



2018 INDONESIA TSUNAMI APPEAL SIX-MONTH REPORT



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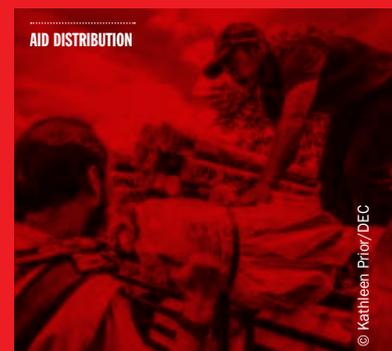
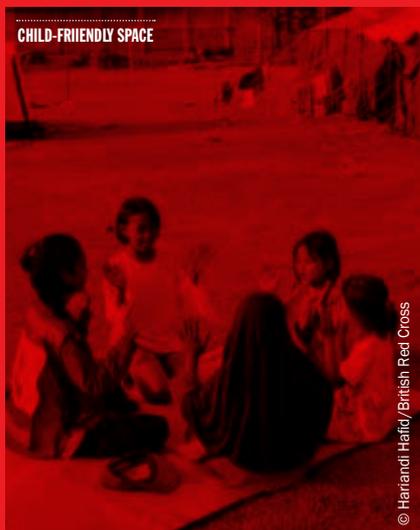


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Cover image: Fifteen-year-old Gesang* collects a shelter kit. When his family's house in Sibalaya village was damaged by the earthquake, they all moved to a market area in the north of Palu, where Christian Aid's local partner distributed materials such as tarpaulin and rope for families to build temporary shelters.
* Name changed to protect identity. © Kathleen Prior/DEC

OVERVIEW

On 28 September 2018, a series of earthquakes struck the Indonesian island of Sulawesi, the strongest of which was magnitude 7.4. The results were devastating: in some places the earthquake led to liquefaction, a phenomenon where soil behaves like liquid, with entire villages becoming buried under deep mud. The earthquake also triggered a tsunami which reached up to three metres, striking the regional capital Palu and nearby coastal settlements of Donggala and Mamuju and leaving a trail of destruction in its wake.

Hundreds attending the Nomoni Festival on Talise Beach in Palu were swept away. More than 2,800 people were killed¹ and at least 2,500 injured; communities saw their houses, schools and hospitals reduced to rubble, as more than 170,900 people lost their homes. On 1 October 2018, the Government of Indonesia said it would welcome contributions from the international humanitarian community.² In response, the Disasters Emergency Committee (DEC) launched an emergency appeal for funds to the UK public on 4 October 2018.

Within just 24 hours of launching the appeal, £6 million had been raised; six months later, the total had reached £30 million, including £2 million from the UK Government's Aid Match scheme. Working through national counterparts and local partners, 13 of the 14 DEC member charities took part in the response, reaching 169,900 people with water, sanitation and hygiene support

and delivering emergency shelter kits to 16,000 families; 5,600 families received basic household items such as blankets and cooking pots. **During the first six months (October 2018 to the end of March 2019), DEC funds enabled member charities to provide assistance to more than a quarter of a million people.**

An independent review commissioned by the DEC concluded that DEC member charities and their partners made a significant contribution to the disaster response, with particular strengths seen in the identification and support of vulnerable groups in disaster-affected communities. However, it also highlighted the relatively slow start to the response, due to a number of operational challenges and delays, and made several recommendations for improvements. These have been taken on board by DEC member charities in their continuing work in Central Sulawesi.

SUNDA STRAIT

On 22 December 2018, just three months after the devastating earthquake and tsunami that struck Central Sulawesi, a second tsunami hit the coastline of the Sunda Strait, which separates the Indonesian islands of Java and Sumatra. The tsunami followed an eruption and partial collapse of the Anak Krakatau volcano, which triggered an underwater landslide. More than 400 people were killed, at least 14,000 injured and 33,000 left homeless.³ One DEC member charity already had an office in the area and was therefore in a good position to respond. It directed a small proportion of its funds allocated from the DEC Indonesia Tsunami Appeal to assist the response in the worst-affected areas of the Sunda Strait. These funds were used to provide affected families with cash to meet essential needs through a cash-for-work scheme and also to improve child protection and develop disaster reduction plans with local authorities.



KEY ACHIEVEMENTS AT SIX MONTHS

October 2018 to the end of March 2019

13,300



people received agricultural seeds and tools, fishing equipment and other support to restore their livelihoods

44,800



people had access to safe drinking water from water purification tablets, filters and long-lasting water treatment stations

10,400



families received cash to meet their immediate needs

59,000



people were provided with emergency shelter and 38,700 people were trained in disaster risk reduction and how to build back safer

5,600



families received households items or vouchers to purchase them (cooking utensils, clothing and blankets)

3,200



families received cash for food or food packages, including, including rice, oil, spices, instant noodles, sardines, eggs, salt, tea, coffee, sugar

63



health facilities were renovated and provided with basic equipment

770



people were reached with information on gender-based violence

30



temporary learning centres were set up for 2,030 children to continue their education

A note on figures: Each sector of activity presented in this report includes net figures for the number of people reached with DEC funds in the first six months. While double-counting in the net number of people reached by sector has been eliminated, some double-counting may persist across sectors and when two or more charities reach the same people with different types of assistance. All figures reported have been rounded down.

BACKGROUND

Indonesia is one of the most disaster-prone countries in the world.⁴ The country has a high exposure to a range of hazards due to its location on the Pacific Ring of Fire, where tectonic plates clash, creating earthquakes and triggering tsunamis.

Indonesia reported the greatest number of deaths following the 2004 Boxing Day earthquake and tsunami and since then, on average, at least one major natural disaster has occurred every month, including earthquakes, tsunamis and volcanic eruptions.⁵ In response to the devastation and loss of life in 2004, there has been a major push in the region to improve tsunami warning systems and build evacuation centres. However, while the Indonesian government has greatly invested in reducing the risk of disasters, there remains evidence of insufficient

warning sirens, evacuation routes and shelters, and some of the measures taken since 2004, such as a network of tsunami-detection buoys, have been neglected or vandalised.⁶ In the case of the 2018 earthquake and tsunami, a tsunami warning was triggered five minutes after the quake but less than 10 minutes before the tsunami reached Palu,⁷ allowing little time for people to reach safety. In addition, power lines and communication masts were brought down by the earthquake, so tsunami warnings sent to residents via text message were not received.⁸

Immediately after the earthquake and tsunami, local communities and responders on the ground began efforts to rescue people trapped in the rubble of collapsed buildings and provide urgent assistance to survivors. With thousands made homeless and many people's livelihoods destroyed through damage to businesses and agricultural land, it fast became clear that a major humanitarian response was required to provide emergency relief and help the recovery and reconstruction effort.

A LOCALLY LED RESPONSE

On 1 October 2018, the Government of Indonesia said it would welcome contributions from the international humanitarian community, with a specific request for support in key areas such as air transportation, materials to build shelters and water treatment equipment.⁹ The government-run National Disaster Management Agency, which was tasked with coordination, clarified on 5 October that the government would restrict the presence of foreign humanitarian workers in affected areas, assigning responsibility to local organisations.¹⁰

An intermediate disaster relief phase was declared, with priority given to providing basic relief for affected people, particularly clean water, hygiene and sanitation items, repairs to infrastructure and public services (airport, roads, electricity, water and fuel supply).¹¹ Providing people with emergency shelter was also a priority, as well as ensuring the protection of children and women from gender-based violence. On 26 October, the disaster response shifted into a transition phase, aiming to move from immediate relief to longer-term recovery. In mid-December, the Governor of Sulawesi extended this transition phase until 23 February 2019, followed by a further extension until 28 April 2019 to allow more time for immediate needs to be met.

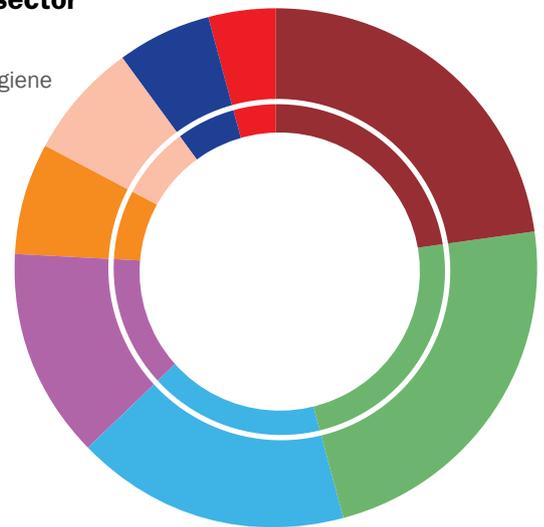
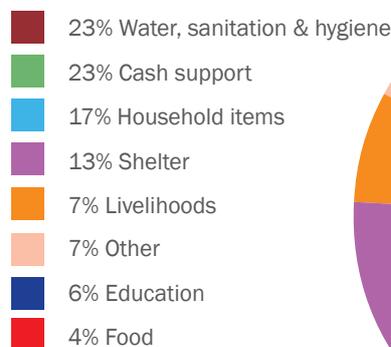


HOW WE HELPED

Within a week of the appeal launch, the DEC had allocated £12 million to its member charities. Six months later, the DEC appeal had raised a total of £30 million, with £20.7 million channelled to the DEC, including £2 million from the UK Government's Aid Match scheme, and the rest donated directly to DEC member charities. Thirteen DEC member charities are drawing down funds from the DEC. This report is on funds raised directly by the DEC and allocated to its members.

In this first phase of the DEC-funded response (October 2018 to the end of March 2019), DEC member charities and their partners provided relief assistance to 265,400 people with £6.9 million from DEC funds. The focus was on supplying food and clean drinking water, installing toilets and improving living conditions by providing materials to build shelters and basic household goods. DEC funds were also used to provide protection services to vulnerable women, children and older people, as well as health services through mobile clinics and repairs to local health posts. All remaining DEC funds (unbudgeted in Phase 1 plus those allocated subsequently) will be spent between April 2019 and October 2020.

Phase 1 expenditure by sector



Clean water, sanitation and hygiene

Water supplies were severely affected by the earthquake and tsunami due to damage and contamination to reservoirs, irrigation channels and water distribution lines. This meant many people were left without clean and safe water, who consequently began to use rivers and boreholes to access water for drinking, washing, cooking and cleaning. Limited availability of clean water meant that maintaining good hygiene practices such as handwashing and keeping toilets clean was challenging, increasing the risk of disease outbreaks if not managed quickly. Providing access to safe drinking water and basic sanitation facilities alongside improving hygiene conditions was therefore a key part of the first six months of DEC-funded activities, with member charities reaching 169,900 people in this way.

Two DEC members trucked clean water to 12,700 people, including those living in temporary shelters. This helped reduce the distance they would otherwise need to walk to water points and the time spent there queuing to get water, therefore enabling people to get on with other recovery tasks. While water trucking is often vital in the aftermath of a disaster, its high and recurrent costs make it unsustainable in the long term. DEC member charities therefore

sought more permanent solutions, and eight water points were constructed with DEC funds. One DEC member charity provided water treatment stations in two disaster-affected villages. The stations can produce five cubic metres of clean water per hour and will be maintained by village authorities, thus ensuring their continued use.

Before the earthquake and tsunami, most people affected by the disaster had access to private toilets, with only a small percentage using public facilities. Due to extensive damage to people's homes, many more were forced to use public toilets or resort to open defecation, increasing the risk of water contamination. In response, DEC funds were used to construct and renovate 4,340 emergency and permanent toilets.

Providing personal hygiene kits was another important way to improve living conditions and preserve people's dignity, by replacing essential items lost due to earthquake damage and flooding. Items included sanitary towels, soap, shampoo, towels, nail clippers, water buckets, laundry powder, toothpaste and toothbrushes. DEC member charities distributed 37,400 personal hygiene kits, reaching 145,700 people. One member charity also distributed urine bottles, incontinence pads, and

toilet chairs for older people, who are often very vulnerable after a disaster. DEC member charities worked with the Ministry of Health, running information sessions to help stress the importance of good hygiene practices in preventing the spread of disease. One DEC member charity used local radio to broadcast messages three times a day for two months, promoting hygienic, healthy behaviour. Member charities reported a drop in the practice of open defecation as a result.

HIGHLIGHTS



- **44,800** people had safe drinking water through water purification filters, tablets and treatment stations
- **4,340** toilets were constructed or repaired
- **37,400** personal hygiene kits were distributed (including bath soap, laundry soap, shampoo, toothpaste, toothbrush, towel)
- **6,500** people were reached with information on the importance of good personal hygiene

GOOD HYGIENE IN SCHOOLS

To encourage good hygiene among children, the partner of one DEC member charity supplied schools with locally sourced and produced plastic containers. The five-litre containers were positioned on a frame with a rope attached to each, which children can pull when they want to wash their hands. This is a low-cost, simple way to encourage children to wash their hands regularly, providing a quick and effective solution in schools where building new facilities would take time.





HYGIENE KIT DISTRIBUTION

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Cash and vouchers

Providing people with cash and vouchers has become an increasingly common and effective way of helping them after an emergency. It gives people the choice and freedom to meet their needs in the way that best helps them to recover, as well as giving a boost to local markets. In December 2018, the Indonesian government provided guidance on the amounts of cash that could be provided to people with severe, partial or minor damage to their houses. Up until this point, the provision of cash had been restricted and only possible where people were paid through cash-for-work programmes (see **Making a living**, page 9). With the change in guidelines, several DEC member charities switched to providing cash support, reaching 10,400 affected families with this type of assistance.

DEC member charities ensured their partners worked closely with community members to help identify those most in need of aid, prioritising the most vulnerable. Wealth-ranking was used to identify the poorest people and communities had the chance to query the selection before it was finalised, if they thought it was in anyway unfair or misrepresentative. One DEC member charity used the opportunity of cash distributions to circulate information on nutrition, health and hygiene. After the initial few months, the government approved electronic disbursements and has asked that 'cash-in-hand' grants should no longer be used.

HIGHLIGHTS \$

- **10,400** families received cash to meet their immediate needs

OPEN FOR BUSINESS

With the cash grant she received from one DEC member charity, Sukinem was able to start a small business. Before the disaster, she and her husband were vegetable farmers growing chilli, tomatoes and green vegetables in the village of Sigi, until liquefaction destroyed their house and land. After receiving the cash, they decided to start a micro trading business. Sukinem bought dirty onions from a bigger trader in the main market of Palu and after cleaning the onions, she sells them in a smaller market in Sigi. She makes a small profit, enough for food and to send her children to school.



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Shelter

Areas affected by the earthquake, tsunami, landslides and liquefaction suffered extensive damage to buildings and infrastructure. An estimated 15,000 houses were totally destroyed and a further 17,000 heavily damaged.¹² More than 170,900 people who lost their homes were forced to set up makeshift shelters nearby or to seek refuge with other families in neighbouring towns and villages.¹³ In response, DEC member charities worked with local partners to provide 16,000 emergency shelter kits, containing tarpaulins, ropes and sleeping mats. DEC funds helped include a plywood room separator in 1,200 shelter kits in order to allow for some privacy within the household. Altogether, 61,500 people were reached with some form of assistance linked to shelter in the first six months of DEC-funded activities.

DEC funds were also used to provide materials for transitional shelters. Known as the *rumah tumbuh* – growing or expandable house – they were designed with a longer-term perspective, so people are able to expand the shelter and make it more permanent over time.

Government guidelines on housing reconstruction

In December 2018, the Indonesian government required all humanitarian agencies that were providing shelters to submit detailed plans of their support activities. It released a map categorizing the land across affected areas into four zones reflecting their susceptibility to future disasters. The government also set the following budgets for rebuilding houses:

IDR40–50 million per household for damaged or collapsed houses (US\$2,900–3,500)

IDR15–20 million per household for moderately damaged houses (US\$1,075–1,450)

IDR5–10 million per household for lightly damaged houses (US\$350–700)



When markets began to recover a little and shelter materials became available locally, one DEC member charity provided households with cash grants to purchase their own supplies to build shelters and toilets, a process that took four to five weeks. To ensure shelters were built to a high standard, this money was given in three tranches, with each household required to comply with a quality checklist in order to access the next tranche of funds. To support households in building quality shelters, DEC funds were also used for training on 'building back safer,' attended by 501 men and 177 women. On-site technical staff also provided informal support to families and labourers on how to build safer homes. DEC member charities reported on how well this process went, with communities being very open to learning new techniques and improving the quality of their constructions. This was

due in part to households being free to use the materials they preferred (such as wood, light steel, salvage materials, etc.), as long as the general structure, including the foundation, was built in a solid and safe manner.

Another DEC member charity, working with a local partner, trained masons and carpenters in preparation for longer-term housing reconstruction, which was scheduled to begin in April 2019.

HIGHLIGHTS



- **59,000** people had access to emergency shelter
- **16,000** shelter kits were distributed (containing tarpaulin, rope, sleeping mats)

HOUSEBUILDING

Traditionally, housebuilding is viewed as a man’s domain in Indonesia, making it difficult for women to participate or have their say in how a house should be designed. One DEC member charity worked with its local partner organisation to proactively encourage carpenters and masons to consult and collaborate with women, seeking advice on the number, nature and location of rooms in the house. This approach is completely new for communities and offers women an opportunity to voice their opinion in a male-dominated field and be considered in decision-making processes. The shelters were built using local, natural resources through collaborative work linking carpenters, who were identified and selected from local communities, and women who took part in the design of the original and revised plans of the house.



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Household essentials

As well as supplying basic toiletries and materials to build shelters, DEC funds were also used to replace other household items that had been lost or damaged, particularly for families whose entire house had been destroyed, submerged or swept away by the earthquake, tsunami or liquefaction. These included pots and pans, clothing and blankets. Altogether, 54,000 people were reached with such essential household items with DEC funds

between October 2018 and the end of March 2019.

One DEC member charity provided assistive aids such as crutches, walking canes, hearing aids and glasses to older people – essential to increase their mobility and help their recovery following the disaster.

To help prevent the spread of malaria, DEC funds were also used to purchase and distribute 23,500 mosquito nets.

HIGHLIGHTS

- **5,600** families received household items or vouchers to purchase them, such as pots and pans, clothing and blankets
- **850** older people and disabled people received assistive aids such as crutches, walking sticks and frames, glasses, hearing aids and white canes for the visually impaired
- **23,500** mosquito nets were distributed



AID DISTRIBUTION

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Making a living

Many families who were dependent on fishing and agriculture lost everything when boats were destroyed, crops and livestock swept away and agricultural land was degraded. Small businesses were also hugely affected, with people losing many of the essential assets. It is estimated that full economic recovery will take at least four years. The huge strain placed on people's financial, material and mental well-being can trigger negative coping mechanisms, sometimes leading to higher-risk livelihoods, child labour, early marriage and school drop-out. The restoration of people's livelihoods was therefore of central concern and a priority for DEC funds and more than 14,400 people were reached with livelihoods support in the first six months of the response.

Cash-for-work schemes were a good way to provide people with money to help replace lost assets, while also employing them to help with recovery activities such as removing debris, clearing roads to allow access to homes and local transport and cleaning gullies to prevent flooding during the rainy season. To respond to urgent need for better sanitation facilities, people were also paid to construct emergency toilets and clean local health clinics and schools. DEC funds were used to employ 7,700 people in such cash-for-work initiatives.

In one community, DEC funds were used to involve women in activities such as coconut production and making snacks from moringa, pumpkin and bananas to be sold in the market. Tools and training on food processing were also provided. As DEC member charities now move into the next phase of the response, a greater focus will be placed on helping people regain their sources of income through such methods, with market analyses carried out to determine how best to undertake this work.

HIGHLIGHTS



- **13,300** people received agricultural seeds and tools, fishing equipment and start-up support
- **7,700** people were employed in cash-for-work schemes

cash for food and parcels containing items such as rice, oil, eggs, sardines and noodles.

Following consultations with community members, one DEC member charity set up community kitchens, which were designed and managed by women. The women chose the location of the kitchens and were also instrumental in identifying how to meet people's nutritional needs.

Working in this way not only improved families' nutritional status, but also provided a much-needed focus for the women involved, helping them recover from their mental trauma.

Where nutritional needs were more acute, particularly among children, DEC funds were used to run supplementary feeding programmes, such as the House of Nutrition (see below). Altogether, 26,800 people were reached through nutrition interventions.

Food and nutrition

Food distribution at the early stages of the emergency was critical. This was provided to people in a number of ways, to make sure those who had lost everything had enough to eat. Altogether, with DEC funds, 11,800 people received some form of food aid, including

HIGHLIGHTS



- **3,200** families received food assistance or cash for food
- **26,800** people received nutrition support

HOUSE OF NUTRITION

One DEC member charity ran a pilot project called the House of Nutrition. This combined a supplementary feeding programme for malnourished children under five years of age with information for their caregivers on how to prepare nutritious food. A total of 64 malnourished children were helped through this project. Over 14 days, health workers and caregivers cooked lunch together, while for breakfast and dinner, caregivers were given fresh food packages to cook by themselves at home. Educational sessions for parents covered topics such as the importance of good hygiene and how to prevent illnesses in malnourished children. A series of training sessions was also conducted with community health volunteers, using songs, games, pictures and group discussions to help prepare volunteers on how to respond to children's health and nutritional needs in emergencies.



REPRODUCTIVE HEALTH FOR WOMEN AND GIRLS

Reproductive health for women and girls is a priority and DEC funds helped provide screening for acute vaginal infections and breast cancer. At the beginning of the campaign, women and girls were hesitant to get screened due to cultural barriers, including a reluctance on the part of men to permit their wives or daughters to attend such screenings. However, as a result of training on sexual and reproductive health and rights, more women and girls visited clinics for screening. Serious cases were referred to local hospitals for further examination and treatment.



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Health

The tsunami damaged or destroyed many health centres and people's health was further put at risk by displacement, overcrowding in temporary shelters or tents, poor sanitation and a lack of nutritious food. Mobile health clinics were set up by two DEC member charity partners, reaching 5,500 people. These focused in particular on the reproductive health of women and adolescent girls and on meeting the needs of older people, including their mental health needs, following the trauma of the earthquake and tsunami. Home visits were also conducted for people with disabilities and older people with limited mobility, to ensure nobody's health needs were neglected. Another priority for DEC member charities in the emergency phase was to re-equip the *posyandu* (health posts) with medical equipment: 27 health facilities were assisted in this way.

Altogether, 9,000 people were reached with health support from DEC appeal funds by the end of March 2019.

HIGHLIGHTS



- **63** health facilities were renovated and provided with basic equipment
- **120** community health workers and volunteers were trained
- **380** people accessed mental health or psychosocial support

Protecting vulnerable people

With thousands homeless following the earthquake and tsunami, the risk to vulnerable groups – particularly, children, women and older people – greatly increased. This was due to cramped living conditions in tents, shared, temporary shelters, lack of sufficient lighting and sanitation facilities and also the trauma and stress of the disaster itself. With DEC funds, member charities addressed these risks by establishing two safe spaces for women and children where support could be accessed, including counselling and paralegal services; 770 people also took part in sessions that provided information on gender-based violence and gender equality.

One DEC member charity set up women's groups to help provide mutual support and another focused on mitigating the risk of gender-based violence by increasing safety after dark for 600 people through installing solar panels at several locations.

Altogether, 8,700 people were reached with protection interventions.

HIGHLIGHTS



- **540** women and girls received kits containing essentials such as sanitary towels and soap
- **2** safe spaces were set up
- **770** people were reached with information on gender-based violence



PSYCHOSOCIAL SUPPORT

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HOW DEC MEMBERS PERFORMED

DEC members are committed to improving the way in which they respond to humanitarian crises, working closely with and for affected communities and upholding international standards of good practice.

Working in partnership and building community capacity

Just a few days after the earthquake and tsunami, the Government of Indonesia requested that all international organisations work through local organisations and restricted the movement of new international staff. For some DEC member charities, this reflected their normal way of working and many had pre-existing partnerships, enabling them to respond rapidly. Working in this way had many advantages and aligns with a commitment from humanitarian organisations globally for emergency responses to be led increasingly by local people. Many DEC members' national affiliates and their partners had a good understanding of the local context and community dynamics and language. This grassroots experience meant they could make informed decisions regarding DEC funds. Indonesian personnel were employed and, in some cases, re-deployed from their international postings to help the response in Central Sulawesi. These staff were able to put into practice their disaster management experience built up over the years through previous responses in Indonesia, in particular following the 2004 Boxing Day tsunami.

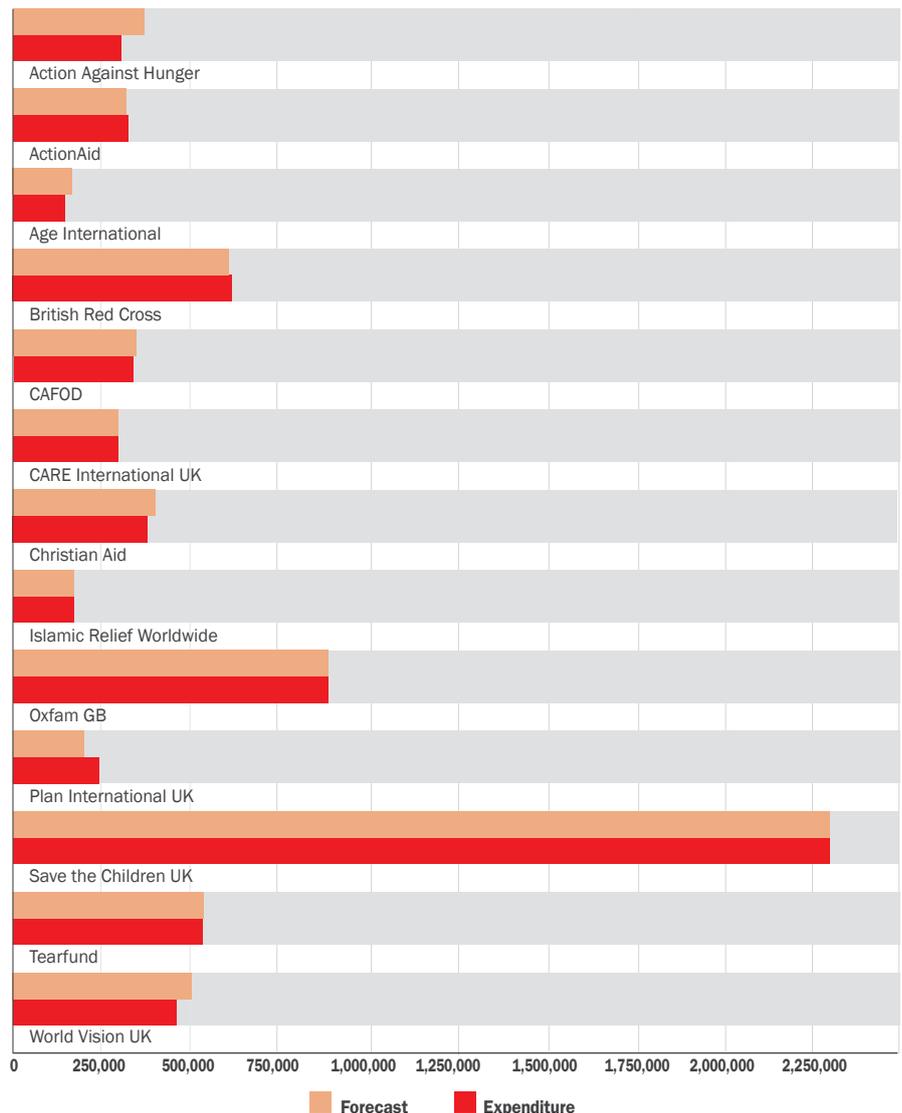
However, for some partners, this was their first time responding to a disaster on this scale, which had its own challenges (see **Key challenges and risks**, page 14) and led to some delays in providing assistance. Therefore, strengthening emergency response capacity of local partners became a priority, and many DEC member charities mandated their own staff to provide guidance on emergency response management and technical support on providing adequate shelter, water, sanitation, livelihoods and cash support to affected people. Training partners on issues such as gender-based violence and safeguarding (protecting vulnerable communities from abuse or

neglect) was also a key element of the DEC-funded response (see **Following sector standards**, page 12). There were also opportunities for sharing skills and knowledge across organisations; for example, one DEC member's partner was able to share its experience on how to address the needs of older people in the design of shelters and toilets.

Building the skills of disaster-affected people was also prioritised by DEC member charities, such as practical techniques in building safer shelters and homes. One DEC member charity focused on training teachers on how to respond in emergencies, including how to develop emergency plans for schools.

Total expenditure of DEC funds in the first six months (£)

Thirteen DEC member charities responded



Working in partnership and building the capacity of local staff and people in this way will help to ensure the sustainability of expertise within Indonesia and help local organisations to better respond to future disasters.

Coordination

The Government of Indonesia took the lead in coordinating the emergency response; eight coordination groups were formed to discuss and agree on common approaches and avoid duplication in the following areas: search and rescue, health, education, logistics, displacement and protection, early recovery, infrastructure and economy. DEC member charities have taken an active part in these processes, with some providing co-leadership.

In the first 30 days after the disaster, coordination was weak, with a lack of clear communication between district and provincial government, and gaps and overlaps reported in the provision of aid in some areas. DEC member charities also described how some smaller or less traditional entities (e.g. from the private sector or political parties) frequently delivered emergency relief without coordinating with others, leading to issues

of duplication. With time, the situation improved and authorities at the provincial level were able to take a greater lead, but this meant that aid agencies, including DEC members, filled the gap in the interim, providing technical support to coordination at provincial and especially district levels.¹⁴

One good example of collaborating was a joint rapid assessment conducted in early October by a mixed team from UN agencies and international, national and local organisations, including several DEC member charities and their partners. Disaster-affected communities were consulted in order to establish priorities for the response. The results have been widely used and working jointly in this way saved time and money and, most importantly, avoided overburdening communities with individual assessments.

One DEC member charity has continued to play a key role in the shelter working group, using DEC funds to provide a coordination platform where a coherent and effective approach to people's shelter needs can be discussed and agreed upon. This role includes providing technical advice to government and shelter group partners and monitoring overall progress in this area.

Following sector standards and being accountable to people affected by the crisis

HUMANITARIAN STANDARDS AND CODES

- **Code of Conduct for the International Red Cross and Red Crescent Movement** – outlines ethical standards of how organisations and individuals involved in humanitarian work should perform
- **Core Humanitarian Standard on Quality and Accountability** – covers the essential elements of principled, accountable and high-quality humanitarian action
- **Sphere Technical Standards** – define standards for aid work in areas such as shelter, food, water and health care and technical indicators, to be adapted based on context



All DEC member charities have made a commitment to a number of standards and codes that set out principles and guidelines of good practice in humanitarian response (see **Humanitarian standards and codes**, page 12).

From the very outset of the disaster response, regular training sessions were provided to staff and volunteers on the Core Humanitarian Standard, in order to reinforce the importance of these principles in guiding the way that staff and partners engage with local communities. Alongside this standard, protection from sexual exploitation and abuse is being actively promoted to staff and volunteers, with briefings and training courses. This work will continue throughout the next phase of the DEC-funded response.

Clear examples of how these principles have been applied in the response so far can be found in the ways DEC member charities and their partners consulted with communities and adapted the response as a result of feedback. When communities living in communal shelters informed one DEC member charity that hygiene was becoming an issue, they responded with key messages on personal hygiene and waste management support.

This same organisation also adjusted the timing of their food distribution, after hearing from families that it coincided with children's nap time. Communities were also actively engaged in the design of transitional individual shelters, an approach that is more empowering, sustainable, dignified and cost-effective than pre-determined designs.

To ensure a high level of transparency and accountability in their responses, DEC member charities and their local partners used a wide range of information, feedback and complaints systems. This provided people with accessible ways to get in touch and raise any concerns, and enabled member charities to let affected communities know about the aid they could expect to receive. One DEC member hosted 21 live radio talkshow broadcasts, where key messages about

the response were transmitted. Initially, the show was planned only to be short-term but by popular demand, it continued to broadcast each week.

Several DEC member charities also set up telephone hotlines, which were a useful mechanism for people to raise confidential issues or for finding out more information about what aid they were eligible for, a complementary approach to face-to-face interaction. Community and citizen forums were set up to provide spaces for this more direct communication. One DEC member charity trained women to act as focal points for complaints and feedback to ensure that women in affected communities felt comfortable sharing their views. Another member charity ensured that children's voices were also heard by arranging focus groups with them, where they talked about how safe they felt at school.

Information and communications technology was used to register and track community feedback received through various channels, enabling staff to analyse feedback and complaints by type, in real time, and therefore respond quickly. When one DEC member charity received very little community feedback about its interventions, it concluded that it needed to improve its approach in the second phase of the response.

Supporting vulnerable people

Many factors influence people's vulnerability to a disaster. Poverty, inequalities, exclusion and discrimination frequently place senior citizens, people living with disabilities, minorities, women and children in the most precarious conditions. DEC member charities drew attention to the needs of people with disabilities, older people, children, female-headed households, and other vulnerable groups with some success. Most organisations have engaged directly with communities in order to identify the most vulnerable. However, some communities, especially at the beginning, resisted attempts by aid agencies to prioritise these individuals or particular families. Through clear communication explaining the rationale behind this type of targeted aid, communities are now more accepting that some families require tailored assistance.

Collecting data about vulnerabilities was very useful in making decisions about where to prioritise aid and what type. For example, disaggregating information about the location and the level of vulnerability of women and children helped determine where to locate safe spaces, to ensure people could arrive safely at these facilities. However, many national and local partner organisations encountered difficulties in collecting disaggregated data due to unfamiliarity with this practice (see **Key challenges and risks**, page 14).



KEY CHALLENGES AND RISKS

Operating restrictions and related challenges

The strong lead by the Indonesian government in this response and the requirement that national and local organisations carry out all relief and recovery efforts has been viewed positively by DEC member charities,¹⁵ providing an opportunity for national actors to play a stronger role in the humanitarian response with support from international counterparts. However, on the other hand, project spending has been limited since partners in Sulawesi – many of whom are not used to responding to a disaster on such a scale – did not always have the capacity to work at the speed and scale that the aftermath of the earthquake and tsunami required. A limited number of national and local organisations and staff in affected areas meant that they have often been overstretched, as multiple international agencies sought to engage the same partners.

Data collection for monitoring and evaluation

On the whole, DEC member charities found restrictions on international staff travel frustrating. Providing adequate support to partners and local staff at a distance is difficult and it has not been possible for senior management to provide hands-on support, oversight and quality assurance at the desired level. One area where this had a major impact was in the monitoring and evaluation of response projects, with field officers generally lacking experience in the collection and application of disaggregated data. Collecting data relating to age, gender and ability of affected communities is very important in an emergency response, since it allows aid agencies to make effective decisions about what kind of aid is appropriate, what potential risks and vulnerabilities some people might face and the particular needs or additional support required. However, for some local partners, this type of data collection felt like an

additional burden, when they were already overstretched in their work. To mitigate this issue, remote management and clear communication with partners on the value of disaggregated data have been essential, alongside training on data collection. DEC member charities are more confident that partners' data collection will improve in the second phase of the response.

Getting sufficient supplies

In the two months following the earthquake and tsunami, materials were often in short supply, making it difficult to move ahead, particularly with construction. This was exacerbated by heavy restrictions on international procurement, meaning that there were frequently too many customers chasing too few suppliers, which also led to price fluctuations. DEC member charities tried to work round these challenges by sourcing alternative materials locally and surveying local markets to find new vendors.



Government guidelines and approaches

DEC member charities found the government approach to responding to people's shelter needs challenging in a number of areas. Initially, the Department of Public Works programme focused on constructing communal shelters to house homeless families. Some of these, however, did not have functional sanitation facilities or a source of water.¹⁶ The shelters made little provision for security, privacy or the inclusion of people with disabilities, giving rise to many social issues, and potentially increasing vulnerability for women, adolescents and girls. Despite aid agencies promoting 'inclusive toilets' suitable for older people and people with disabilities, the government has not incorporated the inclusive design in their initial guidelines. Local authorities are now asking NGOs to help make these multi-household shelters more habitable.¹⁷

Along with communal shelters, supporting people in the construction of transitional shelters has been the main approach, and one in which many DEC member charities have been involved (see **Shelter**, page 7). However, there is a degree of uncertainty linked to unclear guidance and the changes the government has been making during different phases of the response. It was reported that the end of the transitional period in April 2019 would also signal the end of the need for transitional shelters.¹⁸ However, in practice, it is likely to take years before the construction of permanent houses is completed. If the government does not allow further transitional shelter construction, DEC member charities will need to modify their shelter strategies. Unresolved issues regarding land, zoning and relocation plans are further obstacles. It is a risky strategy to invest resources in shelters at locations which could later be deemed to be in the 'wrong' place. DEC member charities' affiliates and partners will continue to work closely with the government and each other to gain clarity on guidelines, land zoning rules and engineering standards.

Using cash to support recovery

A further challenge has been delays in government decrees on the distribution of cash to disaster-affected families.

In the first months following the disaster, cash could only be provided as payment for activities such as debris clearance and cleaning, which had limitations, since, although these activities were

valuable in themselves, not everyone could take part. At the end of January 2019, a decree on multi-purpose cash transfers was signed by the Governor, removing the main barrier to cash-based assistance. It is likely that this approach will now be a major way of speeding up recovery and helping people rebuild their lives in the next phase of the response.



MAIN LESSONS

Taking time to reflect on and evaluate the response in Central Sulawesi has been critical in order to learn from experience and adjust ongoing activities to better meet people's evolving needs. An independent review of the first three months of the DEC-funded response provided overarching lessons and concrete recommendations for DEC member charities to take on board in subsequent months. One key lesson concerned the advantage experienced by DEC members who had national counterparts already established in Indonesia. This allowed a faster mobilisation relative to those needing to form new partnerships with local organisations.

Given the move towards a more localised approach to disaster response, it is important that DEC member charities reflect on their approaches to partnership and consider how these might need to be adapted to suit a changing humanitarian environment.

The independent review also highlighted how important it will be in the second phase of the DEC-funded response for DEC member charities to strengthen coordination with local authorities. As long as authorities have to deal with multiple aid agencies individually, transaction costs for them will remain high, consuming valuable

time and making them less efficient. DEC member charities could therefore act collectively, which could, in turn, win more influence for them with authorities. Planning and acting together would also result in a far more effective response for people affected by the disaster, since different partner organisations could play to their strengths, while referring to others for expertise where necessary. In a similar vein, and to address the issues around partner staff capacity and skills, the review recommended that DEC member charities join forces to build the capacity of local organisations and government authorities.

NEXT STEPS

As the response moves into the second phase of DEC-funded activities in Central Sulawesi, there is a balance to be struck between meeting ongoing needs for emergency relief and recovery and reconstruction. Many displaced families continue to live in informal settlements, tents or makeshift shelters next to their former homes; water and sanitation requirements remain high, as aid agencies report still high levels of open defecation. While meeting these needs remains an urgent priority, DEC member charities recognise that focusing on rebuilding people's livelihoods is fundamental, as such an approach places those affected by the disaster in a position to lead and direct their own recovery. Up until now, support to people's livelihoods has advanced slowly, in part because of government restrictions on cash grants, which limited the scope for support, and because of the lack of a

coordinated group focusing on livelihoods. With restrictions now lifted and a livelihoods coordination group now formed, DEC member charities are planning to invest time and resources in supplying people with cash to recover their businesses and jobs or the skills to take up new livelihoods.

The second phase of the response will also see an emphasis on 'owner-driven' shelter construction, with DEC member charities providing households with training and support in 'building back safer' to ensure people are far better prepared for future disasters. This comes at a time when Indonesia's National Disaster Management Agency has signed an agreement with the UN Office for Disaster Risk Reduction, intended to strengthen its overall disaster risk management in order to reduce casualties and economic losses from future events.

Lessons will be applied to improve Indonesia's end-to-end multi-hazard early warning systems. A key focus will be on improving early warnings, early action and self-evacuation at the local level.

A final report on the DEC Indonesia Appeal funds will be released in early 2021.



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- ¹¹ Ibid.
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- ¹³ 'Central Sulawesi Earthquake Response Situation Report No. 5.'
- ¹⁴ Ibid.
- ¹⁵ Response Review.
- ¹⁶ 'Humanitarian Country Team Situation Report #12,' 7 January 2019.
- ¹⁷ Response Review.
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HOW THE DEC WORKS

The DEC brings together some of the UK's leading charities to raise funds at times of significant humanitarian need overseas. It allocates appeal funds to its members and ensures that the generous donations of the UK public are spent on emergency aid needed by communities devastated by humanitarian crises, as well as on longer-term support to rebuild the lives of people in these communities and strengthen their resilience. Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities and reduces administration costs.





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DISASTERS EMERGENCY COMMITTEE

Tavis House
Tavistock Square
London WC1H 9NA

Tel: 020 7387 0200
www.dec.org.uk

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