

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
INDONESIA  
RAPID RESPONSE  
EARTHQUAKE  
2018**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>Anita Nirody</b>
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## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR was carried out on 2 July 2019. Participating agencies included recipient agencies, a representative of the Ministry of Health and Dr. Rahmawati Husein, the CERF Advisory Board member. Ms. Husein highlighted the importance of CERF reports, which are carefully reviewed by Board Members. Among others, the report should include information on coordination issues, the effective use of local partners, complementarity of the funds with Government efforts and fraud prevention.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

The CERF Report was shared with HCT members ahead of its inclusion in the agenda of the Humanitarian Country Team (HCT) meeting, held on 12 July 2019. In addition, the implementation of CERF funding was part of the HCT After-Action Review report that was conducted by an external consultant team between February and May 2019.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final version of the report was shared with all HCT members and organizations involved in the projects funded by CERF. Implementing partners have been consulted by single agencies individually on substantive themes of the implementation.

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

Situated in the Ring of Fire, Indonesia is one of the countries most affected by natural disasters in the world. During 2018, in addition to smaller-scale disasters, larger humanitarian operations took place in response to the earthquakes in Lombok, Sunda Strait and Central Sulawesi. Funds received from the CERF presented a unique added value by providing readily available financing for key life-saving activities for people affected by the disaster. In the humanitarian response to the emergency in Central Sulawesi, the CERF financing was used to complement the Government of Indonesia's efforts, through the provision of humanitarian assistance in the critical early stages of the response. The CERF also played a key role in strengthening coordination, fostering the clear setting of priorities, as well as the avoidance of duplication and gaps. Reports and updates from UN agencies and other humanitarian partners indicate that the humanitarian response in the early stages of the crisis prevented the further loss of life and minimized additional health and social disruption in the disaster-affected communities. Additionally, CERF-funded activities were predominantly carried out by national and local actors, helping ensure that localization remains a priority in Indonesia.

## **1. OVERVIEW**

**18-RR-IDN-32543 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>50,500,000</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	14,425,020
COUNTRY-BASED POOLED FUND ( <i>if applicable</i> )	0
OTHER (bilateral/multilateral)	27,819,773 <sup>1</sup>
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>42,244,793</b>

**18-RR-IDN-32543 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Allocation 1 – date of official submission: 07/10/2018</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	18-RR-FAO-029	Food Security - Agriculture	999,926
IOM	18-RR-IOM-034	Multi-Cluster - Multi-sector	2,999,277
UNDP	18-RR-UDP-012	Early Recovery - Early Recovery	785,760
UNFPA	18-RR-FPA-043	Health - Health	1,000,021
UNFPA	18-RR-FPA-044	Protection - Sexual and/or Gender-Based Violence	826,603
UNHCR	18-RR-HCR-033	Emergency Shelter and NFI - Shelter	1,070,000

<sup>1</sup> According to FTS, of the total received for the response (US\$ 42,244,793) \$25,917,580 was given for the Response Plan and \$16,327,213 was given outside of the Response Plan.

UNICEF	18-RR-CEF-108	Health - Health	794,593
UNICEF	18-RR-CEF-109	Protection - Child Protection	643,859
UNICEF	18-RR-CEF-110	Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,141,895
WFP	18-RR-WFP-063	Logistics - Common Logistics	1,200,212
WHO	18-RR-WHO-043	Health - Health	962,874
<b>TOTAL</b>			<b>14,425,020</b>

<b>18-RR-IDN-32543 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>10,563,111</b>
- Funds transferred to Government partners*	460,783
- Funds transferred to International NGOs partners*	461,464
- Funds transferred to National NGOs partners*	2,939,662
- Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,861,909</b>
<b>TOTAL</b>	<b>14,425,020</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

On 28 September 2018, a series of strong earthquakes struck Indonesia's Central Sulawesi province, with the strongest one recorded at 7.4 magnitude, at the depth of 10 km and with its epicentre close to the provincial capital, Palu. The earthquake triggered a tsunami whose waves reached up to three metres in some areas. The earthquakes and tsunami were followed by liquefaction and landslides that caused significant damage and loss of life in affected areas. More than 102,000 houses and other buildings were damaged, while 4,547 deaths were recorded (80 per cent in Palu City). The Indonesian National Disaster Management Agency (BNPB) recorded the highest number of IDPs at 281,759 people spread across Palu, Sigi, Donggala and Parigi Moutong. The results of the first round of the Displacement Tracking Matrix (DTM) exercise in early October 2018 tracked more than 211,000 displaced people – 60,400 families – staying in 254 villages and a total of 980 formal and informal camp sites across the three most affected districts. The DTM recorded 82,891 displaced people in 289 sites in Donggala, 76,994 internally displaced persons (IDPs) in 409 sites in Sigi, and 52,256 IDPs in 282 sites in Palu. In addition to the people staying in the area, thousands of people have left the province, were staying in makeshift tents close to their destroyed homes or found refuge with host families in villages and urban centres – however, tracking these people and the full scope of the displacement was difficult.

Priority needs, based on the Humanitarian Forum Indonesia (HFI)-led Joint Needs Assessment (JNA) conducted in early October 2018, identified priorities in medical assistance, clean water, sanitation and hygiene, recovery of infrastructure and public services, shelter, protection, including women's and children's protection, and education. Many IDP sites remain with inadequate shelters, limited access to latrines and water and insufficient lightning, causing protection concerns. Sanitary conditions have significantly deteriorated since the disaster, with diarrhea and skin infections on the rise, increased risk of communicable diseases and malaria. More than 1,500 classrooms had been damaged or destroyed. The JNA also found that nearly half of the surveyed population faced food shortages. In addition, considerable logistical issues and the need to clean up debris and rehabilitate damaged infrastructure, were also priorities.

At the end of 2018, Indonesia's National Development and Planning Agency (BAPPENAS) estimated a decreased welfare/quality of living in disaster-affected districts of between 29 and 41 per cent compared to its pre-disaster index.

Despite the high frequency of major earthquakes in Indonesia and significant capacity in country to respond and manage disasters, the attention of the international community to the 2018 Central Sulawesi disaster was especially high, given that a month earlier another major earthquake had taken place in Lombok of West Nusa Tenggara. The Government of Indonesia announced the acceptance of international assistance for the Central Sulawesi response on 1 October 2018. Subsequently, the Indonesia Humanitarian Country Team launched a Response Plan on 5 October 2018. The Response Plan focused on providing targeted technical assistance in support of the Government-led response in the areas prioritized and requested by the Government, including Early Recovery, Education, Food Security, Health, Logistics, Protection, Shelter and Camp Management, and Water, Sanitation and Hygiene (WASH). The Plan targeted some 191,000 of the most vulnerable people among the 537,000 people estimated to have been directly affected by the earthquake, tsunami and landslides / liquefaction. The Plan requested US\$ 50.5 million to fund urgent action over three months. The strategic objectives identified in the Response Plan are to:

1. deliver immediate, life-saving assistance to those with the most urgent need in line with national priorities and in support of the Government response;
2. provide humanitarian logistics capacity to augment Government efforts to ensure people in need can access humanitarian assistance;
3. ensure that conditions of safety and dignity are restored for the most vulnerable people and that they are able to access urgently-needed assistance.

The CERF funding that supported the Central Sulawesi Earthquake Response was used to kick-start the most urgent, life-saving activities included in the HCT Response Plan launched on 5 October 2018 in the priority areas identified by the Government of Indonesia – Shelter & Camp Management, WASH, Health, Protection, Logistics, Food Security and Early Recovery. Following the CERF grant approval, recipient agencies conducted sectoral assessment to ensure validity of the planned responses. Some Government counterparts, such as the Ministry of Health and Ministry of Social Affairs outlined priority needs, which was a good practice so proper response could focus on meeting those needs.

Within the first weeks of the response with intense information sharing among humanitarian responders, the needs were better estimated including:

- 67,000 families in need of shelter,
- 4,400 people suffered major injuries,
- 45,000 pregnant women in affected area that might need health and nutrition assistance,
- 84,000 children may be displaced,
- 2,000 people living with AIDS and 390 people registered in antiretroviral (ARV) treatment.
- 100,000 people in need of malaria protection and 50,000 children in need of protection against measles and rubella
- 152,000 people in need of WASH assistance
- 9,700 hectares of damaged agricultural land need rehabilitation

CERF projects were not intended to meet the totality of needs following the disaster, as the Government of Indonesia was well placed to lead the response and provide the bulk of humanitarian assistance. With CERF, recipient agencies played crucial roles in scaling-up the response.

### **3. PRIORITIZATION PROCESS**

CERF funding was utilized to initiate the most urgent, life-saving actions that were outlined in the Central Sulawesi Earthquake Response Plan. Each recipient agencies ensured that CERF projects were implemented in close consultation with Government Cluster Leads. Further consultation was undertaken with local authorities and other actors on the ground and modified based on the latest developments in the humanitarian situation. CERF projects assisted with shelter and NFI packages those among the affected population that have suffered the greatest losses in terms of housing and access to basic services. The health, child protection and preventing of gender-based violence (GBV) programmes targeted the most affected groups in the displacement sites, as well as the population that faced serious pre-existing vulnerabilities in the disaster affected areas. Similarly, the WASH programme focused on WASH services in the displacement sites and for the most vulnerable among in the area most impacted by the disaster. FAO's food security interventions helped the most vulnerable

rapidly reestablish fisheries-based livelihoods – which are the most affected by tsunamis – and provided fast-maturing vegetable seeds to improve the food security of the most vulnerable. UNDP's early recovery intervention focused on reducing the risks of further damage or injuries by removing dangerous structure and clearing rubble and simultaneously providing immediate livelihood relief by getting cash into the hands of those who need work most.

Assessment results, such as the Joint Needs Assessment led by the Humanitarian Forum Indonesia, Indonesian Red Cross needs assessments and IOM-managed DTM, were used to adjust activities. The selections of geographical areas was done by considering the physical severity of the impact of the earthquake, tsunami, liquefaction and landslides, as well as access to assistance between rural and urban areas, among other considerations.

Coordination structures at the provincial level were reinforced with increased capacity from Government line ministries to support inter-cluster coordination under the leadership of the Provincial Secretary, and cluster coordination under the leadership of relevant departments with continued national level support from BNPB and line ministries. Coordination across the traditional global clusters/sectors and mainstreaming of cross-cutting issues and common modalities were facilitated by Indonesia's national adaptation of the cluster approach. The activated national clusters were Health, Education, Logistics, Displacement and Protection, and Early Recovery or Agriculture, while Shelter and WASH were sub-clusters of the Displacement and Protection cluster. While recipient agencies supported the relevant national clusters, they also benefitted from the prioritization of needs that were discussed during regular coordination meetings.

With CERF, community engagement, accountability and protection against sexual exploitation and abuse (PSEA) initiatives were initiated and maintained, ensuring a coordinated approach to providing information to affected communities, involvement of affected communities with the humanitarian agencies' decision-making, and enabled communities' feedback on agencies' performance. Three editions of *Suara Komunitas* – Community Voices- have been issued, which served to regularly share feedback gathered from those affected by the disaster. Modifications of CERF activities were triggered through these feedback initiatives.

#### **4. CERF RESULTS**

CERF allocated \$14.4 million to Indonesia from its rapid response window to deliver immediate, life-saving assistance to those in most urgent need due to the Central Sulawesi earthquake and tsunami. Such assistance is in line with national priorities and in support of the Government response. This funding enabled UN agencies and partners to provide basic medical care to 83,160 people; psychosocial support to 20,048 children; vaccination against Measles and Rubella (MR) to 227,109 children, and bed nets to protect against malaria to 232,656 people along with the distribution of 80,000 malaria rapid diagnostic tests; access to safe water and appropriate sanitation to 205,610 people; tents, household kits and shelter kits to 6,994 households (approx. 29,267 people); livelihoods support benefiting 11,855 households (approx. 59,275 people); reproductive health services to 77,950 people; GBV prevention and response services to 44,197 women and girls; and economic recovery and infrastructure support that directly assisted 15,539 people and benefitted 25,528 people. In addition, logistics support was provided to Government of Indonesia (GoI) counterparts with a comprehensive logistics assistance package including coordination, planning, transport, storage, and handling. The logistic support provided also included training on inventory management in the affected areas, and information coordination for government and humanitarian partners.

In the context of nationally-led response in a country that has strong leadership and substantial resources, technical assistance to support coordination should be embedded. All recipient agencies that implemented disaster preparedness activities with the National Cluster Coordinators (i.e. Sectoral Ministries) utilized the CERF to help the establishment and management of the national cluster coordination in the Central Sulawesi response: FAO supported Food Security and Livelihoods Cluster, IOM assisted Displacement and Protection Cluster and its Camp Coordination and Camp Management (CCCM) Sub-clusters, UNDP assisted Early Recovery Cluster, UNFPA assisted Reproductive Health and Protection of Women Rights/GBV Sub-clusters, UNICEF supported WASH and Child Protection Sub-clusters and Health Cluster, WFP assisted Logistics Cluster and WHO supported Health Cluster.

Through this CERF grant, FAO and its partners provided food security and livelihoods support to the most affected agriculture and fisheries households in three affected districts. FAO provided 8,597 farmer households with horticulture inputs including seeds, mulch and fertilizer for resuming horticulture production processes as the main livelihood of most affected families.

FAO also provided 2,650 fishing families with nets and cool boxes. Alongside the livelihood production support, FAO provided 3,866 agriculture and fisheries households (those with pregnant and lactating mothers and children under 5 years old) with cash assistance for the purchase of food to maintain households' adequate levels of nutrition.

IOM distributed household and shelter kits to 5,594 households (approx. 22,376 IDPs). IOM also provided one, 10,000L water bladder to the provincial social welfare department to assist in their water distribution activities. Three rounds of DTM in Palu, Sigi and Donggala took place with the support of the provincial government and local university students. The CCCM for Practitioners training was held for 188 camp managers/camp manager candidates, which were volunteers from their respective communities. IOM also directly helped with the establishment of camp management structures and linked them to coordination mechanisms.

The CERF funds enabled UNDP and its six implementing partners to clear of debris 2,731 vital and high-risk spots: 2,144 houses; 29 schools; 50 mosques and churches; 58 blocked roads; 450 public facilities/utilities. Included in those 2,731 spots, 571 heavily damaged structures were demolished to avoid further loss of lives and injuries. UNDP provided seed income through cash for work scheme for 3,500 households which of those 49% were women, and with total 15,539 family members. In total, 9,850 people (house owners and family members) benefitted from the household debris clearance programme. UNDP facilitated capacity building to train more than 40 implementing partners' staff in debris management and safety standard operations. The CERF project benefited a total of 25,528 people.

UNFPA and partners supported reproductive health services that benefitted to 77,950 people, trained 293 health workers on Clinical Management of Rape, the Minimum Initial Service Package for Reproductive Health in Crises and clinical updates, distributed 6,000 maternity kits, 2,500 post-delivery kits, and 2,500 new-born kits. A total of 17,732 young people received adolescent sexual and reproductive health information and services in eight developed youth friendly spaces. Some 100 peer educators were trained to provide outreach to youth on these issues.

A total of 44,197 women and girls benefitted from GBV prevention and response services provided through 12 Women Friendly Services. To enable good delivery of the services, 81 women volunteers, WFS managers and cadres completed training on Clinical Management of Rape and Gender-based Violence in Emergency (GBViE). UNFPA procured and distributed 13,000 hygiene kits to vulnerable women and girls. To promote integration of women's rights (and GBV prevention) in disaster emergency response and recovery, UNFPA developed three multi-sectoral gender documents: 1). Recommendations on GBV Prevention for Multisectoral Disaster Response, 2). Gender Checklist for Multisectoral Disaster Response and 3). Protection of Women's Rights (PWR) Sub-cluster's Recommendations for Multisectoral Rehabilitation and Reconstruction. The documents were sourced through multisectoral stakeholders' discussions. UNICEF and UNFPA established an inter-agency network for PSEA, led the development of PSEA SOP, provided training to 40 focal points and for sub-cluster members, and developed a code of conduct and Information, Education and Communication (IEC) materials on PSEA.

The CERF funding enabled UNHCR to mobilize 1,400 tents that benefitted 6,891 persons affected by the earthquake and tsunami in the districts of Donggala, Sigi, and Palu. The affected persons were provided with temporary shelter – tents in combination with other relief items provided by UNHCR's and distributed through the national partners Yayasan Kemanusiaan Muslim Indonesia (YKMI) and Wahana Wisi Indonesia (WVI) as a sort of integrated package, which included: tents, tarpaulins, mosquito nets, solar lamps, sleeping mats and jerry cans.

Through the CERF grant, UNICEF supported MR vaccination, malaria control and improved treatment and care of under-five children, that resulted to 227,109 children between the ages of 9 months and 15 years in Palu, Donggala and Sigi receiving MR vaccination, 232,656 people receiving bed nets to protect against malaria along with the distribution of 80,000 malaria rapid diagnostic tests to health facilities for malaria testing, and 229 health workers trained in the integrated management of new-born and childhood illnesses.

UNICEF and partners reached 20,048 children through 27 Child Friendly Spaces (benefiting 1,208 children), community and institution-based family development sessions (reaching 1,021 children); and school-based psychosocial support (benefiting 17,819 students). The life skills *adolescent circles* package benefited to 1,000 displaced children. 10,500 psychosocial/recreation kits were distributed to vulnerable children, training and orientation on GBV/PSEA reached 1,166 persons.

UNICEF and partners reached over 205,000 people for safe water provision and access to sanitation facilities. They provided clean water supply through water trucking, construction of boreholes, and rehabilitation of existing water supply systems; construction and rehabilitation of 880 latrines; desludging service to 791 septic tanks; disposing 1,632 m<sup>3</sup> of solid waste; distribution of 18,890 hygiene kits and 35,000 school sanitation kits; 49 WASH in school promotion sessions were held and 431 hygiene promotion sessions were held in affected communities.

WFP provided logistics support to BNPB and the Ministry of Social Affairs with a comprehensive logistics assistance package including coordination, planning and transport, downstream logistics support, storage and inventory management in the affected areas, and information coordination for government and humanitarian partners. The Government's upstream supply chain was augmented through increased coordination and planning efforts at the national level, through the establishment of a staging area in Balikpapan City, that served as a point of entry of incoming humanitarian assistance, and the provision of field-based logistical solutions. WFP's logistics coordination assisted in timely logistics coordination and information management, while transportation services moving goods from common storage facilities to affected areas were undertaken upon requests.

WHO and its partners provided basic medical care to 83,160 people. The installation of water treatment units was done in primary healthcare facilities which served 10,000 people per day. 252,500 IEC materials on MR vaccination were printed and distributed. Communicable disease prevention and control was supported through water quality monitoring at 93 sites, WASH assessment at 22 facilities and 43 tons of waste management. The mental health and psychosocial interventions made through deployment of specialists and screening of alcohol and substance abuse directly assisted 3,587 people.

## **5. PEOPLE REACHED**

Overall, the total number of people directly assisted with CERF funding (i.e. 378,898) exceeded the planned number (191,000) by nearly double, particularly in the UNICEF Health project and the IOM Shelter/ Camp Coordinator and Camp Management (CCCM) project (explained below). The total number of people reached has been taken from UNICEF's Health activity which reached the largest number of people. This was to ensure that double counting was avoided as all agencies were working in the same geographic areas and focused their activities on the IDP population.

In the area of Food Security, the beneficiaries reached are the same as the total reached by FAO (similar to the planned figure of 50,000) as the only project under the cluster, with a total of 59,275 people benefitting from fishery or horticulture and cash assistance.

In Shelter and CCCM, CERF ensured that 56,000 displaced people were aware of available basic services in their displacement sites and assisted 29,267 persons affected by the earthquake and tsunami in the districts of Donggala, Sigi, and Palu. The affected persons were provided with temporary shelter – tents in combination with other relief items provided by UNHCR's and distributed through the national partners as a sort of integrated package, which included: tents, tarpaulins, mosquito nets, solar lamps, sleeping mats and jerry cans. The project funded 1,400 tents which were part of a bigger package provided by UNHCR which inter alia included 2,800 tents along with other relief items. Meanwhile, the specific needs of 211,906 IDPs were identified and shared with the Government through IOM's Displacement Tracking Matrix (DTM).

In Early Recovery, the beneficiaries reached are the same as those reached by UNDP (similar to the planned figure of 15,539) as the only project under the cluster, with a total of 13,500 households (15,539 people) provided with seed income through a cash for work scheme. Additionally, partners cleared 2,144 houses; 29 schools; 50 mosques and churches; 58 blocked roads; 450 public facilities/utilities e.g. drainages, water tanks, graveyards, local markets, irrigation canal, village hall, etc. In total, 9,850 people (house owners and family members) benefitted from the house debris clearance programme.

In Health, the beneficiaries reached were estimated based on those reached by the UNICEF project, which reached the highest number of beneficiaries with 378,898 people, in order to account for the overlap with both UNFPA and WHO initiatives that covered the same geographic area. Within Health, UNICEF achieved savings through a reduction in vehicle rentals, lower operational costs and the reorganization of existing immunization equipment allowing for a significant increase in the number of people reached from the planned figures (378,989 people from the initial 100,000), particularly in the malaria and vaccination components. UNFPA reached a slightly higher number of beneficiaries (77,950 compared to 64,985 planned) with reproductive health services including ante- and post-natal care, safe delivery for pregnant women, referral to emergency



obstetric, family planning, anti-retroviral treatment for HIV positive people, and psychosocial support. WHO reached 191,000 people (as planned) with basic medical care, installation of water treatment units in primary healthcare facilities, MR vaccination campaign and deployment of specialists for mental health and psychosocial support.

In Protection (GBV), beneficiaries reached are the total reached by UNFPA (similar to the planned figure of 40,110) as the only project under the cluster, with a total of 51,990 reached with GBV prevention and response services.

In Protection (Child Protection), beneficiaries reached are the total reached by UNICEF (significantly higher than the 7,000 planned) as the only project under the cluster, with a total of 22,214 people reached with support for family tracing, reunification and psychosocial support for children. The increased number of people reached was achieved as more children than anticipated were assisted through the broad range of psychosocial programming delivered primarily through social workers. With schools reopening relatively soon after the disaster, there was an opportunity to reach large numbers of children through the school system and CFSs.

In WASH, the reached beneficiaries are the total reached by UNICEF (higher than the planned number of 152,000 people) as the only project under the cluster, with a total of 205,610 people reached with drinking water, hygiene promotion/kits and access to sanitation access.

**18-RR-IDN-32543 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Camp Management - Camp Coordination and Camp Management	39,948	65,071	<b>105,019</b>	42,968	63,919	<b>106,887</b>	82,916	128,990	<b>211,906</b>
Early Recovery - Early Recovery	2,479	4,604	<b>7,083</b>	3,382	5,074	<b>8,456</b>	5,861	9,678	<b>15,539</b>
Shelter - Shelter	5,607	8,234	<b>13,841</b>	7,226	8,200	<b>15,426</b>	12,833	16,434	<b>29,267</b>
Food Security - Agriculture	17,782	11,855	<b>29,637</b>	17,783	11,855	<b>29,638</b>	35,564	23,710	<b>59,275</b>
Health - Health	111,328	74,297	<b>185,625</b>	116,004	77,269	<b>193,278</b>	227,332	151,566	<b>378,898</b>
Common Support Services - Common Logistics	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
Protection - Child Protection	10,938	733	<b>11,671</b>	10,110	433	<b>10,543</b>	21,048	1,166	<b>22,214</b>
Protection - Sexual and/or Gender-Based Violence	4,986	39,211	<b>44,197</b>	6,864	929	<b>7,793</b>	11,850	40,140	<b>51,990</b>
WASH - Water, Sanitation and Hygiene	36,481	65,799	<b>102,280</b>	37,075	66,255	<b>103,330</b>	73,556	132,054	<b>205,610</b>

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

**18-RR-IDN-32543 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	31,530	61,490	<b>93,020</b>	33,265	64,715	<b>97,980</b>	64,795	126,205	<b>191,000</b>
<b>Reached</b>	111,328	74,297	<b>185,625</b>	116,004	77,269	<b>193,278</b>	227,332	151,566	<b>378,898</b>

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

18-RR-IDN-32543 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	70,821	140,492
Host population	0	0
Affected people (none of the above)	120,179	238,406
<b>Total</b> (same as in table 5)	<b>191,000</b>	<b>378,898</b>

## 6. CERF's ADDED VALUE

**a) Did CERF funds lead to a fast delivery of assistance to people in need?**

YES ☒

PARTIALLY ☐

NO ☐

Overall CERF contributed to a timely response. There were many other factors that influenced the fast delivery of assistance including import process of relief items, remoteness of some the affected areas, and operational coordination. The National Logistics Cluster that was activated from the beginning of the response significantly helped address logistical challenges. Approval processes of CERF application and reprogramming were conducted swiftly.

**b) Did CERF funds help respond to time-critical needs?**

YES ☒

PARTIALLY ☐

NO ☐

Relief aids and technical assistance that were provided by CERF recipient agencies since the beginning of the response complemented local community and local governments' efforts to meet critical needs. A majority of CERF recipient agencies had been maintaining good relationships with Government and non-government partners, which enabled meeting the critical and prioritized needs in the Central Sulawesi response. Some agencies have also maintained pre-positioned supplies and long-term agreements with vendors that helped in meeting time-critical needs, which also contributed to the fast delivery of humanitarian assistance.

**c) Did CERF improve coordination amongst the humanitarian community?**

YES ☐

PARTIALLY ☒

NO ☐

Coordination with Government institutions and humanitarian stakeholders was developed and maintained prior to disaster through good relationships and disaster preparedness activities. OCHA and recipient agencies work by enhancing specific technical capacities of the Government counterparts. Having a lot of resources and good leadership, the Government does not depend on international assistance; however, the funding was utilized to improve coordination as recipient agencies played an important role in supporting Government-led coordination.

**d) Did CERF funds help improve resource mobilization from other sources?**

YES ☒

PARTIALLY ☐

NO ☐

With CERF funding, recipient agencies started their humanitarian programme and at the same time enhanced the understanding on humanitarian situation and specific needs that were not sufficiently responded by Government or other non-government actors. Resource mobilization was undertaken based on needs and Government capacity to respond to the humanitarian situation. With CERF, recipient agencies had better access to disaster sites and attracted donors. While CERF may not always improve resource

mobilization, it surely improved the use of resources. Following grants from CERF, all recipient agencies received additional funding for humanitarian and disaster recovery programmes.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

CERF funding allowed recipient agencies to put the World Humanitarian Summit's Grand Bargain and Localization agenda into practice. Recipient agencies quickly reached the affected area, and assessed the situation including the capacity of local actors. In the Central Sulawesi disaster response, the Government required international organizations to work with local actors, which has facilitated the strengthening of their capacities. But even without the regulation, recipient agencies made effort to work with local actors by considering their capacities. Some recipient agencies have cooperated with local organizations prior to the Sulawesi disaster, which sped up the decision to work together in the response. This was made possible with quick decision and disbursement of CERF funding. There is a lot of evolving discussion and learning about localization (and nationalization) resulting from the Central Sulawesi response.

CERF projects made an important contribution to a country with a robust response capacity by complementing the government efforts that were insufficient due to the scale of the disaster impact.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
CERF allowed a timely response but the quality of the response could be increased with greater attention to the most vulnerable groups, which often do not get sufficient attention from other responders.	CERF guidelines and templates could be elaborated more to reach the most vulnerable groups, including people living with HIV and AIDS, ageing, survivors of sexual violence, pregnant mothers, disabled persons and other most marginalized groups.
The CERF application was developed by OCHA staff who have vast experience in CERF. However, the involvement of the GoI and other key actors was limited in the development of applications. There was not enough time for consultations with Government and other partners.	Work with OCHA and RC offices for CERF sensitization to key in-country actors to allow their good understanding on CERF prior to disaster, so that consultations can be made in an efficient manner.
Recipient agencies felt the need for a greater flexibility in CERF utilization. For example, funding to provide technical support to national cluster mechanism is crucial in the context of nationally-led response. Another example is CERF allocation to fund multi-sectoral assessment.	Consider greater scope of CERF funding utilization.

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
National cluster coordination mechanism was firstly implemented in major emergency response, following its creation in 2014 by BNPB. Majority of IASC cluster leads in Indonesia had supported the mechanism prior to Central Sulawesi response, which prove to be critically useful for the response management. It is crucial to maintain good relationship and continue support the National Cluster Coordinators.	Strengthen engagement and support to the National Cluster mechanism, including on roles clarification, coordination capacity, standard development and introduction to sub-national level	OCHA and IASC cluster lead agencies
The work on community engagement by CERF	Continue and formalize the community	OCHA and HCT members

recipient agencies to ensure accountability and improve response effectiveness was appreciated by Government counterparts, who should play leadership role on this work. There is a need to improve community engagement flow of information to ensure that community voices are listened to and followed up.	engagement work at national level by engaging more key stakeholders under the leadership of Government counterparts.	
Recipient agencies did rigorous monitoring for fund utilization, quality assurance, and fraud prevention to their implementing partners; however, there was no monitoring system that measured achievements against response plan was used in Central Sulawesi response.	In the context of nationally-led response, promote the need for humanitarian programme monitoring to BNPB and sectoral ministries.	BNPB and IASC cluster lead agencies

## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 18-RR-FAO-029 - FAO

<b>1. Project information</b>			
<b>1. Agency:</b>	FAO	<b>2. Country:</b>	Indonesia
<b>3. Cluster/Sector:</b>	Food Security - Agriculture	<b>4. Project Code (CERF):</b>	18-RR-FAO-029
<b>5. Project Title:</b>	Emergency support to restore food production and livelihoods of vulnerable households affected by the earthquake and tsunami in Central Sulawesi, Indonesia		
<b>6.a Original Start Date:</b>	12/10/2018	<b>6.b Original End Date:</b>	11/04/2019
<b>6.c No-cost Extension</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	11/06/2019
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 3,500,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 1,199,926
	<b>c. Amount received from CERF:</b>		US\$ 999,926
	<b>d. Total CERF funds forwarded to implementing partners</b>		<b>US\$ 219,607</b>
	of which to:		
	<ul style="list-style-type: none"> <li>▪ Government Partners <span style="float: right;">US\$ 182,482</span></li> <li>▪ International NGOs <span style="float: right;">US\$ 0</span></li> <li>▪ National NGOs <span style="float: right;">US\$ 37,125</span></li> <li>▪ Red Cross/Crescent <span style="float: right;">US\$ 0</span></li> </ul>		

### 2. Project Results Summary/Overall Performance

Through this CERF grant, FAO and its partners provided food security and livelihoods support to the most affected agriculture and fisheries households in three affected districts. FAO provided 8,597 farmer households with horticulture inputs including seeds, mulch and fertilizer for resuming horticulture production process as the main livelihood of most affected families. FAO also provided 2,650 fishing families the provision of gill net and cool box. Alongside the livelihood production support, FAO provided 3,866 agriculture and fisheries households with pregnant and lactating mother and children under 5 years old with cash assistance for the purchase of food in to maintain household nutrition.

### 3. Changes and Amendments

#### Changes from the original proposal:

- After several coordination meetings with relevant stakeholders at national level under coordination by the Director of Food and Agriculture of the National Agency for Development Planning (BAPPENAS) and in close consultation with key provincial offices of Central Sulawesi, the project undertook a careful process of identifying beneficiaries working in horticulture and fisheries including close coordination with district government, direct field verification and endorsement on the final targeted beneficiaries by the local government. Results including of the rapid assessment in November 2018 revealed that Parigi Moutong district that was initially identified for fisheries assistance was not as severely affected as initially presumed, particularly in terms of damage to small scale

fisheries.

- Results from the rapid assessment in November 2018 and follow up focus group discussions with the fishing communities also revealed that the number of affected fishermen with functioning boats was more than fishermen with damaged boats, which was the initial understanding, reflected in the project proposal. The project consulted and coordinated with the Ministry of Marine Affairs and Fisheries, Provincial and District Fisheries Service on this issue and was advised to provide affected fishermen with damaged boats with fishing equipment. The same advice was obtained from discussions with the identified beneficiaries based on their actual needs. Therefore, it was decided that the project revised the package of assistance to focus on the provision of fishing equipment.
- The total number of affected fishermen in Palu and Donggala districts were less than the estimated 3,000 targeted in the proposal. 2,650 fisher HH have included all fishermen in Palu and Donggala districts affected by the disaster. A local market survey was done and based on the results, the project provided gillnets and cool boxes.
- For the horticulture support, based on a local market survey of horticulture inputs, the market prices of horticulture inputs were higher than estimated. To cover identified needs, the project has shifted funds allocated for human resources and other management budget lines and reduced the number of horticulture beneficiaries to enable the project to provide sufficient amount of assistance per farmer for them to start their production effectively.
- Overall, the project reached 59,275 individual beneficiaries, 9,275 more than the planned target of 50,000.
- Implementation of Output 2 was delayed due to the retargeting of beneficiaries based on additional needs assessments in the early phase of the project implementation, which resulted in a no-cost extension of two months.

#### 4. People Reached

##### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	15,000	10,000	<b>25,000</b>	15,000	10,000	<b>25,000</b>	30,000	20,000	<b>50,000</b>
<b>Reached</b>	17,782	11,855	<b>29,637</b>	17,783	11,855	<b>29,638</b>	35,564	23,710	<b>59,275</b>

##### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	50,000	59,275
<b>Total (same as in 4a)</b>	<b>50,000</b>	<b>59,275</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

Initially the recipients of the cash transfer assistance were planned to be the recipients of the agriculture or fisheries input that fit the criteria of the cash transfer beneficiaries. In reality, only 608 agriculture households receiving the horticulture input fit the cash transfer beneficiary criteria. Therefore, the project further identified additional households registered within the Family Hope Programme (Program Keluarga Harapan – PKH) list from the provincial office for social affairs who are affected by the disaster but not necessary from an agriculture or fisheries household to receive the cash transfer assistance. The project was able to reach a total of 11,855 households where 608 households received both horticulture and cash transfer assistance, 2,650 households received both fisheries and cash transfer assistance, 7,989 households received only horticulture assistance and 608 households received only cash transfer assistance. With the average number of 5 people within the household, the project was able to reach a

	total of 59,275 direct beneficiaries.
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## 5. CERF Result Framework

<b>Project Objective</b>	To restore food production and livelihoods of earthquake and tsunami most affected people in Central Sulawesi
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<b>Output 1</b>	10,000 households have received agriculture inputs to resume their horticulture production in three targeted districts			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of households supported with horticulture seeds and fertilizers	10,000 households (50,000 people at 5 persons per household)	8,597 households	IP distribution report
Indicator 1.2	Yields of horticulture production recovered	7,500 households re-established production of home garden vegetables at minimum 50% of pre disaster	6,811 households	IP report
<b>Explanation of output and indicators variance:</b>		Due to the higher market price of the agriculture inputs, the project had to reduce the number of beneficiaries to enable sufficient provision of assistance package.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Project inception and coordination	FAO		
Activity 1.2	Identification and selection of 10,000 beneficiaries households	FAO together with the government horticulture extension workers		
Activity 1.3	Procurement of horticulture seeds and agriculture tools	FAO		
Activity 1.4	Distribution of horticulture seeds and agriculture tools in collaboration with provincial and district agriculture offices/extension workers network and/or local NGOs (to be identified)	Karsa Institute (Local NGO) in coordination with the extension workers		
Activity 1.5	Procurement of fertilizers	FAO		
Activity 1.6	Distribution of fertilizers in collaboration with provincial and district agriculture offices/ extension workers network and/or local NGOs (to be identified)	Karsa Institute (Local NGO)		

<b>Output 2</b>	Fishing equipment and/or vessels (boat) of 3,000 fishing families have been renovated and able to be used			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of renovated fishing equipment and/or vessels (boat)	3,000	2,650 Households	IP distribution report
Indicator 2.2	Number of fishers trained on the maintenance of fishing vessel equipment	2,000	Reprogrammed	Reprogrammed
<b>Explanation of output and indicators variance:</b>		The project changed the assistance package for fisheries from providing boats and training of vessel renovation with provision of fishing equipment upon the need assessment, analysis and verification with the local government and fishermen groups.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Identification and selection of number fishing equipment	FAO together with the government fisheries extension		

	and/or vessels to be renovated	workers
Activity 2.2	Prepare a service contract with local renovation companies	FAO
Activity 2.3	Renovation of fishing equipment and/or vessels	Sikap Insitute (local NGO) for distribution of fishing equipment
Activity 2.4	Training on fishing vessel and fishing gear maintenance	Reprogrammed

<b>Output 3</b>	Pregnant/Lactating mothers and children under 5 years of age received cash assistance to ensure access to nutritionally adequate and safe food.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of households with pregnant/lactating women and children under 5 years of age receive cash assistance	4000 households (as part of or in addition to the total target of 10,000 households)	3,866 households (3,258 households as part of the agriculture and fisheries household and 608 household in addition to the targeted agriculture and fisheries households that received horticulture and fisheries input)	IP distribution report
<b>Explanation of output and indicators variance:</b>		All agriculture and fisheries households that fit the cash assistance criteria in the affected area have been reached. The additional number of 608 household were added as many as possible to reach the total target of beneficiaries).		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Discussion with the Ministry of Social Welfare to identify the project target beneficiaries (from existing list of beneficiaries of the CCT or to be expanded)	FAO		
Activity 3.2	Reach agreement with the Ministry of Social Welfare to piggy back on the CCT (beneficiaries, expansion option and amount to transfer)	FAO		
Activity 3.3	Transfer the cash (through commercial bank or using CCT programme delivery mechanism)	PT Bank Sulteng – local government bank recommended by the provincial office for social welfare		
Activity 3.4	Monitoring of cash transfer	FAO		

## 6. Accountability to Affected People

### A) Project design and planning phase:

In coordination of BAPPENAS at the national level and in close consultation with the relevant provincial offices, the criteria of beneficiaries were discussed and agreed with the local government and the identification and verification process including field assessment were conducted together with the agriculture, fisheries and social service extension workers in the provincial and affected districts. The identification of inputs to be provided to the beneficiaries was conducted through group discussions with the respective affected communities and supported by a livelihood assessment survey results. The results of the survey were used as the baseline for the project. Distribution points were discussed with the local government, local NGO and were carefully selected in line with the needs and concerns of the targeted population keeping in view the principles of safety, dignity and integrity.

### B) Project implementation phase:

The project contracted two local NGOs to assist in the livelihood assessment survey and distribution of the agriculture and fisheries assistance. The project also contracted the local (provincial) bank for the distribution of the cash transfer assistance. Moreover, the



identification of specific types of input/assistance were discussed through broad-based community meetings as well as the community organizations to allow as much as possible participation of communities during identification of the assistances needed ensuring that the selected horticulture inputs and/or fisheries assets are the ones most needed by all segments of the targeted communities. This process was utilized to identify the affected community needs and what the project will provide. The final list of selected beneficiaries was agreed and endorsed by the local government before informing the individual beneficiaries. The distribution of inputs was witnessed by local government including details of the inputs through branding/packaging for FAO programmes and any relevant entitlements. The official handover ceremony was convened with the presence of national, provincial and district government as well as the representatives of selected beneficiaries.

**C) Project monitoring and evaluation:**

The project plans to conduct, using FAO's own budget, a post distribution monitoring through focus group discussions and a follow up livelihood assessment survey to inform the use of assistance and its effectiveness particularly of project beneficiaries. The project timeframe including the timing gap during the election did not allow this to happen within the project life.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Multi-purpose cash transfer	US\$ 200,000	Multi-purpose cash	Unconditional	Unrestricted

*Supplementary information (optional):*

The purpose of the cash assistance is to provide immediate cash for households with children under 5 years of age to purchase food ensuring continued availability of nutritious food for the children. The assistance is unconditional and that is why the multipurpose cash modality was chosen. The delivery was through the provincial bank PT Bank Sulteng that was appointed by the local government as the financial entity to distribute all cash assistance to affected people in the area without fee. FAO has partnered with PKH extension workers to identify the beneficiaries that fit with the criteria.

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

As the distribution of assistance were completed in May 2019, the evaluation is planned to be conducted 3 months after the distribution. It is expected to be conducted in September 2019 and the report is expected by early November 2019.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.2 Project Report 18-RR-IOM-034 – IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Indonesia
3. Cluster/Sector:	Multi-Cluster - Multi-sector	4. Project Code (CERF):	18-RR-IOM-034
5. Project Title:	Lifesaving Emergency Shelter and CCCM Response for Earthquake and Tsunami affected population in Central Sulawesi		
6.a Original Start Date:	01/10/2018	6.b Original End Date:	31/03/2019
6.c. No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 21,600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,199,277
	c. Amount received from CERF:		US\$ 2,999,277
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 33,530
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 33,530</li> <li>▪ National NGOs US\$ 0</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>From 1 October 2018 to March 2019, IOM distributed household kits and shelter kits to 5,594 households (approx. 22,376 IDPs) in 97 villages with the help of the district social affair offices. IOM also provided one, 10,000L water bladder to the provincial social welfare department to assist in their water distribution activities.</p> <p>IOM conducted three rounds of Displacement Tracking Matrix (DTM) in Palu, Sigi and Donggala with the support of the provincial government and local university students. The first DTM Site Assessment round conducted on 14-20 October 2018 estimated a total of 211,906 individuals (107,001 male, 105,140 female) affected consisting of some 57,479 households. Among them are 2,224 pregnant women, 8154 breastfeeding mothers, 1,771 people with disabilities, 3,765 female-headed households and 629 children-headed households.</p> <p>The second DTM Site Assessment round on 1–4 December 2018 updated the IDP count to 110,373 individuals (56,290 males and 54,083 females) in 30,488 households from 437 sites. The result showed a decrease of almost 50% since the first round.</p> <p>The third DTM round went back to the baseline area assessment rather than site assessment, with the goal to determine the different modalities of displacement (centralized camp, individual tents, host family and temporary shelters). The results showed that despite decreased number of IDPs who live in camps, the total number of people displaced did not vary significantly from round 2. They just changed their displacement modality.</p> <p>The DTM data was accepted by the local/national government and the humanitarian community. Moreover, IOM was able to further support some 10 transitional shelter sites, supporting approximately 1,000 households built by NGO partners to provide basic services and bring sites up to minimum standards. Interventions at these sites included: lighted pathways, trench digging, basic water supply, flood prevention measures and garbage and fire suppression points.</p>

Meanwhile, IOM also support the establishment of National Cluster for Protection and Displacement and Camp Coordination and Camp Management (CCCM) sub-cluster, and helped the Social Office to co-lead the cluster. CCCM for Practitioners training was held for 188 camp managers/camp managers candidates, which are volunteers from their respective communities. IOM also directly helped with the establishment of camp management structures and linked them to coordination mechanisms under the Social Office leadership. This in turn directly addressed Output 2, whereby the communities were directly informed about of humanitarian and protection assistance.

### 3. Changes and Amendments

No significant changes to the original project was made or requested. Due to efficiencies in local and international procurement, IOM conducted a second round of procurement of household and shelter kits, including family tents. The original proposal envisioned the procurement and distribution of 1,700 household and family kits including 900 family tents and 5,100 plastic sheets and one water bladder. However, because the international service provider could not secure flight clearance over some countries, they were only able to provide 724 family tents. In addition, all the NFI kits were sourced locally from a neighbouring city, which proved to be priced much lower than originally expected. In line with on-going needs of the affected population and at the request of the local government, IOM concluded a second round of procurement and distribution of 1,100 household kits, 1,100 family kits and 765 family tents.

### 4. People Reached

#### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	13,135	22,365	<b>35,500</b>	13,135	22,365	<b>35,500</b>	26,270	44,730	<b>71,000</b>
<b>Reached</b>	39,948	65,071	<b>105,019</b>	42,968	63,919	<b>106,887</b>	82,916	128,990	<b>211,906</b>

#### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	71,000	211,906
Host population	0	0
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>71,000</b>	<b>211,906</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

The initial figure of 71,000 was based on rough estimates provided by the government days after the disaster. The revised number of 211,906 was based on the results of DTM Round 1.

### 5. CERF Result Framework

<b>Project Objective</b>	Humanitarian response to meet the immediate and lifesaving emergency shelter/NFI and CCCM needs to the most vulnerable of those affected by the earthquake and tsunami in Central Sulawesi
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<b>Output 1</b>	Reduce morbidity and mortality due to exposure through the rapid, effective and secure delivery and distribution of emergency shelter and non-food items to the earthquake and tsunami-affected population			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 1.1	# of Emergency Shelter/Household NFI kits procured and distributed to tsunami affected households (1 kit for household size of 5 pax)	900 kits	2,800	IOM Goods Receiving Reports
Indicator 1.2	# of Emergency Shelter/ Household NFI kits procured and distributed to earthquake affected households (1 kit for household size of 5 pax)	800 kits	2,800	IOM Goods Receiving Reports
Indicator 1.3	# of individuals in camps/temporary settlements/open spaces and with damaged/destroyed houses benefitting from Emergency Shelter and NFI Support	8,500 individuals	14,000	IOM Goods Receiving Reports
<b>Explanation of output and indicators variance:</b>		IOM was able to do a second round of NFI procurement based on procurement efficiencies realized under the first round.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Coordinate and finalize implementation arrangements and target locations together with the government and members of the shelter cluster working group.	IOM and local government institutions including department of social affairs		
Activity 1.2	Procurement of shelter/NFI kits	IOM		
Activity 1.3	Distribution of shelter/NFI kits targeting the most vulnerable households	IOM and volunteers from the department of social affairs		
Activity 1.4	Monitoring of distributions and post-distribution monitoring conducted by mobile monitoring teams. The teams will comprise of men and woman depending on access.	IOM		
Activity 1.5	Regular information sharing with the Shelter Cluster regarding areas reached as well as emerging gaps and needs.	IOM		

<b>Output 2</b>	IDPs in disaster-affected areas are better informed on the availability of, and have greater access to humanitarian assistance and protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of sites with established complaint and feedback mechanisms	50	50	Training event registration forms and site visits
Indicator 2.2	# of IDPs are aware of basic services available to them in displacement sites	20,000	56,000	Number of Camp Managers trained and number of IDPs per site.
Indicator 2.3	# of community representatives trained on Camp Coordination and Camp Management	150	188	Training event registration forms
<b>Explanation of output and indicators variance:</b>		2.2 Numbers of IDPs are higher than what we projected before in the sites, so our number is greatly increased. 2.3 IOM managed to cut costs for the training, resulting in an extra batch of CCCM training accommodating 38 more camp managers.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provide technical support in identifying suitable site, site planning and site improvement	IOM		
Activity 2.2	Provide camp management training and ongoing mentoring	IOM		

	for community leaders throughout project cycle in order for them understand the role and function of out of camp coordination in the target project sites, and lay out their roles and responsibilities, as well as accountability to the beneficiary population	
Activity 2.3	Establish complaint and feedback mechanisms in sites, ensuring that IDPs complaints are received in an accountable manner are linked to functional referral mechanisms to respond to protection concerns, and are updated with the status of the complaint/referral through various mechanisms	IOM and the department of social affairs

<b>Output 3</b>	A minimum of 71,000 IDPs have their living conditions improved and priority issues flagged and addressed in a timely manner			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	# of sites with more than 4 households tracked and monitored regularly	140	942	IOM DTM
Indicator 3.2	# of IDPs whose specific needs are identified and shared with government through DTM	71,000	211,906	IOM DTM
Indicator 3.3	# of DTM rounds (baseline and 2 rounds) with reports published and shared monthly with the humanitarian community	3	3	Number of DTM Operations conducted in Central Sulawesi
<b>Explanation of output and indicators variance:</b>		The initial figure of 71,000 people and 140 sites was based on rough estimates provided by the government days after the disaster. The revised number of 211,906 individuals and 942 sites was based on the results of DTM Round 1.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Location profiling, flagging of top humanitarian priorities	IOM		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The NFI basket was designed in agreement with the national shelter cluster minimum standards as well as on proven previous emergency responses in Indonesia. The basket also contained gender specific items, such as sanitary napkins.

CCCM Training was planned to increase the local capacity to manage displacement. The training modules were re-contextualized following feedbacks from the first training. Mainly now the modules become more practical, with less focus on definitions and more focus on hands-on experience.

### B) Project implementation phase:

The NFIs were distributed based on government supported information for most affected populations. This identification and distribution methodology proved effective as it capitalized on the direct contact the local government had with the beneficiaries. Information about NFI distributions were provided through local government structures as well as through the Camp Managers trained by IOM.

Feedback received after each of the 6 CCCM trainings were incorporated into each successive training providing for a tailored and relevant forum for participants and practitioners.

Each round of the DTM was also customized based on feedback received from the local government and the humanitarian community.

IOM also engaged in 10 site enhancement activities based on the needs identified by the camp coordination structures established by IOM.

C) Project monitoring and evaluation:

The action was continually monitored by IOM staff. Frequent visits were conducted by International Programme Managers to Palu to gauge the effectiveness of the programme, to ensure targets were reached and type of assistance was appropriate. As a result of this consistent monitoring and coordination with national sub-clusters and government counterparts and information received from 3 rounds of the DTM, IOM was able to respond to gaps in shelter and NFI sectors as well as provide site improvement activities in displacement sites. In addition, the 6 CCCM trainings conducted over the 6 months period allowed IOM to continuously receive feedback on issues in the displacement sites and adjust trainings accordingly.

IOM also set up a complaint and feedback mechanisms in the CCCM sub-cluster, clearly outlining how complaints and feedbacks from the community could be passed on to the stakeholders (via WhatsApp groups and formal meetings) and responded properly. Although at the beginning IOM is taking charge of ensuring this, now the mechanism has been handed over to Social Office to lead.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
N/A				

*Supplementary information (optional)*

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was planned as part of this project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.3 Project Report 18-RR-UDP-012 – UNDP

1. Project Information			
1. Agency:	UNDP	2. Country:	Indonesia
3. Cluster/Sector:	Early Recovery - Early Recovery	4. Project Code (CERF):	18-RR-UDP-012
5. Project Title:	Penting Dan Kritis Waktu: Removing Hazards and Enabling the Provision of Critical Emergency Services Through Dignified Work		
6.a Original Start Date:	12/10/2018	6.b Original End Date:	11/04/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,735,760
	c. Amount received from CERF:		US\$ 785,760
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 629,203
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 0</li> <li>▪ National NGOs US\$ 629,203</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>The CERF fund enabled UNDP and its six implementing partners to clear of debris 2,731 vital and high-risk spots: 2,144 houses; 29 schools; 50 mosques and churches; 58 blocked roads; 450 public facilities/utilities e.g. drainages, water tanks, graveyards, local markets, irrigation canal, village hall, etc. Included in those 2,731 spots, 571 heavily damaged structures were demolished to avoid further loss of lives and injuries. UNDP also provided seed income through cash for work schemes for 3,500 households which of those 49% were women, and with total 15,539 family members. Totally, 9,850 people (house owner and family members) and benefitted from the house debris clearance programme. UNDP facilitated capacity building to train more than 40 staffs (of six partners organization, <i>Perkumpulan Inovasi Komunitas (Imunitas)</i>, <i>Relawan untuk Orang dan Alam (ROA)</i>, and <i>Yayasan Mitra Karya Membangun (YMKM)</i>, <i>Komunitas Peduli Perempuan dan Anak (KPPA)</i>, <i>Yayasan Bonebula</i>, <i>Perkumpulan Evergreen Indonesia</i>) in debris management and safety standard operations.</p> <p>The CERF project assisted a total of 25,528 people in the Early Recovery phase, specifically in Palu City, Sigi and Donggala districts between October 2018 and April 2019.</p>

3. Changes and Amendments
<p>Few adjustments and no amendments were made in CERF implementation.</p> <p>Ensuring safety and security of the workers is the most challenging element when implementing debris clearing due to the high-risk nature of the work. Three main interventions are applied to ensure safety and security of the workers; 1) distribution of high-quality personal protective equipment (PPE), 2) provision of work insurance scheme through BPJS <i>Ketenagakerjaan</i> (national social security programme), and 3) provision of technical assistance to the workers who are also from the affected communities through trainings on safe debris removal and regular engineering advisory when undertaking demolition of damaged structures and debris clearing activities. Mobilizing large amount of equipment such as manual working tools, PPE and heavy equipment was also challenging since the local</p>

market for PPE and heavy equipment collapsed. There were only a limited number of vendors operating as predominantly they left Palu City. To overcome this challenge, vendors and equipment were sourced from Makassar in South Sulawesi and used trucking for shipment since cargo services were overloaded by relief goods.

Palu earthquake and tsunami has affected a very large area, not only within Palu City, but also in three other districts, namely, Donggala, Sigi, and Parigi Moutong. Many buildings were heavily damaged or even totally collapsed. Debris and rubbles needed to be cleared immediately, particularly the access to reach the affected communities had to be cleared. This is to ensure relief goods can reach the affected communities immediately. In line with the available resources, UNDP could provide intervention in 39 villages in 3 affected areas (Palu City, Donggala District and Sigi District). The actual need for debris clearance and demolition input was relatively high, yet there were very few institutions working in debris clearance. In many other areas, the affected communities self-help cleared the debris and rubbles by themselves. To ensure the safety and security when clearing the debris, UNDP ensures all the workers wore high-quality PPE and were insured. UNDP also provided knowledge transfer to the Civil Society Organization (CSO) partners who implement this cash-for-work programme.

Since the government issued regulation on cash for work guidance for all humanitarian actors implementing cash-based programme, some adjustment was made for the programme budget due to the new regulation has higher standardised daily rate. Previously UNDP targeted USD 288,750 for the cash for work programme, however due to the said regulation and increased need to mobilise workers, UNDP has spent USD 629,203 to reach the targeted beneficiary by 2019. The increased costs is covered by the UNDP crisis response TRAC allocation (TRAC 1.1.3).

#### 4. People Reached

##### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	4,005	3,483	<b>7,488</b>	4,045	3,517	<b>7,562</b>	8,050	7,000	<b>15,050</b>
<b>Reached</b>	2,479	4,604	<b>7,083</b>	3,382	5,074	<b>8,458</b>	5,861	9,678	<b>15,539</b>

##### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	7,525	6,993
Host population	0	0
Affected people (none of the above)	7,525	8,546
<b>Total (same as in 4a)</b>	<b>15,050</b>	<b>15,539</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

The planned figures were based on the latest government demographic statistical document issued in 2017. Inhabitants under 18 years old were categorized as children in 2017, but they were categorised as adults when project was implemented.

#### 5. CERF Result Framework

<b>Project Objective</b>	To support government and humanitarian community's efforts in delivering vital emergency services and reducing the risk of further aggravation of the humanitarian situation
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<b>Output 1</b>	Community and feeder roads, and other critical community infrastructure, are cleared to enable uninterrupted and timely delivery of vital emergency aid and services, in coordination with the Logistics cluster; and hazardous (damaged) structures are safely removed to avoid further loss of lives or injuries			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	# damaged and hazardous structures assessed and safely demolished	At least 200	571	CSO's report and KoboCollect data
Indicator 1.2	Extent to which a debris management system has been made operational and scalable [0= not established; 5=fully operational and rapidly scalable]	Qualitative target: 5 [fully operational and rapidly scalable]	5	CSO reports, photos and videos
<b>Explanation of output and indicators variance:</b>		Demand for debris clearing programme was high while only few organizations intervened in the programme. 2,731 spots had been demolished and cleared, comprises of 2,144 houses, 29 schools, 50 mosques/churches, open 58 blocked roads and 450 public facilities/utilities such as drainages, water tanks, public graveyards, local markets, irrigation canal, village hall, etc. Those figures are including 571 buildings categorized as hazardous, dangerous and heavily damaged structures.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Rapid assessments, in collaboration with local authorities, communities and humanitarian actors, for the identification of priority areas for clearance.	UNDP		
Activity 1.2	Development of locally-appropriate protocols and guidelines for the safe clearance and environmentally-sustainable management of debris (e.g. safety protocols, including for the dignified handling of bodies if found during rubble clearance) identification and demolition of hazardous structures	UNDP		
Activity 1.3	Mobilization, rapid training and equipping of community working teams for debris management and safe disposal of hazardous (damaged) structures and materials (including provision of safety equipment and safety training)	<ul style="list-style-type: none"> <li>Six CSO partners: Imunitas, ROA, YMKM, PEI, KPPA and Bonebula closely supervised by UNDP debris and waste management team;</li> <li>BPJS insurance protects the workers at a special rate of which the design was facilitated by the CBI working group.</li> <li>Social Affairs Agency of Central Sulawesi Province facilitated the collaboration with Bank of Sulawesi Tengah for channelling cash transfer to Cash for Work (CfW) workers.</li> </ul>		
Activity 1.4	Roll-out of an innovative, smartphone-operated, management system for more efficient, effective and transparent debris management [cross-cutting]	<p>To record attendance of CfW workers on daily basis, UNDP in collaboration with Microsoft provided debris management smartphone-based application. Each worker was provided with an ID card with a specific barcode to count working hours every day. This application has successfully ensured accountability and minimized the risk of working days data manipulation in the field.</p> <p>In addition, KoboCollect, an android based application was used to record daily progress of debris clearance in the field. Through this application, the field facilitator was able to send real time implementation progress such as information on what structure demolished or cleared, where the debris clearance occurred, how many workers</p>		

		involved, identity of requester, dates, and what methods deployed. This application also has GPS and camera functions.
Activity 1.5	Implementation of field activities for debris management and infrastructure demolition	UNDP and CSO partners

<b>Output 2</b>	Earthquake and tsunami-affected households obtain immediate, time-critical, relief through dignifying cash-for-work schemes			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of people who benefit from cash-for-work schemes	15,050	15,539	Direct beneficiary's data base: workers and family members
Indicator 2.2	Total amount of cash transferred to affected population	USD 288,750	USD 629,203	Grant Agreement and CSO Financial report
Indicator 2.3	Extent to which a cash-for-work system has been made operational and scalable [0= not established; 5=fully operational and rapidly scalable]	Qualitative target: 5 [fully operational and rapidly scalable]	5	KoboCollect data and CSO's final report
<b>Explanation of output and indicators variance:</b>		Cash for work programme must be carried out based on the regulation endorsed by the local government in which the payment for CfW workers must refer to minimum regional payment rate. Besides daily working cost, Government also requires insurance cost to assure protection for the workers. Moreover, the regulation allows the targeted communities to work maximum 25-worked day in a month. Thus, aside from daily fee for the 3,500 workers (direct payee), the programme also covered insurance cost.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Development of locally-appropriate protocols and guidelines for the identification of workers, in partnership with local governments, the disaster management authority and local communities [priority to socio-economic disadvantaged groups; use of gender-parity criteria]	UNDP, six CSO partners, and community in 39 villages		
Activity 2.2	Management and supervision of working teams (ensuring due compliance with safety protocols) in collaboration with local partners	UNDP		
Activity 2.3	Disbursement of cash payments based on work completed (through locally-appropriate mechanisms) in partnership with local providers	UNDP, Six CSO partners, Banks of BRI, BNI and Sulteng		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The CERF project design targets the most critical (lifesaving) needs identified under the above pillar with specific objectives to improve accessibility of relief delivery and to reduce the exposure of auxiliary risks from damage structures, hazardous materials and spread of disease due to the accumulation of waste. UNDP and partners then created an emergency employment programme on disaster debris clearance and demolition of damage structure for the affected population. By using a conditioned cash transfer modality, the creation of emergency employments provides an immediate source of income for the affected population (including IDPs), restore individual dignity as well as promote the community's active response.

B) Project implementation phase:

In its implementation, UNDP ensured the project engagement procedures are in line with Province Social Affairs guidance on CfW issued in November 2018. The selection of targeted villages for CfW was done through series of consultation with relevant local governments such as BPBD, BAPPEDA, and Public Works agency as well as with the national cluster members to ensure synchronization with relief intervention on the ground. UNDP then engaged and conducted capacity assessment to local CSOs.

The three CSOs consulted with the selected village leaders in selecting the workers which included women. The consultation with village leaders was important to obtain the proper data on direct beneficiaries accurately. The CSOs also facilitated the worker/direct beneficiary to have his/her own bank account as payment will be made directly to individual bank account. To ensure worker's safety, UNDP conducted safety and security workshop to all CSOs and maintained to provide technical safety briefings with all workers whenever initiating CfW activities in every targeted villages.

C) Project monitoring and evaluation:

UNDP allows participatory monitoring and evaluation since programme implementation in 2018. The first phase was monitored through attendance application, field visit and reviewed CSO partner reports. On the second phase, due to the extent of targeted sites from 3 to 39 villages, an additional progress monitoring tool was needed to ensure efficiency and effectiveness. The KoboCollect application was deployed to monitor daily progress of debris clearance activities. The application has enabled UNDP team to capture real time information in term of location, debris clearance method, number of workers involved, type of construction cleared and demolished, and identity of requester with means of verification were GPS points and photos before, ongoing and after debris clearance as evidences.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work	US\$ 629,203	Multi-purpose cash	Conditional	Unrestricted

*Supplementary information (optional)*

Aside from fatalities, a disaster has also caused economic loss including livelihoods of the affected people. Building back better and safer is not only about the reconstruction of damaged buildings and houses, but also building back the local livelihoods (farming, fishing, etc.) so that the affected people will be able to regain adequate income. Cash for work programme would help the affected people regain their income as the cash for work potentially provides seed funding for the affected communities.

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

A specific evaluation process was not originally planned in the proposal. However, UNDP applied an internal monitoring and quality assurance mechanism called Internal Project Assurance Report (IPAR). Since the operationalization of this initiative is embedded within a project in UNDP called PIP REALS project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.4 Project Report 18-RR-FPA-043 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Indonesia
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-RR-FPA-043
5. Project Title:	Ensuring lifesaving sexual and reproductive health services to women and young people affected by the Sulawesi Earthquake and Tsunami response		
6.a Original Start Date:	11/10/2018	6.b Original End Date:	10/04/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,000,021
	c. Amount received from CERF:		US\$ 1,000,021
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 441,883</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 42,003 US\$ 0 US\$ 399,880 US\$ 0

2. Project Results Summary/Overall Performance
<p>The CERF grant enabled UNFPA to be on the ground within days of the earthquake/tsunami, distributing individual kits and deploying midwives to provide immediate lifesaving services to affected women and girls in Palu City, Donggala, Sigi and Parigi Moutong Districts. Through this CERF grant, UNFPA provided immediate lifesaving services to affected women and girls in Palu City, Donggala, Sigi and Parigi Moutong Districts. The grant enabled to reduce avoidable reproductive health mortality and morbidity among those affected by the Central Sulawesi earthquake in the four worst affected districts. The grant enabled to fortify 10 existing reproductive health (RH) tents with 212 health workers to provide ante- and post-natal care, safe delivery for pregnant women, referral for emergency obstetric services, family planning, and ARVs for people living with HIV (247 people living with HIV received ARV services in 3 referred hospitals and ARV mobile posts); 25 small tents were set up for counselling space and for deployed midwives and 8 youth-friendly spaces established. A total of 11,000 locally-produced individual kits (6,000 maternity kits, 2,500 post-delivery kits, and 2,500 newborn kits) were distributed to pregnant women and mothers of newborns. Trainings were held for 293 health workers and health office staff on Clinical Management of Rape and MISP. The reproductive health tents reached a total of 77,950 beneficiaries with 379 deliveries, 4,636 Antenatal Care, 239 referred to Comprehensive Emergency Obstetric Care, 1,656 Family Planning services to avoid unwanted pregnancy. The youth friendly spaces succeeded in reaching 17,732 young people with information and service.</p>

3. Changes and Amendments
No major changes and amendments made.

4. People Reached									
4a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,595	47,750	56,345	7,640	1,000	8,640	16,235	48,750	64,985
Reached	11,276	59,073	70,349	6,182	1,419	7,601	17,458	60,492	77,950
4b Number of people directly assisted with CERF funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees		0				0			
IDPs		64,985				77,950			
Host population		0				0			
Affected people (none of the above)		0				0			
Total (same as in 4a)		64,985				77,950			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		On track as planned. The planned figures are estimation from projected secondary data. Immediate response from UNFPA in the affected areas allowed more people to receive reproductive health services, counselling, gathering information and other health related activities.							

5. CERF Result Framework	
<b>Project Objective</b>	Reduce avoidable reproductive health mortality and morbidity among those affected by the Central Sulawesi earthquake in the four worst affected districts

<b>Output 1</b>	Women of reproductive age, young people and other vulnerable groups including people living with HIV and key populations can access lifesaving sexual and reproductive health services provided by trained personnel			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people (disaggregated by sex, age) receiving sexual and reproductive health services through temporary health facilities/maternity spaces and outreach campaigns	64,985	77,950	Kobo Collect RH tents attendance lists Health Centres Cohort
Indicator 1.2	Number of maternity, post-delivery and newborn kits procured and distributed	11,000	11,000	Procurement Plan Distribution Report Signed Handover Certification (BAST)
Indicator 1.3	Number of male and female health workers and health office staff oriented on Clinical Management of Rape and the Minimum Initial Service Package for Reproductive Health in Crises	150	293	Attendance list Activities Report Work Plan Progress Report
<b>Explanation of output and indicators variance:</b>		On track as planned. UNFPA combined the Clinical Management of Rape		

		(CMR) materials with the Minimum Initial Service Package Training during the emergency phase and transition stage, by having an additional one day for orientation. Initially UNFPA planned to train the existing health workers in the Community Health Centers and health offices; however, all midwives that were deployed to the RH tents were in need of the training, which resulted in double the number of participants.
Activities	Description	Implemented by
Activity 1.1	Provide basic RH services through the establishment of 10 Reproductive Health tents, and conduct mobile outreach	Indonesia Midwives Association Ministry of Health (Family Health Directorate) PKBI UNFPA
Activity 1.2	Procure, transport and distribute 11,000 individual kits for 6,000 pregnant women, 2,500 lactating women and their 2,500 newborns	UNFPA Ministry of Health (Family Health Directorate)
Activity 1.3	Conduct orientations on clinical management of rape and the MISP to health workers	Ministry of Health (Family Health Directorate) PKBI UNFPA

Output 2	Health centres are staffed by trained personnel to provide lifesaving RH services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of midwives deployed to support safe delivery	70	212	Midwives Activity Report
Indicator 2.2	Number of health workers in RH tents	120	135	Midwives Activity Report
Indicator 2.3	Number of RH tents and health facilities with trained health personnel	10	10	Signed Handover certification (BAST) Activity Report
<b>Explanation of output and indicators variance:</b>		On track as planned. In early response, UNFPA deployed 77 midwives to strengthen the health workforce and equipped local midwives with midwifery kits to ensure quality maternal health services at the RH clinics and through outreach. Based on the additional need and verbal request from the Provincial Health Office and Indonesia midwives' association, UNFPA managed to recruit and train 135 local midwives and then deployed them to provide 24 hours/7 days RH services including delivery services in 15 RH tents. Those midwives were paid a unit cost of USD 200/month, as agreed by PHO and IBI officials.		
Activities	Description	Implemented by		
Activity 2.1	Deploy teams of 10 midwives to the four affected districts on a rotating basis for three months, covering costs for transportation and DSA payments not salaries	Indonesia Midwives Association		
Activity 2.2	Recruit 120 health workers in the RH clinics and through mobile outreach (4 HP in each tent, 5 tents per district, 4 districts)	Indonesia Midwives Association		
Activity 2.3	Provision of life saving RH services at RH tents and health facilities	Indonesia Midwives Association Ministry of Health UNFPA		

<b>Output 3</b>	Youth friendly services are provided to empower young people and reduce sexual and reproductive health related morbidity and mortality			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of young people who have accessed ASRH services, information and counselling at health facilities and through RH tents, mobile clinics and outreach activities	16,235	17,732	Kobo Collect Attendance List Activity Report
Indicator 3.2	Number of male and female youth peer educators trained on ASRH in emergencies (25 per district)	100	100	Attendance list Minutes of meeting
Indicator 3.3	Number of youth friendly spaces that provide adolescent friendly RH services	8	8	Signed Handover certification with the Government. Activity Report
<b>Explanation of output and indicators variance:</b>		On track as planned		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provision of ASRH related services, information and counselling at health facilities and through RH tents, mobile clinics and outreach activities	PKBI Ministry of Health Indonesia Midwives Association UNFPA		
Activity 3.2	Conduct trainings on ASRH in emergencies for youth peer educators	PKBI UNFPA		
Activity 3.3	Establish youth friendly spaces	PKBI UNFPA		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The vulnerability of women and girls is most likely increased during disaster. They may be at greater risk of gender-based violence, unwanted pregnancy, deliver birth in unsafe environment with little assistance, and transmission of sexually transmitted infections STIs and HIV. The rights of women and girls are often compromised and gender inequities exacerbated during a crisis. UNFPA in a good partnership with Ministry of Health (MoH) and Reproductive Health National Team (MoH, IBI, and PKBI) have been promoting MISP, which enables women and girls to access essential reproductive health services during a crisis. Rather than just supplies, MISP is an internationally standardized set of priority activities to be implemented from the onset of a humanitarian crisis to ensure access to reproductive health services, preventing illness and saving lives.

In the acute phase, UNFPA had been working primarily with the government to provide a timely and quality response to address the lack of access to basic needs, health services and protection for reproductive age women. However, during the transition from acute to chronic phase, it was recognized that the services were insufficient to meet needs of all affected populations. This main issue was the archway to the design of the UNFPA programme including the portion funded by CERF.

### B) Project implementation phase:

UNFPA and its partners have sought to use every intervention as an entry point for discussion and feedback from affected people. Because RH tents are venues for women and girls to access services, they provide a platform for interaction and feedback. UNFPA has sought to channel this feedback back into the response and to other sub-cluster members. The RH sub-cluster has also provided a useful forum for provision of feedback, as the majority of partners were local NGOs, which had a unique perspective on the needs of the population and on existing services and referral mechanisms.

### C) Project monitoring and evaluation:

Provision of individual kits opened up channels of communication with women and girls, about their level of satisfaction with the assistance, and their perceptions on the efficiency and fairness of the response. All distributions have been monitored closely to collect

data on who received the kits, including specific vulnerabilities such as women with disabilities, people living with HIV, and unaccompanied adolescent girls. Regular monitoring is done by all relevant stakeholders FGDs with midwives and women were taken place to get feedback and inputs for improvements.

UNFPA's RH and GBV related activities are closely aligned. The Women Friendly Spaces funded under 18-RR-FPA-44 were designed to serve as community centres for women and girls rather than simply as GBV service providers. These 'community centres' were designed to engage women and girls in activities, provide for information exchange and feedback, and to allow for focus group discussions and regular review of UNFPA's activities on that basis. This also included a strong emphasis on the Prevention of Sexual Exploitation and Abuse, and the establishment of a network to ensure proper reporting and relevant services. One of the recommendations received through focus group discussions and accommodated in the subsequent response was the revision of the contents of the hygiene kits to better meet the needs of beneficiary girls, women and the elderly.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
N/A				

*Supplementary information (optional)*

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

An evaluation was conducted with key conclusions as the following:

- The UNFPA's humanitarian response is highly relevant to the context and was determined using a variety of methods for assessing needs of women, adolescents and youth, from early rapid assessments with government partners to more in-depth research. Its programming adapted to changing needs of the population.
- UNFPA undertook regular activities to solicit input from affected populations. However, it is not clear that feedback from beneficiaries reliably results in action on the part of humanitarian responders.
- UNFPA has significantly raised the profile of youth needs and rights in emergencies, but less work is being done with adolescent girls specifically, or with people with disabilities and key populations.
- To date there has been limited support to capacity-building at the provincial level; hence, concerns that efforts of "localization" are more oriented towards "nationalization." Sustainability of youth programmes is another area of growth.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐



## 8.5 Project Report 18-RR-FPA-044 - UNFPA

<b>1. Project Information</b>			
<b>1. Agency:</b>	UNFPA	<b>2. Country:</b>	Indonesia
<b>3. Cluster/Sector:</b>	Protection - Sexual and/or Gender-Based Violence	<b>4. Project Code (CERF):</b>	18-RR-FPA-044
<b>5. Project title:</b>	Preventing and responding to gender based violence to protect and empower women and girls affected by the Central Sulawesi Earthquake and Tsunami		
<b>6.a Original Start Date:</b>	11/10/2018	<b>6.b Original End Date:</b>	10/04/2019
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 2,200,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 926,603
	<b>c. Amount received from CERF:</b>		US\$ 826,603
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 385,642</b>
	▪ Government Partners		US\$ 36,333
	▪ International NGOs		US\$ 0
▪ National NGOs		US\$ 349,309	
▪ Red Cross/Crescent		US\$ 0	

<b>2. Project Results Summary/Overall Performance</b>	
<p>The funding helped UNFPA to undertake the following activities, all of which were carried out according to plan:</p> <ol style="list-style-type: none"> <li>1. Provincial Protection of Women's Rights Sub Cluster/GBV Sub Cluster established and functioned well under close monitoring and supervision by Ministry of Women Empowerment and Child Protection (MOWECP) and UNFPA. The Provincial PWR/GBV sub cluster led by POWEC/DP3A. Governor decree on the function and member of PWR/GBV sub cluster has been endorsed and sub cluster met regularly monthly basis.</li> <li>2. <i>Advocacy products produced: 1. Recommendations on GBV Prevention for Multisectoral Disaster Response, 2. Gender Checklist for Multisectoral Disaster Response and 3. PWR Subcluster's Recommendations for Multisectoral Rehabilitation and Reconstruction (R&amp;R)</i> were developed for advocacy to facilitate the integration of women's rights (and GBV prevention) in emergency, R&amp;R and long-term development.</li> <li>3. The deliverables/achievements are as follows: <ul style="list-style-type: none"> <li>o 12 Women-friendly Spaces (tents) for GBV information, case management and counselling, as well as referral to other services</li> <li>o 13,000 hygiene kits distributed</li> <li>o training on clinical management of rape and GBVIE</li> <li>o rapid gender assessment</li> <li>o 16-day campaign activities</li> <li>o training on PSEA, with UNICEF</li> <li>o IEC materials for PSEA</li> </ul> </li> </ol> <p>Total numbers of people who received the above-mentioned assistance are the following:</p> <ul style="list-style-type: none"> <li>o 44,197 women and girls reached with GBV prevention through WFS</li> </ul>	

- 915 women referred to RH tents
  - 81 people trained on Clinical management of rape and GBVIE
  - 40 people trained on PSEA
  - 67 GBV cases informally reported through UNFPA and partners working in the area of GBV
- CERF funding allowed UNFPA to respond immediately to ensure that the protection needs of women and girls were addressed.

### 3. Changes and Amendments

No major changes and amendments were made.

### 4. People Reached

#### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	8,595	23,875	<b>32,470</b>	7,640	0	<b>7,640</b>	16,235	23,875	<b>40,110</b>
<b>Reached</b>	4,986	39,211	<b>44,197</b>	6,864	929	<b>7,793</b>	11,850	40,140	<b>51,990</b>

#### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	40,110	51,990
Host population	0	0
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>40,110</b>	<b>51,990</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

On track as planned. UNFPA facilitated awareness activities through social media, WhatsApp, and radio. Many activities were facilitated in Women Friendly Spaces including World AIDS day. These strategies attracted many disaster-affected people to participate in various activities that were organized by UNFPA through women-led NGOs. With strong commitment from Provincial Women Empowerment and Child Protection, and collaboration with the NGOs, UNFPA created an enabling environment for communities and facilitated access, information and services on protection.

### 5. CERF Result Framework

<b>Project Objective</b>	Protect women and girls affected by the earthquake, tsunami and liquefaction in Sulawesi, Indonesia by preventing and responding to sexual and gender based violence, through the provision of essential supplies, vital services, and protection information and referral.
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<b>Output 1</b>	Provision of hygiene kits containing essential protection and hygiene supplies to women and girls of reproductive age, especially vulnerable women and girls including those who are displaced.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of women (10,000 targeted) and adolescent girls (3,000 targeted) receiving	13,000	13,000	Signed Handover certification with a

	hygiene kits			Government Institution Activity Report
<b>Explanation of output and indicators variance:</b>		On track as planned		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of 13,000 hygiene kits	UNFPA		
Activity 1.2	Transportation and distribution of hygiene kits through the RH and GBV sub-clusters	UNFPA Ministry of Health PKBI Palu Yayasan Libu Perempuan KPKPST		

<b>Output 2</b>	Provision of essential GBV prevention and response services through the establishment of women friendly spaces			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of Women Friendly Spaces established with key services identified and provided	8	8	Signed Handover certification with a Government Institution Activity Report
Indicator 2.2	Number of women and adolescent girls accessing information and services through women friendly spaces	10,000	24,816	Kobo Collect Attendance List
Indicator 2.3	Number of women referred to multi-sectoral services	1,000	915	Reference form Kobo Collect
<b>Explanation of output and indicators variance:</b>		On track as planned. UNFPA facilitated various awareness activities through social media, WhatsApp sharing information, radio information. Many activities were facilitated in Women Friendly Spaces and Youth Friendly Spaces, through NGO partners. These attractive sensitization and awareness sessions have increased the demand from women and girls to get information and services in the Spaces, and thus increased the numbers of direct beneficiaries. As exit strategy, UNFPA engaged with the Provincial Health Office, Provincial Women Empowerment and Child Protection to ensure that those activities would be incorporated with government related programmes.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Establishment of Women Friendly Spaces, including staffing, GBV case management, psychosocial counselling, referral and provision of protection related information	UNFPA, Yayasan Libu Perempuan, KPKPST, Yayasan Pulih		
Activity 2.2	Conduct focus group discussions to identify GBV risk factors, prevalence, and effectiveness of prevention and response measures in affected areas	Yayasan Libu Perempuan, KPKPST, Yayasan Pulih		

<b>Output 3</b>	Deployment of trained GBV personnel to implement GBV interventions			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of trainers completing TOT on Clinical Management of Rape and GBVIE SOPs	60	81	Attendance list Training Report Work Plan Progress Report
Indicator 3.2	Number of community outreach workers trained on GBV, psychosocial support,	1,440	2,235	Attendance list Training Report

	GBV case management and referral pathways			Work Plan Progress Report
Indicator 3.3	Number of women (13,875), adolescent girls (5,595) and adolescent boys (7,640) receiving GBV information through community educators	27,100	42,684	Kobo Collect Activity Report

**Explanation of output and indicators variance:**

On track as planned.

Indicator 3.2: UNFPA closely worked with Yayasan Pulih and developed GBV training modules, which were provided to WFS facilitators. In the first three months 60 facilitators and more than 500 community workers were trained. Through YFS activities, around 100 peer educators & community mobilizers were recruited, trained and assigned to provide peer support and facilitate referral. Eight Youth Fora (one at each YFS) & a provincial-level Youth Forum were established and active with feedback/reporting mechanism to the Community Engagement Working Group (CEWG). Around 1,100 youth volunteers were trained. The WFS facilitators were also trained on handling cases of GBV to ensure survivor-centered assistance, proper recording and referral to multisectoral, life-saving assistance. The care for the care givers initiative was organized to prevent stress and burnout among the WFS facilitators and counsellors. As the WFS's activities have contributed to fostering women's empowerment, public awareness and the community-based GBV prevention & response (including reporting), the provincial secretary agreed to continue and expand the WFS activities.

**Indicator 3.3**

With UNFPA support, the provincial level youth network of at least 50 youth organizations promoted RH, human rights, empowerment and marginalized youth groups through youth activities, Various community activities & awareness raising sessions on women's rights, health, gender, empowerment, livelihood skills and disaster mitigations were routinely conducted. Information of the WFS activities also shared through radio and meetings.

Activities	Description	Implemented by
Activity 3.1	Conduct clinical management of rape and GBViE SOP TOT for trainers	UNFPA
Activity 3.2	Conduct training for community educators on GBV management in humanitarian settings training on GBV, gender mainstreaming and women's empowerment	MOWECP, PKBI Pusat, Libu Perempuan, KKPST, Yayasan Pulih
Activity 3.3	Conduct training on psychosocial support and VAW case handling	Libu Perempuan, KKPST, UNFPA, Yayasan Pulih

<b>Output 4</b>	Prevent sexual exploitation and abuse through IEC materials, coordination of HCT actors, and trainings on PSEA for cluster members and IPs.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of clusters/sub-clusters distributing IEC materials developed through HCT	10	8	Type of IEC materials List of Sub Clusters PSEA SOP
Indicator 4.2	Number of PSEA focal points from clusters/sub-clusters identified and trained as trainers on PSEA	10	40	Attendance list Minutes of meeting training report
<b>Explanation of output and indicators variance:</b>		On track as planned.		

	UNFPA promoted the prevention of GBV in Emergency (GBViE) and Protection against Sexual Exploitation and Abuse (PSEA) in multisectoral and sub-cluster fora. Training sessions were conducted; and with UNICEF, UNFPA helped establish a community-based SOP on the GBViE and prevention-PSEA mechanism, including facilitate sharing of information, reporting and intersectoral management of cases. Partner NGOs received technical assistance to manage and expand WFS activities to address women's needs, to facilitate their empowerment and engagement in policy decision, including to ensure that women-friendly spaces are available at temporary and permanent shelters. During the process 228 humanitarian workers of various organizations trained on PSEA and GBV, where 40 of them were the focal points from related clusters/sub clusters.	
Activities	Description	Implemented by
Activity 4.1	Develop, print and distribute IEC materials on PSEA through the HCT focal points	UNFPA
Activity 4.2	Conduct TOT on PSEA for cluster/sub-cluster focal points	UNFPA GBV Sub Cluster / Ministry of Women Empowerment

## 6. Accountability to Affected People

### A) Project design and planning phase:

UNFPA is widely perceived as an important government partner and maintains strong relationships with key ministries at the national level. Under coordination of the Ministry of Women Empowerment and Child Protection, UNFPA played significant role in facilitating the humanitarian response in Central Sulawesi Province, in timely manner. A protection of Women's Rights sub cluster has been established to plan and coordinate the implementation of prevention and management of Gender Based Violence.

Thanks to prepositioned hygiene kits, UNFPA was able to begin distribution to vulnerable women and girls within a few days of the onset of disaster. This allowed for a valuable entry point for gathering information about their needs, concerns and vulnerabilities, and the ensuing response was shaped thereafter. As part of the commitment to do no harm as humanitarian actors, UNFPA agreed to take on an inter-agency coordination role on the prevention of sexual exploitation and abuse and built into the project as set of activities related to PSEA coordination, training and the development and distribution of IEC materials through the HCT collective approach to AAP and PSEA.

### B) Project implementation phase:

UNFPA's Women friendly Spaces serve as an ideal venue for ensuring dialogue and feedback from affected populations. UNFPA implemented this project through the establishment of Women Friendly Spaces (WFS) in the hardest hit areas. These WFSs were used as community centers for women and girls in order to protect their safety and well-being and promote healthy & safe working mechanisms. Women and girls can access information on sexual reproductive health and rights (SRHR) via information and fun activities, and derive the MISF. UNFPA and its partners arranged a number of sessions and/or events in the WFS. Likewise, UNFPA also conducted a number of FGDs to derive their needs and feedbacks to WFS and its activities/ information

### C) Project monitoring and evaluation:

UNFPA further participated in the HCT collective approach to PSEA, and supported an inter-agency mechanism. A GBV specialist recruited to lead the GBV assessment, facilitated sessions on the GBV survivors coping and feedback mechanism, provided guidance on FGDs with affected women, young people and elderly in women friendly spaces; UNFPA contributed to the community engagement working group and shared the feedback from community especially affected women, elderly and youth to decision makers through community engagement working group. Monitoring regularly facilitated both from UNFPA and related stakeholders. UNFPA also facilitated FGDs in WFSs to gather inputs from beneficiaries and WFS volunteers. UNFPA led the interagency coordination role for the prevention of sexual exploitation and abuse /PSEA coordination, training and the development and distribution of IEC materials through the HCT collective approach facilitated as well for the accountability and the affected people and PSEA.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
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Yes, CBI is a component of the CERF project		Yes, CBI is a component of the CERF project		
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for work: for WFS volunteers implemented through Local Women NGO	US\$ 10,000	Sector-specific	Conditional	Unrestricted
<i>Supplementary information (optional):</i> This Cash for work used to pay Women Friendly Spaces volunteers that implemented through Local Women NGO (Yayasan KPKPST and Libu Perempuan). This is voluntary work as cadres in 12 women friendly spaces, to accompany the survivors of gender based violence.				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation activities carried out, with the following highlights: <ul style="list-style-type: none"> <li>The UNFPA's humanitarian response is highly relevant to the context and was determined using a variety of methods for assessing needs of women, adolescents and youth, from early rapid assessments with government partners to more in-depth research. Its programming adapted to changing needs of the population.</li> <li>UNFPA undertakes regular activities to solicit input from affected populations. However, it is not clear that feedback from beneficiaries reliably results in action on the part of humanitarian responders.</li> <li>Capacity within the humanitarian response to address GBV remains limited. Social norms change related to GBV is also limited.</li> <li>UNFPA has significantly raised the profile of youth needs and rights in emergencies, but less work is being done with adolescent girls specifically, or with people with disabilities and key populations.</li> <li>UNFPA has made important contributions to GBV coordination in the Central Sulawesi emergencies but there is still lack of clarity on the different roles of government actors focusing on women's rights and violence against women/girls and how they should be mobilized to work together during an emergency.</li> <li>Women's civil society organizations in particular have not been substantially targeted as part of a long-term strategy to improve GBV prevention and response capacity in the country. Sustainability of youth programmes is another area of growth.</li> </ul>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.6 Project Report 18-RR-HCR-033 - UNHCR

<b>1. Project Information</b>			
<b>1. Agency:</b>	UNHCR	<b>2. Country:</b>	Indonesia
<b>3. Cluster/Sector:</b>	Emergency Shelter and NFI - Shelter	<b>4. Project Code (CERF):</b>	18-RR-HCR-033
<b>5. Project Title:</b>	Shelter assistance for the most vulnerable persons affected by the Central Sulawesi Earthquake and Tsunami		
<b>6.a Original Start Date:</b>	08/10/2018	<b>6.b Original End Date:</b>	07/04/2019
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 3,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 1,070,000
	<b>c. Amount received from CERF:</b>		US\$ 1,070,000
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		<b>US\$ 0</b>

<b>2. Project Results Summary/Overall Performance</b>
<p>The project assisted in total 6,891 persons affected with the earthquake and tsunami in central Sulawesi, mainly in the districts of Donggala, Sigi, Palu and Pasigala. The affected persons were provided with temporary shelter – tents in combination with other relief items provided by UNHCR's and distributed through the national partners Yayasan Kemanusiaan Muslim Indonesia (YKMI) and Wahana Wisi Indonesia (WVI) as a sort of integrated package, which included: tents, tarpaulins, mosquito nets, solar lamps, sleeping mats and jerry cans. The project's funded 1,400 tents were part of a bigger package provided by UNHCR which inter alia included 2,800 tents along with other relief items.</p> <p>UNHCR's national partners were among the first respondents on the ground and participated in the first joint assessment led by an interfaith coalition of NGOs in Indonesia. The partners also contributed their resources and often complemented UNHCR's resources with resources of other donors including UN Agencies, such as UNICEF for example in the WASH sector. The approach of having the same partner for different "sectors" ensured improved multi-sectoral coordination and complementarity, for example the affected persons assisted with shelter provided by UNHCR were assisted with WASH provided by UNICEF by the same partner.</p> <p>The CERF funding was instrumental to UNHCR to mobilize complimentary resources from other donors such as financial markets, private sector and public foundations; although not earmarked to this specific sector but more broadly earmarked.</p>

<b>3. Changes and Amendments</b>
No changes or amendments were made to this project.

4. People Reached									
4a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls ( < 18)	Women ( ≥ 18)	Total	Boys ( < 18)	Men ( ≥ 18)	Total	Children ( < 18)	Adults ( ≥ 18)	Total
Planned	1,400	1,400	2,800	2,800	1,400	4,200	4,200	2,800	7,000
Reached	1,390	1,361	2,751	2,690	1,450	4,140	4,080	2,811	6,891
4b Number of people directly assisted with CERF funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees		0				0			
IDPs		0				0			
Host population		0				0			
Affected people (none of the above)		7,000				6,891			
Total (same as in 4a)		7,000				6,891			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		There is no significant discrepancy. The partners distribution receipts, signed by the beneficiaries, contained gender segregated data, total number of family size, elderly and disable individuals within the same family, as well as a column for children- <18 years of age. However, the column for children did not contain segregation on gender. Therefore the data used under “People Reached” is apportioned based on the 2015 Indonesian census, and sampling of the receipts signed by the affected population provided with assistance by the partners.							

5. CERF Result Framework	
<b>Project Objective</b>	The most affected persons by the tsunami in Sulawesi are assisted with shelter assistance

<b>Output 1</b>	1,400 tents are provided to populations affected by the tsunami			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of tents transported	1,400	1,400	Waybills signed at Balikpapan and Palu airports. Receipts from Partner's warehouses
Indicator 1.2	# of tents distributed	1,400	1,400	Distribution reports, scanned receipts signed by the affected persons confirming the receipt of the relief assistance and monitoring reports by UNHCR's team on the ground
<b>Explanation of output and indicators variance:</b>		N/A		



Activities	Description	Implemented by
Activity 1.1	Transportation of tents	UNHCR for transportation of the tents from UNHCR's global stockpiles to Balikpapan airport through Kuala Lumpur. The Indonesian Army- TNI for the transportation from Balikpapan to Palu airport. The logistic cluster supported by WFP for transportation of the tents to the partner's warehouses.
Activity 1.2	Distribution of tents	The distribution of the tents was done by the following partners: Yayasan Kemanusiaan Muslim Indonesia (YKMI) an Wahana Wisi Indonesia (WVI)

## 6. Accountability to Affected People

### A) Project design and planning phase:

The project design at the planning phase was formulated based on a rapid assessment produced of secondary data analyses within the shelter cluster, using the so called shake table (REACH) combined with satellite images to estimate the extent of the damage caused by the disaster. The key significant parameter under this assessment was the highlight that there were 40,000 pregnant women prior the disaster among the affected population in dire need of temporary shelter-tents.

Also the project design phase took into account the preliminary findings of another rapid need assessment carried out by the first respondents through key informant interviews of male, female and mix group located at various sites with the affected population (camp, informal IDPs center, public building, residing at the side of original homes, host families, staying at the original home); The key informant Interviews included 113 men, 63 women through 33 different group discussions with men and equal 33 group discussions with women. This rapid need assessment included a methodology of purposive random sampling, collation of secondary and primary data (before and after the earthquake).

### B) Project implementation phase:

The project was implemented through the two Indonesian partners: Wahana Visi, Kemanusiaan Muslim Indonesia with logistical support by WFP and the Indonesian Red Cross. The partners were on the ground and responding to the emergency with their limited resources prior the assistance under the project reached the affected locations. In doing so the partners "plugged" in to the existing traditional social network and structures of the affected population, their views and opinions were factored throughout the implementation phase and these structures were utilized to inform the beneficiaries of the response and the available assistance.

### C) Project monitoring and evaluation:

Up to January 2019 UNHCR had constantly a team on the ground, based in Palu, consisting of staff with monitoring experience in different contexts and settings including past natural disaster emergencies in Indonesia. The monitoring teams were documenting the distribution of UNHCR's comprehensive assistance package and also ensuring coordination between the different partners of UNHCR as well as ensuring that the entire relief assistance is properly coordinated and factored with the relevant decentralized national cluster structures.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
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N/A				
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No formal evaluation was planned, budgeted and organized. Given the straight forward intervention- distribution of 1,400 tents and the fact that UNHCR had teams on the ground, the impact of providing protection against the natural elements and dignified shelter conditions, was documented on the spot.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.7 Project Report 18-RR-CEF-108 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Indonesia
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-RR-CEF-108
5. Project Title:	Rapid life-saving support to children in tsunami and earthquake affected area of Central Sulawesi		
6.a Original Start Date:	10/10/2018	6.b Original End Date:	09/04/2019
6.c. No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,227,096
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,224,078
	c. Amount received from CERF:		US\$ 794,593
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 337,436
	▪ Government Partners		US\$ 52,641
	▪ International NGOs		US\$ 120,245
▪ National NGOs		US\$ 164,550	
▪ Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>As part of broader UNICEF support to response and recovery, the health-specific interventions were based on requests from the Government of Indonesia, the needs assessment, UNICEF's comparative advantage and potential to impact identified priorities. UNICEF support was targeted at providing immediate assistance, with the aim of working with GoI towards recovery and longer-term development in 2019 and beyond. Through the CERF grant, UNICEF supported three main sets of interventions: measles and rubella (MR) vaccination; malaria control and; improved treatment and care of under-five children.</p> <p>This support contributed to 776,574 children between the ages of 9 months and 15 years receiving MR vaccination across Central Sulawesi Province, including 227,109 children in Palu, Donggala and Sigi supported by CERF; 232,656 people receiving bed nets to protect against malaria along with the distribution of 80,000 malaria rapid diagnostic tests to health facilities for malaria testing; and 229 health workers trained in the integrated management of newborn and childhood illnesses.</p>

3. Changes and Amendments
<p>As per approval from CERF, there were amendments to the original request. Given the extension in the emergency nature of the response and early recovery efforts, there had to be a reprogramming of funds to enable strong technical support based on GoI requests. This had implications in terms of when the supplies arrived in country as well as the need to extend the timeframe of personnel in the field to ensure high quality support is provided in a timely manner. Savings were achieved through reduction in vehicle rentals, where opportunities were found for increased efficiencies with other UNICEF programme operations to lower costs as well as through reorganization of existing immunization equipment, so no new additional supplies needed to be bought. These changes allowed for doubling the initial target number of beneficiaries set forth in the original proposal.</p> <p>The three main changes linked to reprogramming are:</p>

**Malaria:** The initial estimates of needed malaria long lasting insecticidal nets (LLINs) of 50,000 and rapid diagnostic tests (RDTs) of 50,000 were based on a rapid overview and discussions with the government partners. This was followed up by a more comprehensive assessment that determined the needs of LLINs and RDTs for Central Sulawesi. The new estimates were therefore increased to 112,000 for LLINs and 150,000 for RDTs respectively. For the latter, MOH indicated that a portion of the RDTs might be used for contingency purposes as well as to support other ongoing emergencies. In addition to procuring the bednets through UNICEF, the MOH also requested support in the distribution and malaria prevention support as well as monitoring of the disease.

**Immunization:** Based on the initial request from MOH, immunization-related equipment was included in the CERF proposal. However, following further discussions between the MOH and BNPB, it was decided to resource immunization equipment with in-country capacities. To address the gaps and continue the measles and rubella (MR) campaign, the PHO used existing resources and reorganization of equipment to ensure vaccinations continue as planned. The elements linked to operational support, engagement of community and religious leaders and technical oversight were provided as per the initial CERF request. Intense support contributed to 227,109 children in Palu, Donggala and Sigi being vaccinated against MR (with a total of 776,574 being vaccinated in the province)

**Newborn & child health:** The main component of support initially requested by the MOH was for skills upgrading through trainers (ToTs) for 20 personnel on integrated management of newborn and childhood illnesses (IMNCI). However, given the increasing needs from Central Sulawesi, MOH requested support to provide on-the-job training for its 250 health workers on IMNCI. UNICEF worked with University Hasanuddin (UNHAS) to train 229 health workers.

#### 4. People Reached<sup>2</sup>

##### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	31,726	18,274	<b>50,000</b>	32,759	17,241	<b>50,000</b>	64,485	35,515	<b>100,000</b>
<b>Reached</b>	111,328	74,297	<b>185,625</b>	116,004	77,269	<b>193,273</b>	227,332	151,566	<b>378,898</b>

##### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	7,100	26,902
Host population	0	0
Affected people (none of the above)	92,900	351,996
<b>Total (same as in 4a)</b>	<b>100,000</b>	<b>378,898</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<ul style="list-style-type: none"> <li>– Distribution of 112,350 LLINs to families in IDP Camps and affected areas, which directly benefited malaria preventive measures for 232,656 people.</li> <li>– Provision of 80,000 cassettes of Malaria RDTs for early diagnosis and treatment</li> <li>– MR campaign sweeping and outreach in Palu, Sigi, Donggala reaching 227,109 children (776,575 children in Central Sulawesi Province).</li> </ul>	

#### 5. CERF Result Framework

<sup>2</sup> The total number of people reached was estimated based on the aggregated beneficiary data of the people who received Malaria, LLINs and MR immunizations.

<b>Project Objective</b>	Children receive basic health services and are protected from malaria and vaccine preventable diseases
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<b>Output 1</b>	Child health integrated services available			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of health service providers trained on child health and nutrition (i.e., Infant and Young Child Feeding (IYCF) and Severe Acute Malnutrition (SAM)) management	500 health workers	Maternal, newborn and child health (MNCH): 229	MNCH: Training participants
<b>Explanation of output and indicators variance:</b>		This numbers reflect health worker trainings on IMNCI undertaken using only the CERF funds. Other funds were used for IYCF trainings.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Training provided to key health personnel from hospitals and health centres, and NGOs providing health services to displaced people. Training will focus on child health and the management of SAM. This will be coordinated through local Province/District Health Offices. The training will follow Integrated Management of Acute Malnutrition guidance, starting from the screening using middle-upper arm circumference, then it will be followed with medical check-up using IMCI standard. 200 under-five children will receive treatment for child illness (pneumonia, diarrhoea, and malnutrition)	IMNCI: MoH/PHO, management support by Faculty of Medicine University Hasanuddin (UNHAS)-UNICEF		
Activity 1.2	Produce and print risk communication materials on childhood illnesses and feeding practices to be used in IDP sites, district health offices, health centres, NGOs project sites.	This activity was not implemented with CERF funding.		

<b>Output 2</b>	Children are vaccinated against Measles and Rubella			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of children vaccinated against MR	50,000	227,109  (776,574)	MR Campaign Report from Palu, Sigi, Donggala  MR Campaign Report from Central Sulawesi
<b>Explanation of output and indicators variance:</b>		Resumption of the MR campaign after disaster, on 5 October 2018, reached 50% of targeted group in Palu, Sigi, Donggala. UNICEF support to reach minimum 95% coverage through effective outreach, sweeping and advocacy along with puskesmas/PHO/DHOs health staff.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provision of cold chain equipment to resume Measles and Rubella Campaign to replace equipment damaged in health centres in 4 affected districts	Amended as per above		
Activity 2.2	Restart socialization activities and implementation of the MR campaign that was disrupted by the EQ and tsunami, engaging the local leaders and relevant district health offices and health workers/existing volunteers.	IKM-IKK FK UNHAS - UNICEF		
Activity 2.3	Produce and print risk communication materials on Measles	Project HOPE - UNICEF		

	and Rubella vaccination to be used in IDP sites, district health offices, health centres, NGOs project sites	
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<b>Output 3</b>	Children are protected against Malaria			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of population protected from malaria	100,000	232,656	Consolidated report from Puskesmas
Indicator 3.2	Number of Rapid Diagnostic Tests for malaria delivered to hospitals, health facilities and mobile clinics	50,000	80,000 distributed 70,000 buffer stock	Procurement and Distribution list
Indicator 3.3	Number of Long Lasting Insecticide Nets distributed	50,000	101,503 distributed 10,847 buffer stock	Consolidated report from Project Hope
<b>Explanation of output and indicators variance:</b>		Please see above explanation.		
Activities	Description	Implemented by		
Activity 3.1	Equip at least 100 hospitals, health facilities and mobile clinics in four affected districts with 50,000 Rapid Diagnostic Tests for malaria over the course of 3 months and buffer to the 4 districts for mass screening in anticipated outbreak	Project HOPE-UNICEF		
Activity 3.2	Procurement of 50,000 Long Lasting Insecticide Nets to protect 100,000 population.	Project HOPE-UNICEF		
Activity 3.3	Distribution of LLINs. Most vulnerable population determined through existing information on malaria transmission location and the risk assessment	Project HOPE-UNICEF		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The project was designed based on the information from the field. These included the DTM, needs assessment, discussions with local authorities (based on their interactions with affected populations) and on-site and IDP camp visits.

### B) Project implementation phase:

Implementing partners were trained by UNICEF staff to ensure that the needs to the affected populations were taking into account during programme delivery. In coordination with the local authorities and partners, all information was clearly and regularly communicated to the affected population.

### C) Project monitoring and evaluation:

Regular interactions by the UNICEF communication for development (C4D) team with the affected population enabled a better understanding of the needs from the ground. This information was then shared with programme staff make needed adjustments: for example, ensuring that communication materials were updated to the affected population highlighted key messages such proper use of bednets.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
N/A				
<i>Supplementary information (optional)</i>				

**8. Evaluation: Has this project been evaluated or is an evaluation pending?**

No specific evaluation has been conducted on the CERF implementation. The Ministry of Health as the lead of National Health Cluster oversaw the overall health response and conducted an After-Action Review that was facilitated by WHO. The AAR document is attached.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## 8.8 Project Report 18-RR-CEF-109 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Indonesia
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	18-RR-CEF-109
5. Project Title:	Protection of children affected by earthquakes/tsunami		
6.a Original Start Date:	10/10/2018	6.b Original End Date:	09/04/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 643,859
	c. Amount received from CERF:		US\$ 643,859
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 165.708
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 124,067</li> <li>▪ International NGOs US\$ 0</li> <li>▪ National NGOs US\$ 41,641</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, UNICEF provided technical and financial support to Ministry of Social Affairs to deploy an additional 68 social workers and staff to Central Sulawesi for its services including family tracing and reunification of separated children; psychosocial support; child protection case management; coordination of child protection sub-cluster; and raise awareness on violence and abuse, including gender-based violence and prevention of sexual exploitation and abuse (PSEA).</p> <p>UNICEF and its partners reached 20,048 (10,314 girls; 9,734 boys) children through the following: community-based psychosocial support and awareness raising in 27 Child Friendly Spaces (benefiting 1,208 children); community and institution-based family development sessions for children (reaching 1,021 children); and school-based psychosocial support (benefiting 17,819 students). The Department of Social Affairs received 118 requests for tracing of separated children, of which 49 were able to be identified and 47 (17 girls, 30 boys) were reunified.</p> <p>An implementing partner, Yayasan Karampuang Mamuju, trained and engaged 50 adolescent facilitators (25 female, 25 male) to apply the life skills <i>adolescent circles</i> package, benefited 1,000 displaced children (624 girls; 376 boys) in 25 camps.</p> <p>A total 10,500 psychosocial/recreation kits were distributed to vulnerable children living in 48 IDP camps, 45 child care institutions, and to reunified children.</p> <p>Training and orientation on GBV/PSEA reached 1,166 persons (733 females; 433 males), including front line workers. A field coordination mechanism on PSEA was established, and a reporting system through a mobile application system, U Report, was made available.</p>

3. Changes and Amendments
No changes and amendments made.
4. People Reached



4a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls ( < 18)	Women ( ≥ 18)	Total	Boys ( < 18)	Men ( ≥ 18)	Total	Children ( < 18)	Adults ( ≥ 18)	Total
Planned	2,500	1,000	3,500	2,500	1,000	3,500	5,000	2,000	7,000
Reached	10,938	733	11,671	10,110	433	10,543	21,048	1,166	22,214
4b Number of people directly assisted with CERF funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees		0				0			
IDPs		7,000				22,214			
Host population		0				0			
Affected people (none of the above)		0				0			
Total (same as in 4a)		7,000				22,214			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		More children than anticipated were reached through the broad range of psychosocial programming delivered primarily through social workers. Focus of the psychosocial interventions were on children and adolescents, with schools reopening relatively soon after the disaster, there was an opportunity to reach large numbers of children through the school system, and the child friendly spaces were less utilized as a result.							
		A slightly lower number of adults were reached due to the focus on delivering psychosocial support to children when schools reopened.							
		It has not been possible to accurately breakdown numbers of people reached in IDP v's host community as this data was not collected during the interventions. Data was collected on age and sex only. In addition, children moved between IDP sites and their original community during the course of ongoing activities, and a clear definition of IDP was never formulated by local authorities.							

5. CERF Result Framework	
<b>Project Objective</b>	5,000 children and adolescents (around 2,500 female and 2,500 male) are reached by child protection services, including family tracing reunification, psychosocial support, and prevention and response to violence, abuse and exploitation.

<b>Output 1</b>	100 unaccompanied and separated children and 3,000 vulnerable children identified and/or supported with case management including family tracing and reunification services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of social workers trained on family tracing and reunification and on case management	30 social workers and volunteers	68 (33 female; 30 male)	Activity reports (UNICEF CPIE consultant)
Indicator 1.2	# of separated children identified receive case management	100 separated cases	118 cases reported: 49 cases reunited with family (17 girls; 32 boys)	Primero Database (UNICEF/ Ministry of Social Affairs (MOSA))
Indicator 1.3	# of vulnerable children provided with non-	3,000 vulnerable children	9,825	Activity reports

	food items (NFIs)			(UNICEF/MOSA)
<b>Explanation of output and indicators variance:</b>		The district social affairs office received 118 tracing requests from parents and families, of which 49 children were identified and 47 managed to be reunited with family. Of the remaining cases not identified it is likely that these children are deceased, but authorities are unable to provide verification. Based on verified needs and requests from provincial/district social affairs offices, more vulnerable children were assisted with CERF funding. As schools were re-opened relatively soon after the disaster, more children were reached through schools,		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Training social workers on family tracing and reunification and on case management	MOSA UNICEF (technical assistance/facilitators)		
Activity 1.2	Identification, documentation and facilitation of family tracing and reunification (FTR) services for Unaccompanied and Separated children (UASC)	MOSA UNICEF (technical assistance)		
Activity 1.3	Procurement of computers and mobile phone to support FTR and case management	UNICEF MOSA Procurement of computer and mobile phones to support FTR and case management was not funded by CERF.		
Activity 1.4	Procurement of NFI supplies for vulnerable children	UNICEF MOSA		

<b>Output 2</b>	5,000 children and adolescent (around 2,500 female and 2,500 male) reached by structured psychosocial supports and prevention/response to violence, abuse, and exploitation			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of children and adolescent receive structured psychosocial support through 25 child friendly spaces (CFS)	5,000 children and adolescents(50% of which are female)	21,048 (10,938 girls; 10,110 boys)	U Report (MOSA/Social workers) Beneficiary tracking report table (Yayasan Karampuang Mamuju)
Indicator 2.2	# of children and adolescent reached by prevention of and response to violence, abuse, and exploitation messages and services through child friendly spaces	5,000 children and adolescents(50% of which are female)	21,048 (10,938 girls; 10,110 boys)	U Report (MOSA/Social workers) Beneficiary tracking report table (Yayasan Karampuang Mamuju)
Indicator 2.3	# of social workers, volunteers, and members of Child Forum trained on psychosocial support and prevention and response to violence, abuse, exploitation	60	118 (58 female; 60 male)	Activity reports (CPIE and GBV consultants)
Indicator 2.4	# Information sharing and complaint and feedback mechanism, that meets the needs of different age groups and coordinated other sector mechanisms, including on PSEA.	1	1 community- based complaint mechanism established	SOP document U Report
<b>Explanation of output and indicators variance:</b>		As children returned to school psychosocial support was primarily delivered through the school system which enabled the intervention to reach a much higher number of children than initially planned. The targeted number of children was estimated from MOSA figure, while in reality more children were in urgent need for psychosocial supports, including the ones whose houses are not damaged.		

Activities	Description	Implemented by
Activity 2.1	Procurement of psychosocial/recreational kits and tents	UNICEF MOSA  UNICEF procured 10,500 psychosocial kits and 27 tents, which have been used as Child and Adolescent Friendly Spaces
Activity 2.2	Training on psychosocial support and prevention and response to violence, abuse, and exploitation	MOSA Yayasan Karampuang Mamuju UNICEF (Technical assistance/Facilitators)
Activity 2.3	Provision of psychosocial support and prevention and response to violence, abuse, and exploitation through Child Friendly/Safe Spaces for children and adolescents	MOSA Yayasan Karampuang Mamuju
Activity 2.4	Coordinated with UNFP, IOM and other partners, establish and provide training on coordinated information sharing, complaint and feedback mechanisms (including for handling PSEA related complaints; ensuring that affected people, including children and adolescents, receive the information they need in an age-appropriate manner.	UNICEF Yayasan Teman Baik (not funded by CERF)

## 6. Accountability to Affected People

### A) Project design and planning phase:

This project supported existing Government structures and local communities during design and planning phase. The needs of women and men, boys and girls, were factored based on field assessments undertaken by MOSA's team and UNICEF's child protection team, as well as Displacement Tracking Matrix (DTM) undertaken by IOM. Social workers from MOSA and staff of Yayasan Karampuang Mamuju discussed the activities with community/camp leaders, selected sites/places for CFS, agreed on the time/schedule. Prior to the start of activities with adolescents (Adolescent Circles project for psychosocial supports), staff of Yayasan Karampuang Mamuju approached community/camp leaders and parents, promoted and discussed the planned activities, and jointly identified facilitators from the camps to facilitate the activities.

### B) Project implementation phase:

Data generated from daily/regular activity reports (using U Report Platform) was analysed to see the gaps, for example, in participation of boys and older children groups (12 – 17); which was then used to inform activities targeting adolescents.

On-going adaptation and adjustments for psychosocial support activities took place during the implementation of activities based on inputs and discussions of feedback from children, adolescents, parents and community members; including changing schedules, sites and activities.

### C) Project monitoring and evaluation:

Regular monitoring of activities was undertaken by two field-based staff whose responsibilities included monitoring progress against targets, supporting development of system to track and verify participation in activities, and monthly reporting. In addition monitoring visits were conducted by UNICEF Jakarta-based child protection staff including the Chief of Child Protection, Child Protection Specialist (3 persons) and the Adolescent Officer. One joint monitoring visit was conducted under the leadership of Ministry of National Development Planning, bringing together Ministry of Social Affairs and other relevant ministries such as Coordinating Ministry of Human Development and Culture, and Ministry of Women Empowerment and Child Protection. Observation and discussions took place in Child Friendly Spaces and in affected villages and were fed back to the local government authorities through meeting with district planning offices, and at national level through a joint review meeting. UNICEF is introduced an online platform through ONO, to support monitoring of supplies by social workers.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
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No	No
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.	
<b>CBI modality</b>	<b>Value of cash (US\$)</b>
N/A	
<b>a. Objective</b>	
<b>b. Conditionality</b>	
<b>c. Restriction</b>	
<i>Supplementary information (optional)</i>	

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>An evaluation of the child protection response is planned to take place between July and September 2019. The specific objectives of the evaluation are:</p> <ul style="list-style-type: none"> <li>– Determine the key factors for the successful preparedness and response to child protection in emergencies using Central Sulawesi as a case study in relation to relevance, effectiveness, efficiency, and sustainability for achieving positive outcomes to increase the safety and protection children in emergencies.</li> <li>– Develop evidence based and actionable recommendations and guidance to strengthen the capacity of UNICEF and partners for emergency preparedness and response.</li> </ul> <p>An independent institution has been contracted to complete the evaluation with partners at national and local levels with final report due by end September 2019<sup>3</sup>.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

<sup>3</sup> UNICEF will share the finalized report with the CERF secretariat once available.

## 8.9 Project Report 18-RR-CEF-110 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Indonesia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-RR-CEF-110
5. Project Title:	Rapid life-saving multi-sectoral support to earthquake affected Sulawesi		
6.a Original Start Date:	10/10/2018	6.b Original End Date:	09/04/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,141,895
	c. Amount received from CERF:		US\$ 3,141,895
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 1,510,063</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 192,109</li> <li>▪ National NGOs US\$ 1,317,954</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>With the CERF grant, UNICEF provided life-saving support through WASH sector coordination, drinking water, hygiene promotion/kits and sanitation access provision in response to the need of affected communities in Central Sulawesi. Overall, of 10 target indicators planned, we achieved eight including critical short- and middle-term WASH service provisions. UNICEF reached over 200,000 people for safe water provision and access to sanitation facilities, while around 19,000 hygiene kits were distributed to affected communities together with hygiene promotion messages, reaching over 129,000 people.</p> <p>UNICEF with partners provided clean water supply through water trucking, construction of boreholes, and rehabilitation of existing water supply system; construction and rehabilitation of 880 latrines; desludging service to 791 septic tanks; disposing 1,632 m3 of solid waste; distribution of 18,890 hygiene kits and 35,000 school sanitation kits; 49 WASH in school promotion sessions were held and 431 hygiene promotion sessions were held in communities; and 340 people trained on hygiene promotion. UNICEF initiated WASH Cluster establishment in provincial and district levels and ensured the sustainability of the WASH Cluster coordination by assisting local government in preparing exit strategy through the activation of POKJA AMPL (GoI Water Supply and Environmental Health Task Force).</p>

3. Changes and Amendments
<p>A re-programming request was approved in February 2019. Part of CERF funds were re-allocated to support partnerships in Central Sulawesi - Wahana Visi (national chapter of World Vision), Yayasan Kemanusiaan Muslim Indonesia (national chapter of Muslim Aid), Yayasan Mercy Corps Indonesia (national chapter of Mercy Corps), CARE International and Yayasan Baitul Hikmah Elnusa. The re-allocation to support partnership was aligned with Government of Indonesia policy that required International Organizations to, as much as possible, procure local supplies and work with local/national partners. Direct contracting of supplies and services in this context</p>

became administratively cumbersome and incurred delays for the response so we opted to have local partners procure and contract locally instead.

The initial proposal for staff support to CERF included support to provincial level cluster coordination and provincial level Health Ministry coordination. Given the scale of the emergency in three districts and the need for intensive coordination efforts at all levels including district, provincial and national level with multiple line ministries, we hired a total of six consultants to support implementation on the ground (three district facilitators, one cluster coordinator, one provincial level coordinator within MoH and one lead on WASH in Emergencies based in Jakarta).

Changes on the activities included the following:

- Staffing: The recruitment, salary and travel of staff and consultants to support WASH in Emergency Response from initially three positions to 8 positions.
- WASH supplies procurement and transportation were adjusted in quantity based on request and approval process by the government.
- Partnership has changed from initially two partnerships to six partnerships.

#### 4. People Reached

##### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	25,080	50,920	<b>76,000</b>	25,080	50,920	<b>76,000</b>	50,160	101,840	<b>152,000</b>
<b>Reached</b>	36,481	65,799	<b>102,280</b>	37,075	66,255	<b>103,330</b>	73,556	132,054	<b>205,610</b>

##### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	71,000	195,330
Host population	0	0
Affected people (none of the above)	81,000	10,280
<b>Total (same as in 4a)</b>	<b>152,000</b>	<b>205,610</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

Most beneficiaries obtained from activities conducted during the emergency and transition phase (until end of April 2019) where people lived in IDP Camps and afterwards some activities were conducted in Temporary Houses (as affected people).

#### 5. CERF Result Framework

<b>Project Objective</b>	The risk of waterborne diseases is reduced in earthquake affected Central Sulawesi by providing the affected population with timely access to safely managed WASH services and a well-coordinated effective response by WASH actors.
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<b>Output 1</b>	Support sector coordination and data management to enhance the overall response			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 1.1	Effective WASH sector coordination in place in Jakarta	1 meeting/ week (minimum)	1 meeting in 2 months	MoM of National WASH Cluster Meeting
Indicator 1.2	Effective WASH sector coordination in place in Palu, Donggala and Sigi.	1 meeting/ week (minimum)	Average: 1 meeting in 2 weeks	MoM of WASH Cluster Meeting in Provincial & District Level
Indicator 1.3	Development of effective IM products and processes to support improved information management and dissemination.	80% of cluster members receive IM assets on a weekly basis	100% cluster members receive IM assets on a monthly basis	PP Cluster Website
Indicator 1.4	Improved capacity of Ministry of Public Works to lead and support the cluster approach.	50% of cluster meetings are chaired by the Ministry of Public Works	75% of cluster meetings are chaired by the Ministry of Public Works	MoM of National WASH Cluster Meeting
<b>Explanation of output and indicators variance:</b>		Meetings were more concentrated in the disaster affected areas; where national stakeholders mobilized their personnel. More than one WASH sector coordination meeting per week were conducted during initial response phase, and the meetings were less frequent during transition to recovery phase.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Establish coordination mechanism in Jakarta and support the Ministry of Public Works in coordination with other Ministries involved in WASH response and the international community.	UNICEF		
Activity 1.2	Establish coordination mechanism in Palu, Donggala and Sigi to support enhanced response via all partners..	UNICEF		

<b>Output 2</b>	Highly vulnerable households have access to safe drinking water and hygiene messages			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of households with access to safe drinking water	30,000	41,036	Partner Monitoring Form
Indicator 2.2	Number of people reached with hygiene messages.	152,000	129,447	Partner Monitoring Form
Indicator 2.3	Number of family hygiene kits distributed.	20,000	18,890	Partner Monitoring Form
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provide life-saving water purification supplies (aquatabs) and water-trucking to affected populations 2.2.1. procurement of supplies2.2.2. charter flight (tbc), supply chain management and delivery to affected area2.2.3. capacity building for local implementing partners/government on water purification supply administration2.2.4. pending assessments, household level distribution and/or water system support2.2.5. min. 15l of drinking water per person trucked to affected population (camps, non-camps)2.2.6. ongoing water testing/quality monitoring	UNICEF		
Activity 2.2	Conduct hygiene promotion to prevent AWD outbreaks; Procure and distribute with Government 20,000 Emergency Hygiene Kits targeting up to 100,000 people (assuming 1 HH:	UNICEF		

	5 persons)3.3.1. procurement of hygiene kits3.3.2. charter flight (tbc), supply chain management and delivery to affected areas3.3.3. distribution of hygiene kits to affected populations (camp, non-camps)3.3.4 hygiene promotion information campaign	
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<b>Output 3</b>	Affected populations and camps have safely managed sanitation			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of households living in camps with access to safely managed sanitation	20,000	41,118	Partner Monitoring Form
Indicator 3.2	Number of toilets constructed in camps	500	880	Partner Monitoring Form
Indicator 3.3	Number of temporary latrines provided to camps, schools and ECDs	200	50	Partner Monitoring Form
<b>Explanation of output and indicators variance:</b>		For Indicator 3.1, based on actual needs being greater due to a larger number of damaged sanitation facilities and requests from local government agencies, CERF funding was utilized to assist more households. For Indicator 3.2, toilets were constructed in camps and in temporary shelter. For Indicator 3.3, 50 permanent latrines built in schools.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Build emergency latrines in camps and affected areas, provide portable latrine structures in camps, conduct emergency desludging of camp latrines, as well as rehabilitate toilets in affected areas	Yayasan Wahana Visi Indonesia Yayasan Kemanusiaan Muslim Indonesia Yayasan Mercy Corps Indonesia		
Activity 3.2	Pending assessments/locations of priority population sites, construction of latrines/setting up portable latrines.	Yayasan Wahana Visi Indonesia Yayasan Kemanusiaan Muslim Indonesia Yayasan Mercy Corps Indonesia		

## 6. Accountability to Affected People

### A) Project design and planning phase:

During project design and planning phase, there were consultations with government and implementing partners in WASH cluster meetings in order to identify communities that needed support most and types of interventions to provide. Implementing partners conducted consultation meetings with community and schools to ensure the fulfilment of WASH facilities demand and to ensure the most appropriate interventions.

### B) Project implementation phase:

Some efforts were made to engage the disaster affected community. For example, hygiene kits provision allowed feedback mechanism through SMS/WhatsApp to capture concerns related to the use of hygiene kits. There was an attempt to analyse the feedback to better understand their perceptions around hygiene promotion interventions. Separately, a gender-based violence assessment was conducted in selected camps in collaboration with UNICEF Child Protection experts, which aimed to better mitigate risks of GBV and ensure that women and girls are consulted and solutions to WASH challenges were identified. Based on the findings, trainings were provided to UNICEF partners to address potential issues, which led to a more gender-sensitive toilets co-designed with community members.

### C) Project monitoring and evaluation:

A monitoring template was developed and used to monitor progress of UNICEF partners against the planned targets, while a standardized monitoring template (Who's doing What, Where and When (4W)) was disseminated to all WASH sector partners and monitored overall WASH sector progress, where UNICEF played a critical role including cluster coordinator support to ensure timely WASH sector reporting. These results have been used by local government to maximize all partners' efforts to address needs on the



ground. Results of 4W matrix was shared and published for public through accessible WASH information as part of the National Displacement and Protection Cluster website.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
N/A				

*Supplementary information (optional)*

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

The evaluation will be conducted through a field visit and joint review with Government partners in July 2019. Additionally, a workshop will be held to document lessons learned from all partners to inform future WASH emergency programming as part of evaluation efforts<sup>4</sup>.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

<sup>4</sup> UNICEF will share the finalized report with the CERF secretariat once available.

## 8.10 Project Report 18-RR-WFP-063 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Indonesia
3. Cluster/Sector:	Logistics - Common Logistics	4. Project Code (CERF):	18-RR-WFP-063
5. Project Title:	Humanitarian Logistics Coordination for Sulawesi Earthquake and Tsunami Response		
6.a Original Start Date:	01/10/2018	6.b Original End Date:	31/03/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,404,402
	c. Amount received from CERF:		US\$ 1,200,212
	d. Total CERF funds forwarded to implementing partners of which to: <ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 0

2. Project Results Summary/Overall Performance
<p>WFP supported the national response to the Central Sulawesi earthquake and tsunami with CERF funding. This included close collaboration with the National Disaster Management Agency (BNPB), the Central Sulawesi Provincial Disaster Management Agency (BPBD), and Association of South-east Asian Nations (ASEAN)'s AHA Centre to provide coordination support and common logistics services (storage, transport, and handling). The US\$ 6.5 million budget was based on initial requests for humanitarian air service support and establishment of a basecamp along with common logistics services. As context clarified the humanitarian air service and basecamp were not required.</p> <p>WFP supported the government in facilitating the Logistic Cluster Working Group, led by BNPB and BPBD, which included 51 organizations.</p> <p>WFP facilitated access to transport, storage and handling. With a total fleet of 40 trucks, using a combination of commercial trucks and Logistics Emergency Team (LET) partner fleet, WFP enabled transport of relief items. From October to December 2018, WFP conducted more than 1,390 trips to deliver 1,537MT relief items for 51 organizations.</p> <p>WFP established six Mobile Storage Units (MSUs). As part of the phased exit strategy, WFP provided logistics training to 38 people from over 12 organizations, including provincial BPBD, and supported national organizations establishing storage facilities for the rehabilitation and reconstruction phase.</p>

3. Changes and Amendments
<p>The project delivered all the activities planned during the three-month period. There was no amendment or change made against the proposal.</p> <p>WFP achieved and exceeded the target for several activities under both Output 1 and Output 2. Under Output 1, indicator 1.1, WFP</p>

provided coordination and logistics services to 51 agencies and organizations. These included Government bodies, INGOs, Donor Agencies, and local NGOs. The agencies were part of the Logistic Working Group coordination unit established under BNPB and BPBD leadership. A total of 40,530MT relief cargo from 29 agencies were stored between 15 October and 31 December 2018.

WFP produced a Logistics Concept of Operations for Central Sulawesi. WFP managed to achieve 100% of logistics and common service requests against the target of 90%. WFP provided free-to-user transport to affected areas using a total fleet of 40 trucks. The fleet was reduced to 20 trucks in early December 2018 following a decrease in requests. WFP provided a complete package of services – trucks, labour, and storage (including air side ground handling and facilitation) for responders during the emergency phase.

A government-led Logistic Cluster Working Group was activated on the ground at the onset of the response. The working group held coordination meetings for all humanitarian actors involved and it was used as a forum for coordination and information exchange between the Government, NGOs, INGOs, and UN agencies. A total of 18 coordination meetings were held for the three-month emergency response months, exceeding the target of five meetings in the proposal. WFP also supported with information management, including analysis, situation updates and access constraints maps. WFP supported dissemination and publication of the information through the dedicated Logistics Cluster portal and other information management tools. A total of 48 Information Management products were produced and published on the information management portal.

WFP planned to provide seven MSUs, while at the end of the project only six MSUs were established given the needs of the operation. All MSUs were subsequently transferred to BNPB at the end of WFP's operations. As part of the exit strategy WFP supported the Central Sulawesi BPBD in establishing interim storage facilities and provided warehouse management training to 38 people from 12 organizations, including the provincial BPBD.

At the end of the project period, US\$ 312,182 funding remained from the total allocation of US\$ 1,200,212. Remaining funds were returned to CERF in March 2019.

#### 4. People Reached

##### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls ( $< 18$ )	Women ( $\geq 18$ )	Total	Boys ( $< 18$ )	Men ( $\geq 18$ )	Total	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Planned			0			0			0
Reached			0			0			0

##### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)		
<b>Total (same as in 4a)</b>	<b>0</b>	<b>0</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

In delivering its project under the CERF funding, WFP did not directly assist affected population. WFP provided common logistic services to the national authorities and humanitarian agencies.

#### 5. CERF Result Framework

<b>Project Objective</b>	To support the Government-led response in coordinating with international and national NGOs, the UN system and the private sector, to optimize logistics efforts and the delivery of humanitarian assistance in Central Sulawesi.
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<b>Output 1</b>	Logistics coordination support to the Central Sulawesi Humanitarian Response			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of agencies and organizations using coordination and logistics services	10	51	WFP's online tracking system – RITA (Relief Item Tracking Application). All logistics (transport, storage, and handling) service information including the name of organizations listed.
Indicator 1.2	Percentage of logistics service requests addressed	90%	100%	WFP's online tracking system – RITA. All logistics (transport, storage, and handling) service information including the name of organizations listed.
Indicator 1.3	Number of logistics related surveys/assessments conducted	1	1	Logistics Concept of Operations for Central Sulawesi
Indicator 1.4	Number of logistics coordination meetings held with partners	5	18	Logistic working group meeting log.
<b>Explanation of output and indicators variance:</b>		Total agencies served were 51, against 10 from the target. Numbers were significantly higher given that WFP was the only organization providing a full-service package of transport, storage, and handling during the emergency phase. Due to user requirements the number of coordination meetings in the initial months of the response were significantly higher than the target.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision of logistics coordination for international and national NGOs, the UN system and private sector	The coordination was led by the Government through the Logistic Working Group mechanism. WFP provided assistance to the coordination mechanism, primarily supporting the Government in collecting and sharing the information related to logistic issues for all actors involved in the response.		

<b>Output 2</b>	Common Services to facilitate the humanitarian response			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of common services (storage and transport) requests addressed	90%	100%	WFP's online tracking system – RITA. All logistics (transport, storage, and handling) service information

				including the name of organizations listed.
Indicator 2.2	Number of MSUs provided	7	6	Situation and update reports.
<b>Explanation of output and indicators variance:</b>		WFP managed to achieve 100% of logistics and common service requests against the target of 90%. WFP planned to provide seven MSUs, while at the end of the project only six MSUs were established given the needs of the operation. All MSUs were subsequently transferred to BNPB at the end of WFP's operations.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Establishment of common storage space and contracting of transporters	WFP established MSUs at the Palu hub. The hub was established by IFRC on leased land and 6,300m2 was allocated to WFP for the Logistics Cluster.		
Activity 2.2	Contracting of transporters for land transport of humanitarian cargo in affected areas	A total of 40 trucks were used and managed by WFP to support the land transport of relief items. 32 trucks were contracted by WFP, while 8 were provided by LET partners.		

## 6. Accountability to Affected People

### A) Project design and planning phase:

In the design and planning phase, WFP adhered to the principles of neutrality, partiality, and accountability. WFP coordinated and consulted Government agencies and other partners in assessments and in developing the Concept of Operations for the Central Sulawesi Operations.

At the design phase, coordination meetings were established that included a feedback mechanism. To further support planning, an online survey was conducted to collect information of common services requirements from humanitarian organizations.

### B) Project implementation phase:

The coordination meeting established under the Logistic Working Group included a feedback mechanism. The feedback mechanism allowed users to provide input on challenges, complaints, and updates. Based on information from the user feedback mechanism action was taken following discussion amongst the working group stakeholders.

WFP and UNFPA co-led a PSEA training workshop aimed at the humanitarian community that stressed collective responsibility of all to prevent and, when necessary, appropriately respond to sexual abuse and exploitation in a manner that prioritises the safety of those affected.

### C) Project monitoring and evaluation:

WFP used the Logistics Cluster online data base monitoring system – RITA – to monitor its project activities and deliverables. The system tracks relief items (stored and transported), with all the details such as the name of the organization, destination, and other relevant information. The data from the system was used to provide reports to stakeholders as well as to feed information through coordination meetings.

An After-Action Review (AAR) was conducted to document lessons learned of the WFP operations at the end of the project period, and an end-user survey was also completed.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
N/A				
<i>Supplementary information (optional)</i>				

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

An After-Action Review (AAR) was conducted to document lessons learned of the WFP operations at the end of the project period, and an end-user survey was also completed. The review and the survey's main findings acknowledged the benefit of the "hub" or the common services facility in facilitating better coordination among the stakeholders and serving the needs of various organizations. The "hub" supported the effective and efficient receipts of items and deliveries to the organizations and the beneficiaries. The users (organizations) that benefited from the facility commended that there was significant improvement within the response once the facility set in term of the coordination among the different stakeholders (i.e. government, private sectors, NGOs, and others), management of the storage, flow of stocks (aids) including the custom clearance for international assistance, and timely delivery of aids. There were observable challenges such as the transfer of knowledge to run the common services that affected continuation of the common services, the limitation of capacity of the common service area particularly for warehousing so that not all organizations could be served, and that there was complexity on the WFP-adopted system. Further information of the AAR and End of Survey Result can be seen in the document submitted to the CERF secretariat.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

## 8.11 Project Report 18-RR-WHO-043 - WHO

<b>1. Project Information</b>			
<b>1. Agency:</b>	WHO	<b>2. Country:</b>	Indonesia
<b>3. Cluster/Sector:</b>	Health - Health	<b>4. Project Code (CERF):</b>	18-RR-WHO-043
<b>5. Project Title:</b>	Improving access to life-saving essential medicines, medical services and prevention and control of communicable disease in the earthquake tsunami and land liquefaction on Central Sulawesi population affected area		
<b>6.a Original Start Date:</b>	12/10/2018	<b>6.b Original End Date:</b>	11/04/2019
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 7,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 962,874
	<b>c. Amount received from CERF:</b>		US\$ 962,874
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 138,838</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 23,258</li> <li>▪ International NGOs US\$ 115,580</li> <li>▪ National NGOs US\$ 0</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

## 2. Project Results Summary/Overall Performance

Through this CERF grant, WHO along with its partners provided basic medical care to 83,160 people, during the period of 1 October 2018 to 11 April 2019 following the Central Sulawesi earthquake. Installation of water treatment units were done in primary healthcare facilities which served 10,000 people per day. 618,800 children between 9 months and 15 years were protected through a MR vaccination campaign and 252,500 IEC materials were printed and distributed in this regard. Communicable disease prevention and control was supported through water quality monitoring at 93 sites, WASH assessment at 22 facilities and 43 tons of waste management. The mental health and psychosocial interventions made through deployment of specialists and screening of alcohol and substance abuse directly assisted 3,587 people.

EWARS daily reporting and bulletin production was supported by supplying IT equipment and mobilizing FETPs for suspected outbreak detections. For vector-borne diseases, WHO, as a response to the Government request, supported the prevention of possible mosquito breeding by fogging susceptible sites. Nutrition officers were deployed for arrangement of public kitchens at IDP camps, identification of vulnerable groups such as infants under 5, pregnant and lactating mothers and providing them supplement food. Sustainability of emergency health services in IDP camps was ensured by establishing effective referral systems.

### 3. Changes and Amendments

The reprogramming was principally requested due to a change in governance by the Government of Indonesia as well as variations in the public health situation.

The Government of Indonesia, through the Bureau of International Cooperation, Ministry of Health, had sent an official communication regarding humanitarian assistance in Central Sulawesi using CERF funds for health sector conveying a new Ministry of Finance regulation which interpreted that the MOH could not receive any financial support from WHO. Adjustments were made to deliver planned interventions through other partners such as professional associations, NGOs or universities as well as procuring supplies.

WHO conducted a Public Health Assessment in mid-October 2018 to identify the pressing public health risks and needs for the affected population. Acute diarrhoea, acute respiratory infections, measles, vector-borne diseases and mental health were recognized as the preeminent risks. As CERF was the sole fund for this emergency response, WHO proposed to re-programme the grant accordingly.

Based on the rapid health assessment it was determined that dengue and leptospirosis were not very prevalent within the IDP community, therefore, WHO offered to rather procure Rapid Diagnostic Tests (RDTs) for rotavirus and hepatitis A. One of the main risks identified during the assessment was a measles outbreak from the low immunization coverage in Sulawesi. Consequently, MR vaccination was included among the priorities. WHO mainly supported IEC materials for the MR campaign since vaccines, equipment and operational costs were covered by health partners such as GAVI and UNICEF.

The IEC materials also included routine immunization materials which were distributed to health workers and parents/caregivers. The disruption of health service due to earthquake and tsunami as well as the raising concern of the vaccine hesitancy hampered the vaccination uptake. The IEC materials provided better understanding of the benefit which resulted in increasing community demand on immunization.

Essential medicines were accessible and therefore the priority was shifted to communicable disease control and outbreak prevention through immunization programmes, water quality monitoring and medical waste management. The reallocation of fund was justified, especially for the medical waste management, since the quantity of medical waste to be disposed turned out to be much higher than the originally estimated and only one company was available for immediate transportation.

The proposed reprogramming covered the initially determined total number of individuals but through a different approach. All of these reprogramming requests were approved by CERF Secretariat in February 2019.

### 4. People Reached

#### 4a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	31,530	61,490	<b>93,020</b>	33,265	64,715	<b>97,980</b>	64,795	126,205	<b>191,000</b>
<b>Reached</b>	31,530	61,490	<b>93,020</b>	33,265	64,715	<b>97,980</b>	64,795	126,205	<b>191,000</b>

#### 4b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	70,821	70,821
Host population	0	0
Affected people (none of the above)	120,179	120,179
<b>Total (same as in 4a)</b>	<b>191,000</b>	<b>191,000</b>

*In case of significant discrepancy between planned and reached beneficiaries, either*

No significant discrepancy between planned number of people and reached number of



the total numbers or the age, sex or category distribution, please describe reasons:	people.
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## 5. CERF Result Framework

<b>Project Objective</b>	Improving access to life-saving health services in earthquake, tsunami and land liquefaction affected areas of Central Sulawesi through effective health coordination, prevention and control of communicable disease, mental health and psychosocial support, and the provision of adequate medical services and emergency nutrition.
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<b>Output 1</b>	Ensuring effective Health Sector Coordination, information management & risk communication through WHO Emergency Field Operational support			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	National Health Cluster coordination meeting established	One coordination center in central level, one in province level and four in district level to hold total of 26 coordination meetings	6 meetings	Personnel's end of contract report
Indicator 1.2	Weekly Health Cluster bulletin update	Once a week for 12 weeks	8 bulletins	Personnel's end of contract report
<b>Explanation of output and indicators variance:</b>		PHO requested to reduce the number of bulletins because during the initial days of the emergency, information was overlapping with the sitreps and MOH infographics.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Two National Health cluster coordination meeting	MOH		
Activity 1.2	12 weekly Provincial Health Cluster coordination meeting	PHO		
Activity 1.3	12 weekly District health coordination meeting	PHO with DHO		
Activity 1.4	Development of Health Cluster bulletin	PHO with WHO		

<b>Output 2</b>	Strengthening of surveillance, mobilizing Field Epidemiology Training Programmes (FETPs), and contingency planning for communicable, water and vector-borne disease outbreak response by improving environmental health such as monitoring water quality and sanitation in health facilities, waste management, medical waste management and proper disposal of medical waste			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Early Warning Alert and Response System for Emergency (EWARS) set up and functioning.	24 outbreak potential diseases under EWARS to ensure potential disease outbreaks are detected, verified and response promptly (100%)	24 outbreak potential diseases under EWARS to ensure potential disease outbreaks are detected	The Indonesia Epidemiologist Association final report
Indicator 2.2	Rapid Diagnostic Test (RDT) to support early detection of epidemic potential diseases during emergency available at three affected districts.	1,800 dengue test kits and 1,200 leptospirosis test kit are in place for screening the concern diseases. 240 vials of Diphtheria Antitoxins	As per programme change: 20 IgM and hepatitis A rapid test kit, 100 RDT rotavirus procured and distributed to the local	Delivery report by vendor and health cluster bulletin

		available at PHO to threat suspected diphtheria patients	government	
Indicator 2.3	Environmental risk control established	All potential breeding places identified and treated appropriately	Procurement of insecticide, 3 units of mist blower and fogging machine, 100 lt mosquito insecticide, 250-unit flies insecticide and 100 kg chemical larvacide to be used in the vector breeding site by the PHO and local port health office	Delivery report by vendor and health cluster bulletin
<b>Explanation of output and indicators variance:</b>		<p>Following a rapid assessment, 2.2 and 2.3 were reprogrammed from procuring RDT for malaria, dengue and leptospirosis to procuring RDT for rota-virus and hepatitis A. This was in line with request from MoH and PHO.</p> <p>To improve EWARS performance, training on EWARS daily and weekly reporting was conducted for Puskesmas staff located in affected area. Puskesmas staff sent EWARS report to EWARS database by SMS or using mobile application. WHO, FETP and PHEOC provided technical assistance for data reporting and analysis at Puskesmas, District and Province Health Office. Based on data received, PHEOC, PHO and FETP did a field investigation and reported suspected Measles, Malaria and Diarrhoea in IDP camp. During project implementation, there were no outbreaks reported. An information structure was established at PHO to support surveillance data analysis and develop and publish EWARS daily and weekly bulletin based on data from Puskesmas.</p>		
Activities	Description	Implemented by		
Activity 2.1	Rapid assessment to identify priority epidemic prone diseases and reporting units and possible reporting method	WHO		
Activity 2.2	Deploy the implementation team for EWARS, including involvement and deployment of FETP students from two universities, for three months	PAEI (Epidemiologist Association) contracted by WHO		
Activity 2.3	Provide simple guideline / self-explanation SOP and tools for EWARS implementation in emergency setting,	PAEI (Epidemiologist Association) contracted by WHO		
Activity 2.4	Conduct case detection, reporting, verification/investigation and control	Labkesda		
Activity 2.5	Procurement of Rapid Diagnostic Test for Malaria, Dengue, Leptospirosis	Reprogrammed, done by WHO		
Activity 2.6	Distribution of Rapid Diagnostic Test for Malaria, Dengue, Leptospirosis	Reprogrammed, done by WHO		
Activity 2.7	Real time programme management (Monitoring and evaluation) of EWARS performance	PAEI (Epidemiologist Association) contracted by WHO		
Activity 2.8	Conduct rapid assessment on environmental risk for vector borne diseases.	PAEI (Epidemiologist Association) contracted by WHO		
Activity 2.9	Deploy teams of vector control specialists for three months	reprogrammed		
Activity 2.10	Procurement of insecticide, pesticide, and larvacide for controlling vector	WHO		

Activity 2.11	Use of vector controls by vector control specialist from MOH in cooperation with PHO disease control	reprogrammed
Activity 2.12	Real time Monitoring and Evaluation of vector control for programme management	reprogrammed
Activity 2.13	Medical waste management system set up to ensure environmental risk management	A vendor contracted by WHO

<b>Output 3</b>	Distribution of essential medicines and supplies and re-establishing the medical supply chain management in both civilian and military Emergency Medical Teams (EMTs)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Medical supply chain restored through procurement of 5 cold chain chambers to store blood and vaccines, and temperature-controlled drugs	5 cold chain chambers supported in 4 affected districts	reprogrammed	reprogrammed
Indicator 3.2	Drinking water quality surveillance supported at twenty temporary supplies to communities	20 temporary supplies to communities	Water quality assessed in 26 IDP camps and 5 puskesmas. 2 water treatment supported	Tadulako University and Project HOPE final report,
Indicator 3.3	Rapid assessment report data form 10 Primary healthcare centres are provided	10 rapid assessment report	10 rapid assessment report	Field report
<b>Explanation of output and indicators variance:</b>		Based on priority of immunization and waste management the activities were reprogrammed. MR vaccination campaign was supported through production of 252,500 IEC materials and 43 tons of medical waste was managed through a contract with a third-party waste management company.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Procurement and distribution of cold chain storage for blood, vaccines, and drugs	reprogrammed		
Activity 3.2	Distribution of cold chain storage for blood, vaccines and drugs by MoH, through PHO and DHO.	reprogrammed		
Activity 3.3	Rapid assessment and support WASH services, including infectious and hazardous waste management in 10 healthcare settings Pharmaceutical and other hazardous medical waste disposal	A vendor contracted by WHO		
Activity 3.4	Procurement of 10 Water Treatment Reverse Osmosis units	Yayasan Project HOPE		
Activity 3.5	Support surveillance of drinking water quality at temporary supplies to communities	University of Tadulako, Environmental Engineering Department		

<b>Output 4</b>	Ensuring the sustainability of emergency health services, in IDP camp as well as the establishment of referral system, by providing support for both civilian and military EMTs in treatment of the injured, including the provision of rehabilitation services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	National EMT Coordination Cell (CC) is established in PHO	One national EMT CC is established	One national EMT CC is established	Health cluster bulletin produced by PHO with assistance of WHO, Gadjah Mada University report on EMT monitoring
Indicator 4.2	Number of EMT mobilized as surge	One EMT type-2	One EMT type-1	Health cluster bulletin,

	capacity to ensure the provision of emergency health services	deployment	deployment	Gadjah Mada University report on EMT monitoring, MDMC and Project HOPE report
Indicator 4.3	Number of internally displaced person camp (IDPs camp) received health services through mobile clinics	104 IDPs camp	104 IDPs camp	Health cluster bulletin, Gadjah Mada University report on EMT monitoring, MDMC and Project HOPE report
<b>Explanation of output and indicators variance:</b>		EMT type-2 was not recognized and not allowed by Indonesian MOH national health cluster coordination mechanism as many of the affected hospitals remained functioning. Therefore, the target switched to EMT type-1 deployment to assist the local government to expand health services to IDP camps. The targeted camps also had to be revised as more centralized camps were required. Project HOPE reported the beneficiaries of the EMT type-1 outreach to be 3,000 outpatients.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Establishment of national EMT CC	MOH, PHO and DHO with the assistance of Gadjah Mada University		
Activity 4.2	Deployment of surge capacity to provide emergency health services	MDMC, Project HOPE		
Activity 4.3	Deployment of mobile clinics (EMT type-1 mobile) to communities	MDMC, Project HOPE		
Activity 4.4	EMT monitoring and evaluation	WHO, MOH and Gadjah Mada University		

<b>Output 5</b>	Mental Health and psycho-social support (MHPSS) by providing psychosocial first aid support to the community			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	Number of internally displaced person (IDPs) camps received basic clinical mental health care by the MHPSS personnel	50 IDPs camp	42 IDPs camps and Students at 10 Schools	Mental Health Nurse Association, Crisis Center University of Indonesia and MOH Mental Health Directorate report
Indicator 5.2	Number of health care officers in Primary health care service who obtain trainings to provide psychological first aid	20 Officer in 20 Health facilities	102 Officers in 64 Puskesmas	Mental Health Nurse Association, Crisis Centre University of Indonesia and MOH Mental Health Directorate report
<b>Explanation of output and indicators variance:</b>		Activity 5.1 and 5.2 have exceed the targets, due to high demand of mental health services from the affected districts. Activity 5.3 "Monitoring and evaluation of MHPSS" was changed to Mental Health and Psychosocial Support to Minimize Harm Related to and Prevent Alcohol and Other Substance Use. This is due to the preliminary findings from PHO that estimated the increased risk of alcohol and substance use in some disaster affected areas.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Provision of the mental health specialist and trained mental health personnel to ensure the delivery of basic clinical mental health care	IPKJI (Mental Health Nurse Association)		

Activity 5.2	Delivering of Psychological First Aid (PFA) services to IDPs by trained non – mental health specialist	Crisis Centre Psychology Department, University of Indonesia
Activity 5.3	Conducting monitoring and evaluation of Mental Health and Psychosocial Support activities	MOH Mental Health Directorate, Mental Health and Psychosocial Support to Minimize Harm Related to and Prevent of Alcohol and Other Substance Use in Affected Population of Palu, Sigi and Donggala Districts

<b>Output 6</b>	Provision of emergency nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 6.1	Number of children screened for acute malnutrition referred for follow-up care	100% (approximately 19,639)	5,409 children: 645 infants and 4,764 under-5 years-old	Indonesian Nutritionist Association final report
<b>Explanation of output and indicators variance:</b>		<ul style="list-style-type: none"> <li>The support for nutrition extended to pregnant and breastfed women and geriatric population. 360 pregnant women, 926 breastfeeding women and 4,058 geriatric population covered</li> <li>25 of nutrition officer of health centre have trained on the Infant and Young Child Feeding (IYCF) use Positive Deviance approach.</li> </ul>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 6.1	Health Nutrition Sub-Cluster intervention	PERSAGI (Indonesian Nutritionist Association)		

## 6. Accountability to Affected People

### A) Project design and planning phase:

Health meetings were held at community level involving the primary healthcare facilities to inform the affected population about the project, the implementing agency and partners. WHO together with the central and local government disseminated information in a timely manner and made it accessible to all via social media such as WhatsApp group, twitter and Instagram. Central government and health partners conducted situation analysis and rapid health assessment through consultations with the crisis-affected people (including vulnerable and marginalized groups) and the results were taken into consideration during decision making and project implementation.

### B) Project implementation phase:

Accountability was reflected by tailoring the services according to the needs of the affected population instead of availability of the fund. WHO and its partners had regular communication and routine national health cluster coordination meeting to ensure high quality of services. At the national level, WHO also participated in the HCT meeting that shared their inter-cluster findings from the camp coordination and camp management (CCCM) and cluster displacement tracking system (DTM) which involved the national clusters. WHO reassessed and reprogrammed accordingly by considering the needs of the affected people.

### C) Project monitoring and evaluation:

The feedback received from the routine national health cluster and sub-clusters coordination meeting, HCT meeting, inter co-cluster lead coordination meeting and from the EMT monitoring and rapid assessments were used as guidelines for the adjustments in the activities as well as the target/indicator.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
N/A				
<i>Supplementary information (optional)</i>				

**8. Evaluation: Has this project been evaluated or is an evaluation pending?**

Evaluation was conducted internally and externally, internally there were a monthly meeting to discuss the challenge on the implementation of CERF fund and externally WHO Indonesia planned to conduct after action review with relevant stakeholders using independent in-house facilitator and evaluator in end of April 2019 in Central Sulawesi Province. This report has been submitted to the CERF secretariat.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Code	Project	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-FAO-029		Livelihoods	FAO	NNGO	\$18,679
18-RR-FAO-029		Livelihoods	FAO	NNGO	\$18,446
18-RR-FAO-029		Livelihoods	FAO	GOV	\$182,482
18-RR-IOM-034		Camp Management	IOM	INGO	\$33,530
18-RR-UDP-012		Early Recovery	UNDP	NNGO	\$121,732
18-RR-UDP-012		Early Recovery	UNDP	NNGO	\$132,681
18-RR-UDP-012		Early Recovery	UNDP	NNGO	\$128,075
18-RR-UDP-012		Early Recovery	UNDP	NNGO	\$80,614
18-RR-UDP-012		Early Recovery	UNDP	NNGO	\$86,594
18-RR-UDP-012		Early Recovery	UNDP	NNGO	\$79,507
18-RR-FPA-043		Health	UNFPA	GOV	\$42,003
18-RR-FPA-043		Health	UNFPA	NNGO	\$228,999
18-RR-FPA-043		Health	UNFPA	NNGO	\$170,881
18-RR-FPA-044		Protection	UNFPA	GOV	\$36,333
18-RR-FPA-044		Protection	UNFPA	NNGO	\$69,804
18-RR-FPA-044		Protection	UNFPA	NNGO	\$279,505
18-RR-CEF-108		Health	UNICEF	INGO	\$120,245
18-RR-CEF-108		Health	UNICEF	NNGO	\$151,324
18-RR-CEF-108		Health	UNICEF	NNGO	\$13,226
18-RR-CEF-108		Health	UNICEF	GOV	\$51,425
18-RR-CEF-108		Health	UNICEF	GOV	\$1,216
18-RR-CEF-109		Child Protection	UNICEF	GOV	\$124,067
18-RR-CEF-109		Child Protection	UNICEF	NNGO	\$5,577
18-RR-CEF-109		Child Protection	UNICEF	NNGO	\$35,877
18-RR-CEF-109		Child Protection	UNICEF	NNGO	\$187
18-RR-CEF-110		Water, Sanitation and Hygiene	UNICEF	NNGO	\$509,103
18-RR-CEF-110		Water, Sanitation and Hygiene	UNICEF	NNGO	\$447,363
18-RR-CEF-110		Water, Sanitation and Hygiene	UNICEF	NNGO	\$49,967
18-RR-CEF-110		Water, Sanitation and Hygiene	UNICEF	NNGO	\$311,521
18-RR-CEF-110		Water, Sanitation and Hygiene	UNICEF	INGO	\$192,109
18-RR-WHO-043		Health	WHO	INGO	\$115,580
18-RR-WHO-043		Health	WHO	GOV	\$23,258

## ANNEX 2: Success Stories

### Out of the Rubble

#### *Indonesian Survivors Create Fashion Statement from Discarded Clothing*

*Story by: Relawan untuk Orang dan Alam (ROA), Edited by: Tomi Soetjipto and Ranjit Jose, Photo by: Olyvianus Lado and Fieni Aprilia*

When fish-seller, Risnawati lost her coastal home in the devastating earthquake and tsunami in Indonesia's Sulawesi last year, she never thought that discarded clothing would help her get back on her feet. Risnawati was one of the survivors and recipients of UNDP's cash-for-work programme which aims to clear the debris of the quake-hit areas. Under this programme she and hundreds of other quake survivors received daily income by clearing the debris of the quake-stricken homes and schools.

One day she noticed a large number of clothes discarded around the city and among the rubble in her village. She then developed the idea of repurposing some of the material. She enlisted the help of friends in gathering them and created an assortment of colourful bracelets. The bracelets have since helped them develop a new source of income.

Like most of the 200 families in her coastal Tompe village, the 35-year old used to make a living at the local market but ever since the market was destroyed, she has been unable to resume her business. The loss of boats and related equipment also worsened her situation.

Every evening, Risnawati and seven other women sorted the clothes according to colour and pattern, washed them and prepared them to be transformed into bracelets. No special equipment was used, just scissors and small rubber tubes.

*"We placed each piece of cloth into a transparent rubber tube which helped create a pattern and then we tied the ends together to create a unique, handmade bracelet," said Risnawati who took part in the second stage of UNDP's cash-for-work.*

Each bracelet costs IDR 50,000. The idea worked. Risnawati and her group have sold many bracelets over the past several weeks and have even received orders for more. "We hope we can draw interest in our bracelets either from people who want to buy them or from those who can help us promote them," Risnawati said. "We hope this way we can generate additional income for our families."

These women, survivors of the disaster, make up 40 percent of the female participants in UNDP's debris clearance programme. This programme is part of the UNDP's rapid disaster relief programme of USD 1.4 million to support recovery efforts, with funding coming from the UN Central Emergency Response Fund, and UNDP. The cash-for-work programme ended in March, but thanks to Risnawati's creativity, she can still earn extra money to support her living.

UNDP, along with its local partners, Imunitas, YMKM, Evergreen, KPPA, Bonebula and Relawan untuk Orang dan Alam (ROA), initiated a cash-for-work programme for debris and waste management in 39 villages in Palu, Sigi and Donggala districts. The cash-for-work programme aims to assist survivors such as Risnawati and 3,500 other workers rebuild their lives.

To promote her products, the bracelets have become part of Risnawati's daily wear. But for her, the bracelets are more than just a fashion statement; it's a symbol of creativity amidst adversity.

This story is published at: <https://undpindonesia.exposure.co/out-of-the-rubble>



### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
ASEAN	Association of South-east Asian Nations
BAPPENAS	Badan Perencanaan Pembangunan Nasional (National Development Planning Agency)
BNPB	Badan Nasional Penanggulangan Bencana (National Disaster Management Agency)
BPBD	Badan Penanggulangan Bencana Daerah (Disaster Management Agency at sub-national level)
CC	Coordination Cell
CCCM	Camp Coordinator and Camp Management
CSO	Civil Society Organization
DTM	Displacement Tracking Matrix
EMT	Emergency Medical Team
ERC	Emergency Relief Coordinator
ERAT	Emergency Response and Assessment Team
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-based Violence
GBVIE	Gender-based Violence in Emergency
Gol	Government of Indonesia
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFI	Humanitarian Forum Indonesia
IASC	Inter-Agency Standing Committee
ICCCG	Inter-cluster Co-ordination Group
ICCG	Inter-Cluster Coordination Group
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
JNA	Joint Need Assessment
MNCH	Maternal, newborn and child health
MOH	Ministry of Health of the Republic of Indonesia
MOSA	Ministry of Social Affairs of the Republic of Indonesia
MOWECP	Ministry of Women Empowerment and Child Protection
MR	Measles and Rubella
NFI	Non-Food Items
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDC	Pacific Disaster Center
PKH	Program Keluarga Harapan (Family Hope Programme)
Planas PRB	Indonesian National Platform for Disaster Risk Reduction
PMI	Palang Merah Indonesia (Indonesian Red Cross)

PSEA	Protection against Sexual Exploitation and Abuse
PWR	Protection of Women's Rights
RC	Resident Coordinator
RDT	Rapid Diagnostic Test
SAM	Severe Acute Malnutrition
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
4W	Who's doing What, Where and When