**Highlights**

- 205,181 people have gained access to safe drinking water.
- 480 hygiene promotion sessions have been carried out in 3 districts including distribution of 53,881 hygiene and school sanitation kits to benefit 129,447 people.
- 1,770,912 children have been vaccinated against measles and rubella.
- 58,164 families have received bed nets to protect against malaria.
- 112,282 pregnant and lactating women have received counselling on Infant and Young Child Feeding (IYCF) practices.
- 25,886 children received psychosocial support delivered through 27 child friendly spaces and school-based programmes.
- 58,533 children have resumed their education through provision of Temporary Learning Spaces (TLS).

**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF</th>
<th></th>
<th>Sector</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH:</strong> people accessing safe drinking water</td>
<td>UNICEF Target * 110,000</td>
<td>Total Results 205,181</td>
<td>Sector Target 212,000</td>
<td>Total Results 372,319</td>
</tr>
<tr>
<td><strong>Health:</strong> children reached with measles vaccination</td>
<td>1,934,022^</td>
<td>1,770,912</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition:</strong> caregivers of children under-two years receive IYCF counselling</td>
<td>55,000</td>
<td>112,282</td>
<td>72,000</td>
<td>72,000</td>
</tr>
<tr>
<td><strong>Child Protection:</strong> children accessing psycho-social support **</td>
<td>25,000</td>
<td>25,886</td>
<td>82,989</td>
<td>25,886</td>
</tr>
<tr>
<td><strong>Education:</strong> children accessing quality formal and non-formal education</td>
<td>63,000</td>
<td>58,553</td>
<td>152,200</td>
<td>273,933</td>
</tr>
</tbody>
</table>

* Targets are currently being adjusted in line with the Government of Indonesia's Province/ District-level Recovery Plans for Central Sulawesi and West Nusa Tenggara Barat (Lombok) for 2019-2021, changes will be reflected in the next SitRep#8 (Dec 2019)

**Numbers reported for this indicator are cumulative**

^ Target increase in last SitRep (Dec 2016) with no additional funding requirements as part of routine immunization campaign

**15 June 2019**

- **1.9 million** affected people
  - 1.5 million in Sulawesi
  - 0.4 million in Lombok

- **665,000** affected children (<18)
  - 525,000 in Sulawesi
  - 140,000 in Lombok

- **1.4 million** people to be reached
  - 1.1 million in Sulawesi
  - 0.3 million in Lombok

- **475,000** children to be reached
  - 375,000 in Sulawesi
  - 100,000 in Lombok

**UNICEF Appeal 2018-2019**

- **US$ 26.6 million**
  - US$ 16 million for Sulawesi
  - US$ 10.6 million for Lombok

**Funding Status**

- **Total Funding Appeal US$26,600,000**
- **Received US$ 19,713,790 74%**
- **GAP US$ 6,886,210 26%**
Situation Overview & Humanitarian Needs

On 28 September 2018, a series of strong earthquakes struck Indonesia’s Central Sulawesi province. The strongest earthquake (7.4M) triggered a tsunami which struck Palu and Donggala districts, resulting in significant damage and loss of life. Instances of liquefaction and landslides also occurred. Thousands of families lost their homes and access to services, and sought refuge in safer areas.

In Central Sulawesi, an estimated 1.5 million people were affected (including over 500,000 children). Earlier, in July-August 2018, a series of strong and devastating earthquakes struck the islands of Lombok and Sumbawa in West Nusa Tenggara Barat (NTB), affecting over 400,000 people (including over 100,000 children). Families directly affected by housing damage are approximately 105,000 in Central Sulawesi, and over 200,000 in West NTB.

A Multi-Sector Needs Assessment (MSNA) was completed for Central Sulawesi in February 2019 (Note: No Multi-Sector Needs Assessment has yet been conducted for Lombok). Findings indicate that needs tended to vary based on displacement status, rather than geography. Access to services in Palu City was largely dependent upon displacement status; non-displaced households tended to access basic services more easily and sufficiently than IDP households.

Displaced households in Central Sulawesi, particularly those living in informal settlements and those living in tents or makeshift shelters next to their former homes, were found to be the most vulnerable groups and remain the most affected by the disaster. They have suffered more economic loss, and require more support rebuilding their businesses and resuming their livelihoods in a displaced setting.

The plurality of displaced households found to be living in other households’ homes or were directly supported by the host community also experienced difficulties in accessing some services, particularly shelter support, and often had more difficulties receiving aid due to being more difficult to identify among the local population.

Although inadequate sanitation issues noted during the early response have largely been resolved, displaced households report worrying levels of open defecation, and while there are sufficient communal latrines in informal settlements, many lack many basic protection features. Health issues are likely to be compounded by unresolved issues around nutrition and sanitation; the poor nutrition and sanitation environment, along with the high instance of diarrhoea among IDP households may lead to additional need for health services.

Education access has largely returned to the same levels as before the disaster; however many children in Parigi Moutong, Central Sulawesi, were reported to have not been attending school before the disaster, suggesting underlying issues beyond school repair.2, 3

Humanitarian Leadership and Coordination

The Provincial Government of Central Sulawesi declared the end of the ‘transition’ period on 25 April 2019, ushering a programmatic shift in support of ‘recovery’ interventions which are being led by provincial and local authorities with support from the National Government and humanitarian/ development partners. The national “cluster”

3 ‘Let’s get back to our routine!’: Listening to children who were affected by Central Sulawesi earthquake and tsunami (December 2018). UNICEF, YSTC, YPI, Wahana Visi. https://reliefweb.int/report/indonesia/lets-get-back-our-routine-listening-children-who-were-affected-central-sulawesi
system remains active, which is distinct from the global cluster system. UN and NGO partners support Government-led coordination at the national and sub-national level, where assistance is required.

UNICEF is co-coordinator for WASH and Child Protection sub-clusters of the ‘Protection and Displacement Cluster’ led by the Ministry of Social Affairs (MoSA); co-coordinator for the Infrastructure Cluster under the Ministry of Public Works and Housing (MoPWH); co-coordinator (at the national level) for ‘Education Cluster’ under the Ministry of Education and Culture (MoEC); member of the ‘Health Cluster’, and co-coordinator for the Nutrition under the Ministry of Health (MoH) and WASH sub-cluster under the Ministry of Social Affairs (MoSA). Sub-national government is not well versed on the cluster system and faces sector coordination challenges.

In some of the sectors preparations for an exit strategy are under way. WASH sub-cluster is preparing to delegate the coordination role to POKJA AMPL (Water Supply and Environmental Hygiene Task Force), under the National Development & Planning Agency (BAPPENAS). District POKJA AMPLs were activated through the issue of a new Mayor Decree. Since then, the WASH sub-cluster coordination meetings have been organized bi-weekly and chaired by the POKJA AMPL. In Lombok, recovery activities are progressively integrated into sector development plans.

Humanitarian Strategy

UNICEF is responding to the earthquake-tsunami disasters in Sulawesi and Lombok under the leadership of the Government of Indonesia (GoI), and in partnership with local and international NGOs, according to its Core Commitments for Children in Humanitarian Action. With its dual mandate, UNICEF is uniquely placed to bridge immediate humanitarian and more long-term development interventions. UNICEF’s current programme aims to address residual humanitarian response needs of the community, and align with the district/province government’s recovery / rehabilitation plans of district/provincial government for the period of the 2019-2021 period. In Central Sulawesi, UNICEF’s response/recovery plan focuses on strengthening sectoral coordination and on provision of residual safe-guarding support across all sectors by building on existing capacities, and, similar to Lombok, UNICEF is scaling-up recovery activities across all sectors.

- WASH has been a priority for UNICEF. Residual response has focused on provision of safe water, basic sanitation and community engagement around hygiene practices, and the recovery is now focused on urban water and sanitation infrastructure systems and building back capacity of local government and resilient planning and services for WASH. Support includes systems strengthening and alignment of district targets to SDG 6.2.

- UNICEF’s health sector recovery includes technical support to intensify malaria case detection and vector control in the outbreak location, as well as community engagement. This includes support to surveillance and entomological assessment. UNICEF is working to capture lessons learnt to develop guidelines for maternal, newborn and child health care in emergencies as well as guidance on how to address malaria in emergencies.

- In nutrition, UNICEF’s efforts focus on strengthening the nutrition cluster coordination mechanism, as well as enhancing access to essential emergency nutrition services such as IYCF counselling and management of Severe Acute Malnutrition (SAM).

- 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, birth registration and replacement of lost identity documentation.

- In Education, UNICEF is supporting the GoI with monitoring and coordination, access to quality education and learning for school-aged children and adolescents, and provision of psycho-social support to school children, school personnel and parents/caregivers.

- UNICEF is co-leading the Cash Working Group in North Lombok with Provincial Government and other humanitarian partners. UNICEF support to the national Cash and Voucher Assistance working group prior to the emergency served to provide harmonized guidelines for cash in emergencies implementing partners and is currently steering collective learning towards the development of a shock-responsive social protection system.
Summary Analysis of Programme Response

WASH

The extensive damage to infrastructure, contamination of water sources, and limited water trucking capacities, constrained the provision of sufficient quantity of safe water.

For the disaster response in Central Sulawesi, WASH continues to collaborate under: (i) 4 Partnership Cooperation Agreements (PCA): World Vision Indonesia (WVI), Muslim Humanitarian Foundation Indonesia (YKMI), Mercy Corps Indonesia, and CARE Indonesia; (ii) 2 Small Scale Funding Agreements (SSFA): Elnusa Foundation, and Indonesia Muslim Humanity Foundation; and (iii) other organizations as: Red Cross Indonesia (PMI), Plan International Indonesia (YPII), Yayasan Amal Kebangsaan Indonesia (YAKIN), and Local Water Company (PDAM).

As part of the GoI led response, UNICEF with partners continues to provide water supply to temporary houses (Huntara), schools and healthcare facilities through construction of boreholes and shallow wells, operational of mini water treatment plants and rehabilitation of small-scale water supply systems. To date 205,181 people have been reached with 44,176m³ clean water, with an estimate 15 litres per day per person, 7 days a week.

In response to the high diarrhoea cases among children under 5 years in Central Sulawesi, UNICEF continues to emphasize strengthening of hygiene promotion in IDP camps. To date, 480 hygiene promotion sessions in IDP camps, huntaras and schools have been organized in close collaboration with government-mandated community health clinics (Puskesmas), reaching out and disseminating hygiene kits and messages to 129,447 people. Through partners, UNICEF also distributed over 18,889 kits to IDPs, and another 35,000 school sanitation kits distributed among students in Palu, Donggala and Sigi.

To strengthen government hygiene promotion capacities and key messages, UNICEF with partners and the MoH developed Information, Education and Communication (IEC) materials based on a national community sanitation programme platform. In support of national government efforts, the Training of Trainers (ToT) for the national sanitation programme in emergency was organized in 3 districts with 125 sanitarians, cadres, health office staff and NGO staff attending.

To address demand for sanitation facilities in temporary schools, UNICEF assisted local government in installing portable toilets and provided water supply for the toilets. UNICEF portable toilets will be handed over to Provincial Public Works Office and partners for their emergency reserve. In response to local government official requests, septic tank desludging service is provided by the government with UNICEF supporting the operational cost of one desludging truck covering all IDPs in Palu city.

In Lombok, UNICEF is working with Yayasan Masyarakat Peduli (YMP) in Lombok Timor district to support rehabilitation of a water supply system that will serve 32,500 people in five villages (due for completion September 2019.) This work is also modelling a blended financing approach with UNICEF leveraging local government funding, village funds and community contributions (i.e. in-kind, labour, etc). YMP is also supporting access to safely managed sanitation through a Community-Based Total Sanitation in Emergencies approach and subsidized wastewater management systems. UNICEF also engaged with Perkumpulan Keluarga Berencana Indonesia (PKBI) in Lombok Utara district previously to support cluster coordination during the emergency, hygiene promotion and menstrual hygiene management. Under development are new partnerships to support systematic planning and budgeting for safely managed sanitation, including leveraging Zakat funded sanitation upgrading in earthquake-affected slums and improving wastewater management in affected communities.

Through UNICEF advocacy and facilitation support, WASH clusters at provincial and district levels have been successfully established. Meetings are now initiated, coordinated, led and followed-up by the local government (POKJA AMPL and POKJA PKP) preparing to take over the WASH cluster coordination role and ensure effective transition from emergency recovery to development (i.e. humanitarian – development nexus) and building back climate resilient WASH services.
Health

Distribution of bed nets to protect against malaria was completed in Palu with 58,164 families benefitting from the Long-Lasting Insecticides Mosquito Nets (LLINS). In parallel the distribution of 150,000 Rapid Diagnostic Test (RDT) kits for malaria was completed with 227,829 people in Central Sulawesi receiving access to malaria diagnosis. Similarly, in Lombok, distribution of 7,000 bed nets is ongoing while 3,526 people have been screened for malaria through RDTs.

UNICEF supported the re-establishment of child services in four affected districts, including Palu, Donggala, Sigi and Parigi Moutong. MoH designated teams including health workers, were deployed to facilitate assessment of functionality and coordination of child health services during the immediate response phase, followed by capacity development on Integrated Management of New-born and Childhood Illness (IMNIC) for primary care workers who are managing child health service provision at IDP camps. 229 health workers have been trained on IMNIC. The services have covered 3,247 new-borns, 6,547 infants, and 9,946 under-five children.

Bridging to recovery and longer-term development, UNICEF is supporting local governments in Central Sulawesi and Lombok to strengthen their malaria program. The aim is to provide whole coverage protection to the community in these disaster-affected areas through early detection and effective treatment, ensuring quality diagnostic of laboratory, community-based risk reduction through participatory processes and vector assessment, and evaluation of lessons learnt and development of guidelines for malaria and child health in emergencies.

Nutrition

UNICEF provides technical advice to the national Nutrition sub-cluster to support existing national capacity to respond. UNICEF has specifically prioritised improving Infant and Young Child Feeding (IYCF) practices due to the suboptimal breastfeeding and complementary feeding practices in Central Sulawesi, as well as the increased risks associated with using breastmilk substitutes after natural disasters that have disrupted WASH services. To date, 53,882 pregnant and lactating mothers in affected districts in Central Sulawesi have received individual and group counselling on IYCF.

Alongside direct outreach to vulnerable households, UNICEF in partnership with local partners, has focused on strengthening institutional capacity for IYCF, often delivered at health clinics and village health posts. To date in Central Sulawesi: (i) 390 health and non-health care providers have attended a 3-day training on the IYCF counselling package; (ii) 38 NGO volunteers and 240 religious leaders have received a one-day training on Infant and Young Child Feeding in Emergencies (IFE); (iii) 30 health workers and 50 humanitarian actors, policy makers have attended a half-day orientation workshop on IFE. The outreach in Lombok shows: (i) 260 health workers trained on IYCF in emergency, followed by a high-level sensitization event on IFE targeting 80 provincial policy makers; (ii) 1,200 village level health and non-health workers and 50 religious leaders received a one-day training on IFE; (iii) 10,400 pregnant and lactating mothers received individual and group counselling.

UNICEF is also addressing pre-existing severe acute malnutrition (SAM) by providing support to provincial and district health offices in Central Sulawesi. To date, 6,562 under-five children have been screened by district health workers with UNICEF support, and the observed incidence of children with Mid Upper Arm Circumference (MUAC) reached 1.07%. Early July, UNICEF will start facility-based training for treatment of SAM in Nusa Tenggara Barat and Central Sulawesi. In addition, UNICEF supported a 5-day training to strengthen the capacity of health workers, 100 in Central Sulawesi and 100 in Lombok, including doctors, nurses, midwives and nutritionists, to prevent and treat all forms of undernutrition by using the adapted facility-based treatment of SAM issued by WHO in 2013.

Child Protection

UNICEF provided technical and financial support to MoSA to deploy an additional 68 social workers and staff to Central Sulawesi. Social worker’s responsibilities included: Family Tracing and Reunification (FTR) of separated children; psychosocial support activities for children and adolescents; child protection case management;
coordination of the provincial level Child Protection Joint Secretariat (sub-cluster); and raising awareness on violence and abuse, including gender-based violence and Prevention of Sexual Exploitation and Abuse (PSEA).

UNICEF and partners in Central Sulawesi reached a total of 20,365 children with psychosocial support. 50 adolescent facilitators (25 female, 25 male) were trained by a local NGO to implement the life skills package and adolescent circles, benefiting 1,000 displaced children (624 girls; 376 boys) in 25 sites/camps in the three affected districts. The Department of Social Affairs at the provincial level received 118 requests for tracing of separated children, of which 49 were able to be identified and 47 (17 girls, 30 boys) were reunified with their families. The remaining unfilled requests related to children that are presumed deceased.

Outreach on birth registration through mobile services in partnership with local partners, reached a total of 3,648 children with both replacement birth certificates and new registrations. For a sustainable approach UNICEF is working with provincial and district civil registry offices, to review existing local regulation and policy on civil registration, identify gaps and implement solutions to ensure continuation of the services.

A total of 9,825 non-food item kits containing basic necessities such as clothing, hygiene items, and education materials, were distributed to vulnerable children living in 48 IDP camps in the most remote areas and to children living in 45 child care institutions.

Training and orientation on GBV/PSEA reached a total of 1,166 persons (733 females; 433 males), including front line workers in health, education and WASH. A coordination mechanism on PSEA was established in Palu, and a reporting system through a mobile application system, U Report, was made available.

In Lombok UNICEF and its partner reached 4,982 children with psychosocial support through child friendly spaces and an additional 539 adolescent participated in life skills and adolescent circles. Draft of Mayor Regulation on the integrated child welfare services model (aka PKSAI) and the Mayor Decree on PKSAI Team, are in the process of being finalized in both Central and West Lombok. The PKSAI will improve case management services for vulnerable children and families. In addition, the field work for the Mental Health and Psychosocial Survey was completed; its findings will contribute to recovery plans in both Central Sulawesi and Lombok.

**Education**

142,933 children in Central Sulawesi have resumed their education in 1,926 temporary learning spaces (TLS) and semi-permanent schools installed in four districts, which includes 450 tents installed by UNICEF. Although schools have now reopened in Palu, Donggala, Sigi and Parigi Moutong, not all children are back to schools.

UNICEF and partners are supporting the education response in a coordinated manner in Central Sulawesi and Lombok, through: (i) monitoring the utilization of TLS and educational supplies; (ii) providing teacher’s training on the Education in Emergencies (EiE) and Psychosocial Support; and (iii) promoting “back-to-school” campaign.

Based on the monitoring data, a total of 58,553 children (28,550 boys; 30,003 girls) in Central Sulawesi are receiving education support through UNICEF, grouped into: (i) pre-primary 2,103 children; (ii) primary 32,733 children; and (iii) secondary 23,717 children. A three-day training aiming to increase the capacity of the teachers to deliver education in the emergency context was attended by 885 teachers from primary to upper-secondary. The emphasis was placed on the teachers’ responsibility to provide quality education for school children in the post-disaster emergency period, in accordance with the minimum standards of education. Psychosocial support was another aspect the training focussed on, aiming to build teachers’ capacity to be aware of and understand the symptoms of stress among girls and boys, as well as on themselves as adults.

UNICEF and partners conducted hygiene promotion in 58 schools in Sigi district, involving 2,900 students (1,608 girls; 1,292 boys), covering aspects of: handwashing practice and personal hygiene for adolescents. Small hygiene kits containing toothbrush, toothpaste and soap were distributed to 2,900 students (1,608 girls; 1,292 boys), together with handwashing buckets, trash bins and handwashing soap to targeted schools.
To expedite the recovery of the education sector and to increase the number of students who return to regular classrooms, the Education cluster completed a structural assessment of school buildings. Through the appointment of 140 school structure assessors by the Central Sulawesi Governor, of whom 96 trained by MoPWH for the assessment and by UNICEF for the digital application, 1,197 school buildings were assessed. The collected data were processed, analysed and the report prepared by the MoPWH. The school profiles in the report identified follow-up actions for result dissemination and school reconstruction for the recovery phase.

In Lombok, UNICEF and partners conducted trainings targeting: 130 teachers (69 male; 61 female) on comprehensive safe school; and 104 participants (72 male; 32 female) on psychosocial aspects. To further emphasize and disseminate on the importance of EiE, talk shows through local media (Radio Republic Indonesia; Lombok TV) were organized. They reached out to more than 1.9 million people across four districts. In addition, 7,000 “Back to School Campaign” posters (3,500 in local language; 3,500 in Bahasa Indonesia) were printed and disseminated, reaching an estimated 7,000 students (3,350 girls; 3,650 boys) and contributed to awareness of the 58,533 children of the importance of having resumed and staying in school.

C4D

UNICEF’s Communication for Development (C4D) activities continue contributing to the Community Engagement Working Group (CEWG), established in partnership with the Indonesian national Red Cross (IFRC/PMI), UN Office for the Coordination of Humanitarian Affairs (UN OCHA), and Pulse Lab Jakarta in Central Sulawesi.

To improve delivery of life saving messages and calls to action for the most affected population, UNICEF continued interpersonal communication (IPC) trainings with IPC tools for malaria education prepared by the C4D team. These were delivered to 98 health officers who applied what they’d learnt during bed net distribution for survivor families in Donggala, Palu and Sigi. The C4D team also delivered IPC training on Hygiene Promotion to strengthen and improve the capacity of five UNICEF field staff, four representatives of World Vision and Muslim Aid and 25 sanitarians from Palu and Sigi.

In addition, UNICEF held IPC skills training with 45 health promotion officers from Palu, Sigi and Donggala. The two-day training focused on soft skills to help them deliver health messages to survivors.

Health Promotion of the Ministry of Health (MoH) has been at the focus of C4D, producing a handy book on 10 healthy seeking behaviours, including: WASH, breastfeeding, and parenting in emergency situations.

To deliver life-saving messages, C4D is utilizing various channels of communication, including: community dialogues and focus group discussions (FGDs); radio; and distribution of print materials including leaflets, brochures and 30,000 copies of magazines for parents (15,000 copies) which includes a healthy food recipe book; and for teenagers (15,000 copies).

Cash-Based Assistance

UNICEF implemented two cash transfer projects, in Sigi and North Lombok, aiming to assist benefiting households with access to basic goods (e.g. food and sanitation products) and basic services (e.g. healthcare), targeting mainly families with young children and pregnant women. In North Lombok, where UNICEF partnered with Catholic Relief Services (CRS), cash assistance benefited 4,469 households consisting of 16,684 people out of 10,258 were children. In Sigi District, where World Vision Indonesia (WVI) was UNICEF’s implementing partner, cash assistance reached 1,675 households consisting of 8,773 people of which 3,480 were children.

The projects also entailed nutrition, health, sanitation and birth certification promotion, aiming to inform beneficiaries on child-related C4D messages and suggested beneficial use of the cash. In North Lombok, initial findings show that almost all households used the cash on food and nutrition as well as on sanitation products. Other important usages were health, baby needs and savings. In almost all households the female caregiver, who was handed the cash, was also the one who used the cash.
UNICEF has also been co-leading the Cash Working Group in North Lombok, coordinating with Provincial Government the cash programmes of other humanitarian partners. The success of the project in North Lombok has resulted in a Government request to extend the project to East Lombok district.

Funding

UNICEF Indonesia launched its ‘Humanitarian Action for Children’ (HAC) appeal for US$26.6 million for a 6-month period for immediate response, early recovery and rehabilitation assistance for children affected by the earthquakes in both Lombok and Sulawesi. Initially, UNICEF advanced US$4 million as a loan to the Country Office using the internal Emergency Programme Fund (EPF) mechanism to ensure a timely response and allow for the scale up of UNICEF’s humanitarian assistance.

By mid-2019, the country office mobilized nearly US$20 million, including US$4.5 million from the Central Emergency Relief Fund (CERF) for immediate, life-saving interventions, against its HAC appeal. UNICEF Indonesia wishes to express its sincere gratitude to other key donors, including: DFID, Jersey Overseas Aid, the Education Cannot Wait fund, and individual and corporate donations received through UNICEF National Committees and Private Sector Fundraising units (in Netherlands, USA, Germany, Spain, France, UK, Belgium, Sweden, Indonesia, Switzerland, Korea, Thailand, Denmark, Malaysia, Croatia, Australia, Canada, Japan, Norway, Luxembourg, Finland, Ireland, Hong Kong, Chile, United Arab Emirates, New Zealand, Philippines and Ecuador).

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene (WASH)</td>
<td>9,600,000</td>
<td>6,780,116</td>
<td>2,819,884</td>
</tr>
<tr>
<td>Health</td>
<td>5,000,000</td>
<td>2,148,144</td>
<td>2,851,856</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,000,000</td>
<td>1,658,293</td>
<td>341,707</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,400,000</td>
<td>2,616,743</td>
<td>0</td>
</tr>
<tr>
<td>Education*</td>
<td>5,000,000</td>
<td>2,752,603</td>
<td>2,247,397</td>
</tr>
<tr>
<td>C4D</td>
<td>600,000</td>
<td>231,892</td>
<td>368,108</td>
</tr>
<tr>
<td>Cluster Coordination</td>
<td>2,000,000</td>
<td>3,525,999</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>26,600,000</td>
<td>19,713,790</td>
<td>6,886,210</td>
</tr>
</tbody>
</table>

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

Next SitRep: December 2019

UNICEF Indonesia: www.unicefindonesia.org
UNICEF Indonesia Social Media: Twitter, Facebook and Instagram

Whom to contact for further information:

Richard Wecker  
Disaster Risk Reduction Specialist  
UNICEF Indonesia  
rwecker@unicef.org

Debora Comini  
Representative  
UNICEF Indonesia  
dcomini@unicef.org
## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Location **</th>
<th>Overall needs</th>
<th>UNICEF and IPs</th>
<th>Cluster Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>****</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong># people accessing safe drinking water</strong></td>
<td>Sulawesi 212,000</td>
<td>100,000</td>
<td>205,181</td>
</tr>
<tr>
<td></td>
<td>Lombok 340,000</td>
<td>10,000</td>
<td>0</td>
</tr>
<tr>
<td><strong># people accessing appropriate and safely managed sanitation</strong></td>
<td>Sulawesi 212,000</td>
<td>100,000</td>
<td>205,589 ^</td>
</tr>
<tr>
<td></td>
<td>Lombok 340,000</td>
<td>20,000</td>
<td>0</td>
</tr>
<tr>
<td><strong># people receiving hygiene messages &amp; kits</strong></td>
<td>Sulawesi 212,000</td>
<td>100,000</td>
<td>129,447</td>
</tr>
<tr>
<td></td>
<td>Lombok 173,000</td>
<td>20,000</td>
<td>1000 + 48 (TOT)</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong># children reached with measles-rubella vaccination</strong></td>
<td>Sulawesi 808,847</td>
<td>808,847</td>
<td>776,574</td>
</tr>
<tr>
<td></td>
<td>Lombok 1,125,175</td>
<td>1,125,175</td>
<td>994,338</td>
</tr>
<tr>
<td><strong># health workers trained in on IMNCI</strong></td>
<td>Sulawesi 250</td>
<td>250</td>
<td>229</td>
</tr>
<tr>
<td></td>
<td>Lombok TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong># of caregivers of children under two years receive IYCF counselling</strong></td>
<td>Sulawesi 72,000</td>
<td>25,000</td>
<td>53,882</td>
</tr>
<tr>
<td></td>
<td>Lombok 60,000</td>
<td>30,000</td>
<td>58,400</td>
</tr>
<tr>
<td><strong># health staff and community workers trained on IYCF</strong></td>
<td>Sulawesi 450</td>
<td>155</td>
<td>390</td>
</tr>
<tr>
<td></td>
<td>Lombok 3,000</td>
<td>1,080</td>
<td>1,460</td>
</tr>
<tr>
<td><strong>CHILDPROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong># children access psycho-social support at CFS ^^^</strong></td>
<td>Sulawesi 82,989</td>
<td>20,000</td>
<td>20,365</td>
</tr>
<tr>
<td></td>
<td>Lombok 40,679</td>
<td>5,000</td>
<td>5,521</td>
</tr>
<tr>
<td><strong># unaccompanied and separated children receive case management services</strong></td>
<td>Sulawesi 244</td>
<td>171</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Lombok 500</td>
<td>300</td>
<td>0</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong># children access quality formal and non-formal education</strong></td>
<td>Sulawesi 185,000</td>
<td>63,000</td>
<td>58,553 (11,147)</td>
</tr>
<tr>
<td></td>
<td>Lombok 218,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong># children receiving individual learning materials</strong></td>
<td>Sulawesi 185,000</td>
<td>20,000</td>
<td>28,480</td>
</tr>
<tr>
<td></td>
<td>Lombok 218,000</td>
<td>10,000</td>
<td>0</td>
</tr>
</tbody>
</table>

* Targets are currently being adjusted in line with the Government of Indonesia’s Province/ District-level Recovery Plans for Central Sulawesi and West Nusa Tenggara Barat (Lombok) for 2019-2021, changes will be reflected in the next SitRep#8 (Dec 2019)  
** Overall progress in Lombok is slower than Sulawesi due to barriers to entry (government request/approval for support) and lack of earmarked funding; flexible funding (received in December 2018) has now allowed the scale-up of response/recovery in Lombok  
^ Includes beneficiaries of toilet construction, rehabilitation, desludging and solid waste management service provision support  
^^ In Lombok, cluster was not actively monitoring progress  
^^^ Numbers reported for this indicator are cumulative