

UNICEF Indonesia

Consolidated Emergency Report 2018



Two young girls use gender segregated toilet in Central Sulawesi, two months after the earthquake and tsunami affected the local communities.

Photo Credit: UNICEF Indonesia / 2018 / Fauzan Ijazah

Prepared by:

UNICEF Indonesia

March 2019

Contents

Abbreviations and Acronyms	i
Executive Summary	iii
Humanitarian Context	1
Central Sulawesi earthquake/ tsunami/ liquefaction	1
Lombok and Sumbawa island earthquakes	1
Humanitarian Results	4
Child Protection	4
Education	6
Health.....	7
Nutrition.....	8
Social Policy.....	9
WASH	10
Supply & Logistics	11
Summary of Results Achieved from Humanitarian Thematic Funding	13
Assessment, Monitoring and Evaluation	14
Financial Analysis	15
Future Work Plan	16
Expression of Thanks	18
Annexes	19
Annex A: Financial Analysis	19
Table 1: Funding status against the appeal by sector.....	19
Table 2: Funding received and available by donor and funding type	19
Table 3: Thematic Humanitarian Contributions Received in 2018	20
Annex B: Humanitarian Thematic Funding Case Studies	21
Annex C: Donor Feedback Form	25

Abbreviations and Acronyms

AAR	After Action Review
AWD	Acute Watery Diarrhoea
BAPPEDA	Regional Development Planning Agency
BAPPENAS	National Development Planning Agency
BASARNAS	National Agency for Search and Relief
BNPB	National Disaster Management Agency
BPS	Central Statistical Bureau
CBA	Cash Based Assistance
CCC	Care Commitments for Children
CERF	Central Emergency Relief Fund
CEWG	Community Engagement Working Group
CSO	Civil Society Organization
CPAP	Country Programme Action Plan
CRS	Catholic Relief Services
C4D	Communication for Development
DFID	UK Department for International Development
DRR	Disaster Risk Reduction
DTM	Displacement Tracing Matrix
FAO	Food and Agriculture Organization of the United Nations
EAPRO	East Asia and Pacific Regional Office
ECD	Early Childhood Development
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
EPF	Emergency Programme Fund
FGD	Focus Group Discussion
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GoI	Government of Indonesia
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
HFI	Humanitarian Forum Indonesia
HPM	Humanitarian Performance Monitoring
IASC	Inter Agency Standing Committee
IDP	Internally Displaced Person
IFE	Infant Feeding Emergency
IFRC	Indonesian National Red Cross
IM	Information Management
IMNCI	Integrated Management of Newborn and Childhood Illness
IOM	International Organization for Migration
IPC	Inter-Personal Communication
IYCF	Infant and Yong Child Feeding

JNA	Joint Needs Assessment
LLIN	Long Lasting Insecticides Nets
LPA NTB	Child Protection Agency West Nusa Tenggara
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MoEC	Ministry of Education and Culture
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoSA	Ministry of Social Affairs
MoPWH	Ministry of Public Works and Housing
MPBI	Indonesian Disaster Management Society
MR	Measles and Rubella
MSNA	Multi Sector Needs Assessment
MUAC	Mid-Upper Arm Circumference
NDRF	National Disaster Response Framework
NFI	Non-Food Items
NGO	Non-Governmental Organization
NTB	Nusa Tenggara Barat (West Nusa Tenggara)
ODF	Open Defecation Free
PCA	Programme Cooperation Agreement
PDAM	Local Water Company
PMI	Indonesian National Red Cross
PSEA	Prevention of Sexual Exploitation and Abuse
PUSKESMAS	Community Health Clinic
RDT	Rapid Diagnosis Test
SAM	Severe Acute Malnutrition
SDGs	Sustainable Development Goals
STBM	Sanitation and Hygiene Promotion Programme
SSK	City Sanitation Strategies
SSKs	School Sanitation Kits
SUSENAS	National Socio-Economic Survey
TLS	Temporary Learning Space
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UN OCHA	UN Office for the Coordination of Humanitarian Affairs
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision Indonesia
YPPI	Plan International Indonesia
YSTC	Save the Children
4Ws	Who does What, When and Where

Executive Summary

A series of devastating earthquakes hit the island of Lombok in July and August 2018, and a subsequent catastrophic earthquake resulted in a tsunami and soil liquefaction in Central Sulawesi in late September that year. In total, over 500,000 children in Central Sulawesi and over 100,000 children in Lombok were affected. While the nationally-led response showed significant and improved response capacity, vast needs of the affected population in the immediate aftermath were unmet, leading the Government to take the rare step of requesting international assistance. To support, UNICEF launched a Humanitarian Action for Children (HAC) appeal for \$26 million, to cover the sectors of nutrition, WASH, health, education and child protection. By end year, some 70% of this amount had been raised, including a contribution of \$4 million through the organization's Emergency Programme Fund (EPF), as well as some \$4 million in country-specific humanitarian thematic funding.

UNICEF's response in 2018 - 2019 facilitated provision of Infant and Young Child Feeding (IYCF) counseling for 25,000 children, supplementary training of 250 health workers in Integrated Management of Newborn and Childhood Illness (IMNCI), distribution of 150,000 malaria nets, the quick resumption of the national Measles-Rubella (MR) campaign (which reached 1.2 million children in affected and surrounding areas), and initiation of Cash-Based Assistance (CBA) for 4,000 affected families in Lombok. UNICEF also helped to re-establish access to quality Early Childhood Development (ECD), primary and secondary education for 70,000 affected children and adolescents through setting up Temporary Learning Spaces (TLS), training teachers and providing psychosocial support.

UNICEF also co-led the sub-cluster on child protection with Ministry of Social Affairs (MoSA) and co-led on Prevention of Sexual Exploitation and Abuse (PSEA). UNICEF focused on family tracing and reunification, psychosocial support including strategies to reach adolescents and caregivers, legal identity including both restoration of lost documentation and first-time registration, strengthening case management and prevention and response to Gender-Based Violence (GBV). At the end of 2018, more than 18,000 children had been reached with psychosocial support, 28 children reunified with family and a rapid assessment of key indicators for the child protection situation completed in Lombok. UNICEF's long-term support to building capacity of the social welfare workforce proved critical to ensuring services mentioned above and enabled the rapid deployment (within 48 hours) of social workers to establish services for affected communities.

In WASH, UNICEF supported the cluster mechanism, hygiene promotion and service delivery. In this urban emergency, UNICEF engaged with local water authorities to support continuity of services, support training of Ministry of Health (MoH) personnel and engage with volunteer corps to not only strengthen response efforts but to build local capacity for response. In 2018, almost 90,000 people were reached with access to safe water, over 80,000 reached with hygiene messaging, and over 72,000 reached with safe sanitation facilities through UNICEF's efforts. Response and recovery efforts were targeted at strengthening existing institutions and coordination mechanisms.

Due to the nature of regulations in Indonesia that prohibit transfer of development partner resources to sub-national government institutions, the majority of UNICEF response was implemented through approximately two dozen civil society partnership agreements, as well as through a combination of temporary and surge staff and consultants from within Indonesia and from abroad.

In November, the office conducted an internal After-Action Review (AAR) of the emergency response. The AAR led to identification of several recommendations for short- and medium-term decision making in support of results for children affected by these and future disasters.

For the immediate recovery phase, a key priority is to continue strengthening information management capacity of clusters, partners and staff, as a vital component of emergency coordination, to help ensure that partners are on the same page and working together towards agreed-upon cluster-wide targets. UNICEF worked with government and Civil Society Organization (CSO) implementing partners to streamline the 4Ws (Who does What, Where by When) cluster management tool, including data inputs from the ground and data extracts to inform situation reports. A further area highlighted for strengthening was on shock-response social protection and cash-based assistance in emergencies, through an inter-agency working group led by MoSA.

For the transition to regular programming, to be completed by the end of the response phase in mid-2019, identified priorities from the AAR include strengthened linkages between emergency response and regular programme activities, to facilitate the humanitarian transition to development, and adding Central Sulawesi as a further focus province for UNICEF programme cooperation, to help ensure sustainability of interventions.

The bulk of recommendations from the AAR focused on emergency preparedness in the longer-term. Potential areas for follow up include revisiting the possibility of pre-positioning supplies in country, the need to develop stand-by contingency partnerships and agreements for in-country services and procurement, a potential inter-agency review of triggering national government financing for sub-national emergencies, and further mainstreaming of Disaster Risk Reduction (DRR) activities into the regular programme workplan (including through greater use of risk analysis and risk-informed programming).

The substantial thematic funding received for UNICEF's response allowed for flexible, cross-sectoral interventions for immediate needs in 2018, as well as medium-term transition to recovery and rehabilitation activities, including ongoing preparedness and risk reduction efforts that will continue in 2019.

Humanitarian Context

Central Sulawesi earthquake/ tsunami/ liquefaction

On 28 September 2018 a series of strong earthquakes struck Indonesia's Central Sulawesi province. The strongest earthquake (7.4M) triggered a tsunami that swept inland of coastal areas in Palu and Donggala districts. Instances of soil liquefaction and landslides also occurred. The combination of these hazards resulted in 2,274 deaths (where Palu city had the highest fatalities at over 1,700 deaths), 2,531 injured and 561 people missing¹. Estimates suggest more than 80,000 people left from Palu city in October 2018² and sought refuge in safer areas. In Central Sulawesi, an estimated 1.5 million people were affected, including over 500,000 children³.

At peak, 211,000 people were considered as Internally Displaced Persons (IDPs) in Central Sulawesi⁴; this figure was reassessed by provincial government and as of 31 December 2018 stood at 167,262 people⁵. Access to remote communities was and remains challenging, and water and sanitation services were severely disrupted⁶. This exacerbated pre-existing risk factors including low MR immunization coverage and poor IYCF practices, increasing the risk of disease outbreaks and Acute Watery Diarrhoea (AWD) for thousands of children and their families. More than 2,700 schools were affected, impacting the education of 270,000 children⁷. There were approximately 250 recorded cases of separated children and 100,000 children who required psycho-social support, as well as their primary caregivers⁸.

Lombok and Sumbawa island earthquakes

Earlier in July-August 2018, a series of strong and devastating earthquakes struck the islands of Lombok and West Sumbawa of West Nusa Tenggara (NTB) province which, according to the National Disaster Management Agency (BNPB), resulted in over 500 deaths, injured 7,100 and caused significant damage to community and public infrastructure. Approximately 129,000 houses were damaged which rendered 445,000 people without shelter and basic services⁹, including over 100,000 children. While initially affected people sought refuge in evacuation sites and IDP camps, most displaced families in Lombok and Sumbawa were dispersed across 2,700 small-scale sites in close proximity to their villages, as well as with host communities¹⁰.

Before the earthquake in NTB development indicators were on average lower than in Central Sulawesi, albeit slightly higher on the island of Lombok than in the rest of the province. In NTB province, full immunization covered 68% of children under 5 years. Malaria had not been eliminated in Lombok prior to the earthquake, although the island was considered a "low risk" area with less than 1 in 1,000 people suffering from the disease per year. The share of households practicing open defecation in NTB was (22%)¹¹, and several districts of Lombok had recently been declared 'Open Defecation Free' (ODF). The

¹ As of 31 December 2018, the latest disaster data from Central Sulawesi Governor's report.

² Social media tracking indicated this population has mostly disbursed to South Sulawesi, but also to Kalimantan and Java islands.

³ Based on projections of the total population living in the four affected districts.

⁴ Ministry of Social Affairs & International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) - October 2018.

⁵ As of 31 December 2018, the latest disaster data from Central Sulawesi Governor's report.

⁶ Indonesia Humanitarian Country Team (HCT) (6 November 2018), Central Sulawesi Earthquake Situation Report #7.

⁷ Safe School Secretariat, Ministry of Education and Culture (MoEC) (2018).

⁸ UNICEF Indonesia estimate as of October 2018, based on Government figures.

⁹ Indonesian National Red Cross (IFRC) Emergency Plan of Action Operation Update: Earthquakes and Tsunami – Lombok (14 January 2019).

¹⁰ IFRC Emergency Plan of Action Operation Update: Earthquakes and Tsunami – Lombok (14 January 2019).

¹¹ National Socio-Economic Survey (SUSENAS), Central Bureau of Statistics (BPS) (2016).

disaster led to a deterioration of these conditions with open defecation being practiced in 33% of IDP sites.

Based on population projections, UNICEF estimated approximately 1.9 million people were affected in both disasters, including over 600,000 children. Needs assessments¹² of humanitarian partners identified clean water, sanitation and hygiene, health and nutrition, recovery of infrastructure and public services, shelter, protection, food, education, logistics and economic recovery as priority needs. Many IDP sites had inadequate shelter, limited access to latrines and water and insufficient lighting, causing protection concerns. Sanitary conditions significantly deteriorated since the onset of the disasters, with diarrhoea and skin infections on the rise, and increased risk of communicable diseases and malaria.

Priorities and key immediate needs of the affected population differed based on the stage of the response, the preparedness/ response capacity of community, government and NGO implementing partners and various other contextual variables.

On 30 September 2018, President Joko Widodo announced that the Government of Indonesia would accept foreign aid for the Central Sulawesi response¹³. This acceptance of support did not extend to areas of NTB where earthquakes had occurred months prior, which posed some constraints to the level of assistance that could initially be mobilized for this emergency through international appeals.

The initial 'official' request for relief items issued by BNPB (4 October 2018) for the Central Sulawesi response included four specific items, namely: tents, generators, air transport and water treatment. This list was expanded on 19 October 2018 when the BNPB confirmed it would additionally accept mosquito nets, family kits, and other specific items.

A staging area was established at the international airport of 'Sultan Aji Muhammad Sulaiman' in Balikpapan, East Kalimantan with an air bridge to 'Mutiara SIS Al Jufri' airport in Palu, Central Sulawesi serviced by the Indonesian military, the Ministry of Foreign Affairs (MoFA) and BNPB with freight services provided by partner nations. UNICEF was able to navigate the logistics arrangements and customs procedures to land the first international delivery of relief supplies on 18 October.

The Coordinating Ministry of Political, Legal and Security Affairs was assigned by the President's office as the overall response coordinator in close coordination with BNPB for both Central Sulawesi and NTB. While this appointment was unexpected in the midst of a disaster, United Nations and NGOs in the humanitarian sector had supported Government-led emergency preparedness prior to the disasters and adapted accordingly to the new coordination mechanism.

According to the Indonesian national disaster management structure, UNICEF assumed its 'Co-Coordinator' role for: (i) WASH and Child Protection sub-clusters of the 'Protection and Displacement' taskforce led by MoSA; (ii) Infrastructure (WASH) taskforce under Ministry of Public Works and Housing (MoPW); (iii) Education cluster with the National Secretariat for Safe Schools under Ministry of Education and Culture (MoEC); (iv) Nutrition and WASH sub-cluster under Ministry of Health (MoH) (see diagram below).

Coordination and capacity challenges faced by provincial government agencies responsible for leading the response are significant and require ongoing support. Prior to the emergencies in Central Sulawesi and NTB it is fair to assume that local government had a low-level of understanding of the National Disaster

¹² Displacement Tracking Matrix (DTM), Joint Needs Assessment (JNA) and others.

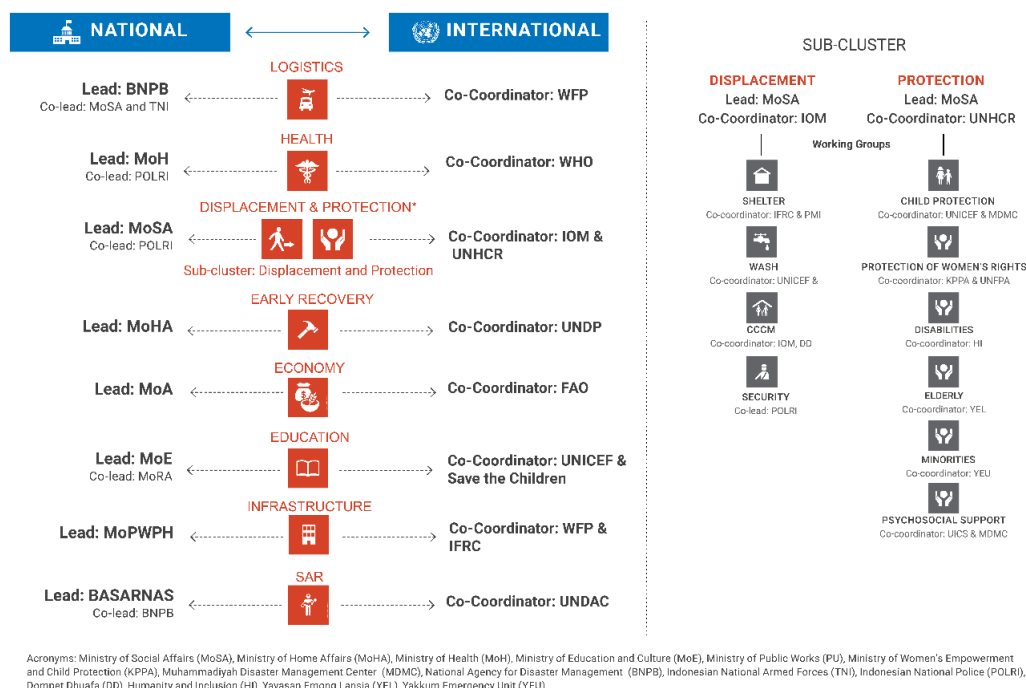
¹³ 30 September 2018, Reuters <https://www.reuters.com/article/us-indonesia-quake-aid/indonesia-to-accept-international-help-after-devastating-quake-and-tsunami-idUSKCN1MB1A3?il=0>

Response Framework (NDRF) and global cluster systems¹⁴. Additionally, local authorities will now assume an even more active role as support from national government diminishes in ‘transition’ to the recovery phase.

National Coordination Structure adapted from the Indonesian National Disaster Response Framework, April 2018.

Note: this graphic is an interpretation prepared by/ for reference of the Humanitarian Country Team.

NATIONAL COORDINATION STRUCTURE



¹⁴ While the National Disaster Response Framework (NDRF) was signed in April 2018, it was only officially promulgated by BNPB in September 2018 following the Central Sulawesi disaster with the caveat that more detailed Standard Operating Procedures were to follow.

Humanitarian Results

Child Protection

In response to the disasters in Central Sulawesi and Lombok, UNICEF prioritized 1) supporting child protection coordination at sub-national level, which included financial and technical support for sectoral assessments on child protection, GBV and on mental health and psychosocial support; 2) strengthening overall child protection mechanisms at the provincial and district level for vulnerable and at-risk children; 3) prevention and response to family separation including family tracing and reunification of separated and unaccompanied children, using the online case management platform Primero; 4) supporting legal identity in particular restoration of lost/destroyed birth registration documents or issuing new ones; 5) providing mental health and psychosocial support for children, adolescents and their caregivers; and 6) prevention and response to violence and abuse including implementation of the UN Secretary General's Bulletin on PSEA.

Coordination

In Lombok, UNICEF supported a child protection assessment and provided technical support for the establishment of a child protection coordination mechanism through a Joint Secretariat on Child Protection led by MoSA. The Secretariat brought together 27 national and local development and humanitarian organizations working for children. Technical support was provided to strengthen coordination, continuously monitoring the situation, and support capacity building for government social welfare staff and local CSO partners. UNICEF supported the introduction of the Mental Health and Psychosocial Support Community-based Operational Guideline (UNICEF 2018) and the preparation and data collection for the Joint Child Protection Rapid Assessment which reached 1,502 respondents (including 646 children: 316 males; 330 females) from five affected districts.

In Central Sulawesi, with support of UNICEF, MoSA established a Joint Secretariat on Child Protection at the Provincial Department of Social Affairs. The Secretariat served as a coordination mechanism for the Sub-Cluster on Child Protection and brought together 34 organizations to support improved effectiveness and efficiency for child protection responses through response mapping, Information Management (IM) and joint advocacy and capacity building.

Family Tracing and Reunification

As of December 2018, social workers in Central Sulawesi had registered 117 tracing requests for children, traced the families of the children, and successfully reunited 28 children (15 male; 13 female) with the youngest child being 6 months old. Whilst the Disaster Tracking Matrix (DTM) Round 1 (October 2018) in Central Sulawesi indicated 244 separated and unaccompanied children, the data is being validated by UNICEF and the Child Protection Sub-Cluster members, as the number of tracing requests and children found through outreach do not match the DTM. Factors may include: (i) missing data on spontaneous reunifications that took place in the first weeks and months after the disaster, and (ii) the lack of information collected due to data systems at camp level not yet up at the time of the DTM. UNICEF's target is to reunify 70% of identified separated and unaccompanied children with family. To date all children found to be separated or unaccompanied have received case management and been reunified. Note that the number of child tracing requests far exceeds the number of identified separated and unaccompanied children, which is largely due to the limited information on deaths and identification of deceased. It is therefore likely that a significant number of tracing requests may not be fulfilled.

Child Protection Mechanism

At the onset of the emergency in Central Sulawesi UNICEF supported MoSA to deploy 42 social workers, boosting the capacity of the four existing social workers assigned in the affected districts. The additional social work capacity was deployed to support strengthening a range of child protection services including family tracing and reunification, case management, and psychosocial support. Innovative technology solutions were introduced to ensure efficiency of service delivery and monitoring. Primero, an online case management platform, was used to register and manage cases of separated and unaccompanied children. The platform sped up the process of reunifying children and families by matching names of “missing children” who were registered by parents with “separated children” identified and registered by community members or social workers. The use of Primero in emergency response in Central Sulawesi, has increased both skills and confidence of social workers to respond to family tracing and reunification.

WhatsApp-based U-Report platform was used to register children (by age group and gender) participating in psychosocial support activities organized by social workers. In addition to reducing time and burden for documentation, results of U-Report allowed for immediate analysis of participants and identification of gaps in service delivery. For example, data on attendees at child friendly spaces in the first 2 months of the response showed a low number of adolescents participating. Due to this finding UNICEF developed a partnership with a local NGO Yayasan Karampuang Mamuju to develop a specific adolescent-sensitive intervention, Adolescent Circles. U-Report was also used to disseminate child protection messages related to prevention and response to violence.

Supported by UNICEF, a MoSA team conducted mapping of vulnerable children living in 62 Social Welfare Institutions for Children, covering 1,557 children with seven institutions found to be badly damaged. A total of 4,052 Non-Food Item (NFI) packages (containing necessities such as clothing, hygiene items, and education materials) have been distributed to vulnerable children living in 11 IDP camps in the most remote areas, to children living in 45 child care institutions, and to reunified children.

Psychosocial support

UNICEF and its partners reached 10,770 children and adolescents with psychosocial support. This includes children who have taken part in regular structured psychosocial support activities in 10 UNICEF supported child friendly spaces in Sigi, Palu, and Donggala and children participating in the Adolescent Circles. A total of 27 tents were erected to support child-friendly and adolescent-friendly spaces as well as community activities. UNICEF with local NGO Yayasan Karampuang Mamuju targeted adolescents 10 – 17 years old with Adolescent Circle activities. The Adolescent Circle activities are structured regular, creative and competency-focused sessions organized by 50 trained adolescent facilitators and have reached 1,000 adolescents (632 girls and 368 boys). UNICEF will continue expanding the reach of psychosocial activities in 2019, targeting 15,000 children and adolescents in schools through Social Worker Goes to School programme, and 2,400 children in camps and in orphanages in affected areas through family development sessions. Reaching children with disabilities has been challenging and to date only four children and adolescents with disabilities engaged and benefited from psychosocial interventions conducted by social workers and through the Adolescent Circle activities. Outreach by social workers to families of children with disabilities is needed to ensure children can access existing services.

Legal identity

Prior to the disasters, birth registration coverage in Central Sulawesi was significantly below the national average, at 34%, with the situation exacerbated through lost and destroyed documentation. UNICEF working in partnership with local NGO Yayasan Karampuang Mamaju and the Office of Civil Registration in Palu, Sigi and Donggala reached 2,096 children with birth registration, with the majority of children between the age of 0 – 5 years old. In addition to birth certificates, the mobile civil registration outreach teams also issued 1,054 family cards and 113 death certificates. At the time of reporting, coverage had

not reached the UNICEF target of 20,000 children; efforts are underway to reduce the gaps in registration as more than 80% of the cases are new registrations. Among the challenges in reaching the target was the lack of readiness of district government to carry out mobile outreach, which is a critical strategy for ensuring accessibility of the civil registration services. In the first quarter of 2019, UNICEF will continue working with NGO partners to expand mobile civil registration outreach, directly targeting a total of 6,000 children in more than 60 villages. The remaining target is expected to be reached by the government with technical support from UNICEF.

In the island of Lombok, the districts of West and Central Lombok also exhibit low birth registration coverage with the disaster further exacerbating the situation. UNICEF is partnering with local NGO Lembaga Perlindungan Anak Nusa Tenggara Barat (LPA NTB), and the Office of Civil Registration, targeting 10,000 children with birth registration services during the first half of 2019.

Prevention and Response to Sexual Exploitation and Abuse

In Central Sulawesi, a total of 145 (77 females, 68 males) UNICEF staff, consultants, drivers, and key partners received orientation on PSEA. From the start of the response, UNICEF provided orientation for a total of 38 social workers and MoSA staff. By the end of 2018, UNICEF established a partnership with a local NGO, Taman Biak, which covers assessment, orientation and training of partners on child safeguarding and PSEA, in addition to establishing a community complaints mechanism through U-Report. The system has been tested and was rolled out at the end of January.

Assessment on child safeguarding and PSEA has been completed with 13 partners in Central Sulawesi. The curricula are currently in its last steps of completion and will start being rolled out early in the 2nd quarter of 2019. This will ensure that all UNICEF partners apply and follow PSEA and child safeguarding policies.

Education

The government-led response through MoEC has allocated IDR 425 billion (approximately \$ 28 million) for response, rehabilitation and recovery of the education sector. The Safe School Secretariat of the MoEC has also established an “education post” in Palu City to coordinate all education responses in the affected areas. Concrete interventions have taken place, including the dispatch of tents to be used for temporary learning spaces. MoEC requested UNICEF support to re-establish access to ECD, primary and secondary education for all school-aged girls and boys in the affected areas. The requested support includes: 1) Rapid education impact and needs assessment; 2) Sector/cluster coordination; 3) Provision of temporary learning spaces with education supplies; 4) Back-to-school campaigns; 5) Education in emergency training for education front workers and stakeholders; and 6) Psychosocial care and support for students, teachers and parents.

Safe School Secretariat

UNICEF established a long-standing partnership with the Safe School Secretariat while working on education recovery efforts in Lombok. An earlier established partnership among four partners, UNICEF and localized entities of World Vision (WVI), Save the Children (YSTC) and Plan International (YPIL) is actively supporting the work of the Safe School Secretariat in Lombok, while in parallel is supporting the Sulawesi response. The close collaboration among the four partners under the overall coordination of the Safe School Secretariat of MoEC remains at the core of the education response; currently sixteen organizations are registered as partners for the Safe School Secretariat in education responses in Sulawesi including the four agencies: UNICEF, YSTC, WVI and YPIL.

TLS, ECD, school supplies

Starting in October and extending through December 2018, most of the response for education focused primarily on cluster coordination, data and information management support, provision of the Temporary Learning Space tents and the distribution of other education supplies such as school-in-a-box and ECD kits. As of 9 December 2018, 104,560 children in Central Sulawesi were offered access to education in 1,307 TLS installed in 4 districts, including 431 from UNICEF. Despite the increasing number of schools reopened in the areas of Palu, Donggala, Sigi and Parigi Moutong, currently at 1,350, the attendance rate continues to be lower than 70%. To increase the number of children going “back-to-school”, semi-permanent solutions through local resources and learning materials (e.g. chairs, tables, whiteboard) are also being considered.

In early 2019, through WASH cluster, the distribution of sanitary and hygiene kits will reach around 2,000 students in approximately 50 schools in Sigi district.

School structural assessment

To expedite the recovery in the education sector and to increase the number of the students back to school, the education cluster has engaged in school structural assessment. The appointment of 140 school structure assessors by the Central Sulawesi Governor, of whom 96 trained by MoPWH for the assessment and UNICEF for the task, will ensure verification process is completed during the first quarter of 2019. The website and application (ONA-ODK Collect) on the structural assessment was developed by the UNICEF innovation team.

Health

UNICEF’s support to the GoI in the area of health covered technical assistance, advocacy, Communication for Development (C4D), coordination and capacity building for:

1. Rapid resumption of the national MR campaign (Central Sulawesi and Lombok)
2. Malaria control (Central Sulawesi, Lombok and Sunda Strait)
3. Strengthening newborn and child health service delivery (Central Sulawesi)

Resumption of national MR campaign

As part of the ongoing nationwide MR campaign, UNICEF supported the provincial health authorities with the resumption of campaign-related activities, including vaccinating children in IDP camps. This included advocacy to formal and informal leaders; development of key communication materials and working with MoH to provide technical oversight for the coordination and implementation of the campaign. UNICEF actively collaborated with local partners to ensure messages were tailored according to the local contexts along with targeted efforts in the IDP camps. Importantly, as part of UNICEF’s ongoing support to GoI during the MR campaign, the deployment of a real-time RapidPro dashboard system was used to monitor progress with information from health facilities providing decision-makers with up-to-date information needed to address gaps and take corrective measures to improve uptake of vaccines.

Malaria control

Building on a decade of support to GoI for malaria elimination, UNICEF became actively engaged in prevention, surveillance and control during the response phase of all the emergencies. This includes vector control efforts, risk assessment and response, as well as support to ensure access to malaria testing and treatment. Through the Supply Division in Copenhagen, UNICEF also procured bed nets and RDTs, which proved vital to the prevention and diagnosis of malaria. In Lombok, UNICEF has supported outbreak response interventions to stop malaria transmission in hot spot locations. With strong engagement from the UNICEF C4D team, information and behavior change sessions on malaria prevention and response formed an integral part of this response. Such efforts not only targeted affected populations, but also

supported capacity-building initiatives aimed at UNICEF's local partners, ensuring strengthened interpersonal communication skills when delivering bed nets and interacting with the communities.

Strengthening newborn and child health service delivery

To ensure proper treatment and care of newborns and children, UNICEF supported the training of health workers on IMNCI. This focused on upgrading the skills of trainers as well as providing on-the-job training for more than 200 health workers. Applying the newly learnt IMNCI elements was considered key to learning; as such the health workers were presented with the opportunity to apply these skills on-site in the community health facilities (PUSKESMAS). To ensure follow-up and quality assurance, UNICEF supported monitoring of post-IMNCI on-the-job training.

As highlighted above, all these efforts were underpinned by strong C4D components, including community engagement, targeted advocacy to formal and informal leaders and social mobilization.

Key results achieved include:

- 1,770,912 children vaccinated against measles and rubella in the affected areas. These numbers were monitored through the RapidPro system as well as MoH's manual verification system.
- 75,000 families protected from malaria from 150,000 long lasting insecticides mosquito nets (LLINs) that were procured. Based on needs identified through microplanning exercises, the bed nets were distributed in the affected areas. Of the total bed nets procured by UNICEF, the MoH prepositioned 15,000 for use in future emergencies.
- 150,000 malaria rapid diagnostic tests (RDTs) procured for testing. The tests were distributed to the relevant provincial and health authorities, as well as health centers in the affected areas, with ongoing support being provided for testing. Of the total RDTs procured by UNICEF, the MoH prepositioned 30,000 for use in future emergencies.
- 20 health promotion and malaria officers and 111 health volunteers trained in inter-personal communication (IPC) for malaria prevention to ensure the use of LLINs in the communities and improve practices towards malaria prevention and treatment.
- Three mobile clinic teams were assembled to provide malaria services through daily visits to villages affected by malaria outbreaks in Lombok. Malaria case findings and treatment with this service aimed to save stop malaria transmission and lives.
- 229 health workers trained in IMNCI. Through a partnership with a local NGO, follow-up monitoring was undertaken to ensure health workers were implementing IMNCI according to national standards.

Funds were leveraged from other sources including Central Emergency Relief Fund (CERF), EPF and national committees. Seven UNICEF health staff from across Indonesia were activated for the response in addition to hiring two consultants. One surge staff from the Pacific Islands was also immediately deployed in Central Sulawesi following the disaster. Partnerships with four local NGOs proved vital to successful implementation of activities.

Additionally, as highlighted, due to the strong need for C4D support, UNICEF also mobilized an additional C4D staff and hired an expert to support with these efforts.

Nutrition

Overall, the nutritional status of children in Central Sulawesi was poor even before the emergency. This is reflected through the high malnutrition rates as evidenced in stunting as well as wasting. Nutrition surveillance data prior to the earthquake showed that prevalence of wasting stood at 12.5% while stunting at 36.1%. The same data showed that only 1 out of 4 children was exclusively breastfed, resulting in

exclusive breastfeeding rate at only 13% in Sigi; meanwhile the Global Acute Malnutrition (GAM) rate in Donggala reached 20%.

Working with partners, UNICEF supported the scale up of life-saving interventions by providing access to quality counselling on IYCF and access to facility-based treatment of SAM. In addition, as co-lead of the nutrition sub-cluster, UNICEF's efforts focused on strengthening the nutrition cluster coordination mechanism.

Severe Acute Malnutrition

After the emergency, the overall nutrition sub-cluster response plan focused on improving equitable access to quality lifesaving services for management of malnutrition for under-five children, pregnant and lactating mothers, through systematic identification, referral and treatment of acutely malnourished cases.

Addressing pre-existing SAM through support to provincial and district health offices for Mid-Upper Arm Circumference (MUAC) supplies, training district health workers in their use, and supporting the development of referral mechanisms for treatment of SAM, were the main activities. To date, district health workers supported by UNICEF have screened 5,437 under-five children, and the observed incidences of children with "red" MUAC is 0.9%.

Infant and Young Children Feeding

Another important focus area for UNICEF was to promote access to services such as: IYCF counselling services, public kitchens offering food for children aged 6-23 months, additional micronutrient supplementation for children under-five with a particular focus on those below 2 years old, and pregnant and lactating mothers. Improving suboptimal breastfeeding and complementary feeding practices in Central Sulawesi followed by the increased risks associated with using breastmilk substitutes after natural disasters, was one of the main priorities of UNICEF. To date, approximately 22,000 pregnant and lactating mothers have received individual and group counselling on IYCF, from six counsellors deployed by UNICEF.

Alongside the direct outreach to vulnerable households (targeting 2,000 caregivers), UNICEF has focused on strengthening institutional capacity for IYCF, which is normally delivered at health clinics and village health posts. A total of 142 health and non-health care providers have been sensitized and/or trained on Infant Feeding in Emergency (IFE). Each of the health and non-health care providers trained by UNICEF has been providing IYCF counselling through government health system and other platforms and is expected to reach approximately 23,000 caregivers of children under-two years of age within six months.

Social Policy

In October and November 2018, UNICEF conducted a cash feasibility assessment that examined the humanitarian context and potential partners for opportunities for Cash-Based Assistance (CBA) projects. With the support of the Emergency Response Team and East Asia and Pacific Regional Office (EAPRO), it was found that markets in both Nusa Tenggara Barat and Central Sulawesi provinces were sufficiently functional and that cash had the potential to meet humanitarian of the affected populations. Moreover, the assessment also identified Adaptive Social Protection as an area for future engagement with the Government. UNICEF secured a small grant from the UK Department for International Development (DFID) (\$280,000) to conduct a CBA project in early 2019.

UNICEF also prepared to implement a CBA project (\$1.5 million) to support affected households in North Lombok. In December, a PCA was signed with Catholic Relief Services (CRS) to deliver cash to 4,200 households with children under the age of 7 years and/or pregnant women in early 2019. This unconditional and multi-purpose cash assistance will allow vulnerable households to access basic goods,

including food, sanitation articles and clothing, as well as basic services, including early childhood education and healthcare.

Thematic funding is critical to this project as it allows UNICEF to meet the unabated humanitarian needs in NTB province at a time when most other funding sources are tied to the Central Sulawesi Province emergency. The flexibility of thematic funding is allowing UNICEF to uphold equity in these two geographically different emergencies. Moreover, the thematic funding allows UNICEF to hire needed experts to support CRS with project implementation and ensure humanitarian standards are met.

WASH

UNICEF committed to directly reach 50% of the affected population with water, sanitation and hygiene services, while the remaining would be covered by Government and other development partners where UNICEF has been providing coordination support. Key areas of our support include: coordination, access to safe water, adequate sanitation as well as hygiene messages and kits.

Coordination

WASH has been working to strengthen sector/cluster coordination systems with dedicated government agencies such as MoH, MoEC, MoPWH, MoSA at both national and sub-national levels. Effective leadership has been established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

UNICEF support included: i) Overall coordination and holding regular meetings of WASH cluster to discuss WASH response, gaps and strategies, ii) Information management to maintain/regularly update 4Ws and sharing information on response coverage and gaps at inter-agency level. These include technical support for WASH cluster coordination at Jakarta level, as well as provinces and districts through UNICEF consultants. All four established WASH clusters at provincial and district levels have achieved significant progress. To highlight, meetings are now initiated, coordinated, led and followed-up by the local government, steadily ensuring the transition of ownership to the local government. Finally, given complexity of tracking WASH cluster progress, UNICEF is supporting the WASH cluster to improve monitoring systems by introducing standardized monitoring templates to cluster members.

Access to safe water

UNICEF committed to provide access for 110,000 people (100,000 in Sulawesi and 10,000 in Lombok). UNICEF WASH support for the emergency includes improving local government's water treatment systems; water trucking to many displaced populations and to populations with no access to safe drinking water; water quality testing and monitoring. Gradually the focus of UNICEF support has been on ensuring water safety planning in the Government's water distribution and treatment systems and its proper execution as longer-term measures.

As part of the Government led response, UNICEF is contributing to the operational costs of Local Water Utility (PDAM) Donggala distribution and bulk water treatment with a potential service capacity of 18,666 IDPs. UNICEF with local NGO partners significantly increased water delivery capacities, and directly distributed safe drinking water in over 30 IDP camps, resulting in a total of 89,997 IDPs gaining access to safe drinking water at 15 liters per day. As a mid- to long-term solution, UNICEF and partners have started the operationalization of 1 mini water treatment plant in Kota Palu, that has the potential to produce up to 3,640 m³ per day or equivalent to cover water needs for 46,700 people in Palu and Donggala continuously. In Sigi and Donggala, UNICEF with MoPWH are identifying the most suitable location to install the mini plant, taking into consideration the distance to the service area and community engagement. Out of 10 boreholes planned to be drilled, 5 were completed in Sigi and the remaining 5

borehole locations are currently being assessed. UNICEF, MoPWH and partner are discussing to address the most pressing issues, partner's capacity to construct piping systems in government temporary housing (Huntara).

Access to adequate sanitation, hygiene messages and kits

UNICEF committed to provide access for 120,000 people (100,000 in Sulawesi and 20,000 in Lombok). UNICEF has been supporting the establishment of improved sanitation systems and facilities within temporary living centers with functioning toilets that meet Inter-Agency Standing Committee (IASC) gender guidelines; support for desludging; improvement of hygiene standard with functioning hand washing facilities; and distribution of hygiene material such as bathing soap and laundry soaps, family kits, and Menstrual Hygiene Material (MHM) item such as sanitary pads.

To address demand for sanitation facilities in IDP camps, 88 units of toilets were constructed in 2 sites of IDP camps and 1 school in Donggala. In Gunung Bale camp, UNICEF through local partner YKMI assisted local government in installing portable toilets and provided water supply for the toilets through water trucking. UNICEF portable toilets have been handed over to MoPWH and partners for their emergency reserve. In response to local government official requests, septic tank desludging service has been provided by the government with UNICEF supporting the operational cost of one desludging truck for Kota Palu, covering all IDPs in Kota Palu.

Despite identified sanitation demand in affected areas based on earlier assessment, challenges around migration of IDPs from temporary camps to public and government facilities (known as huntara) as well as resident communities and provision of toilet facilities from other local NGOs were observed. Considering rapid changes in needs and situations of sanitation on the ground, UNICEF in consultation with NGO partners has shifted efforts to focus on building of public communal latrines in resident communities for returned households.

In response to the high incidence of diarrhoeal cases among children under 5 years in Central Sulawesi, UNICEF continues to emphasize strengthening hygiene promotion in IDP camps. To date, hygiene promotion sessions in IDP camps have been organized in close collaboration with government-mandated Community Health Clinics (Puskesmas), contributing to the increase of the overall number of people who have received hygiene kits and messages to a total of 81,295. UNICEF through partners also distributed over 16,000 kits to IDPs, with another 40,000 school sanitation kits are to be provided to students in Palu, Donggala and Sigi. To support women and girls in practicing good MHM in the emergency context, MHM training was provided to government health workers as well as local NGOs, while MHM booklets, aiming at provision of basic knowledge to girls and boys, were printed for distribution in schools in 2019.

In Lombok, support to date has been primarily around cluster support and hygiene promotion. Hygiene promotion training was provided to 48 health workers, NGO staffs and Community Cadres in Jenggala, North Lombok District. Participants are expected to disseminate key hygiene messages to 4,500 people in coming weeks. In 2019, water supply and sanitation rehabilitation/construction programme will be initiated jointly with local government to reach over 12,000 people in the affected areas.

Supply & Logistics

Total procurement for the Central Sulawesi response excluding freight costs was valued at \$3.8 million. Offshore procurement, consisting of: School in a Box, Early Childhood Development Kits, Tents of 72 sqm, family hygiene kits, water purification tablets, water tanks, and hygiene and dignity kits, represented a total value of US\$2.4 million (65 %) Supplies produced locally, consisted of: school sanitation kits, PSEA printed material, portables toilets, etc. and represented a total value of US\$1.3 million (35 %). All supplies ordered from UNICEF Supply Division and locally produced have been delivered in Palu.

Programme Section	Local procurement	Offshore procurement	Grand Total	%
WASH	504,000 \$	1,005,318 \$	1,509,318 \$	40 %
Health	0	411,740 \$	411,470 \$	11 %
Nutrition	4,000 \$	0	4,000 \$	0.1 %
Child Protection	647,500 \$	113,795 \$	761,295 \$	20 %
Education	166,000 \$	910,217 \$	1,076,217 \$	29 %
Grand Total	1,321,500 \$	2,441,069 \$	3,762,569 \$	100%

Summary of Results Achieved from Humanitarian Thematic Funding

Humanitarian thematic funding in 2018 was focused on responding to the earthquake in Lombok. Non-thematic funds were all earmarked for Sulawesi. The table below represents results achieved in 2018.

	Location	Overall needs	UNICEF and IPs		Cluster Response	
			Target	Total Results ¹⁵	Target	Total Results
WATER, SANITATION & HYGIENE						
# people accessing safe drinking water	Sulawesi	212,000	100,000	89,997	212,000	257,135
	Lombok ¹⁶	340,000	10,000	0	40,000	0
# people accessing appropriate and safely managed sanitation	Sulawesi	212,000	100,000	72,830 ¹⁷	191,000	128,244
	Lombok	340,000	20,000	0	40,000	0
# people receiving hygiene messages & kits	Sulawesi	212,000	100,000	81,295	191,000	315,475
	Lombok	173,000	20,000	48 (ToT)	40,000	0
HEALTH						
# children reached with measles vaccination	Sulawesi	808,847	808,847	776,574		
	Lombok	1,125,175	1,125,175	994,338		
# health workers trained in on IMNCI	Sulawesi	250	250	229		
	Lombok	TBD	TBD	TBD		
# of caregivers of children under two years receive IYCF counselling	Sulawesi	72,000	25,000	22,682	72,000	TBD ¹⁸
	Lombok	60,000	30,000	2,200	TBD	TBD
# health staff and community workers trained on IYCF	Sulawesi	450	155	189	450	189
	Lombok	3,000	1,080	40	3,000	40
CHILD PROTECTION						
# children access psycho-social support at CFS ¹⁹	Sulawesi	82,989	20,000	18,554	82,989	22,000
	Lombok	40,679	5,000	0	NA	0
# unaccompanied and separated children receive case management services	Sulawesi	244	171	28	244	28
	Lombok	500	300	0	500	0
EDUCATION						
# children access quality formal and non-formal education	Sulawesi	185,000	63,000	76,080	152,200	154,080
	Lombok ²⁰	TBD	0	0	TBD	0
# children receiving individual learning materials	Sulawesi	185,000	20,000	28,480	152,750	119,505
	Lombok	218,000	10,000	0	137,112	0

¹⁵ Note that progress in Lombok was slower than Sulawesi due to lack of earmarked funding. Receipt of additional flexible humanitarian funding has allowed the office to scale up the response in 2019.

¹⁶ UNICEF WASH support in Lombok has been mainly at mainstreaming level, to initiate and co-lead the WASH cluster. New partnership with a local CSO will focus on toilet construction and water supply rehabilitation in early 2019.

¹⁷ This figure includes beneficiaries of toilet construction, rehabilitation, desludging and solid waste management service provision support.

¹⁸ Infant and young child feeding (IYCF) is offered routinely at health facilities (health clinics and village health posts). As these data are not routinely collected in the health service, discussions are underway within the cluster to better understand coverage.

¹⁹ Numbers reported for this indicator are cumulative.

²⁰ Although there was no official request from MoEC to provide education supplies in affected areas in Lombok, a new partnership has been initiated to initiate back-to-school activities for affected children.

Assessment, Monitoring and Evaluation

The overall Humanitarian Performance Monitoring (HPM) system was set up in the initial response plan, with detailed indicators linked to the Core Commitments for Children (CCCs) in humanitarian action. These indicators were operationalized through the 4Ws set up with relevant government partners, supported by information management activities of the Humanitarian Country Team (HCT). These indicators guided monitoring initiatives of implementing partners and informed partner reporting to 4Ws and ultimately the regular UNICEF and HCT situation reports.

UNICEF conducts regular monitoring and evaluation of its humanitarian interventions and as such holds regular programme review meetings and field visits with partners at the district, province and national level to monitor progress against planned activities and to identify solutions to bottlenecks and challenges faced. Additionally, apart from the regular progress reports submitted by the partners (as part of the agreements that UNICEF has with its implementing partners), programme monitoring visits are made to the locations where implementation is taking place to verify progress and to determine how any bottlenecks can be resolved.

The specific objectives of field monitoring are to: i) Validate progress of UNICEF implementing partners towards achievement of planned results; ii) Assess quality of services and supplies as per the agreed standards; iii) Support accountability to UNICEF's primary stakeholders, i.e., the affected populations, by identifying gaps, challenges and any emerging issues and needs which require urgent attention by UNICEF. A two-pronged strategy for field monitoring of response was agreed: a) programme implementation monitoring by the UNICEF itself, and b) monitoring of response quality, gaps and emerging issues observed by CSO and government counterparts. The interagency HTC initiated in 2018 an After-Action Review (AAR) to cover the first 3 months of the response, which is to review whether the interagency response mechanism was (i) timely, (ii) effective, and (iii) relevant, with sufficient coverage for affected populations.

Regular monitoring and evaluation meetings with government at the provincial and national levels served to ensure that the humanitarian programme of UNICEF was complementary to the government-led response, through addressing gaps and promoting minimum standards. The expanded field presence through establishment of the 'hub' in Palu in October 2018 enabled greater contact with partners on the ground in Central Sulawesi, leading to improved and targeted programming that was adjusted to the needs of the affected population, in line with government priorities. As UNICEF had a pre-disaster field presence in Lombok (NTB) and a longstanding relationship with the Provincial Government Planning Office (BAPPEDA), alignment and monitoring with government and partners was more straightforward.

The field monitoring of UNICEF humanitarian response in Central Sulawesi and NTB (Lombok) has been developed further with feedback from the affected populations to improve the quality and timeliness of UNICEF's programmes activities. Community feedback received through U-report and various sector working groups (sub/clusters) for which UNICEF supported government as 'co-lead', namely WASH, Nutrition, Education, Child Protection, was channeled to relevant implementing partners for course correction. UNICEF provided technical steering to the Community Engagement Working Group (CEWG) that was established and initially led by IFRC/PMI in NTB and Central Sulawesi, which served as a forum specifically focused on accountability to affected populations.

UNICEF established its own (agency level) PSEA reporting and response mechanism through the 2018 emergency response, which aside from direct (face-to-face) reporting uses the RapidPro platform for anonymous reporting via encrypted SMS or Social Media. As an interagency initiative, the CEWG also served as a platform for awareness raising and monitoring of PSEA among implementing partners.

Financial Analysis

Details on financial contributions for emergency response in 2018 are given in Annex A. Value for money for these contributions can be viewed through the lens of three criteria, as they apply in the Sulawesi/Lombok response:

- **Economy:** To minimize the cost of resources or required inputs, UNICEF partners closely work with the government to leverage national and sub-national resources for child rights. UNICEF's emphasis on humanitarian coordination activities represents an example of a low-cost, highly influential approach to programme implementation. Through the national humanitarian cluster approach, comparative advantage of respective partners is mapped to identify ideal levels of complementary support.
- **Efficiency:** To promote a smooth transition between resources and outputs, UNICEF engages closely with local civil society organizations that have established networks and carry specialized expertise in emergency response in the affected areas. This allows for a rapid transition and delivery of programme inputs, reducing costs that would be associated with purely international assistance.
- **Effectiveness:** UNICEF programmes in emergency affected areas promote regular monitoring and reporting of planned results by implementing partners, with periodic checks by programme staff to verify accuracy and completeness. Bottlenecks noted from such monitoring initiatives are discussed immediately with concerned partners in order to maintain focus on planned results.

Future Work Plan

UNICEF responded to the earthquake-tsunami disasters in Central Sulawesi and Lombok under the leadership of GoI, and in partnership with local and international NGOs, focusing on life-saving service delivery and early recovery according to its Core Commitments for Children (CCC) in Humanitarian Action. UNICEF's 6-month response plan for NTB and Central Sulawesi was approved by the National Development Planning Agency (BAPPENAS) as an addendum to the ongoing Annual Work Plan 2018, under the framework of existing cooperation of the Country Programme Action Plan (CPAP) 2016-2020. UNICEF's response plan was aligned with the 3-month Central Sulawesi Earthquake Response Plan released by the Humanitarian Country Team on 4 October 2018.

With its dual mandate, UNICEF is uniquely placed to bridge immediate humanitarian and more long-term development interventions. In Sulawesi, UNICEF's initial response phase (first 3 months) focused on strengthening sectoral coordination and on provision of critical life-saving support across all sectors by building on existing capacities. Meanwhile, in Lombok UNICEF was also scaling-up recovery activities across all sectors. In this regard, UNICEF will continue to implement its response plan for both Central Sulawesi and Lombok that articulates a comprehensive set of response and early recovery activities. This plan has been adjusted based on the rehabilitation/ reconstruction plans and priorities of the provincial government. By mid-year 2019, it is expected that the response plan will be phased out or transitioned to regular programme activities.

Key priorities for the first half of 2019 include:

WASH is a priority for UNICEF given the makeshift and spontaneous settlements of IDPs and the potential for a catastrophic outbreak of disease, particularly Acute Watery Diarrhoea. The response focuses on the provision of safe water, basic sanitation and community engagement around hygiene practices.

UNICEF's **Health** sector response includes technical support to a coordination platform for prevention of vaccine-preventable diseases, malaria control and management of newborn and childhood illnesses. To tailor the most effective response, and health assessments of the affected population to identify intervention gaps for pregnant women, newborns and under-five children. Additionally, support is being provided for capacity development of local stakeholders in providing immunization, malaria and essential maternal, newborn and child care packages.

In **Nutrition**, UNICEF's efforts focus on strengthening the nutrition cluster coordination mechanism and nutritional assessment and surveillance system, as well as enhancing access to essential emergency nutrition services such as Infant and Young Child Feeding counselling and management of Severe Acute Malnutrition.

UNICEF's **Child Protection** sector response focuses on strengthening the capacity of MoSA at district and provincial level for integrated child welfare services including case management support, expansion of psychosocial support, birth registration and replacement of lost identity documentation.

In **Education**, UNICEF continues supporting the Government in monitoring and coordination of recovery efforts including bringing back affected children and adolescents to quality learning, providing psychosocial support to affected children, school personnel and parents/caregivers, and providing education in emergency training for teachers, students and other stakeholders with a greater focus on disaster risk reduction and preparedness.

In 2019 UNICEF Indonesia will facilitate a Multi-Sector Needs Assessment (MSNA) to provide a comprehensive overview of the humanitarian context in Central Sulawesi through a representative household-level survey conducted by the Humanitarian Forum Indonesia (HFI) – a consortium of faith-based

NGOs – in coordination with the provincial government of Central Sulawesi, the national cluster for Protection and Displacement (KlasNas PP) under the Ministry of Social Affairs, with technical support from the REACH Initiative, and funding from the European Civil Protection and Humanitarian Aid Operations (ECHO). The MSNA is intended to provide more accurate data to augment and supplement the rehabilitation and reconstruction plans of the Central Sulawesi provincial and district governments.

UNICEF Indonesia will support the provincial government of Central Sulawesi with the transition to recovery phase, which will involve progressive decentralization of coordination of the relief/ recovery interventions from the provincial level down to the district and community level. This process is already advanced in Lombok where UNICEF had an existing development programme and strong links with the provincial and district planning offices, with remote support from the regional UNICEF field office in Kupang, East Nusa Tenggara. The WASH sector has been successful in laying foundations for the transition process in Central Sulawesi; all sectors will be further supported by the regional UNICEF field office in Makassar, South Sulawesi which will assume a role in coordination as the Palu Hub is planned for closure in April 2019. Priority sectors beyond this period will continue through partnership agreements with NGOs, and UNICEF specialist consultants will be subsumed as part of the provincial/ district government offices for hand-over.

In 2019 UNICEF will deploy a specialist consultant to sustain the operations of the CEWG to facilitate the reporting of complaints from the community and the subsequent response of government or NGOs, and to guide government with mainstreaming this mechanism through ‘community committees’ down to the district level for the transition to recovery phase. Concurrently a CEWG Community of Practice will be established at the national level in Jakarta, housed in Indonesian Disaster Management Society (MPBI), as a clearing house for insights and learning of the response.

Transition to development in Central Sulawesi and NTB involves making strategic investments in resilience through systems strengthening, Disaster Risk Reduction and social protection. Examples of such initiatives that are featured in the remaining activities of the response plan for 2019 and beyond include investment in the cluster information management for decision-making capacity of central government authorities, establishment and strengthening a roster of rapidly deployable emergency professionals, the development of contingency partnerships with CSOs to prepare for future emergencies, the expansion of cash in emergencies interventions and application of this learning to ensure a more ‘shock-responsive social protection’ system.

Expression of Thanks

UNICEF would like to express our deep gratitude to all donors for providing their support. It was thanks to your generosity that we could successfully implement UNICEF's mandate by responding in times of humanitarian crisis caused by natural disasters leading to unfortunate circumstances that exposed children to harm.

Through the flexible thematic and non-thematic humanitarian funding from all donors, we could respond quickly in allocating the resources where most were needed to meet pressing priorities. The financial support enabled us to achieve impactful results for children and their families.

Substantial results were achieved to address the humanitarian needs, yet additional funding is still needed to ensure continuation in a timely, targeted and comprehensive way as to build long-term sustainable approaches in the affected areas, including through disaster risk reduction and preparedness, while capitalizing on the gains made during the emergency phase support.

Through your heartfelt generous contributions, we passed on hope to those who had lost it, we made the weaker stronger, and brought smiles and tears of happiness in people's face, to children and their families. As pieces of puzzle are put together to create the whole picture, we came altogether to bring change for those who most needed it. For all of you who have supported humanitarian assistance, you have contributed to the survival, protection, and development of children and their families.

On behalf of all the children of Lombok and Central Sulawesi, their families and Indonesia, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of all children.

Annexes

Annex A: Financial Analysis

Table 1: Funding status against the appeal by sector

Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Water, Sanitation & Hygiene (WASH)	9,600,000	5,028,976		4,571,024	48%
Health	5,000,000	1,285,572		3,714,428	74%
Nutrition	2,000,000	1,131,595		868,405	43%
Child Protection	2,400,000	1,900,822		499,178	21%
Education*	5,000,000	1,247,020		3,752,980	75%
C4D	600,000	61,810		538,190	90%
Cluster Coordination	2,000,000	2,460,965		0	0%
Unallocated**		5,435,447			
Total	26,600,000	18,552,206		8,047,794	30%

* Additional funds received from the Education Cannot Wait initiative for Indonesia, totaling 1,600,000, are excluded from this table as they are categorized as other (non-emergency) programme contributions (ORR).

** Unallocated funding to be rephased to the 2019 budget year.

Table 2: Funding received and available by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	3,899,112
b) Non-Thematic Humanitarian Funds		
Netherlands Committee for UNICEF	SM180459	2,244,784
The United Kingdom	SM180480	1,121,977
Belgian Committee for UNICEF	SM180485	436,203
German Committee for UNICEF	SM180520	105,219
New Zealand Committee for UNICEF	SM180561	252,848
New Zealand	SM180563	465,758
Total Non-Thematic Humanitarian Funds		4,626,789
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF - Child Protection	SM180446	598,789
CERF - Health	SM180451	738,971
CERF - WASH	SM180448	2,921,962
d) Other types of humanitarian funds		
UNICEF-United Arab Emirates	KM180046	165,000
PSFR - consolidated pool funding	KM180044	0
Total humanitarian funds received in 2018 (a+b+c+d)		10,028,661
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		

Thematic Humanitarian Funds		0
f) Carry-over of non-Thematic Humanitarian Funds		
Carry over		0
Total carry-over non-Thematic Humanitarian Funds		
Total carry-over humanitarian funds (e + f)		0
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
EPF if not reimbursed by 31 Dec 2018**	GE180025	4,000,000
Total other resources		4,000,000

* Programmable amounts of donor contributions, excluding recovery cost.

** 2018 loans have not been waived; COs are liable to reimburse in 2019 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number ²¹	Programmable Amount (in USD)	Total Contribution Amount (in USD)
French Committee for UNICEF	SM1899100279	1,145,158	1,205,430
UNICEF-Ecuador	SM1899100281	18,578	19,556
United States Fund for UNICEF	SM1899100283	1,834,143	1,930,676
German Committee for UNICEF	SM1899100288	1,757,940	1,850,463
Spanish Committee for UNICEF	SM1899100289	420,688	442,829
Canadian UNICEF Committee	SM1899100293	62,576	65,869
Korean Committee for UNICEF	SM1899100295	190,000	200,000
Australian Committee for UNICEF	SM1899100296	92,532	97,403
Norwegian Committee for UNICEF	SM1899100297	140,114	147,489
UNICEF-Indonesia	SM1899100298	473,927	498,870
UNICEF-Croatia	SM1899100301	162,419	170,967
Swedish Committee for UNICEF	SM1899100303	525,440	553,095
Japan Committee for UNICEF	SM1899100306	29,464	31,014
Danish Committee for UNICEF	SM1899100312	132,414	139,384
Spanish Committee for UNICEF	SM1899100313	87,324	91,920
UNICEF-THAILAND	SM1899100320	314,614	331,173
UNICEF-Malaysia	SM1899100328	152,970	161,021
United Kingdom Committee for UNICEF	SM1899100334	503,812	530,328
Spanish Committee for UNICEF	SM1899100336	283,287	298,197
Swiss Committee for UNICEF	SM1899100339	284,148	299,103
Luxembourg Committee for UNICEF	SM1899100347	107,955	113,636
Finnish Committee for UNICEF	SM1899100356	10,808	11,377
Hong Kong Committee for UNICEF	SM1899100365	231,771	243,969
Canadian UNICEF Committee	SM1899100366	13,872	14,602
Belgian Committee for UNICEF	SM1899100369	228,505	240,531
UNICEF Ireland	SM1899100391	151,308	159,272
Netherlands Committee for UNICEF	SM1899100393	48,635	51,195
UNICEF-Chile	SM1899100398	8,334	8,773
UNICEF-Philippines	SM1899100402	7,992	8,412
Total		3,899,112	4,104,328

²¹ International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

Annex B: Humanitarian Thematic Funding Case Studies

1. Background: In the latter part of 2018, Indonesia experienced a series of natural disasters in the areas of Lombok, Central Sulawesi and Sunda Strait. These emergencies, occurring in August, September and December respectively, led to thousands of families losing their lives, homes and access to services. In Lombok, 400,000 people (including an estimated 140,000 children) were directly affected, while Central Sulawesi saw an estimated 1.5 million people directly affected (including 525,000 children). In Sunda Strait, more than 40,000 people were displaced.



Needs assessments identified health, clean water, sanitation and hygiene, nutrition, recovery of infrastructure and public services, shelter, protection, food, education, logistics and economic recovery as priorities. Many of the sites set up for internally displaced people were initially found to have inadequate shelter, limited access to latrines, water, medical supplies and services. Sanitary conditions were also deteriorating, with an increased risk of vaccine-preventable and communicable diseases.

"Oh my, that entire wall is gone. It's heartbreaking. This used to be a neat row of school buildings. There was a large housing complex over there. There used to be durian fruit sellers (on the coastline). Now it's all gone."

- Sophia Angelica Majid of Palu, aged 11-years-old as she gazed for the first time at the surreal landscape at the back of her school, which faced the waterfront and was destroyed by the tsunami in Central Sulawesi

(Reported by Lely Djuhari, UNICEF).

A strong response to these emergencies was led by the respective provincial and local authorities, with guidance from the national level. Under the leadership of the Government of Indonesia, UNICEF, in partnership with other UN agencies, local and international NGOs, supported efforts to respond to the disasters in Lombok, Central Sulawesi and Sunda Strait. UNICEF focused on life-saving service delivery and recovery according to its Core Commitments for Children in Humanitarian

Action. Importantly, with its dual mandate, UNICEF was uniquely placed to bridge immediate humanitarian and more long-term development interventions.

2. Rationale: As part of broader UNICEF support to response and recovery, the health-specific interventions were based on requests from GoI, the needs assessment, UNICEF's comparative advantage and potential to impact longer-term development goals. Three main sets of interventions were identified: measles and rubella vaccination; malaria control and; strengthening treatment and care of under-fives. These covered the specific needs of each of the affected areas as follows:

- a. **MR vaccination:** The Lombok and Central Sulawesi earthquakes interrupted a national MR campaign, which was part of a two-year effort by GoI to vaccinate 70 million children across the country. UNICEF was actively engaged in the provision of technical assistance, advocacy, communication for development (C4D) and monitoring. The first phase of this campaign was completed in 2017 with 35 million children vaccinated in the island of Java. The second phase, covering the remainder of the country including the provinces of Lombok and Central Sulawesi, was ongoing when the disasters struck.

- b. **Malaria control:** This is important in an emergency setting, in a non-eliminated region, as malaria can rapidly be fatal and quickly spread during emergencies. However, during the time of these recent emergencies, the country faced a shortage of bed nets and rapid diagnostic tests that could be quickly distributed for immediate prevention of the outbreak and ensuring access to malaria testing in affected areas. For example, in the immediate aftermath of the Lombok earthquake, a malaria outbreak occurred in a previously low-endemic district. All areas affected by the disasters: Lombok, Central Sulawesi, Banten and Lampung (Sunda Strait) have low malaria transmission, with transmission spots potentially serving as the source of infection. GoI has identified elimination of malaria by 2030 as a key priority and has made significant gains with over 70 per cent of the population living in malaria-free areas. Emergencies threaten these gains.
- c. **Newborn and child health service delivery:** With the increased risk of infections and illnesses, GoI identified strengthening health workers' capacity to deliver quality care and treatment as a priority. Integrated management of newborn and childhood illnesses, which forms a vital base for life-saving interventions that can be provided for sick children, was highlighted by the MoH as a key necessary intervention for additional support.



3. Strategy and Implementation: UNICEF's support to GoI covered technical assistance, advocacy, C4D, coordination and capacity building for:

- a. Rapid resumption of the national MR campaign (Central Sulawesi and Lombok);
- b. Malaria control (Central Sulawesi, Lombok and Sunda Strait); and
- c. Strengthening newborn and child health service delivery (Central Sulawesi).

a. Resumption of national MR campaign: As part of the ongoing nationwide MR campaign, UNICEF supported the provincial health authorities with the resumption of campaign-related activities, including vaccinating children in IDP camps. This included advocacy to formal and informal leaders; development of key communication materials and working with the Ministry of Health to provide technical oversight for the coordination and implementation of the campaign. UNICEF actively collaborated with local partners to ensure messages were tailored according to the local contexts along with targeted efforts in the IDPs. Importantly, as part of UNICEF's ongoing support to GoI during the MR campaign, the deployment of a real-time RapidPro dashboard system was used to monitor progress with information from health facilities providing decision-makers with up-to-date information needed to address gaps and take corrective measures to improve uptake of vaccines.

b. Malaria control: Building on a decade of support to GoI for malaria elimination, UNICEF became actively engaged in prevention, surveillance and control during the response phase of all the emergencies. This includes vector control efforts, risk assessment and response, as well as support to ensure access to malaria testing and treatment. Through the Supply Division in Copenhagen, UNICEF also procured bed nets and RDTs, which prove vital to the prevention and diagnosis of malaria. In Lombok, UNICEF is supporting outbreak response interventions to stop malaria transmission in the hot spot locations. With strong engagement from the UNICEF C4D team, information and behavior change sessions on malaria prevention and response formed an integral part of this



response. Such efforts not only targeted affected populations, but also supported capacity-building initiatives aimed at UNICEF's local partners, ensuring strengthened interpersonal communication skills when delivering bed nets and interacting with the communities.

c. Strengthening newborn and child health service delivery: To ensure proper treatment and care of newborns and children, UNICEF supported the training of health workers on IMNCI. This focused on upgrading the skills of trainers as well as providing on-the-job training for more than 200 health workers. UNICEF worked with a local partner to provide this support, ensuring a key component of learning involved health workers' being on-site in health facilities (*puskesmas*) to apply the main elements of IMNCI. Additionally, UNICEF supported monitoring of post-IMNCI on-the-job training to ensure follow up and quality assurance.

As highlighted above, all these efforts were underpinned by strong C4D components, including community engagement, targeted advocacy to formal and informal leaders and social mobilization.

4. Resources Required/Allocated From the health programmatic side, more than \$1.7 million was allocated in support of the activities. Seven UNICEF health staff from across Indonesia were activated for the response in addition to hiring two consultants. One surge staff from the Pacific Islands was also immediately deployed in Central Sulawesi following the disaster. Partnerships with four local NGOs proved vital to successful implementation of activities.

Additionally, as highlighted, due to the strong need for C4D support, UNICEF also mobilized an additional C4D staff and hired an expert to support with these efforts.

5. Progress and Results: By early 2019, the following results were achieved:

- **1,770,912 children vaccinated against measles and rubella** in the affected areas. These numbers were monitored through the RapidPro system as well as MoH's manual verification system.
- **75,000 families protected from malaria from 150,000 long lasting insecticides mosquito nets (LLINs) that were procured.** Based on needs identified through microplanning exercises, the bed nets were distributed in the affected areas. Of the total bed nets procured by UNICEF, the MoH prepositioned 15,000 for use in future emergencies.
- **150,000 malaria rapid diagnostic tests procured for testing.** The tests were distributed to the relevant provincial and health authorities, as well as health centres in the affected areas, with ongoing support being provided for testing. Of the total RDTs procured by UNICEF, the MoH prepositioned 30,000 for use in future emergencies.
- **20 health promotion and malaria officers and 111 health volunteers trained in interpersonal communication for malaria prevention** to ensure the use of LLINs in the communities and improve practices towards malaria prevention and treatment.
- **Three mobile clinic teams were assembled to provide malaria services** through daily visits to sub-villages affected by malaria outbreak in Lombok. Malaria case findings and treatment with this service aimed to save stop malaria transmission and lives.
- **229 health workers trained in IMNCI.** Through a partnership with a local NGO, follow-up monitoring was undertaken to ensure health workers were implementing IMNCI according to national standards.

Under the leadership of local and national authorities, UNICEF's support contributed to the above results due to strong working relationships with government counterparts as well as local NGOs. UNICEF in



Indonesia is unique among multi-lateral agencies with a field presence in seven regional and sub-regional offices – this allowed for rapidly deploying health expertise to the affected areas, including for crucial identification of needs and development of a response plan. One of the main challenges was the delay in procurement of supplies, due to clearance processes that were needed. However, working in close coordination with local authorities, the UNICEF operations team identified solutions to expedite the process.

Using RapidPro for the MR campaign, the tracking of progress worked well. For malaria and IMNCI activities, monitoring was a key component of UNICEF's partnership cooperation agreements with local NGOs, enabling a strong response. UNICEF also used a web-based monitoring system (ONA database) to track bed net distribution by the local NGO for real-time data that was useful in ensuring accountability, as well as providing useful information to relevant partners.

6. Lessons Learned: Responding to three back-to-back emergencies in the country offers key lessons learnt for future responses:

- Strong **partnerships** with Government and local organizations is key to an effective effort. In middle-income countries where the Government plays a central role in responding to disasters, development agencies need strong relationships with their counterparts in order to effectively add value.
- Linking emergency support to longer-term development priorities ensures **sustainability**. UNICEF's interventions during the response builds on a long history of programme support in the country. The response plan was developed considering sustainability during the recovery and development phases post-emergency.
- Working in a **decentralized** context offers opportunities and challenges. Indonesia's decentralized systems facilitates local authorities to tailor their response according to local contexts. However, decentralization, at times, also makes it difficult to have strong public health functions (e.g., mandatory vaccination) applied universally throughout the country.

7. Moving Forward: The main area for focused support in the affected areas through 2019 will be for malaria: in Lombok this is aimed towards outbreak control and progress elimination while in Central Sulawesi it aims at bridging the emergency response with regular programming to ensure sustainable impact. For Sunda Strait, regular UNICEF technical support to malaria programming will continue.

For Lombok, UNICEF's support will continue to stop the outbreak through intensified active case detection and vector control and to bridge the emergency response with the routine programme through quality assurance, community engagement and monitoring and evaluation. Application of innovative technologies will be a key component, including the use of freeware mobile apps by mobile clinical teams to collect real-time data of malaria cases and its geospatial distribution. In an effort to quickly detect and stop malaria transmission to prevent further outbreaks in the affected communities, UNICEF will also use the same web-based monitoring system as bed net distribution (ONA database) to ensure data sharing with relevant partners.

In line with the national and provincial goal of malaria elimination for Sulawesi by 2025, with no indigenous case by 2021, UNICEF will support GoI to strengthen the capacity of the health system in prevention, early detection, high quality laboratory diagnostics and addressing risk factors.

Note: The case study activities presented above utilized a combination of humanitarian thematic funding and other earmarked resources.

[Annex C: Donor Feedback Form](#)

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions in one of the below links for the above-mentioned report. Thank you!

[English version](#)

Vos commentaires nous aident à améliorer la qualité de nos rapports. Merci de bien vouloir répondre à ces questions concernant le rapport mentionné ci-dessus.

[French version](#)