

# Central Sulawesi Earthquake Response Plan (Oct 2018 - Dec 2018)

KEY FIGURES As of 04 October

**1.5M**  
people affected (millions)

**71,000**  
people displaced

**1,581**  
people dead

**2,500**  
people injured

**191,000**  
people targeted

**\$50.5M**  
required (US\$)

## AFFECTED AREA



## SITUATION OVERVIEW

On 28 September, a series of strong earthquakes struck central Sulawesi province, the strongest a 7.4 M earthquake only 10 km deep 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, striking Talise beach in Palu and Donggala. The earthquakes, tsunami and resulting liquefaction and landslides have caused significant damage and loss of life in affected areas. As of 4 October, 1,581 people are known to have died, more than 2,500 have been seriously injured and 113 people are still missing. More than 65,000 houses have been severely damaged or destroyed by the earthquake, tsunami of liquefaction, leaving some 330,000 people without adequate shelter, while 71,000 people displaced by the disaster are staying in displacement sites with limited access to life-saving services.

Immediately after the earthquake and tsunami, local responders on the ground began efforts to rescue people trapped in the rubble of collapsed buildings and provide urgent assistance to survivors. Search, rescue and retrieval efforts have been undertaken by hundreds of villagers, Indonesian Red Cross (PMI), the National Search and Rescue Agency (BASARNAS), Indonesian National Armed Forces (TNI) and local government agencies.

The earthquake and tsunami effectively cut off much of Palu and Donggala from the outside world for several days. Electricity and telecommunications were cut. The airport runway and control tower were both severely damaged. The seaport, which the region relied on for fuel supplies, lost its crane for loading and unloading cargo. Debris and landslides blocked sections of the main roads leading north from Makassar, east from Poso and south from Garontalo. Whole villages were submerged when the land they were built upon liquified.

As of 4 October, power had been restored in some parts of Palu. However, fuel is in short supply and vehicles, generators and water pumps are unable to run. People in Palu report having to queue for up to two hours to access water. Shops and markets largely remain closed, and health facilities are reportedly running low on essential medicine and supplies.

On 1 October, the Government of Indonesia, through the national disaster management agency (BNPB) and Ministry of Foreign Affairs, welcomed specific offers of international assistance in line with identified humanitarian needs on the ground. The Government of Indonesia has significant experience and capacity to manage natural disasters, but given the scale and complexity of this emergency, UN agencies and NGOs are working closely with Government ministries to provide all the necessary technical support.

Moreover, this latest disaster follows after a series of earthquakes in August that struck Lombok, and where more than 340,000 people still displaced. This is a highly complex operation across two islands and multiple districts. The Displacement Tracking Matrix (DTM) survey undertaken from 12 to 16 September 2018 at the request of the Ministry of Social Affairs, shows residual humanitarian relief needs, and that stepping up to meet these significant needs is urgent.

The Central Sulawesi Earthquake Response Plan has been developed by the HCT in Indonesia in consultation with the Government. It will cover an initial period of three months. After one month, the plan will be reviewed and revised in light of new assessments and prioritisation of needs.

## STRATEGIC OBJECTIVES

The Central Sulawesi Earthquake Response Plan articulates the support planned by the Humanitarian Country Team to meet targeted needs in complement to the Government-led response. This support seeks to:



Deliver **immediate, life-saving assistance** to those in the most urgent need in line with national priorities and in support of the Government response;



Provide **humanitarian logistics capacity** to augment Government efforts to ensure people in need can access humanitarian assistance;



Ensure that conditions of **safety and dignity** are restored for the most vulnerable people and that they are able to access urgently-needed assistance.

## RESPONSE MODALITIES

### Government-led response



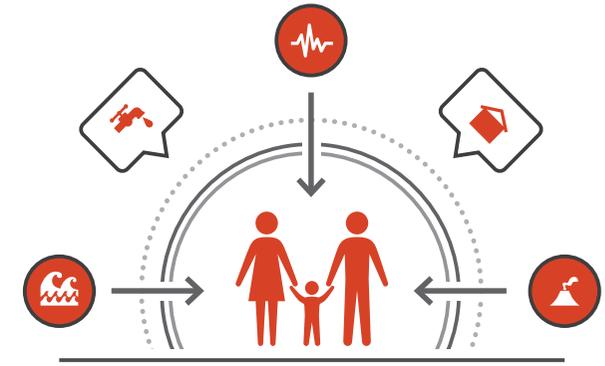
BNPB and the regional disaster management agency (BPBD) are coordinating the response to the earthquake and tsunami under the overall leadership of the Coordinating Minister for Political and Security Affairs. The support provided by HCT members is in line with the priorities identified by the Government for international assistance and/or represents an expansion or extension of agencies' existing country programmes.

The Government has requested the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) to serve as the conduit for offers of international assistance for the Central Sulawesi Earthquake Response. While the HCT, comprised of in-country responders, coordinate their support and programmes directly with the nationally-led clusters, they are working closely with the AHA Centre, both in Jakarta and in Palu, where the ASEAN Emergency Response and Assessment Team (ERAT) is working with the BNPB's National Assisting Post (Pospenas) to coordinate incoming international assistance. HCT members operating in Palu are active participants at the ERAT-led coordination centre for international humanitarian assistance established to support Pospenas.

Indonesian national and local NGOs are active participants in the Government-led clusters, and have been essential contributors to both the recent Lombok earthquake response and now the Central Sulawesi earthquake response. Indonesian NGOs have played a critical role in providing coordination and initial support at the time when broader humanitarian assistance has not yet reached many of the affected areas.

### Accountable international support

In support of Government priorities, the Response Plan ensures the collective commitments made by aid agencies under the Inter-Agency Standing Committee (IASC) Commitments on Accountability



### ENGAGING WITH COMMUNITIES

to Affected Populations and Protection from Sexual Exploitation and Abuse, the Core Humanitarian Standard on Quality and Accountability (CHS) and the Grand Bargain are met, providing a quality control for its support provided to the Government. These include supporting the Government to:

- Provide information to affected communities about humanitarian agencies' activities;
- Ensure humanitarian agencies' decisions are informed by the views of affected communities; and
- Enable affected communities to assess and comment on agencies' performance in support of the government.

Several UN agencies and NGOs, as well as the Red Cross family, have experience implementing feedback mechanisms for more comprehensive engagement with disaster-affected communities in Indonesia. This experience may be required to strengthen collective approaches to gathering, analysing and responding to community feedback. Further, the Response Plan will seek to support Government feedback systems that are already in place.

## RESPONSE MODALITIES

### Responding to diverse vulnerabilities and capacities

Recognizing that different agencies have different mandates; all responders have protection responsibilities in relation to delivering the Response Plan in support of the Government response. This includes ensuring the Response Plan addresses collective protection risks, and clarifies roles and responsibilities of agencies in ensuring the Centrality of Protection in responding to diverse vulnerabilities and building on existing capacities.

In line with IASC Policy and national legislation, the humanitarian response and resilience-building efforts must ensure that the different situations, needs, priorities and capacities of affected populations of all genders, ages and diversities, including the most vulnerable and marginalized population groups, are taken into account and addressed when designing, planning, costing, implementing, monitoring and evaluating humanitarian response efforts.

With significant displacement and the breakdown of support networks following the earthquake and tsunami, women, children and vulnerable groups such as people with disabilities, people living with HIV and AIDS, and sexual minorities are at increased risk of protection concerns.

While disaggregated data from this disaster is not yet available, data from past disasters in Indonesia has highlighted their gendered impact. Such disasters tend to perpetuate and exacerbate pre-existing gender inequalities, exposing women and girls to further multiple vulnerabilities, risks and exploitation. Following the recent August 2018 Lombok earthquake, cases of gender-based violence were reported within the first week of the aftermath, and pregnant and lactating women were particularly vulnerable without safe spaces for deliveries.

### Needs assessment and targeting of humanitarian assistance

For the purpose of kick-starting planning, the population targeted by partners in the Response Plan is based on the Disaster Impact Model (DIM) jointly conducted by PDC, OCHA and WFP. The DIM indicates that among the total population that experienced shaking at strong or greater levels (MMI VI or higher), an estimated 191,000 people were exposed to serious pre-existing vulnerabilities. This initial planning figure will be updated as assessment results are available to ground-truth it.

Coordinated needs assessments are underway, including:

- The Joint Needs Assessment (JNA) led by the Humanitarian Forum Indonesia (HFI) – a consortium of local NGOs – whose initial results are expected on 7 October;
- PMI (Indonesian Red Cross) initial needs assessments are also ongoing;
- A more thorough assessment based on IOM's Displacement Tracking Matrix (DTM) methodology is expected to be initiated in the coming week.

The DTM-based assessment is a large-scale coordinated assessment conducted by the three major Government response entities – Ministry of Social Affairs, Ministry of Health, and BNPB (the Indonesian Disaster Management Authority) – with support from IOM and UNFPA.

### Transition to recovery

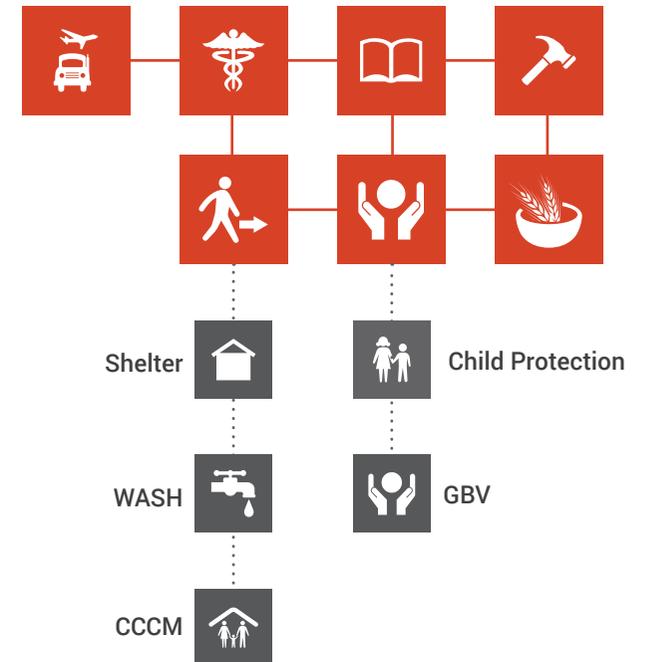
In the immediate response phase, early recovery efforts will contribute to: ensuring access to aid and assistance for those in need; mitigating the risk of additional damage or physical injuries; restoring basic community services; and supporting BNPB in developing a strong early recovery framework. Immediate planning for the transition to recovery is a critical component of the Response Plan. It will guide international support to national recovery and rehabilitation plans as rapidly as possible.

## FUNDING REQUEST

**\$50.5M** required (US\$)

**191,000** ppl targeted

The HCT is seeking **US\$50.5 million** to provide immediate humanitarian assistance to **191,000 people** in **Logistics, Displacement and Protection (including Shelter, Camp Management, WASH, Child Protection, GBV), Food Security, Health, Education and Early Recovery.**



## RESPONSE BY SECTOR

### DISPLACEMENT AND PROTECTION



## SHELTER

**Target beneficiaries: 62,500 people (12,500 HH)**

**Funding required: \$15.6 million**

**National Lead: Ministry of Social Affairs (MoSA)**

**International support: IFRC**

#### SECTOR OVERVIEW:

Rapid secondary data analysis validates the current estimate that more than 65,000 houses have been damaged by the earthquake and tsunami, as well as subsequent landslides and liquefaction. The amount of damage that households have suffered varies and the total number of damaged houses may rise.

Of the total 65,000 houses damaged, an estimated 10,000 households were impacted by the tsunami, landslides or liquefaction and have thus been completely destroyed, with all the households' belongings lost, resulting in acute, immediate shelter and NFI needs. Families whose homes have been completely destroyed will also need temporary shelter support and assistance to resolve complex House, Land and Property (HLP) rights and recovery issues.

In addition, it is estimated that a further 20,000 houses have been heavily damaged, and people will require immediate emergency shelter and NFIs, followed quickly by temporary shelter support. An additional 35,000 houses have been partially damaged with households requiring emergency shelter and partial NFI assistance, pending damage assessment and repair advice.

There is also potentially a larger population who are currently displaced from their homes for fear of further aftershocks, but whose houses are structurally sound to return to.

#### PRIORITY RESPONSE:

Assist MoSA to support the affected populations' own coping mechanisms through cash transfer or local procurement where possible, minimising secondary displacement.

Provision of tents, tarpaulins and household NFIs to 5,000 tsunami and landslide affected households.

Contextualised emergency shelter assistance and general NFIs to 7,500 affected households, whose houses have been severely damaged.

### RESPONSE BY SECTOR

## DISPLACEMENT AND PROTECTION



## WATER SANITATION AND HYGIENE

**Target beneficiaries: 191,000**

**Funding required: \$5 million**

**National Lead: Ministry of Public Works**

**International support: UNICEF**

### SECTOR OVERVIEW:

The impact of the earthquake has affected access to water, especially in urban areas of Palu and Donggala, where piped-water supply systems have been damaged, refillable bottled-water depots have been forced to close, and boreholes have been damaged and are no longer operational. Water sources, especially in tsunami affected areas are also likely to have been contaminated. There are consequently serious water shortages, especially in urban areas, and reports that people in Palu are having to queue for up to two hours to access clean water. In rural areas, inhabitants are relying on protected spring water, boreholes and wells.

Central Sulawesi has one of the lowest rates of access to sanitation in the county. It has been reported that displaced people living in the informal IDP sites have no or limited access to latrines and sanitation facilities, as a result, open defecation is being practiced. The limited availability of clean water, the poor hygiene conditions in IDP sites and the lack of sanitation facilities, is placing people at risk of a secondary crisis from waterborne diseases and other health concerns.

### PRIORITY RESPONSE:

- Technical support for key government Agencies at all levels, including Ministry of Public Works and Public Housing, BNPB, Ministry of Health, Ministry of Social Affairs.
- Targeted support for hygiene promotion, sanitation and drinking water supply to avoid AWD outbreaks.
- Support to basic WASH in healthcare facilities, temporary schools or Early Childhood Development (ECD) centres.
- Building of emergency latrines, provision of portable latrine structures in sites, emergency desludging of camp latrines, desludging the existing toilets around the sites, rehabilitation and rebuilding of toilet near sites.
- With the Government, procure and distribute Emergency Hygiene Kits and water treatment tablets.
- Conduct hygiene promotion in sites, ECD centres and healthcare facilities.
- Develop and adapt hygiene promotion and hand washing materials for print and mass media targeting safe practices for the affected area.
- Provision of water through water trucking or connection to the existing system.
- Waste management in institutions.
- Water quality testing in the affected areas.
- Construction/rehabilitation of new sources of water.

## RESPONSE BY SECTOR

### DISPLACEMENT AND PROTECTION



## CAMP MANAGEMENT

**Target beneficiaries: 80,000**

**Funding required: \$6 million**

**National Lead: BNPB**

**International support: IOM**

### SECTOR OVERVIEW:

Following the earthquake and tsunami, an estimated 65,000 houses have been damaged and as of 3 October, almost 71,000 people are displaced and staying in over 140 sites. Priority needs as indicated by the Government of Indonesia's Cluster on Displacement and Protection include emergency shelter, as well as water, food, electricity, and medical supplies.

There are no formal displacement sites and no registration system operational to date. The priority response activities below reflect the needs as articulated by MoSA, representing the lead for the national Cluster on Displacement and Protection. On 3 October, IOM received a letter from the MoS requesting the Displacement Tracking Assessment (DTM) in the affected areas be activated. DTM has been adopted by the Government of Indonesia as a main inter-sectoral coordination tool to advise on the development of the response. In response to the lack of basic services in Palu, it has been reported that many affected people are seeking to leave the city. To ensure the safe movement of displaced people, the Camp Management Cluster is suggesting to provide the necessary support to the Government to transport people by road and sea, to areas where they can access basic services.

### PRIORITY RESPONSE:

Tailored assistance packages to affected areas, which may include, spontaneous settlements, host families, and camp and/or camp-like settings.

#### Camp Coordination and Camp Management

Maintain regular tracking and monitoring of the location of displacement sites, number of IDPs (individual and family) in each site, and the evolving needs and gaps of the displaced population, through the initiation of the Displacement Tracking Matrix (DTM). In longer term, DTM also will capture the returns trends of displaced families.

Regular information sharing through DTM to broader humanitarian community to ensure effective delivery of essential life-saving services and early recovery.

Support national sub-cluster on Displacement, with needs analysis and technical CCCM support for IDPs to ensure site management and overall coordination of displacement sites, including technical assistance for camp management.

Technical support in identifying and setting up displacement sites to support life-saving assistance for displaced people in the affected areas and adherence to minimal national and international standards.

Technical support in formation of participatory management systems within displacement sites, to ensure meaningful participation of women, youth and disability group in camp management settings.

Work with GBV sub-cluster to undertake safety audits and identify risk factors within the camps

Reinforce the national cluster roles on Displacement and Protection in coordinating humanitarian assistance to IDPs in all environments including spontaneous settlements, camp and/or camp-like settings, and host families.

If requested by the Government, initiating registration and profiling system of IDPs in affected areas, including technical equipment for registration, for an estimated affected population of up to 80,000 IDPs at 141 sites already known.

#### Facilitating Safe Voluntary Movement

If required, and in coordination with Government, support logistical arrangements for the humanitarian transportation for IDPs via sea and land routes.

Provision of NFI and food for IDPs during transit.

Support coordination of live-saving services and support for voluntarily relocated persons.

## RESPONSE BY SECTOR

### DISPLACEMENT AND PROTECTION



## CHILD PROTECTION

**Target beneficiaries: 70,000 children**

**Funding required: \$1.4 million**

**National Lead: Ministry of Social Affairs (MoSA)**

**International support: UNICEF**

#### SECTOR OVERVIEW:

Displacement amplifies risk of missing persons, separated, and unaccompanied children, and having families separated.

Child headed households and adolescent mothers have been identified as among vulnerable groups in the assessment. Adolescents are asked to work and 'help more' post-emergency, and may be involved in hazardous labor and/or being taken out of school.

Displacement sites do not have adequate WASH facilities. This may pose significant risk to women, children and adolescents of being abused or exploited. Where available, WASH Facilities are inadequate to the needs of persons with disabilities (PWDs).

Most children and families have psychosocial needs following emergency. Children who have experienced stressful situations may show changes in behavior. Prolonged displacement further exacerbates this problem.

UNICEF will coordinate with the national cluster for Displacement and Protection (KlasNasPP), along with the Department of Social Affairs in Palu district, established a command post.

MoSA has available stockpiles of Child Friendly Space kits and Family Tracing and Reunification kits.

#### PRIORITY RESPONSE:

Establish, activate and support coordination mechanisms for child protection, GBV and Mental Health and Psychosocial Support (MHPSS) in consultation with the government and other partners to coordinate rapid assessment, mapping, funding, strategy development and involvement of affected populations.

Support community-based safe environments for women and children, including child-friendly spaces, with particular attention to girls, adolescents and their caregivers, and provide support for early childhood development activities.

Ensure usage of common registration and tracing forms, and explore usage of the inter-agency child-protection database to identify, register, verify, reunify and follow up on separated and unaccompanied children.

Advocate immediately for family-based care for separated children, and work to prevent separation during displacement and extreme economic hardship.

Mobilize children's and women's existing social support networks and support the resumption of age-, gender- and culturally appropriate structured activities for children and women.

## RESPONSE BY SECTOR

### DISPLACEMENT AND PROTECTION



## GENDER-BASED VIOLENCE (GBV)

**Target beneficiaries: 100,000**

**Funding required: \$2.2 million**

**National Lead: Ministry of Women's Empowerment and Child Protection Indonesia (MOWECP)**

**International support: UNFPA**

### SECTOR OVERVIEW:

Of the 1.5 million people affected by the earthquake, tsunami and land liquefaction in Palu City, Donggala, Sigi District and Parigi Moutong District, more than 350,000 are women of reproductive age, who are now at increased risk of gender-based violence (GBV). During emergencies the risk of violence, exploitation and abuse is heightened, and community and social support networks may weaken. Pre-existing gender inequalities may be exacerbated, and an environment of impunity may mean that perpetrators are not held to account.

With high-levels of displacement and the break-down of support networks following the earthquake and tsunami, women, adolescent girls and vulnerable groups such as people with disabilities are at increased risk of gender-based violence including sexual violence, domestic violence, exploitation and abuse, forced or early marriage, trafficking and denial of resources. Given the crowded camp conditions, shortage of fuel, water, electricity and most commodities, and lack of proper hygiene supplies and clothing, women and adolescent girls are particularly vulnerable.

Prior to the emergency, the prevalence of child marriage in Central Sulawesi was 18%. In 2017, 426 cases of violence against women (VAW) and 131 domestic violence cases were reported. Instances of GBV typically increase following a disaster and reporting is always significantly lower than prevalence, as such services must be put in place to prevent and respond to GBV.

The GBV sub-cluster will provide overall coordination efforts to address gender-based violence interventions including functional referral pathways, access to basic clothing and sanitary supplies, trained health care providers to administer post-rape care, safe spaces, watch groups, case management and psychosocial support. Agencies will work closely with the Government and other cluster partners to protect women and girls, and prevent gender-based violence.

### PRIORITY RESPONSE:

Support Government of Indonesia to activate GBV/Perlindungan Hak Perempuan Sub Cluster at Provincial and Districts (Palu City, Donggala Districts, Sigi Districts and Parigi Moutong Districts) level to enhance multi-sectoral GBV coordination.

Map out existing community-based services, programme and organisations on women's protection and GBV that are functioning.

Establish referral pathways and strengthen referral system on GBV, including building capacity to ensure provision of safe, accessible, confidential, survivor-centred services to address GBV, address GBV; provide GBV case management, psychosocial support and referral services; deliver information and training sessions to vulnerable women and girls.

Conduct orientations and ensure capacities are in place for clinical management of rape, interlinking with the Reproductive Health Sub-Cluster response interventions.

Advocate for the implementation of the IASC guidelines on integrating GBV risk mitigation interventions across clusters.

Assess displacement sites with Safety Audits to identify risk factors; establish watch groups.

Engage communities to raise awareness on available services and safety in camps.

Establish and operationalise eight women friendly spaces, recruiting and training staff.

Distribute essential individual kits that include hygiene, sanitation and protection items and IEC materials/key messages, and provide information sessions during distribution on protection concerns and available services to vulnerable women and girls through the Women Friendly Spaces, enabling them to access other services and humanitarian relief.

Collect data related to GBV prevention and response, and strengthen information management.

## RESPONSE BY SECTOR



## HEALTH

**Target beneficiaries: 191,000 people**

**Funding required: \$7 million**

**National Lead: Ministry of Health (MoH)**

**International Support: WHO**

### SECTOR OVERVIEW:

In the immediate aftermath of the disaster, the management of casualties and injuries has been the most pressing need in the four most severely-affected districts; Palu City, Donggala, Sigi and Parigi. Health facilities have been damaged and are overwhelmed with casualties, and injuries from collapsed buildings.

Following the earthquake and tsunami, the National Health Cluster was activated on 29 September 2018 and health coordination meetings have been held daily at the Central Sulawesi Public Health Office in Palu City. WHO is currently supporting the Ministry of Health and the ongoing coordinated efforts to assess the health needs of earthquake-affected people and the damage to health facilities. Collect data related to GBV prevention and response, and strengthen information management. So far, 21 health facilities are reported to have been damaged including one hospital; damage to other health facilities is still being assessed. UNFPA estimates that 45,306 women are currently pregnant, and 14,070 will give birth in the next three months. UNFPA has received a request from the MoH to support implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies through the Reproductive Health sub-cluster and activation of the sub-cluster at the national level.

Urgent needs include the provision of essential medicines (including for chronically ill patients including people living with HIV who are receiving ARVs) as well as medical supplies, including surgical equipment and instruments, protective clothing, the safe supply of blood for transfusions is also necessary. Given the scale of trauma people have experienced, mental health and psychosocial support is also required.

It has been reported that water supply systems have been damaged, which combined with people living outside without proper shelter could lead to outbreaks of diarrhoea and other communicable diseases. Malaria, including drug-resistant, is endemic in Sulawesi, measles and other vaccine preventable diseases such as diphtheria and tetanus are also public health concerns due to insufficient immunization coverage and widespread injuries. There are an estimated 1,900 people living with HIV in Central Sulawesi, but there are poor rates of ARV coverage, and as such access to condoms and Post-Exposure Prophylaxis (PEP) for health and humanitarian workers and the public is vital.

The health sector response will focus on supporting the MoH to minimize casualties and disabilities, and to rapidly restore essential health services to the affected communities in Central Sulawesi Province, in collaboration with partners agencies, for 90 days.

### PRIORITY RESPONSE:

Health Sector coordination, information management and risk communication, and technical support in relevant sub-clusters including reproductive health.

Mapping of functional and non-functional services and clinics.

Implementation of the Minimum Initial Service Package for reproductive health in Emergencies (MISP) as requested by MOH; including provision of: basic and emergency obstetric and new-born care, family planning services including provision of condoms, clinical management of rape, standard precautions, safe blood transfusion, syndromic treatment of STIs and provision of anti-retroviral. Provide orientations/trainings on the MISP. Establishment of reproductive health clinics, and procurement and distribution essential reproductive health supplies.

Strengthening of surveillance and contingency planning for communicable, water and vector-borne disease outbreak response.

Supply chain management, including provision of essential medicines and supplies (HIV consumables) and management of blood transfusion supplies.

Coordination and restoration of emergency health services, including maternal and child health services and the deployment of a EMT and specialized cell of OBGYNs and midwives to support safe delivery in clinics and through community outreach.

Establishment of health services referral management system.

Mental Health and Psycho-Social Support (MHPSS), clinical management of people with injuries, including the provision of rehabilitation services.

Immunization campaigns, provision of IEC materials and information sessions on sexual and reproductive health, provision of youth friendly services, including reproductive health, and youth outreach missions.

Monitoring water quality and sanitation as well as waste management and infection prevention and control in health facilities.

WHO Emergency Field Operational support including operationalization of HEOCs.

Provision of emergency nutrition.

## RESPONSE BY SECTOR



### FOOD SECURITY AND LIVELIHOODS

**Number of targeted beneficiaries:** 80,000

**Funding required:** \$3.5 million

**National Lead:** Ministry of Agriculture & Ministry of Marine Affairs & Fisheries

**International support:** FAO & WFP

#### SECTOR OVERVIEW:

In the districts affected, many families were entirely dependent on agriculture and/or fisheries, and lost considerable assets including equipment and inputs. Failure to support resumption of local crop production and maintain remaining livestock assets will aggravate food and nutrition insecurity at the household level and increase the dependency of farmers and fishers on external food aid. The Food Security Cluster will implement immediate rehabilitation activities to help restore food production through provision of agricultural inputs and assets to the worst affected farming and fishing families to replace productive assets that were lost or damaged.

#### PRIORITY RESPONSE:

Help affected farming and fishery families through support to:

- rice planting – supply seeds, tools, and fertilizers;
- household vegetable production – supply seeds, tools, and fertilizers;
- establishing small simple storage facilities to store harvested crops and agricultural inputs;
- livestock production for households – supply animal feed to keep animals alive, and where necessary supply animals and vaccination;
- capture fisheries for coastal communities damaged by the tsunami – supply fishing equipment and small boats.



### LOGISTICS

**Target beneficiaries:** N/A

**Funding required:** \$6.5million

**National Lead:** BNPB with Ministry of Social Affairs (MoSA) as Cluster Co-Lead

**International support:** WFP providing technical support

#### SECTOR OVERVIEW:

The immediate response to the earthquake and tsunami has been severely constrained by serious logistics challenges due to damaged vital infrastructure including the Palu airport, access roads, and bridges. This has hindered the scale up of response activities for affected people in Palu as well as other more remote areas that remain largely inaccessible. The Government has identified the need for cross-sectoral logistics coordination to facilitate rapid delivery of immediate, life-saving assistance to people who are most in need of support, and to reduce gaps in the current response.

#### PRIORITY RESPONSE:

Technical logistics support for key Government agencies, including BNPB and MoSA.

Provision of logistics coordination for international and national non-governmental organisations.

Establishment of a humanitarian operations base, if required.

Establishment of the UN Humanitarian Air Service (UNHAS) if requested by Government of Indonesia.

## RESPONSE BY SECTOR

### EDUCATION

**Target beneficiaries:** 70,000 people

**Funding required:** \$1.3 million

**National Lead:** Ministry of Education and Culture

**International support:** UNICEF

#### SECTOR OVERVIEW:

The disasters happened in the middle of the school year, and to ensure children's education is interrupted for as short a time as possible, it is vital that they have access to education services. This is also important to ensure their psychosocial wellbeing after such a traumatic event. Based on data from Palu City and Donggala District, an estimated 1,098 schools ranging early childhood facilities/kindergartens to secondary schools are believed to have been affected by the earthquake and tsunami disaster. This has directly impacted an estimated 142,245 students.

#### PRIORITY RESPONSE:

Advocate for and support the reopening of schools and establishment of non-formal education and recreational programmes.

Provision of appropriate basic education, early learning and recreational materials, including special measures for children who will require assistance to re-engage in education (e.g., girls, and vulnerable and socially excluded children).

Set up safe temporary learning spaces for all age groups in consultation with communities and, where appropriate, establish community services, such as water supply and sanitation, around schools, complemented by hygiene promotion.

Address violence in and around learning spaces and schools, including safety of children on the way to school, with a focus on adolescent girls.

Mobilize available psychosocial support for teachers and students, and provide appropriate activities for them in temporary learning spaces, and for young children and adolescents in child-friendly spaces; and establish initial links to basic health and nutrition services.

Ensure the development and implementation of context-relevant life-skills activities and learning content.

### EARLY RECOVERY

**Target beneficiaries:** : 150,000 people

**Funding required:** \$2 million

**National Lead:** BNPB, Ministry of Home Affairs (MoHA)

**International support:** UNDP

#### SECTOR OVERVIEW:

The earthquake and tsunami destroyed vital infrastructure including roads and bridges, and damaged the main Palu airport, and there have been numerous land and mudslides, leaving many affected communities cut off. Buildings, including houses, shops, mosques and hotels, have collapsed, been swept away or suffered extensive damage. In line with the Governments' priorities, the early recovery sector will focus on reducing the risks of further damage or injuries by removing dangerous structures and clearing rubble; restoring basic community services; and augmenting the capacity of BNPB to set up the framework for an early recovery and recovery needs assessment in Central Sulawesi. UNDP has been requested by BNPB to provide technical assistance for early recovery and recovery needs assessment for Central Sulawesi Province.

#### PRIORITY RESPONSE:

Debris clearance and management through provision of heavy equipment, technical expertise, emergency employment for manual works (cash for work approach) and debris disposal sites, and rehabilitation of community infrastructure (access roads, small bridges, buildings, agro-infrastructure, power supply, etc). This intervention will be undertaken in close coordination with shelter, logistics, health and WASH.

Structural damage assessment and safe dismantling and removal of damaged structures, waste management of contaminated substances (i.e. asbestos or other toxic chemicals or materials.)

Provision of equipment/materials prioritized by the Government, and re-establishment of service delivery systems, land title/certification systems, law and justice, information management, waste management and other services.

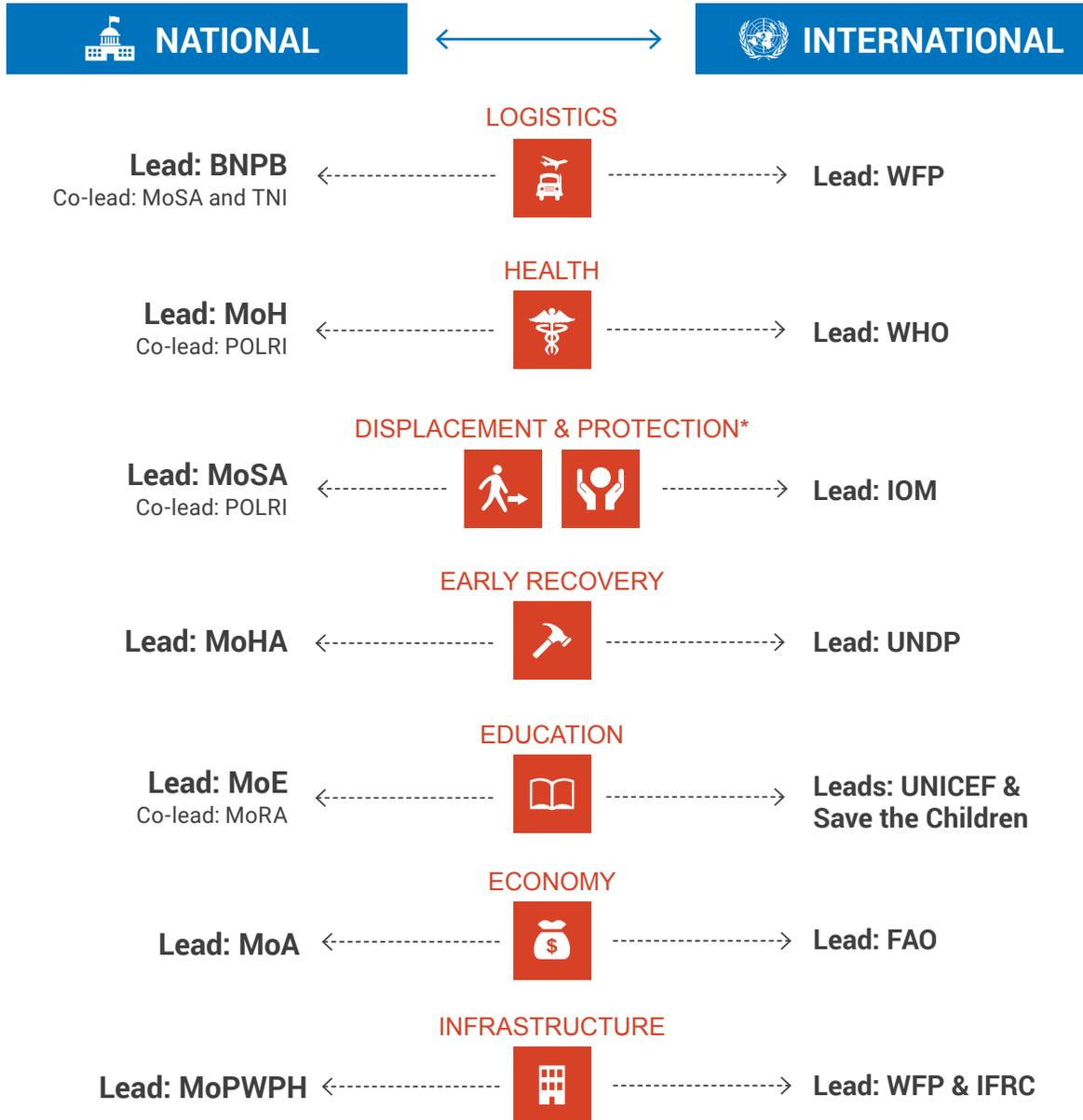
Support for rapid recovery of agricultural and non-agricultural livelihoods and productive assets (e.g. small-scale business, market/trading places, fishing boats, livestock).

Support preparatory works and organisation of JituPASNA (localized PDNA+PDRF).

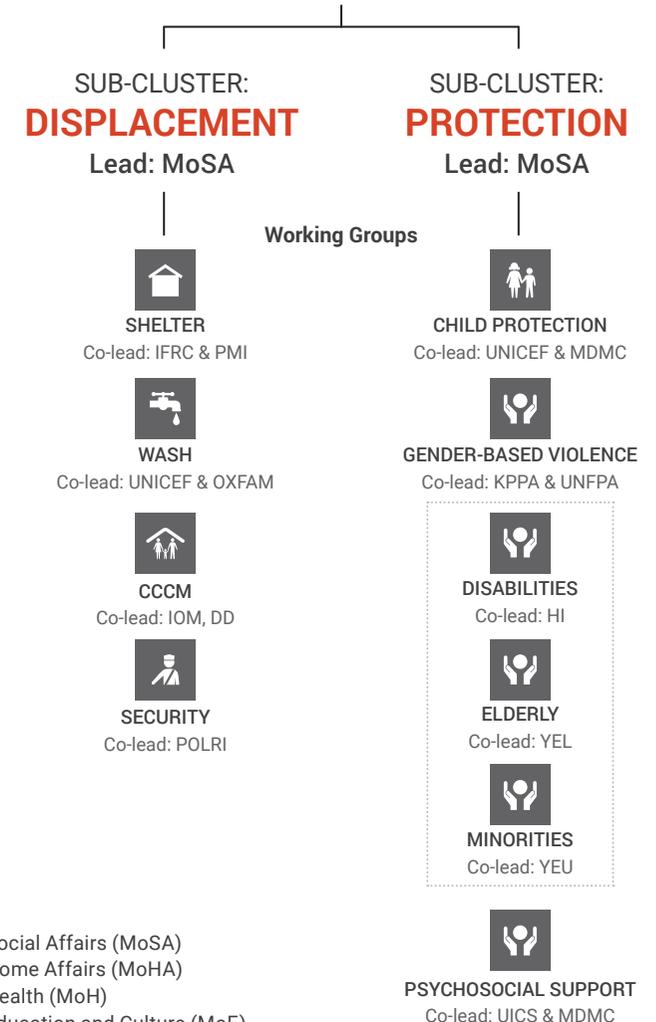
Strengthen and support collective approaches to gathering, analysing and responding to community feedback to inform overall programme effectiveness in coordination with government counterparts and partners engaged in response and recovery efforts. This will include prioritizing Government feedback systems that are already in place if support is requested.

# Central Sulawesi Earthquake Response Plan (Oct 2018 - Dec 2018)

## COORDINATION STRUCTURE

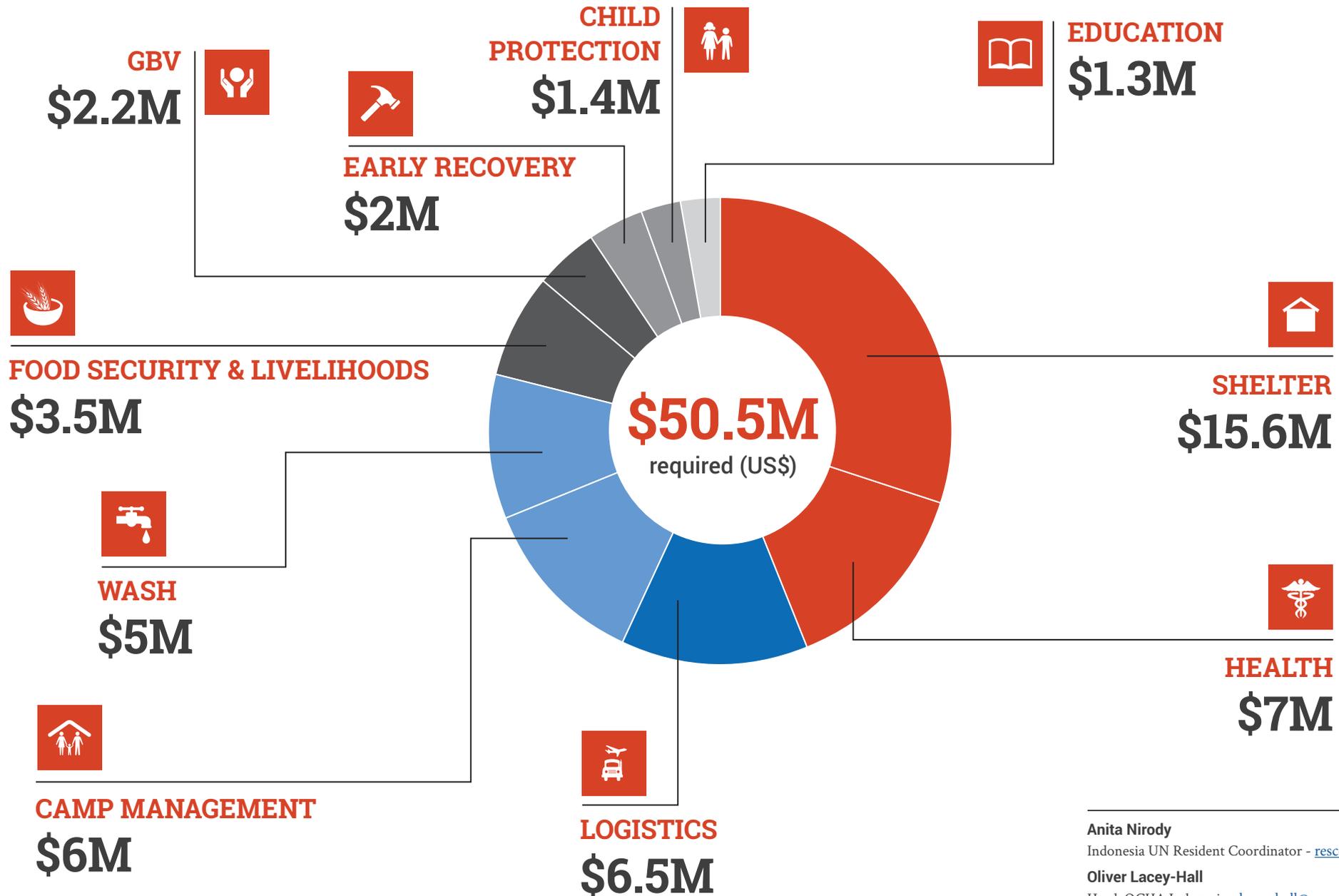


## CLUSTER: DISPLACEMENT & PROTECTION\*



Ministry of Social Affairs (MoSA)  
 Ministry of Home Affairs (MoHA)  
 Ministry of Health (MoH)  
 Ministry of Education and Culture (MoE)  
 National Agency for Disaster Management (BNPB)  
 Indonesian National Armed Forces (TNI)  
 Indonesian National Police (POLRI)

FUNDING BREAKDOWN



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