

Central Sulawesi Earthquake & Tsunami

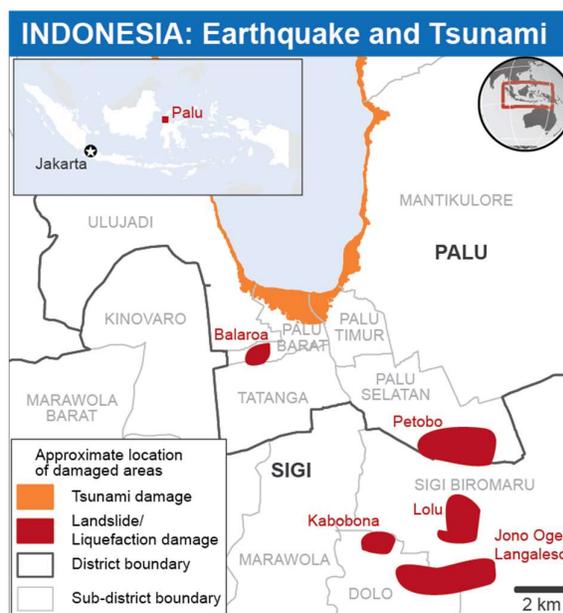
Humanitarian Country Team Situation Report #6

(as of 30 October 2018)

This report is produced and issued by the Humanitarian Country Team in Indonesia. It covers the period from 24 to 30 October. The next report will be issued on or around 06 November.

Highlights

- Following the earthquake and tsunami on 28 September, and resulting liquefaction and landslides, 2,077 people are known to have died. Palu was the worst affected district, with over 1,700 people recorded killed in the city.
- Search and rescue operations were stopped on 12 October. According to Indonesia's national disaster management agency (BNPB), at least 1,075 people are reported as missing.
- More than 211,000 people are displaced across Central Sulawesi. Thousands more have left the province, or found refuge with host families.
- The official emergency period in Central Sulawesi ended on 26 October.
- The government-led response continues to cover humanitarian needs while progressively transitioning into the recovery and reconstruction phase.
- International NGOs, the Red Cross and the UN are supporting the Government's priorities and efforts.
- The HCT's Response Plan, requesting US\$ 50.5 million to provide assistance to 191,000 people, is funded at 26 per cent.



2,081

People dead (BNPB)

1,075

People missing (BNPB)

211,000

Internally displaced (BNPB)

4,400

People with major injuries (BNPB)

68,000

Houses damaged (BNPB)

191,000

Targeted by HCT Response Plan

Situation Overview

On 28 September, a series of earthquakes struck Indonesia's Central Sulawesi province, the strongest a 7.4M earthquake only 10 km deep and with its epicentre close to the provincial capital, Palu. The earthquake triggered a tsunami striking beaches in Palu and Donggala. The earthquakes, tsunami and resulting liquefaction and landslides caused significant damage and loss of life.

As of 30 October, 2,081 people are known to have died. A further 4,400 people have been seriously injured. Search and rescue operations were stopped on 12 October. According to figures released by Indonesia's National Disaster Management Agency (BNPB), at least 1,075 people have been reported missing.

Areas affected by the earthquake, tsunami, landslides and liquefaction suffered extensive damage of buildings and infrastructure. An estimated 15,000 houses and land have been totally devastated. Some 17,000 houses are heavily destroyed but the sites may allow for reconstruction. Around 35,000 families whose houses have been damaged need emergency shelter support for a shorter term. More detailed assessments will have to further confirm these estimates. BNPB puts the total cost of material damages at USD 910 million.

The official emergency response period in Central Sulawesi ended on 26 October. While the Government-led response will now progressively transition into the recovery and reconstruction phase, the focus will also remain on covering humanitarian needs and addressing complex challenges.

Priority needs, based on the HFI-led Joint Needs Assessment (JNA), the Displacement Tracking Matrix (DTM) and other assessments, include logistics and economic recovery, medical assistance, clean water, sanitation and hygiene, recovery of infrastructure and public services, shelter, protection, including women's and children's protection, and education.

More than 211,000 people who have lost their homes or sought refuge in safer areas remain displaced in more than 900 formal and informal camp sites across the affected districts of Donggala, Sigi and Palu. In addition, almost 20,000 people have reportedly left Central Sulawesi, and thousands more are staying in makeshift tents close to their destroyed homes, or have found refuge with host families. The livelihoods of tens of thousands of people in fisheries, agriculture and other forms of employment have been destroyed or affected. The JNA found that nearly half of the surveyed population face food shortages.

The complex situation of the displaced families will require flexible temporary and longer-term solutions and assistance delivery adapted to the specific needs of different situations and communities. Technical assessments and hazard mapping of tsunami, landslide or 'fault-line' areas are ongoing and will have to guide returns and potential relocations. Families unable to return to their land or villages because of safety concerns may opt for relocation. The majority, staying close to their destroyed or damaged homes, in temporary shelters or with host families, will require continued on-site assistance and recovery and reconstruction support.

Strengthened community engagement, particularly with displaced persons, will be essential in the coming weeks to fully inform affected families on available services and assistance, receive feedback and information on their intentions and preferable solutions, and ensure meeting their specific needs, including vulnerable groups.

One month after the disaster, the response has made significant progress in reaching and serving the people in need of assistance. The international community continues to support national efforts and leadership. NGOs, the Red Cross and the UN are on the ground augmenting the national response. BNPB has received international assistance from 15 countries, transported by air from Balikpapan to Palu.

Funding

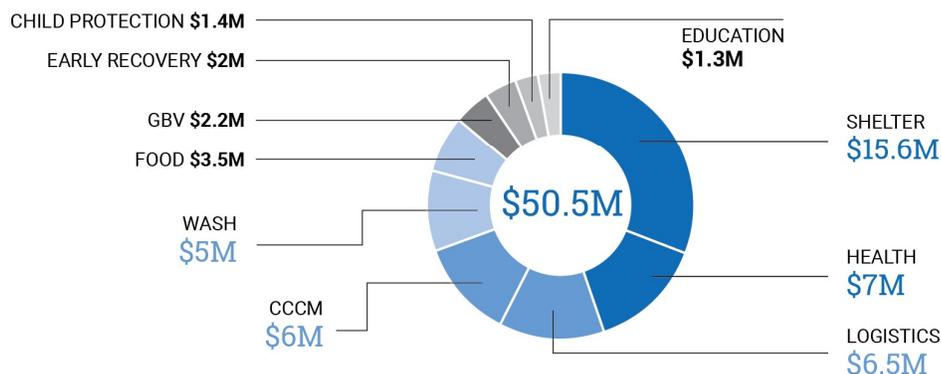
The HCT's Central Sulawesi Earthquake Response Plan requests US\$ 50.5 million for immediate relief activities following the earthquake and tsunami, outlining the support that the international humanitarian community is seeking to provide to affected people over three months.

The Response Plan is not intended to meet the totality of needs following the disaster; the Government is well placed to lead the response and will provide the bulk of humanitarian assistance. It reflects the specific areas where the Government of Indonesia has accepted offers of international assistance, or where agencies are scaling up existing programmes to meet the new humanitarian needs following this recent disaster.

The United Nations' Central Emergency Response Fund (CERF) committed almost \$15 million in funding to kickstart HCT support for the response. Several UN agencies have also mobilized internal funding to support the initial phase of the response, this includes, \$4 million mobilized by UNICEF; \$1.5 million by WFP; \$1 million by UNHCR; \$650,000 by UNDP; \$200,000 each by FAO and IOM; and \$100,000 by UNFPA. In addition, the Red Cross mobilized CHF 1.25 million. Additionally, UN agencies and NGOs have launched funding appeals, including a UNICEF appeal for \$5 million and an appeal for CHF 22 million for IFRC.

Since the disaster, a number of Member States have made bilateral pledges or contributions, including ECHO (€1.5m), Australia (AUS \$10.25m), (Austria €1m), Canada (CAD\$1.5m), Czech Republic (€400,000), Denmark (DKK10m), Germany (€1.5m), Ireland (€104,000), Italy (€200,000), Netherlands (€5m), Norway (NOK 24m), NZ (NZ\$1.6m), ROK (US\$1m), Singapore (US\$100,000), Spain (€300,000) Sweden (€950,000), Switzerland (CHF2.5m), Thailand (\$155,000), UK (€5.6m), USA (US\$ 6.7m) and the UK's Disasters and Emergencies Committee (US\$17m) for a total, to date, of more than \$60 million in financial and in-kind assistance, according to BNPB, donor and media reports. The World Bank has announced an initial grant of US\$ 5 million to help kick start reconstruction programming.

Breakdown of funding requested in the Response Plan by cluster



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Response

DISPLACEMENT AND PROTECTION

- As cluster co-coordinator, IOM continues providing support to MoSA on coordination between sub-clusters, including Shelter, WASH, Child Protection, Women Protection/GBV, Psychosocial and the Cash-based Assistance working group under the Protection and Displacement National Cluster.



Shelter sub-cluster

Needs:

- An estimated 15,000 families whose land is no longer usable need immediate emergency shelter and household items, longer term relocation assistance, including housing, land and property, and reconstruction support.
- Some 17,000 families need immediate emergency shelter and household items as well as longer term recovery and reconstruction support.
- A further 35,000 families are estimated to need emergency shelter and basic household items.
- Shelter recovery support will mainly depend on the geographic location and livelihoods of the affected population, with different needs in coastal areas, lowlands, city and hills. Depending on these categories people need direct reconstruction support, technical and material assistance, temporary shelter arrangements and rental support, or other cash-based assistance.
- The number of people who will require relocation to safer areas is yet unknown.

67,000

families need some form of shelter assistance

Response:

- Distributions are ongoing at full pace with a growing number of partners reporting on their activities. Some 18,500 families have been supported with emergency tents or shelter kits. Distributions for another 25,280 households are ongoing.
- Partners are starting to plan temporary shelter assistance targeting some 13,000 households.
- The shelter cluster in Palu has developed minimum standards for NGOs to support diverse transitional shelter solutions. The Department of Social Affairs (DINSOS) has endorsed these standards and logged them as recommendations to the Governor's office to be adopted as provincial policy.

Gaps and constraints:

- Without sufficient reliable data on actual housing damage and household level needs assessment, gap analysis remains impossible.
- Identifying safe transitional shelter and relocation sites will be a challenge.

**Camp Coordination and Camp Management sub-cluster****Needs:**

- There are more than 211,000 displaced people (60,400 families) staying in a total of 942 sites in 254 villages across the three districts of Palu, Donggala and Sigi, according to the results of the first round of the Displacement Tracking Matrix (DTM), shared through the Ministry of Social Affairs (MOSA).
- The DTM provides key insights in sectors including, WASH, Livelihoods, Education, Health, NFIs, Food, Shelter and Mobility and is also serving as a platform for the CCCM sub-cluster in Palu to help guide decisions on further site planning. The results are shared with national and Palu based partners to inform about needs and gaps in the covered communities.
- In addition to the 211,000 displaced persons in situ, there are potentially thousands of people who fled the affected areas immediately following the disaster. To better capture their number, needs and location, MOSA has requested IOM to assist them in the tracking, identification, registration and assistance of this population. Discussions with donors and other humanitarian partners are underway to launch a sustainable, government-led tracing and assistance mechanism.

211,000+
internally displaced in
942 sites

Response:

- The sub-cluster and IOM are supporting the establishment of camp management structures to ensure accountability and standardisation moving forward.
- IOM is providing camp management training as requested by the local government in Palu.
- Sub-cluster partners have worked with the Ministry of Social Affairs on the establishment of an information management data hub under the direction of the Ministry.
- MOSA has advised all sub-clusters to utilise the DTM result as basis for the planning of activities.

**Water, Sanitation and Hygiene sub-cluster****Needs:**

- An estimated 152,000 people need WASH support.
- Some 92,000 IDPs in 359 sites do not have access to toilets; more than 3,300 IDPs in 10 sites do not have access to water; and 1,483 people with disabilities in 780 sites do not have access to adequate toilets, according to the Displacement Tracking Matrix (DTM).
- The situation of displacement sites near host communities with access to existing sanitation facilities is slightly better.

152,000
People need WASH
assistance

Response:

- The cluster Technical Working Group has requested the Ministry of Public Works to facilitate major procurement of WASH items. Some agencies reported difficulties in procuring construction material.
- Water production by the PDAMs (state-owned drinking water companies) is ongoing in Palu and Donggala, with a total production of over 1.6 million m³. The PDAMs continue to be supported by the Indonesian Red Cross and French and Danish Water Treatment Plants provided by the EU Civil Protection.
- Over 40 trucks are being used by the Red Cross, Ministry of Public Works, CWS, PKPU and several national firms to distribute a total of over 600 m³/day.
- The provincial Government, with support by the Ministry of Public Works, is working to secure budget allocations to facilitate the operation of PDAMs which have reported difficulties to produce water free of charge.
- The Ministry of Public Works is planning to repair the sludge treatment systems in Palu.

- The construction of several blocks of 'huntara' shelters has started last week in Petobo. The blocks include basic WASH facilities, such as four toilet units, and 3m³ water tanks for six families.
- There are 25 solid waste trucks operated by the Provincial Environmental Protection Agency, two by UNDP, two by Yayasan Sayangi Tunas Cilik, and three by the Ministry of Public Works. The mechanism for solid waste management and practices is being strengthened.
- Over 9,960 hygiene kits have been distributed by various partners. The MoH with support by UNICEF has conducted hygiene promotion sessions for NGOs and Sub District Health Centres for over 80 participants.

Gaps and constraints:

- More water trucks are required. Only 1-2 desludging trucks are available in Palu which is insufficient to support the operation and maintenance at IDP sites.
- Many IDP sites have a limited number of functional toilets. There may be sanitation gaps in sites with limited visibility.
- According to the WASH 4W, less than 10,000 households have received hygiene kits. UNICEF is planning to provide an additional 20,000 family kits.



Child Protection sub-cluster

Needs:

- Some 83,000 children are displaced in 942 sites in Donggala, Palu and Sigi districts, according to the DTM.
- Vulnerable families include 629 child headed households, 3,765 female headed households, and 4,188 elderly headed households (DTM).
- So far, only 7 per cent of displaced children are reached by psychosocial support and other child protection measures by child-focused organizations.
- The risks for vulnerable and at-risk children are increasing. The baseline data show a high percentage of children living in poverty, high prevalence of child marriage and teenage pregnancy, and low birth registrations.
- More tents are needed for psychosocial activities, as well as for temporary shelters for children in institutions.
- The participation of adolescents and young people in psychosocial activities remains limited.

6,000

children reached by recreational, psychosocial support and other protection measures

Response:

- Child friendly spaces activities have reached more than 6,000 children in more than 80 sites with psychosocial support, and community-based awareness raising on child protection.
- So far, 130 separated, unaccompanied, and missing children have been registered, including 21 in Makassar. Seven children have been reunified.
- Sub-cluster partners are visiting 62 priority sites, including 16 out of 24 major sites with more than 500 people, for confirmation, identification and reintegration of separated and unaccompanied children and child headed households.
- Sixty-six teachers and school supervisors and 14 NGO staff have participated in a multi-sector and multi-agency Education in Emergencies and Child Protection in Emergencies training.
- Eighty-five community volunteers and social workers have participated in child protection training/orientation sessions organized by sub-cluster partners.
- Yayasan Plan Internasional Indonesia (YPII) completed a menstrual hygiene management (MHM) assessment in three IDP camps in Palu, highlighting among others gender sensitive water and sanitation facilities, access to information on MHM for girls, and raising awareness on adolescent boys.
- Fifty social workers were trained in the use of the Primero app for identification, tracing and reunification of separated and unaccompanied children in both Central and South Sulawesi. Supporting IT equipment was handed over to the MOSA.
- 2,751 out of 10,500 child packages have arrived in Palu, the remaining are expected next week.
- MOSA has mobilised and deployed 24 officials and social workers from other provinces, supported by UNICEF.

Gaps and constraints:

- So far, only 7 per cent of displaced children have been reached with basic psychosocial services.

- There is a lack of IEC materials for prevention and response to violence against children. Messages on preventing separation and illegal adoption need to be adopted. Monitoring is also required in other provinces.



Protection of Women's Rights sub-cluster

Needs:

- Of the 1.4 million people affected in Palu City, Donggala, Sigi District and Parigi Moutong District, more than 350,000 are women of reproductive age at increased risk of sexual and gender-based violence (GBV).
- GBV referral systems need to be strengthened, including a multi-sectoral response, providing safe, accessible, confidential, survivor-centred services, case management, psychosocial support, and referral services.
- More psychosocial support is urgently needed. Local women's NGOs are providing community based psychosocial support, which can be expanded to provide access to counselling and referral for those in need.
- There is a need to raise awareness among both the affected population and providers of assistance of the vulnerability of women and girls to gender-based violence and other human rights violations.

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Women Friendly Spaces
established

Response:

- Sub-cluster partners have set up three women friendly spaces (WFS) in Palu, and one in Sigi and Donggala each, providing case management psychosocial counselling and referral as well as GBV prevention, outreach and response.
- A total of 908 women and girls have so far benefited from WFS activities (RH discussions, psychological support, individual counselling and care for caregivers).
- Another 945 affected women and girls received information and orientation on available services
- A survey on Menstrual Hygiene Management by Yayasan Plan International Indonesia (YPII) has been completed in Kabonena, Bantayan and Pantoalan.
- Nine outreach volunteers have attended orientation sessions on PSEA in Palu city.
- Technical assistance is strengthening the P2TP2A referral system during disaster (report mechanism, health care service, legal aid, legal justice system, and social rehabilitation and reintegration).
- A mapping of functioning community-based services and programmes on women's protection and GBV is underway and already completed for Palu city.

Gaps and constraints:

- 84 per cent of toilets in temporary shelters are not gender segregated, 48 per cent are outside of camps, according to the DTM.
- Limited referral mechanisms and low capacity among GBV service providers remain cause for concern.
- The P2TP2A safe house in Palu city is not available due to damage.
- Services for GBV survivors are not covered by most social and health insurance schemes.
- Women are the primary caregivers for the sick and injured increasing their burden and preventing them from accessing services.
- WASH coordination mechanisms should consider the disposal of sanitary pads as part of the waste management system.



Economy

Needs:

- Preliminary assessments by the Fisheries Service show damage in various degrees, with total loss of over US\$ 2 million to infrastructure such as boats, fishing gear, landing sites, aquaculture ponds and salt ponds, mostly in Donggala and Palu districts.
- In Sigi district, damage is mainly in aquaculture with 270,5 Ha of ponds damaged and an estimated loss of \$165,000 of ready-to-harvest fish and shrimp.
- According to the ILO initial disaster impact assessment, 94,500 workers have been displaced. More than one third are women, and 15.3 per cent are youth aged 15-24 years. More than half of the displaced workers were

vulnerable even before the crisis as own-account workers or contributing family workers. More than 40 per cent were based in agriculture.

- WFP, WVI and Oxfam will be conducting a joint market assessment focusing on availability of food items, the capacity of community members to afford food items, the supply chain, and impact of the earthquake and tsunami in terms of prices and other factors.
- FAO will conduct an in-depth sectoral assessment focusing on the agriculture and fisheries sector to complement the PDNA planned by the government. These assessments will be conducted jointly as much as possible.

Response:

- FAO will implement the CERF-funded project aiming to restore food production and livelihoods of 50,000 people depending on agriculture and 3,000 fishing families. It will provide households with agricultural inputs to help them replace the lost productive assets and resume production.
- An additional 10,000 people are targeted through FAO funding, and further project proposals are being developed.
- FAO is working closely with the Provincial Fisheries and Agriculture Services to deliver emergency assistance and support the development of their recovery strategy plans.
- WFP briefed Government partners, including provincial bodies of the Ministry of Social Affairs, on the priority areas for food support, based on findings from Joint Needs Assessment (JNA). Expected support includes food assistance and serving the affected families through public kitchens.

Gaps and constraints:

- Out of \$5 million required, only \$1.2 million has been secured.



Health

Needs:

- Providing sufficient water to affected communities, especially in IDP sites, is critical to cut the occurrence of diarrhoea diseases at source. Continued efforts to ensure water treatment and quality testing to meet drinking water standards are essential.
- Risk communication, health promotion efforts and active community participation are to be vigorously followed with water supply and treatment to ensure behavioural change in IDP sites and prevention of diarrheal diseases.
- Vector control and environment management with allocation of sufficient resources, community participation and IDP site management need to be strengthened and sustained.
- Psychological and mental health support need to be sustained to adequately address the needs of people with stressful and post-event traumatic experiences.
- Personal Protective Equipment (PPE) is required for the proper disposal of medical waste, placing waste in properly labelled drums, bins or other containers before loading onto trucks for haulage and eventually disposal at sanitary landfill sites under controlled management.
- Information on the referral to health facilities and for maternal and reproductive health care services needs to be disseminated, especially in the evacuation sites.
- Due to concerns in accessing clean water, breastfeeding and maternal and child immunizations should be promoted.
- With primary healthcare being disrupted, more midwives are required in the affected areas to ensure maternal health, delivery and neonatal health and prevent child and mother mortality.

8

reproductive health
tents established

Response:

- Health partners continue to support the government-led response, including through Emergency Medical Teams (EMT), water and sanitation support, anti-retroviral, reproductive health, support for people with disabilities, risk communication and immunization.
- Early Warning Alert and Response System (EWARS) surveillance reporting has improved compared with the initial days of the emergency response. 15 primary healthcare centres (PHCs) from Palu, 11 in Donggala and

12 in Sigi have reported active EWARS. However, the completeness and timeliness of EWARS information remains low and requires further improvement.

- Field Epidemiology Training Programme (FETP) students continue to support surveillance at primary health centres and are conducting field investigations, data collection, data analysis and monitoring on disease trends. Using CERF funds, WHO will mobilize more FETP students to enhance surveillance and outbreak investigations in the field
- Partners are coordinating with the Ministry of Health's (MOH) environmental unit and the Provincial Health Office (PHO) to improve water treatment and testing, especially in Donggla and Sigi districts. WHO is collaborating with the MoH and PHO to ensure laboratory testing for diarrheal diseases. WHO continues to
 - promote water quality testing for water sources in IDP settlements
 - promote safe waste management
 - provide risk communication materials and outreach on personal hygiene, sanitation, waste management,
 - encourage the use of boiled water
 - explain the risks of open defecation, especially in rivers and promotes the use of portable toilets at IDP camps.
- WHO has supported the MoH to develop and disseminate technical guidelines for emergency treatment of drinking water at the point of use, disinfection of water tanks, and management of waste in emergencies.
- The PHO has conducted vector control in high risk priority areas, working with responsible health and environmental units, together with volunteers, to conduct surveillance and vector control, including fogging and spraying of insecticide. However, due to limited equipment and personnel, vector control remains sub-optimal with additional resources still needed. Making use of resources provided by the CERF, WHO has started the procurement of insecticide and larvicide to support vector control efforts in the field as per request of the MoH. Furthermore, UNICEF and WHO continue supporting the MoH and PHO on prevention of vector borne diseases, especially malaria, and the distribution of Long Lasting Insecticide Treated Nets (LLITN).
- MDMC is operating nine health service points in Palu, Sigi and Donggala, serving so far 2,023 beneficiaries.
- Eight reproductive health (RH) tents have been established in Palu City, providing ante- and post-natal care, emergency obstetric services, ARV treatment, and dedicated services for young people. RH sub cluster partner Americares is providing equipment, supplies and pallets.
- A total of 376 women have received RH services. More than 500 individual kits have been distributed, including 183 newborn, 251 post-delivery, and 70 maternity kits, and 33 babies have been delivered safely.
- 65 midwives are providing basic SRH services, 90 more are under recruitment. Twelve midwives have received orientation on the Minimum Initial Service Package (MISP) implementation.
- 129 adolescents have attended sessions on Adolescent and Sexual Reproductive Health (ASRH) sessions; 43 adolescents have been trained as peer counsellors.
- Psychosocial support has been provided to 185 people in the week 21-27 October. Yayasan Pulih provided psychosocial support sessions for health providers and Health Office staff for 21 staff.
- The Indonesia AIDS coalition continues assessments, outreach, psychosocial support and ARV for people living with HIV in Palu, Sigi, Donggala and Parigi Moutong.
- 3,412 children have been vaccinated against measles and rubella under MR campaign from 16-24 October.

Gaps and constraints:

- Personal Protective Equipment (PPE) is required for proper disposal of medical waste in labelled receptacles before disposal at sanitary landfill under controlled management.
- Some affected areas such as Kulawi in Sigi district remain inaccessible. Accommodation and transport for mobile outreach and the deployment of health personnel in remote areas remain a challenge.
- All cluster partners need to ensure adherence to standards of universal precaution. Supplies and equipment for implementing universal precaution measures have been integrated into the supplies and equipment provided by Americares, however there is an urgent need to improve waste management including medical waste management at RH tents.
- Linking HIV positive people with ARV treatment remains a challenge, only 49 per cent of a total of 280 registered patients have been reached to continue their treatment.
- Health promotion personnel are limited. Risk communication and Education Information Communication (EIC) materials for IDPs still need to improve addressing personal hygiene, avoid open defecation and contamination of rivers, waste management, and safe drinking water.



Nutrition sub-cluster

Needs:

- The disaster has affected 5,566 children under one year old, 23,840 children under five, and 2,331 pregnant mothers.
- Prior to the emergency, exclusive breastfeeding rates in Central Sulawesi were low at 23.9 per cent and wasting rates high at 3.9 per cent.
- Community-based programming related to infant and young child feeding needs to start soon. The proposed activities include capacity building on infant and young child feeding counselling to health and non-health workers, training on management of severe acute malnutrition, establishment of mother support groups, and community kitchens providing food for children 6-23 months old.

5,500

Children under one year affected

Response:

- The draft response plan for the nutrition sub-cluster is being finalized with technical support by UNICEF and other cluster members.
- Thirteen public kitchens are providing food to cater for the needs of approximately 700 children 6-59 months old. The kitchens are supported by WVI, Laznas BSM, ADRA and MoH.
- Eight counsellors are providing infant and young child feeding counselling to pregnant and lactating mothers and mothers with young children in public kitchens and selected camps.
- More than 50 participants from the Health Office, professional organisations, NGOs and local volunteer organisations have received orientation on infant feeding in emergencies, focussing on support for breastfeeding.
- Education and counselling sessions on infant and young child feeding have reached more than 500 mothers with their children in selected camps/sites.
- To regulate uncontrolled donations of infant formula, the Ministry of Health and Provincial Health Office have issued circular letters on the prohibition of un-regulated formula milk donations which need to be strictly controlled and monitored.
- 2.8MT of fortified biscuits for pregnant mothers and 3MT fortified biscuits for under 5 children and pregnant mothers are being distributed.
- Seven hundred children under-five years of age have been screened using MUAC in selected IDP sites.

Gaps and constraints:

- Support to pregnant mothers, infants and young children to protect their nutrition status remains insufficient. There are less than 20 active breastfeeding/IYCF counsellors, less than 1,000 children receive appropriate food through public kitchens, the capacity of health and non-health workers to provide nutrition counselling to pregnant and lactating mothers is weak, and awareness of mothers on appropriate feeding for their infant and young children low.
- Uncontrolled donations have occurred despite the circular letters.



Logistics

Response:

- The cluster is supporting BNPB and ASEAN by providing coordination and information management to support operational decision-making and improve the predictability, timeliness, and efficiency of the humanitarian emergency response.
- Forty trucks secured by WFP are currently being utilised for the transportation of relief items to support the current efforts and fill-in any gaps.
- The logistics cluster is liaising closely with the Government, Indonesian National Armed Forces (TNI), BNPB, the ASEAN ERAT Team and the Indonesian Red Cross (PMI) on distribution mechanisms and structures to ensure coordination at all levels.
- WFP Common Services has implemented the Relief Items Tracking Application (RITA) to ensure tracking of requests and utilization of assets.

40

trucks secured to transport relief items

- Two Mobile Storage Units (MSUs) remain operational at Palu airport. In the coming days, all relief items will be either distributed or moved to new humanitarian logistics hub in Palu town. After this they are expected to be dismantled.
- Three MSUs have been erected at “Garuda” site in Palu and are being used by WFP Common Services to offer storage to Government authorities and humanitarian partners. A fourth MSU is currently being erected and will be operational by the end of this week.
- WFP has acquired one 10mt forklift, three additional 3mt forklifts are on the way.

Gaps and constraints:

- Limited local storage capacity in Palu is being addressed through the WFP Common Services, and limited transport capacity through the provision of trucks through WFP Common Services.
- Access to several areas south of Palu, is still hindering the flow of relief items as roads are being blocked by landslides, collapsed bridges and general damage to roads.
- As organisations are planning the response for the coming months, visibility of incoming relief items remains limited and makes logistics planning difficult.



Education

Needs:

- The disaster has affected 1,507 schools, 184,849 students and 13,223 teachers, according to the latest revised estimates.
- The number of required Temporary Learning Space (TLS) stands at 1,451.

1,450

Temporary learning spaces required

Response:

- The first batch of Training of Trainer (ToT) in education (EiE) and child protection (CPIE) in emergencies was facilitated by UNICEF, YSTC, YPII and WVI with 66 participants from schools supervisor and principals, education office staff, and local NGO staff. The second batch this week will include 44 participants of the religious affairs office and local NGOs. All participants are from Palu, Donggala and Sigi districts and the provincial level.
- Psychosocial support for teachers and children was provided by by BAZNAS, YPII, YSTC, WVI, HIMPSI, Kerlip, AMURT Indonesia, Sukma Foundation, SOS Children Village Indonesia, Dompot Dhuafa and Rumah Zakat in Palu, Donggala, Sigi and Parigi Moutong districts.
- 249 Temporary Learning Spaces (TLS) tents have been distributed in Palu, Donggala and Sigi districts, supported by MoEC, UNICEF, YSTC, YPII, Surabaya Government, United Tractor, and Muslim Hand.
- A training for school infrastructure assessment facilitated by PUPR is targeting 120 assessors from the provincial/district education office and consultants appointed by the local government. The first batch was attended by 40 assessors.

Gaps and constraints:

- 1,097 of the required 1,451 TLS are so far being processed, and 249 have been distributed.
- All tents already set up lack latrines and hand washing facilities
- Data is still fluctuating almost every day.



Early Recovery

Needs:

- Immediate debris clearance is needed to allow access to all affected communities. Some critical infrastructure remains blocked and/or inaccessible due to build-up of debris and waste, including roads, hospitals, schools, and irrigation systems.
- Emergency employment schemes are required to assist and restore people's lives and livelihoods.
- The restoration of core governance functions in the local authorities is required to allow local communities take the lead in defining their future through recovery efforts.

- Without proper handling, the rapidly increasing quantity of waste, including medical waste, will soon create public health risks. The only incinerator in Palu is insufficient to handle all medical waste.

Response:

- Cluster partners are to facilitate the establishment of a coordination platform for debris management actors. Currently, some organisations are unloading the debris in vacant land.
- The cluster is to assess the availability of human resources for the PDNA, such as personnel to serve as enumerators.
- Once the PDNA is completed, the Rehabilitation and Reconstruction Action Plan (Renaksi RR) will have to be developed in consultation with BNPB and Bappenas. Bappenas and Bappeda have the mandate to ensure all programmes, including the Renaksi RR, are in-line with mid-term and long-term development plan.
- The demand for construction materials and workers will cause a significant increase in material and labour costs and influence the inflation rate in the area. The effects on the supply chains, need to be anticipated to avoid negative impact on the local economy.

Gaps and constraints:

- Coordination among relevant government actors regarding the PDNA and Renaksi RR is challenging.
- There is a lack of information on landfills.
- Required construction materials and tools cannot be sufficiently provided locally. Nearest cities such as Makassar and Balikpapan could be an option.

General Coordination

Coordination across the traditional global clusters/sectors and mainstreaming of cross-cutting issues and common modalities has been facilitated by Indonesia's national adaptation of the cluster approach. There are eight national clusters (Health, Education, Logistics, Displacement and Protection, Early Recovery, Infrastructure and Facilities, Economy, SAR).

The National Cluster for Displacement and Protection brings together partners active in various sub-clusters, i.e. Shelter, Camp Coordination and Camp Management, Protection (and its various sub-clusters on GBV, Child Protection, Older People, vulnerable groups including those living with HIV/AIDS, and psychosocial support). The national clusters are led by the line ministries and the members are the NGOs, INGOs, and government institutions.

For further information, please contact:

Ivo Brandau, Public Information Officer, brandau@un.org, Tel: +62 852 806 076 97

Titi Moektijasih, Humanitarian Affairs Analyst, moektijasih@un.org, Tel: +62 81 198 7614