

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Indonesia
Resident/Humanitarian Coordinator	EI-Mostafa Benlamliah
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:		\$38,031,101	
	Total amount received for the humanitarian response:		\$14,596,461	
	Breakdown of total country funding received by source:	CERF		\$6,935,734
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)		\$7,660,727
	Total amount of CERF funding received from the Rapid Response window:		\$6,935,734	
	Total amount of CERF funding received from the Underfunded window:			
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$6,164,349
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$171,256
		c. Funds for Government implementation:		\$600,129
d. TOTAL:			\$6,935,734	
Beneficiaries	Total number of individuals affected by the crisis:		1,200,000	
	Total number of individuals reached with CERF funding:		250,000	
Geographical areas of implementation:	Most affected districts in West Sumatra Province, including Padang, Padang Pariaman, Agam, Pesisir Selatan and Pasaman Barat. Assistance will also cover the cities of Padang, Pariaman, Bukittinggi, Padang Panjang and Solok			

II. Analysis

A series of powerful earthquakes struck off the western Sumatra coast on September 30 and October 1, 2009, affecting 1.2 million people.

The Government of Indonesia responded immediately to the emergency. However, the size of the affected population, the large-scale destruction, and its occurrence less than a month after another earthquake in the country, overstretched government capacity. Upon request by the government, the humanitarian community quickly mobilized a response. A Humanitarian Response Plan (HRP) was issued on 9 October, requesting US\$38 million for food security, agriculture, health, emergency shelter, WASH, protection, education, early recovery, coordination and logistics.

The Humanitarian Country Team (HCT) recognized the need for immediate resources to adequately respond to the most pressing needs and prioritised CERF projects on the basis of urgent needs for supplies/services identified by Inter-Agency Standing Committee (IASC) partners and the Government. A total of \$6.8 million of CERF funding was allocated to 7 agencies (United Nations/International Organization for Migration) under the Rapid Response window. CERF funding enabled the immediate response of the United Nations and IOM and was largely seen a crucial source for time-critical and life-saving activities.

Activities supported by CERF funds centred on the most urgent needs of food assistance, access to clean water and sanitation facilities, hygiene, health coverage, education and child protection, and emergency shelter. Agricultural support was provided ensuring that the most vulnerable farmers could rebuild their livelihoods. Initial relief activities soon merged into activities contributing to longer-term recovery. Critical partnerships included government line ministries, local authorities, international and national NGOs, and technical professionals.

From the outset of the disaster, coordination efforts were strong and successful. The United Nations Children's Fund (UNICEF), World Food Program (WFP), World Health Organization (WHO), and Food and Agriculture Organization (FAO) quickly established leadership roles of their respective clusters. CERF funding strengthened coordination through the added value of ensuring active participation of the cluster lead agencies in project implementation, needs assessments, and working with government officials. Rapid needs assessments were undertaken in the days after the earthquake in close coordination with the Government. Assessment teams used the Joint Needs Assessment tool agreed by the HCT to review shelter, water, sanitation facilities, the availability of basic non-food items, food, health and education needs. Particular attention was paid to identifying the most vulnerable persons. Results allowed for immediate provision of coordinated assistance. All agencies promoted gender mainstreaming. Ongoing monitoring has allowed refinement and adjustment of aid packages and better targeting for more appropriate forms of assistance.

Agriculture

FAO used the CERF grant to restore food production and improve food security for the most vulnerable farmers through the supply of agricultural inputs (rice seeds and fertilizers). Farmers whose rice fields could not be cultivated due to irrigation damage received alternative crops seed, such as maize, sweet corn and vegetables. The assistance was provided on time before the planting season and at the transition from emergency to early recovery phase. 7,103 households were direct beneficiaries of this project.

1,050 farmers whose land could not be irrigated due to damaged irrigation systems were trained to grow alternative crops. Through this intervention, approximately 346 hectares (ha) of potentially neglected rice fields has now become productive. The training also created a sustainable link between affected communities and seed providers, one of the key factors for long-term development.

The project has contributed to improved food security, and has also provided additional income for vulnerable households in the transitional phase from emergency to early recovery.

Partnerships among the agencies ensured their direct involvement in survey and assessment, identification of beneficiaries, distribution of inputs, and monitoring and evaluation of the impact of the project.

Emergency Shelter

Due to “straight to the point of need” action required and the CERF funding being available within a matter of days, IOM was able to respond to most pressing needs of shelter as per live reports from the field. 1621 shelter kits were distributed to families with heavily damaged houses in the two worst affected areas, Padang Pariaman and Agam District. With CERF funding, IOM was also able to carry out further assessments in the affected regions.

The targeted beneficiaries were identified by an IOM assessment team and Shelter Cluster members according to clearly defined vulnerability criteria. A special community facilitation team was mobilized to monitor activities and coordinate with other humanitarian actors.

WASH

As a result of the earthquake, the water supply in the main towns was disrupted as well as in villages throughout the districts of Padang, Pariaman and Agam. CERF funds have been essential for the rapid response while waiting for the other donor commitments and local government allocations. UNICEF, together with international and local NGOs, supported the Government to set up 110 water bladders in strategic locations to support water trucking services. Jerry cans and water purifier sachets were distributed to the affected populations. These interventions benefited 200,000 people, including 100,000 children. With UNICEF assistance, 40,000 vulnerable families received hygiene kits. In addition, semi-permanent latrine cubicles were constructed or rehabilitated in 43 schools reaching 5,583 students and 478 teachers. Some 126 teachers have been trained and received information, education and communication (IEC) materials on hygiene education. They have also incorporated hygiene sessions into their regular classes or developed drama, songs or hand-washing competitions.

With CERF funding, IOM was able to construct up to 250 public hygiene facilities in Padang Pariaman and Agam districts to prevent spread of waterborne diseases. Improved ‘tailor-made’ designs were also developed to provide longer lasting solutions as well as accommodating individuals with disabilities and access limitations. All communities were trained on basic hygiene practices. Outreach materials were also provided.

Partnerships with local and international NGOs and government ensured timely and efficient implementation of WASH programmes for the most vulnerable. Cluster coordination helped identify priority areas and needs and support the agencies to release their emergency items and/or develop proposals for longer term action.

Food and Nutrition

WFP was able to respond quickly to the earthquake victims under a contingency component of the existing operation and through CERF funds. WFP immediately activated internal resources including food, staff and additional money required. WFP utilized established government systems - school and health centres, to identify beneficiaries and to channel distributions of supplementary nutrient-enriched foods. To focus was on preventing the deterioration of nutritional status (macro-micronutrients) of vulnerable groups within the affected population by providing supplementary feeding of fortified food during the emergency stage.

Through CERF funding, WFP fed more than 241,000 beneficiaries for 3 months, distributing 1089 metric tons of fortified biscuits and noodles in six districts of West Sumatra Province. The nutritional status of children under 5 stabilized during the three month response partly due to this assistance.

WFP's early and successful response was based upon strong partnerships with NGOs, Red Cross and local government agencies to distribute critical food commodities in a timely manner.

Education

UNICEF provided significant support in ensuring the continuation of education services for children, including through the provision of temporary learning spaces and learning and recreation materials. As the result of these interventions, all schools resumed functioning in the third week after the disaster with a 90 per cent attendance rate.

The CERF funding enabled UNICEF to provide an immediate response for the West Sumatra earthquake, by providing basic supplies in six affected districts, including school-tents. Some 27,840 children benefited from this assistance. The quick distribution and installation of the school-tents also gave confidence to the local education authorities to launch the Back-to-School Campaign shortly after the disaster. In addition to this, the back-to-school policy was supported by the distribution of recreation materials, which helped to reduce the psychosocial impact.

During the implementation period, a strong partnership was established with OCHA, the Education Cluster and the Government, which effectively facilitated the process, smoothed the response and prevented overlapping in the field. Intense communication between the three parties has contributed to the enhancement of each actor's capacity, which goes on to positively impact beneficiaries who then receive good quality support.

Health

CERF funding enabled WHO to promptly facilitate and support emergency activities to save lives, prevent further casualties and potential outbreak of diseases. Mobilization of emergency funds from the Ministry of Health, Provincial Health Office and District Health Offices was limited during the emergency and early recovery phases, and the existing gaps were filled through use of CERF funds. WHO was able to support life saving needs through Health Cluster coordination with partner agencies. Interventions included: assessment of health facilities, treatment of injured patients, running mobile clinics, provision of water supplies, sanitation facilities and waste management in health facilities, establishment of makeshift health clinics, care of vulnerable groups such as women and children, nutrition status monitoring, control of potential

disease outbreaks, psychosocial and mental health support, as well as provision of health care to IDPs.

UNFPA used CERF funding to ensure health coverage for affected populations, including life-saving reproductive health care (RH) through implementation of Minimum Initial Service Package for Reproductive Health in emergency situations (MISP). This is a coordinated set of priority programmes designed to prevent and manage the consequences of sexual violence; prevent excess neonatal and maternal morbidity and mortality; reduce HIV/AIDS transmission; and plan for comprehensive RH services in the early days and weeks of an emergency. CERF funds were also used to strengthen local capacities to provide Emergency Obstetric Care and RH care in emergencies.

In collaboration with Indonesian Midwife Association (IBI), 15 maternal health posts were established in areas with damaged health centres to temporarily provide ante natal care, delivery assistance, post natal care as well as family planning services. Health centres and hospitals were equipped with essential RH equipment and supplies for provision of Basic Emergency Obstetric and Neonatal Care (BEONC) and Comprehensive Emergency Obstetric and Neonatal Care (CEONC). Maternal Health data collected through a local area monitoring system indicates that there has been no excessive increase in maternal deaths after the earthquake at the UNFPA supported health posts.

Logistics

The CERF funding allowed WFP to rapidly establish six mobile warehouses that provided storage capacity to humanitarian partners. Storage was a concern as a number of structures had been damaged during the earthquake. A total of nine agencies and organizations utilized these storage services. In addition, two mobile storage units were transferred to the local government. Heavy lifting equipment (four Manitou forklift units) was deployed to assist in cargo-handling and rubble clearance.

The funding also enabled the timely establishment of a coordination and information management structure for use by the humanitarian actors involved in the response. 23 products (maps, information packages, a food and NFI database, etc.) were produced and disseminated to the Logistics Cluster members. Logistics needs, gaps, and pipeline data were discussed through the Logistics Cluster structure in order to ensure that sufficient storage and transport capacity was available and utilized throughout the emergency. CERF funding also allowed for Warehouse Management & Surface Transport Training provided to the government, NGOs and UN agencies.

Child Protection

A comprehensive assessment on child protection was conducted, which provided a clear picture of the child protection issues that needed to be addressed. The recommendations from this assessment have served as a guide for the government to respond to child protection concerns. UNICEF worked closely with members of the Child-Protection sub-cluster established in West Sumatra following the earthquake. The commitment of the provincial and district governments and technical and financial contributions given by other organizations have ensured that some preliminary recommendations from the assessment could be implemented immediately. Those recommendations include development of a Child Protection Data System, strengthening of the community and social workers to respond to child protection needs, as well as improvement of the Integrated Service Centre (PPT) and of the Services Unit for Women and Children (PPA).

CERF funds also allowed UNICEF to distribute psychosocial kits and other psychosocial materials. Around 3,300 children (more than 45 per cent were girls) directly benefited from this distribution as well as from psychosocial activities organized by trained peer-educators. Additionally, a further 8,000 young people and family members benefited indirectly from these activities.

Early Recovery

United Nations Development Programme (UNDP) used CERF funds to ensure a rapid restoration of local government capacity to deliver emergency relief assistance, restart public services, and initiate early recovery activities. UNDP RISE has established a Rubble Clearance and Demolition (RCD) project team in Padang to manage the project with all partners.

Safe and environmentally sound clearance and removal of dangerous structures, debris and rubble ensured access for timely delivery of essential services. These interventions also promoted community self-recovery initiatives. These interventions also provided access to livelihoods and markets for food and small trade which generated some income for poor and vulnerable families. And finally these works helped reduce the risks to public health and safety and lessen the potential environmental impact of disaster waste.

III. Results

Sector/ Cluster	CERF Project number and title (if applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF Funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
agriculture	09-FAO-035 "Improved food security of farmers through emergency supply of agriculture inputs"	\$600,000	\$2,150,000	7,010 farmer households	<p>2,200 hard hit families recover their farming based livelihoods and resume household food production through supply of agriculture inputs.</p> <p>Strengthened technical knowledge and skills of the beneficiaries on household-level agriculture practices.</p> <p>Appropriate crops /cropping systems introduced by targeting the next cropping season and yield increased</p>	<p>Procurement of 66t quality rice seed and 770t fertilizers consisted of 440,220 and 110 tons of urea, TSP and KCl, respectively.</p> <p>6,125 HH received rice seed and fertilizers and 978 HH alternative crop seeds. With assumption of one family consisting of five members, the project targeted more than 35,000 people.</p> <p>Three worst affected districts (Kota Padang, Padang Pariaman and Agam) were supported.</p> <p>Around 2,461 ha of rice and 346 ha of alternative crops were cultivated in the cropping season of January/ February. Harvest is in 3 months with estimated production of more than 11,000t rice and 1,700t maize.</p> <p>1,050 farmers whose land could not be watered by the damaged irrigations were trained to grow alternative crops. Around 346 ha rice field that potentially neglected due to damage of irrigation becomes productive.</p> <p>Through the fertilizers provided by the project, rice farmers are expected to increase productivity by up to 20%.</p> <p>The project will restore food availability and security, rural economic as well as provide additional income for vulnerable households in the transitional phase from the emergency to early recovery phase.</p> <p>The project promoted cooperation between agriculture offices, extension workers, community leaders, farmer groups and international NGOs.</p>	<p>Allocation of CERF funds allowed the project begin immediately and provide agricultural inputs before the planting season and restore food production.</p> <p>The project provided training and technical assistance for farmers on growing alternative crops. This created a sustainable link between affected communities and contributed to long term development.</p> <p>The project has contributed to improved food security, and provided additional income for vulnerable households in the transitional phase from emergency to early recovery.</p>	<p>For distribution of the agricultural inputs, Letters of Agreements (or sub-contracts) were signed with four implementing partners (Agriculture Office of Padang, ACTED, Relief International and Mercy USA). FAO, together with the implementing partners monitored and evaluated the selection of beneficiaries, distribution of inputs, and the actual usage of the inputs by beneficiaries.</p>	<p>In selecting the target beneficiaries, priority was given to vulnerable groups including widows and female-headed households</p>

Emergency Shelter	IDN-09/S/NF01 "Emergency Shelter for Earthquake Affected Families"	\$203,809	\$423,000	7,000 individuals 50% men, 50% women	Provide emergency shelter materials and safe rebuilding support to 1,400 earthquake affected families/households	Project supported two hardest hit areas, Padang Pariaman and Agam District. 1621 shelter kits were distributed to families with heavily damaged houses and no places of dwelling. Choice of material has been CGI sheets and roof ridge sufficient to provide roofing for 18m2 houses under minimum of 20 degree angle.	Rapid allocation of CERF funds enabled IOM to respond to most pressing shelter needs within a matter of days also enabling further assessments in the affected regions.	<p>A special community facilitation team was mobilized to monitor activities and coordinate with other humanitarian actors.</p> <p>A database for each project was updated on a daily basis and shared with the appropriate cluster groups for coordination.</p> <p>Once the material and the aid delivered, the facilitation team has revisited the area and conducted the community meetings to discuss the impact and the success of the intervention.</p> <p>As per standard procedure, the project manager regularly reviewed outputs as compared with objectives; validated project progress and achievements reported through field trip/location visits and coordination with the implementation team; ensured close monitoring of the financial aspects of the project, including monitoring of expenses against agreed budgets.</p>	Gender equality programming and monitoring was ensured - the response equally addressed the needs of man and women.
-------------------	---	-----------	-----------	---	--	---	---	---	---

<p style="text-align: center;">Water and Sanitation (WASH)</p>	<p>DN-09/WS02 "Public Hygiene Facilities in Pariaman and Agam Districts</p>	<p>\$203,809</p>	<p>\$440,000</p>	<p>25.000 individuals</p> <p>100% of all children in the targeted villages</p> <p>100% of all women in the targeted villages</p> <p>100% of all men in the targeted villages</p>	<p>Up to 250 public hygiene facilities constructed and used by beneficiaries</p> <p>Up to 25,000 individuals including women, men and children have access to basic water and hygiene facilities</p> <p>Beneficiaries are aware of basic hygiene practises</p>	<p>Project supported all three heavily affected regions affected by lack of basic hygiene facilities in order to prevent spread of waterborne diseases.</p> <p>IOM Shelter team has assessed and verified hardest hit communities in coordination with WASH cluster and local authorities.</p> <p>Improved "tailor –made" designs were also developed to provide longer lasting solutions as well as accommodating individuals with disabilities and access limitations.</p> <p>181 public hygiene facilities were constructed with easy access for disabled and elderly, providing CGI walling instead of tarpaulin walls thus providing for extended life-span of the facilities. Most of the materials can also be re-utilized when permanent solutions implemented.</p> <p>All communities were trained on basic hygiene practises and outreach materials were provided to heads of villages as well as strategically positioned in all public hygiene facilities.</p>	<p>Rapid allocation of CERF funds enabled IOM to respond to most pressing WASH needs to prevent spread of waterborne diseases also enabling further assessments in the affected regions.</p>	<p>A special community facilitation team was mobilized to monitor activities and coordinate with other humanitarian actors.</p> <p>A database for each project was updated on a daily basis and shared with the appropriate cluster groups for coordination.</p> <p>Once the material and the aid delivered, the facilitation team has revisited the area and conducted the community meetings to discuss the impact and the success of the intervention.</p> <p>As per standard procedure, the project manager regularly reviewed outputs as compared with objectives; validated project progress and achievements reported through field trip/location visits and coordination with the implementation team; ensured close monitoring of the financial aspects of the project, including monitoring of expenses against agreed budgets.</p>	<p>Gender equality programm ing and monitoring was ensured - the response equally addressed the needs of man and women.</p>
--	---	------------------	------------------	--	--	--	--	---	---

	SC/2009/0406 "Emergency Response Padang WASH"	\$535,000	\$857,000	40,000 families-approx 200,000 beneficiaries 5,583 students, 478 teachers	Water supplies and means of storage provided to the worst affected population in the districts of Padang, Pariaman and Agam. Family hygiene kits including bucket, towels, toothbrushes, soap and washing powder provided to the worst affected population. Semi-permanent latrine cubicles constructed or rehabilitated in 43 schools.	110 water bladders (5,000 litres capacity) set up in strategic locations to support water trucking services. 20,000 jerry cans (20 litres capacity) distributed 876 sachets of water purifier (Air Rahmat) distributed. 40,000 families received hygiene kits benefiting approximately 200,000 people. 5,583 students and 478 teachers have benefited from the construction or rehabilitation of 164 semi-permanent latrine cubicles in 43 schools	CERF funding was essential for the rapid response to the most pressing needs while waiting for the other donor commitments and local government allocations. The project ensured access to safe water and water storage, as well as promoted hygiene education in schools.	Regarding the work carried out in schools, UNICEF's WASH specialist conducted several site visits to ensure the quality of the construction as well as the hygiene education sessions by the trained teachers. Quality standards, designs and Bill of Materials were agreed at cluster level, and the progress of interventions was discussed during cluster meetings.	Gender representation at primary schools were almost 50/50, so approximately 50% girls and boys benefited from the assistance. Gender equity was also ensured during family targeted interventions.
Health	09-FPA-030 "Ensuring Reproductive Health Services to earthquake affected population"	\$367,545	\$480,000	1.2 million population, 300,000 women on Reproductive Age, 13,463 pregnant women	Distribution of midwifery kit Distribution of essential reproductive health equipment and supplies for health centres Restoration of RH services in 15 health centres	To prevent excess maternal and neonatal morbidity and mortality: 205 midwifery kits were distributed through Indonesia Midwife Association (IBI) and to health centres to provide delivery assistance inside and outside health facilities. 17 sets of Reproductive Health Kits distributed to 15 supported health centres and 2 hospitals to support: provision of BEONC and CEONC; prevent and manage sexual violence; prevent HIV/AIDS transmission. 151 IBI health posts were established at area where puskesmas were not functioning, to provide temporary maternal health services. Total of 535 ante natal care services, 222 deliveries assistance, 760 family planning services were provided by 15 maternal health posts in one month period after the earthquake. Restoring the function of Provincial Health Offices and District Health Offices through: operational cost, strengthening monitoring and	With CERF funding, UNFPA was able to provide RH services to affected population through implementation of MISP to prevent and manage the consequences of sexual violence, excess neonatal and maternal morbidity and mortality, reduce HIV/AIDS transmission. No excessive increase of maternal death after the earthquake at the UNFPA supported health posts was reported. HIV/AIDS transmission was prevented through availability of adequate supplies for	UNFPA and implementing partners regularly conducted monitoring and evaluation activities to identify any problems or constraints during programme implementation. UNFPA field office in Padang conducted regular monitoring visit to partners as well as supported health facilities. Upon completion of the project, evaluation by independent consultant has been conducted to see the effectiveness and efficiency of the project.	Gender and protection issues were mainstreamed across clusters in early emergency situation as well as during the early recovery phase to ensure that women and men benefit equally from assistance and have participate equally in recovery initiatives.

						<p>evaluation mechanism, technical assistance and maternal health surveillance system.</p> <p>Restoring the function of 15 health centres/puskesmas through provision of RH equipment to replace the ones that were damaged, support the operational cost, capacity building on RH in emergency and support for the maternal and neonatal referral system.</p>	<p>enforcing universal precaution and availability of safe blood transfusion kit.</p>		
Health	09-WHO-061 “ Health Sector Support for the Earthquake in West Sumatra”	\$600,249	\$1,500,000	<p>1,200,000 people in the three worst affected districts in West Sumatra</p>	<p>Survivors of the earthquake in highly affected areas will have access to basic medical care and supplies in functionally restored health facilities with mobilized staff and supported by integrated mobile clinics.</p> <p>Women of reproductive age in most affected areas have access to basic and comprehensive obstetric and neonatal care, including obstetric emergency referral services.</p> <p>Approximately 3,500 injured victims will have access to specialized care.</p> <p>At least 10% of the affected will have access to psychosocial support services.</p>	<p>Emergency health command posts were set up in the province and affected districts for MOH.</p> <p>WHO emergency field office was set up to support activities in the PHO office.</p> <p>Emergency health information centres were strengthened; information and data were analyzed and shared with partners, which facilitated preparations for MOH and Government Recovery, Rehabilitation and Reconstruction Plan.</p> <p>Regular coordination meetings were organised to prioritize needs, avoid overlapping and mobilize resources.</p> <p>Rapid needs assessments for health facilities and Operational assessment were conducted in affected districts. Based on the results, resources were mobilised to support make shift health facilities and provide live saving health services for the communities.</p> <p>Resources were mobilised through Hospital and Mobile Clinic Support sub cluster for field hospitals, mobile clinics; health facilities were supported to provide specialized care.</p> <p>PHO was supported on establishment of emergency warehouse, provision of health emergency kits and essential medical equipments to health facilities and hospitals through Emergency Health Supply sub- cluster.</p> <p>Nutritional assessment and support for the most vulnerable groups, children and women was provided through</p>	<p>CERF funding enabled WHO to promptly facilitate and support early activities to save lives, limit casualties, damages, meet critical needs, and prevent outbreak of diseases.</p> <p>CERF funds helped fill the major gaps, where mobilization of emergency funds from the Ministry of Health, Provincial Health Office and District Health Offices was limited during the emergency an early recovery phases.</p> <p>WHO through Health Sector and in close cooperation with partner agencies was able to provide the following services: health facility need assessment, treatment to injured patients, mobile clinics, water sanitation and waste management in health facilities, makeshift health clinics, care of vulnerable groups, nutrition, control of potential disease outbreaks, psychosocial and mental health support and IDP health care.</p>	<p>The monitoring tools, work plan, follow-up action, health sector cluster 3W matrix, surveillance reports, daily and weekly meeting reports with counter parts and field visit reports are used regularly.</p> <p>Evaluation meeting conducted with MOH, PHO and DHOs in December 2010 for the Emergency Phase operation, while for the combined Emergency and Recovery phase evaluation with partner agencies will be done in April 2010.</p> <p>The information updated and shared in the following web link to all partner agencies. www.who.or.id/download/docs/eha/a256/Padang-Earthquake</p>	<p>All assessments , records, surveillance and reports used have both gender and vulnerable group data included.</p> <p>Emergency programme plan, design and activities ensure involving both genders and support for most vulnerable groups (women, children, disable, and old aged).</p> <p>Under Health Cluster coordination, a sub cluster, child, maternal, reproductive health and nutrition, is lead by responsible persons from the Provincial Health Office and UNFPA.</p>

					<p>Nutrition – Maternal - Child and Reproductive Health sub-cluster and in collaboration with Food and Nutrition cluster.</p> <p>Essential services were provided through Psychosocial and Mental Health sub cluster group to traumatized victim; trauma centre and counselling hot-line were established.</p> <p>Treatment, care, referral and rehabilitation support was provided to injured patients through Injury and Disability Control sub- cluster.</p> <p>Measles, tetanus immunization and supplementation of vitamin A campaign were organized. Early Warning and Rapid Response System (EWARS) was established to control potential outbreak of diseases through Immunization.</p> <p>Quality control, water, sanitation and waste management support was provided to health facilities with WASH cluster.</p> <p>Health staff and partners were trained on rapid need and operational assessments, emergency medicine / management using SOPs. SOPs and treatment guidelines were made available for partner agencies.</p>			<p>Coordinated with other clusters to ensure programme activities are gender balanced and supported for most vulnerable groups.</p> <p>Emergency medical supplies, special food and nutrition support (High Energy Biscuits) was provided targeting for pregnant women and children as vulnerable groups.</p> <p>Mobile clinics and health post operationalized in the affected areas and IDP camps have provided special attention and support for women and children.</p>
--	--	--	--	--	---	--	--	---

Education	SC/2009/0405 "Emergency Response Padang"	\$801,965	\$1,716,000	45,000 affected children ¹	<p>384 temporary learning spaces (school tents) provided for children in affected areas</p> <p>Basic learning materials provided for children and teachers</p> <p>ECD materials provided for children</p> <p>328 packages of recreation materials (psychosocial support) provided for children</p>	<p>27,840 children resumed learning in the second week after the disaster</p> <p>2,480 vulnerable children received basic learning materials</p> <p>124 teachers benefitted from the School in a Box package</p> <p>3,510 children benefitted from ECD materials</p> <p>13,120 children received psychosocial support.</p>	<p>Allocation of CERF funds allowed UNICEF to intervene quickly. The quick distribution and installation of the school-tents gave confidence to the local education authorities to launch the Back-to-School Campaign shortly after the disaster. As a result, all schools resumed functioning in the third week after the disaster with a 90 per cent attendance rate.</p> <p>The project also reduced the psychosocial impact of disaster on children by turning the schools into healing centres.</p>	<p>The needs for assistance and the target beneficiaries were determined by the local authorities based on rapid assessment. In relation to this the government produced the distribution lists proposed to UNICEF and other relevant agencies/donors for support.</p> <p>The emergency supplies were sent to the government's warehouse for storage, and later on were distributed to the beneficiaries.</p> <p>To ensure that the supplies/assistance reached the targeted beneficiaries, spot checks and validation of invoices of recipients were conducted.</p>	The response benefited approximately 50% girls and boys as gender representation at primary schools was almost 50/50.
-----------	---	-----------	-------------	---------------------------------------	--	--	--	--	---

<p style="text-align: center;">Child Protection</p>	<p>SC/2009/0407 "Emergency Response Padang Child Protection"</p>	<p>\$53,500</p>	<p>\$170,000</p>	<p>12,000 children and youths and family members</p>	<p>Document on comprehensive assessment of child protection issues is finalized and distributed.</p> <p>50 teachers and community members are trained on psychosocial skills</p> <p>20,000 teachers, parents, and community members receive information materials on psychosocial helping skills.</p> <p>Child protection cluster coordination and information management activities at field level is strengthened.</p>	<p>Technical inputs provided to the development and implementation of comprehensive assessment on child protection.</p> <p>Document distributed and discussed among government, NGOs and the child protection cluster.</p> <p>3,300 children and 8,000 youths and family members benefited from psychosocial activities including the distribution of 33 psychosocial kits.</p> <p>Child protection sub-cluster is equipped with necessary hardware and guidelines and has set up an information centre with an information dissemination mechanism.</p>	<p>CERF funding enabled UNICEF to conduct assessment on child protection needs. The recommendations from this assessment have served as a guide for the government to respond to child protection concerns.</p>	<p>UNICEF's Child Protection Emergency Officer was based in Padang and conducted field visits to other districts with the provincial counterpart (Provincial Department of Social Affairs) to assess the situation and monitor the implementation of child protection projects.</p> <p>The Jakarta-based Child Protection Specialist, together with officials from the Ministry of Social Affairs conducted field visits to monitor the progress and results of the programme.</p> <p>The Jakarta-based Programme Assistant and Harmonized Approach to Cash Transfer (HACT) Officer conducted a review of the financial management and administration.</p>	<p>Around 45% of the child beneficiaries were girls.</p>
--	--	-----------------	------------------	--	--	--	---	--	--

Logistics	IDN-09/CSS01 "Logistics and Emergency Telecommunications Clusters support to the Humanitarian community's response to West Sumatra earthquakes in cooperation with the Government of Indonesia"	\$500,000	\$1,997,308	250,000 beneficiaries/ Logistics Cluster members	<p>An uninterrupted supply chain of life saving relief items to the affected areas through the provision of logistics common services</p> <p>The coordination of and information management for the logistics response</p>	<p>Due to an initial lack of storage space, six mobile storage units were erected for use by the humanitarian community. Nine agencies and organisations utilised the storage space. In addition, two mobile storage units were transferred to the Local Government.</p> <p>The Logistics Cluster coordination and information management structure was established, with a total of 23 product categories created (including maps, databases).</p> <p>Four cargo handling units (Manitou forklifts) were deployed to support the emergency response.</p> <p>Coordination through the Logistics Cluster of transport (provided by IOM).</p> <p>Warehouse Management & Surface Transport Training was provided to the Local Government, BNPB, PMI, NGOs, and UN agencies</p>	<p>CERF funding allowed WFP to rapidly establish six mobile warehouses that provided storage capacity to humanitarian partners. In addition, two mobile storage units were transferred to local government. Heavy lifting equipments were deployed to assist in cargo-handling and rubble clearance.</p> <p>The funding also enabled the timely establishment of a coordination and information management structure for use by humanitarian actors.</p>	<p>Weekly logistics cluster meetings held by cluster coordinator. All updated situations on the ground were shared by participants. Minutes of the meetings were posted on the log cluster web and circulated to all members</p> <p>2 store keepers and 5 tally clerks were recruited to supervise the daily operations at the common storage facilities in Padang and Padang Pariaman</p> <p>One information management assistant was also recruited to capture all information for the emergency operation</p>	<p>The logistics cluster was led by a female national staff member and 50 percent of cluster staff were women.</p>
-----------	--	-----------	-------------	---	--	---	--	--	--

<p style="text-align: center;">Food and Nutrition</p>	<p>IDN-09/F01A Immediate nutritional support to children and vulnerable groups affected by earthquakes in West Sumatra provinces in early October 2009</p>	<p>\$1,991,587</p>	<p>\$2,700,000</p>	<p>250,000 beneficiaries</p>	<p>Number of beneficiaries who received a ration, taking into special consideration the involvement of women.</p> <p>Maintenance of nutritional status of children under 5 among population targeted.</p> <p>Maintenance of nutritional status of pregnant and lactating mothers among population targeted.</p> <p>Tonnage of food commodities distributed</p>	<p>WFP collaborated closely with health centres (puskesmas) and "Bidan desa" (village midwives) and school teachers to reach the beneficiaries. Equal and proportional representation of women and men in decision-making was promoted.</p> <p>241,000 beneficiaries reached with fortified biscuits and noodles in six districts of West Sumatra province; Kota Padang, Kota Pariaman, Padang Pariaman, Agam, Pasaman Barat and Pesisir Selatan.</p> <p>The nutritional status of under- 5 children was improved with the wasting prevalence reduced from 6.9% in October to 3.3% in November 2009 (provided by Provincial Health Office). Qualitative information of regular monitoring implemented by WFP and partners showed the nutritional status of pregnant and lactating women was also maintained.</p> <p>The total tonnage of food delivered was 896 mt of biscuits and 193 mt of noodles.</p>	<p>Through CERF funding, WFP was able to feed more than 241,000 beneficiaries for 3 months, distributing 1089 metric tons of fortified biscuits and noodles in six districts of West Sumatra province; Kota Padang, Kota Pariaman, Padang Pariaman, Agam, Pasaman Barat and Pesisir Selatan.</p> <p>The nutritional status of children under 5 was stabilized partly due to WFP's fortified foods.</p>	<p>WFP recruited Food aid monitors who daily monitored the food assistance received in Schools or Puskesmas and Posyandu.</p> <p>WFP also partnered with NGOs who also monitored the food based activities.</p>	<p>Equal and proportional representation of women and men in decision-making was promoted.</p>
--	--	--------------------	--------------------	------------------------------	--	---	--	---	--

<p style="text-align: center;">Early Recovery</p>	<p>09-UDP-015 09-UDP-020</p> <p>“Remove and clear dangerous structures, contaminated sites and rubble ensuring access for emergency assistance, recovery and essential services delivery”</p>	<p>\$864,270 (015)</p> <p>\$214,000 (020)</p>	<p>\$2,000,000</p> <p>\$1,000,000</p>	<p>26,000 Affected Urban/Semi-Urban and Rural Survivor families of the total approximately 260,000 Families Affected of which there are approximately 780,000 Children and approximately 780,000 Women</p>	<p>Safe and environmentally sound clearance and removal of dangerous structures/contaminants takes place allowing: i) access for continued delivery of emergency assistance and essential services; ii) access to livelihoods and markets for food and small trade, to ensure as much as possible uninterrupted income generation for poor and vulnerable families.</p>	<p>75 buildings of 119 were safely removed/demolished by UNDP Heavy Equipment.</p> <p>7 school buildings of 29 on the list of the Municipality DPU-Padang, were made safe.</p> <p>Support was provided for rubble clearance/delivery at Selatar Balenti High School and 07 Junior High School after the buildings were demolished.</p> <p>2 Provincial Government buildings were made safe.</p> <p>In Kota Pariaman UNDP has assisted the Dinas Pekerjaan Umum to make safe 6 buildings (two schools and four mosques).</p> <p>Approximately 51,500 cubic meters of rubble were cleared in Padang. This rubble has been either transported to land fill sites or taken to the terminal site (the central collection/storage point designated for the rubble).</p> <p>Three land fill projects were undertaken to date:</p> <ul style="list-style-type: none"> ▪ At SMA Selatar Balenti, the site of a new school building, to raise the existing ground level above the prevailing flood level, approximately 5,000 m³ of arising. ▪ At a future Hospital site, to raise the existing ground level above the prevailing flood level, approximately 2,000 m³ of arising. ▪ At the relocation site for an existing school SMP 07, approximately 500m³ of arising. <p>Safe community-based rubble clearance and demolition programme - the first batch of working tools and equipment was purchased by UNDP and now is being distributed to 715 families in Padang City, Padang Pariaman District, Pariaman City and Pesisir Selatan District.</p>	<p>Within the scope of Rubble Clearance and Demolition (RCD) project, the CERF funding enabled UNDP to provide immediate assistance to West Sumatra government and communities through demolition of damaged buildings and houses to expedite the planning process and implementation of rehabilitation /reconstruction activities.</p> <p>Community self-recovery initiatives were promoted.</p> <p>Safe and clear access was ensured for delivery of assistance and public services.</p>	<p>UNDP RISE has established a Rubble Clearance and Demolition (RCD) project team in Padang to manage the project with partners, namely assist project partners with implementation and monitor the progress in order to ensure the delivery of project outputs.</p> <p>Daily monitoring activity of RCD team was maintained during the project implementation period and periodic Field Monitoring Report were prepared to record the progress of project implementation and suggest improvements. Based on regular reporting by project partners evaluation on partners' performance, funding utilization, and identification of needs to improve project implementation were undertaken.</p>	
---	---	---	---------------------------------------	--	---	---	--	---	--

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Mercy USA	Agriculture	09-FAO-035	21,567	December 2009
Relief International	Agriculture	09-FAO-035	15,780	January 2010
ACTED	Agriculture	09-FAO-035	14,380	February 2010
Arche Nova	WASH	SC/2009/0406	30,000 17,189	
Allied Recovery International	WASH	SC/2009/0406	40,000 20,000	
Ministry of Health	Health	09-WHO-061	560,980	During implementation period
Indonesia Midwife Association	Health	09-FPA-030	12,340	December 2009
WS Provincial, Padang Municipality, Padang Pariaman District Health Offices	Health	09-FPA-030	39,149	December 2009

Annex 2: Acronyms and Abbreviations

ACTED	Agency for Technical Cooperation and Development
BEONC	Basic Emergency Obstetric and Neonatal Care
BNPB	National Disaster Management Agency
CEONC	Comprehensive Obstetric and Neonatal Care
DHO	District Health Office
ETC	Emergency Telecommunications
EWARS	Early Warning and Rapid Response System
FAO	Food and Agriculture Organisation
HACT	Harmonized Approach to Cash Transfer
HCT	Humanitarian Country Team
HH	Household
HIV/AIDS	Human Immuno-deficiency Virus/ Acquired Immuno-deficiency Syndrome
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IBI	Indonesian Midwife Association
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IOM	International Organization for Migration
MISP	Minimum Initial Service Package
MOH	Ministry of Health
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
PHO	Provincial Health Office
PMI	Indonesian Red Cross
PPA	Services Unit for Women and Children
PPT	Integrated Service Centre
RCD	Rubble Clearance and Demolition
RH	Reproductive Health
RS	Richter Scale
SMA	Senior High School
SOP	Standard Operating Procedure
UNCT	UN Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

WASH
WFP
WHO
WS

Water, Sanitation and Hygiene
World Food Programme
World Health Organization
West Sumatra