high-risk areas prone to further landslides and environmental hazards. The findings presented in this DTM report emphasize the urgent need for targeted humanitarian assistance to meet these evolving needs and mitigate risks effectively.



Disclaimer: The depiction and use of boundaries, geographic names, and related data shown on maps and included in this report are not warranted to be error free nor do they imply judgement on the legal status of any territory, endorsement or acceptance of such boundaries by IOM.

PRIORITY NEEDS



Drinking water



Food



Health



Shelter

These correspond to the most pressing needs reported by the key informants in assessed locations.

9,952 Total affected population

3,979 affected individuals from **639** HH at risk of displacement

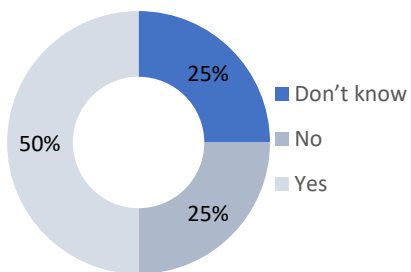
1,680 Displaced individuals from **348** HH

PROTECTION

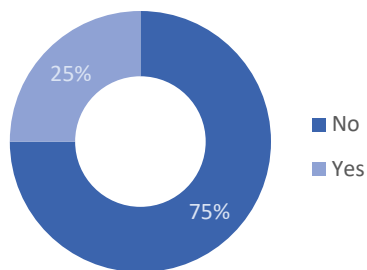
During the assessment, the following protection and security concerns were identified:

- ❖ Due to past tribal conflicts, the displaced population prefers to stay in the higher areas of Yambali rather than relocate to the Mulitaka Health Center.
- ❖ Lack of privacy and overcrowding in shelter areas exacerbate existing stressors and increase the likelihood of Gender-based Violence (GBV), including sexual exploitation and abuse.
- ❖ Indicators of GBV, which includes domestic violence and harassment by unaffiliated groups, were reported during the assessment.
- ❖ Due to the variable conditions of the displacement sites, which increase the risk of abuse and violence towards children, there is a need for proper child protection implementation in this displacement and affected sites.
- ❖ Increased vulnerabilities faced by persons with disabilities and elderly persons.
- ❖ Limited lighting pose a higher risk of GBV, including sexual violence.
- ❖ Women and girls, who bear the primary responsibility for fetching water, often travel long distances to reach a water source, exposing them to risks such as harassment and assault.
- ❖ Due to the lack of proper solid waste management at the care center, women and girls walk down to the riverbank to dispose of waste, increasing the risks of violence abuse.

Is the village court system active?

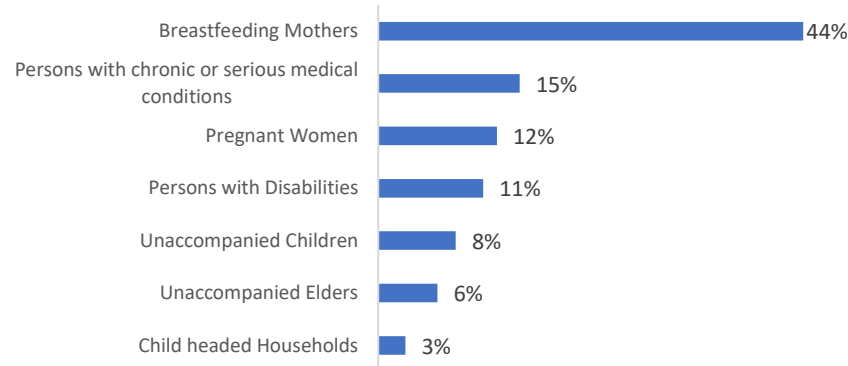


Referral mechanism for GBV survivors



PARTICULARLY VULNERABLE GROUPS

A total of 209 particularly vulnerable individuals were identified (around 12% of the total IDP population assessed).



Intention

To mitigate further human, material, and economic losses, the affected communities predominantly intend to relocate to safer areas. The Enga provincial government has identified a relocation site in Mulitaka for displaced individuals and those at risk, principally were returning to their places of origin is not feasible. However, the relocation process may be protracted due to the land acquisition procedures. Prior to relocation, site clearing, planning, and layout are necessary to ensure a safe and well-organized process. Furthermore, careful attention to land sensitivity issues is crucial to prevent potential conflicts among the communities.

Access

The Yambali evacuation site is accessible by vehicle, whereas access to the Pokolip site (Porgera side) requires travel by foot, or airlifting of relief supplies due to the blockade of the Porgera Highway caused by the landslide. Meanwhile, the high-risk community of Lepak in Kuandak ward can be reached by vehicle, while the Kineh community in Yuyango ward are accessible on foot. The provincial government has commenced the construction of a new road to reconnect with the Porgera Highway, the rerouting of the road is expected to take several months.

WATER, SANITATION AND HYGIENE

The affected communities in the wards of Yambali, Pokolip, Kuandak, and Yuyango, are accessing water for bathing, drinking, and washing household items, primarily from open water sources like flowing springs, creeks, and streams, which nearly the entire population (95%) relies on. A small portion (5%) uses rainwater catchment systems to collect drinking water.

While the Provincial Health Authority (PHA) and Papua New Guinea Defence Force (PNGDF) engineering team had earlier intervened by constructing a gravity-fed pipeline water system from a creek to the temporary Yambali care center and installed two water tanks (5,000 liters each) equipped with taps to enhance water accessibility and improve hygiene conditions at the Yambali evacuation site, the water supply has been cut off by the landowners. On 24 June 2024, the installed water system to the Yambali care center and Mulitaka Health Center was also cut off by the landowners. This stoppage is based on community-related issues. This has increased hardship leading displaced persons, especially women and children to walk twenty minutes (round way) to collect water from the creek.

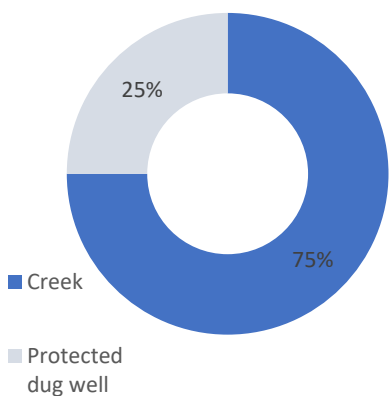
Hygiene and sanitation practices are scarce, with a lack of handwashing and proper latrine facilities. Hygiene practices such as proper handwashing are lacking across all affected communities. At the Yambali Evacuation site, only four pit latrines are under construction, and lack gender segregation. Most of the residents in high-risk areas of Pokolip, Kaundak, and Yuyango wards are using traditional bush material pit latrines. Though, 100 per cent of the assessed locations reported displaced persons using pit latrines, open defecation is prevalent across the affected communities, significantly increasing public health risks. World Vision is constructing eight emergency segregated latrines at the Mulitaka Health Center, while the PHA has constructed two temporary latrines at the Pokolip Aid Post to ensure improved sanitation facilities.

EDUCATION

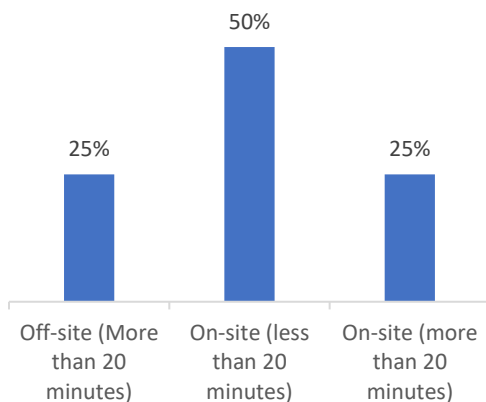
Pokolip Community School and Mulitaka Primary School serve children from all affected wards. Due to past tribal conflicts, Mulitaka High School was closed, forcing teenagers to continue their education in other districts or provinces. It was reported that this has become common for children in these wards due to the community violence levels. The recent Yambali landslide has further disrupted education, with children of the school going age unable to attend school. Many children from Yambali no longer attend school, and students from Pokolip, Kuandak, and Yuyango also face continued educational disruption.

Initially, Care International and the United Nations Children's Fund (UNICEF) established child-friendly spaces at the Yambali care center. However, the child-friendly tents were dismantled due to the site falling within the high-risk zone which posed ongoing safety concerns to the affected communities.

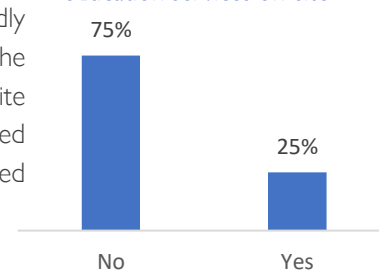
Type of water source



Location of site's main drinking water source (walking, one-way)



Access to formal/informal education services on-site



FOOD SECURITY

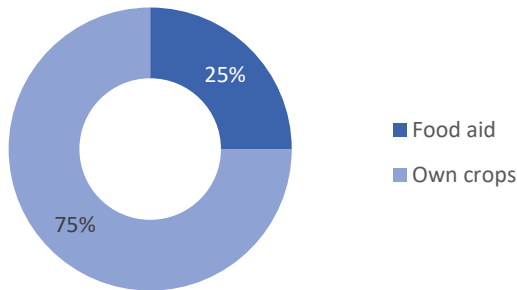
Most of the community members in Yambali lost their food gardens and livelihoods during the landslide. Many households relied heavily on subsistence farming and small businesses, each of which were impacted by the disaster. The displaced people are dependent on food relief and support from the local authorities, host communities and humanitarian actors to meet their nutritional needs.

On 3-6 June, IOM distributed food rations to 600 households, through the funding support from USAID Bureau for Humanitarian Assistance (BHA), to the affected communities to address nutritional needs in the aftermath of the landslide.

Additionally, on July 9-12 July, a total of 200 households received food items to sustain them for one month. The Enga Provincial Government and the private sector delivered additional food donations.

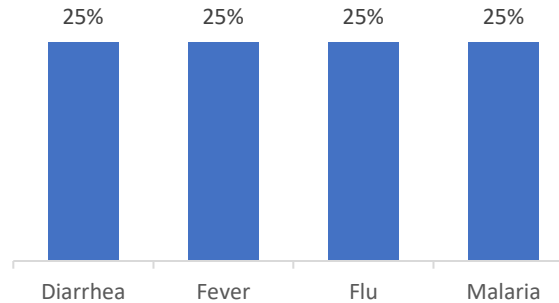
The PHA and UNICEF conducted malnutrition screenings, promoted breastfeeding training, and providing Ready-to-Use nutritional food to malnourished children under five years old.

Main source of food for households

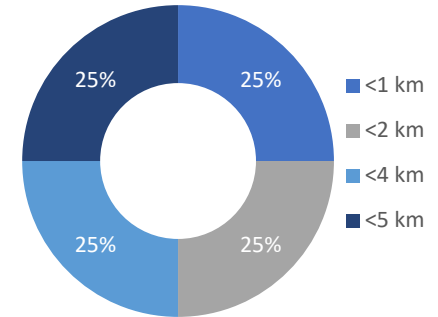


HEALTH

Most common health problems at site



Distance to nearby healthcare services



Due to past tribal conflicts, the Multitaka Health Center had been closed and unserved for several years. The Pokolip Aid Post provided basic services but was hindered by a lack of staff and essential medicines. After the landslide occurrence, the PHA deployed additional medical staff and initiated the renovation of the Multitaka Health Center, concentrating on rehabilitating the facility and improving the water system.

World Vision is constructing eight emergency segregated latrines at the Multitaka Health Center, while the PHA has constructed two temporary latrines at the Pokolip Aid Post to ensure improved sanitation facilities.

Multitaka Health Center serves as the main referral health facility for all four wards. Affected communities access health services either at Multitaka Health Center or Pokolip Aid Post. According to a key informant at the Multitaka Health Center, common illnesses treated at the health center include diarrhea, malaria, and pneumonia. Treatment of minor injuries was also reported. Pregnant women now have access to maternity services at both Multitaka Health Center and Pokolip Aid Post, with important improvements seen in the childbirth facility at Multitaka Health Center. For serious cases, patients are referred to either Lagaip District Hospital or Wabag General Hospital.

SHELTER

The majority of displaced individuals are dispersed amongst the host community due to limited space at the evacuation center. Approximately 160 households are sheltering in tents in Yambali, while most stay within their community or extended families. Congestion at the evacuation site is exacerbated by limited available space.

The majority of the affected households and at risk in all affected wards live in traditional houses made of bush materials or semi-permanent structures, while some have built permanent homes. Despite the variety in housing types, all are vulnerable to the impact of landslides, necessitating rapid relocation to safer zones.

Despite the Enga provincial Administration's memorandum to relocate the internally displaced persons (IDPs) from Yambali to Mulitaka High School, many IDPs have resisted moving due to safety concerns stemming from past tribal conflicts in Mulitaka. IDPs prefer to remain in the hazard risk zone until final relocation to new sites begins. Most IDPs in Yambali have settled with their families in at-risk areas near the landslide-affected zone, based on the current limited options for settlement or relocation.

IOM, with support from USAID/BHA, provided Non-Food Items and shelter toolkits to 250 households. IOM also facilitated the distribution of shelters and NFIs donated by the governments of Australia and Japan.

IDP accommodations in Yambali village



<25%

Solid walls houses



>75%

Tents



<25%

Makeshift shelter

While more than 75 per cent of IDPs live in Solid wall accommodations in Pokalip, Kine and Lepak villages, majority of displaced persons in Yambali village reside in tents.

KEY HUMANITARIAN CHALLENGES

- ✓ IDPs at the Yambali evacuation site have declined temporary relocation to Mulitaka High School due to safety concerns linked to past tribal conflicts. Consequently, many IDPs are opting to remain in areas still vulnerable to landslides.
- ✓ Protection concerns include high risks of gender-based violence, inadequate protection measures for vulnerable groups, and challenges posed by overcrowded and insecure shelter conditions, exacerbated by historical tribal conflicts which create tensions within the community.
- ✓ While the government plans to relocate affected communities to safer areas, the processes of site clearing, layout planning, and land acquisition may be protracted.
- ✓ The blockage of the Porgera Highway impedes the delivery of necessary relief supplies to IDPs in Pokolip ward and Porgera township, necessitating airlifts for essential supplies.
- ✓ The security situation in the affected area and along the corridor between Mulitaka and Wabag is generally stable but remains potentially volatile. The presence of illegal roadblocks and tribal tensions within the community pose risks of sudden changes in security conditions. These factors could potentially disrupt humanitarian operations and jeopardize the safety of both affected populations and humanitarian personnel.

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