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Executive Summary

Budiono, 49, is a disabled farmer from Lolu village of Sigi Biromaru sub-district who was born mute and deaf since birth. "When the earthquake happened, I was inside the house with my three-year old son, Fahri. I ran outside as quick as possible with my son to the safe area. My wife managed to run first out of the house," said Budiono using sign language. Budiono and his family live in one of the evacuation camps in Sigi Biromaru sub-district as his home was totally damaged as well with the agriculture land.

One year since the earthquake, tsunami and soil liquefication that struck Central Sulawesi province, affecting more than 206,494 people, Wahana Visi Indonesia (WVI) through the Central Sulawesi Earthquake and Tsunami Response (CENTRE) and with generous support from its donors and Support Offices managed to provide assistance to 46,077 households in 230 villages across four districts (Palu, Sigi, Donggala and Parigi Moutong) in 40 sub-districts, reaching 66,401 children, with total spending \$10,396,323.

In providing its assistance, CENTRE had divided the response into two phases: Phase I Emergency Relief from I October 2018- 31March 2019

and phase 2: Early Recovery and Rehabilitation (Recovery) starting from I April 2019 until 30 September 2020.

The Recovery phase has started since I April 2019 in which it shall be using integrated approach working in a total of II villages across three Districts of Sigi, Palu, and Donggala focusing on 5 sectors: Shelter, WASH, Health and Nutrition, Education and Livelihood. Shelter will be the main driver for area target and beneficiary's selection.

The livelihood program is one of the sectors that CENTRE will strengthen during the Recovery phase. Before the 28 September 2018 event, WVI has been active in Central Sulawesi through its long-term development programmes (AP) which focuses on livelihood intervention. Based from the baseline conducted prior to the start of the Recovery phase conducted it had recommended livelihood to be the main focus. This is to ensure that the affected communities have improved access to livelihood recovery and no longer relay on aid. This is inline with the overall Program Goal: to alleviate sufferings from the earthquake and tsunami and strengthen the resilience of children and community in Palu, Donggala, and Sigi districts. Through the livelihood assistance provided several months after the aftermath, Budiono's agriculture land is now restored through the Cash for Work activities in cleaning and levelling the damaged agriculture land. He also received farming training and was provided with agriculture input such as onion, chilli, and corn seeds. Through his farmer group, Beringin I, they also received shallow water wells to substitute the damaged irrigation for plantation.

Now, Budiono and other farmers can work again in their agriculture land and enjoying the fruit of its first horticulture harvest in August 2019. "Thank you WVI for helping me. I am happy because I can go back to my farmland and provide food to my family once again" said Budiono.

This I-year report highlights CENTRE work during its Emergency Relief phase and transitioning to Early Recovery and Rehabilitation up to August 2019. The report highlights its achievements, lessons learned and plans for future intervention.



For one year, Wahana Visi Indonesia's Central Sulawesi Earthquake and Tsunami Response has reached

161,246

people, including children

RESPONSE HIGHLIGHTS



161,246

people reached in the relief phase

66,401

are children



7,733
people benefited from child protection initiatives



children had acces to education interventions



people benefited from health and nutrition interventions



87,394
people benefited from livelihood opportunities



79,205

people received support on emergency shelter, food package and other non-food items



101,041

people have access to water, sanitation and hygiene facilities

Child Protection



"I am happy today. I can sing and play together with my friends here in child-friendly space (CFS)," said Olivia, 10, happily. Olivia is one of the children affected by earthquake who lives in the evacuation camp with her family.

"Before the CFS, my daughter who is in the grade I, was always afraid to go to school. She asked me to accompany her. But now with the CFS, I see that my daughter is much braver. She now goes to school and able to do her own activities by herself," said Minarni, 45 in Liku village, Lambara sub-district.

A total of 29 Child Friendly Spaces (CFS) has been established across Sigi, Palu, and Donggala districts during the Emergency Relief Phase. The propose of the CFS is to provide space for the children to access psychosocial support, mingle with other children and practice in structured plan and education activities. 7,733 children had benefited from CFS intervention.

To ensure that the CFS activities could be conducted well, community volunteers where trained in psychosocial support in the form of Child Protection Minimum Standard (CPMS). In conducting the CPMS activity, CENTRE worked closely with the Province Woman Empowerment and Child Protection Agency and Ibu Foundation.

During the implementation of the CFS, a referral system and help desk has been established in each CFS. This referral system is started through the Child Protection socialization at the village level. The cadre selected then forms what is known as Perlindungan Anak Terpadu Berbasis Masyarakat, or Community Based Child Protection cadre (PATBM). The PATBM will than be validated by the Woman Empowerment and Child Protection agency in which each cadre must sign off the Child Protection and ethics form. All cadres will than receive training related to Psychosocial Support Trainings and Case Management training including training related to Mental Health Psychosocial support. In these trainings, the cadres are provided with clear information in how to handle Child Protection cases and whom to refer to.

To report a Child Protection case, CENTRE provides boxes in the targeted affected community, these boxes can be found at the schools, village office or during the Accountability activities. Each day the cadre will open the boxes in the community. The cadre will than determine the case. For cases that does not need further referral the cadre will provide support while for serious cases, the cadre can make referral to the hospital and report the case to Woman Empowerment and Child Protection Agency.

During the emergency relief phase it is recorded that a total of 18 cases had been reported in which only I case was then referred to the

hospital and psychiatrist. The case is related to wood eating disorder. For this case, the cadre with CENTRE CP staff conducted support by referring the child to Madani Hospital to get further treatment and assistance by pediatricians and psychiatrists. After 5 regular hospital visits, the child has shown some improvement and is able to interact with other people other than his own family.

"When WVI conducted Child Protection Minimum Standards training, the Head of the Village, where child that had wood eating disorder, participated the training. In this training the facilitator asked the participants to identify forms of violence on children. The facilitator also asked the participants to take active role in providing assistance. Upon hearing the case of the wood eating disorder, the head of village conducted regular monitoring and visit to the child's family and asked what the doctor had suggested. The head of the village himself tried to fulfill the doctor advice by providing nutritious food for the child, as the child came from a very poor family. With support from the head of village, after 1 month of treatment and

nutritious feeding, the child is now showing better response," said the CP staff. The CFS activities are now completed and transferred to the communities and schools (mainly to kindergarten and primary schools) soon after the end of school year on April 2019.

The issue of CP will continue to be a major concern during the recovery phase. Issues such as early child marriage and teenage pregnancy are two major issues that needs further attention. With many of the affected communities now moving to temporary shelters built by the government, NGOs and private sectors, many has not put into consideration the need to separate rooms between grown-ups and children. It is reported that many sexual harassment/abuses happen in these cramp camps condition.

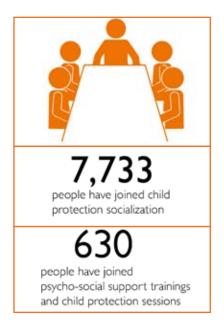
Moving Forward

In the recovery phase, special emphasis will be on advocating the importance of CP in schools and in the communities. and or communities' members that show interest in CP and are willing to be counsellors will be supported. This to ensure commitment of the affected communities on the well-being of their children.

In the initial Response Plan approved in March 2019, family reunification and case management were two activities that were identified during the recovery phase. Based on lesson learned conducted, CENTRE admits its project limitation in which during the recovery phase family reunification and case management will be dropped from the Response Plan. However, the emergency phase. during community volunteers and teachers have been trained in how to report CP cases. Through the CP advocacy, it is expected Woman Empowerment and Child Protection Agency at the province and district level will continue to provide support and guidance needed once CP case occur.







Education



"Thank you. I am really happy because I can study in this temporary learning space with my friends. We can study together like before the earthquake happened," said Endang, the third grader of elementary school in Sigi.

It is estimated that 1,509 schools were impacted by the earthquake, tsunami and liquefaction, with 1,451 classrooms severely damaged and 4,600 schools need rehabilitation.

The joint assessment conducted during the Emergency Relief phase indicated that 88% decrease in school attendance due to the lack of teachers, school materials, damaged building and fear to return to school. In responding to this education condition, CENTRE and its partners

had constructed a total of 60 Temporary Learning Spaces (TLS) in 19 Schools with latrines and washing hands facilities, distributed 12,590 school kits and 412 unit creatives learning media to 206 schools.

"We are very pleased with the assistance provided by WVI and its supporting donors. Now the learning activities in the TLS can be done safely and comfortably. Children are very happy, even parents are also happy and respond positively, as they say the TLS is very good. After the disaster, there was a lot of assistance for damaged schools, but our school had not received any assistance. Alhamdulillah (Thank God), WVI came and built a temporary classroom at our school which was a really big help. This TLS is very good, the design is nice and comfortable.. I

hope other damaged classrooms can be repaired immediately by the government. While waiting for government's assistance, we will accommodate students in this temporary class. We are very happy and very grateful for the support of WVI," said Mrs. Norma, a teacher of SD INPRES Maranatha in Sigi Biromaru.

802 teachers were trained on Emergency in Education (EiE) and Child Protection (CP) training. The purpose of the trainings is to disseminate the minimum standard of education during emergency, introduction of safe school and the importance of understanding Child Rights issues during emergency. The training sessions also includes subjects related to Active Joyful Effective Learning using games, this is to ensure that the education

materials received by the students are enjoyable and could reduce trauma.

Back to school campaign was also being conducted. The purpose of the Back to School Campaign is to encouraged children to continue the education. This campaign was done through series of educational activities such as distribution of learning media, conducting school/teacher competition in the form of developing fun and educative learning media, and competition among the students in the form of developing VDOs and essay competition. It is estimated 25,000 students benefited from this Back to School campaign.

As Central Sulawesi is disaster

prone area, understanding DRR is critical for all students and teachers. Series of DRR trainings had been conducted which include simulations. In this DRR training the participants learned how to make evacuation plan, make map and develop SOP.

"Before, the children did not know how to anticipate an earthquake. Now they respond faster to information, for example if there is an earthquake, now the children know what to do like hiding under the table, avoid buildings and glass," said Erlisa, teacher of SDN 6 Sirenja.

Moving forward

In the recovery phase, building a stable learning environment for children

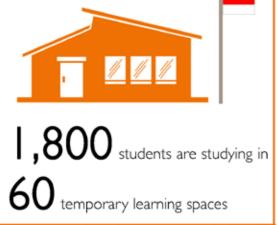
shall be the focus. This shall be done through the implementation of Safe School using all 3 pillars that consist of:

- Safe Learning Facilities by constructing new schools or conduct retrofitting
- School Disaster Management by developing school plan for DRR, and
- Risk Reduction and Resilient
 Education through advocating Child
 Rights and developing CP SOP in the targeted schools.





children received school kits





children received school uniform



people have joined the education in emergency training



59 I

parents/caregivers joined psychosocial support activities

Shelter, Food and Non-Food



"Thank you Wahana Visi Indonesia for helping us by distributing mat, blanket, and tarpaulin. The aids really help us pass through this situation. Now my baby can sleep well. She will be protected during the day and night in this tent. There is no heat, wind, and insect coming to our tent," said Ruth, 38, who lives in Sigi, Central Sulawesi.

Ruth and her family were affected by the earthquake. They live at one of the evacuation areas because their house was flattened to the ground. Ruth and her family including her baby should stay at tent. With shelter kits distributed by Wahana Visi Indonesia, her baby was safe from mosquitoes and insects at night.

Ruth is among the 35,000 households who were in need for immediate emergency shelter and basic household assistance. During the first 90 days, the majority of the work had been on food and NFI distribution to the affected communities. 78,908 people is reported to benefit from the Food and NFI kits distribution which includes: emergency shelter kits (tarpaulin and rope), food package, kitchen kits and hygiene kits. Other NFI items such as solar lanterns, mosquito nets and plastic map were also being distributed.

Beneficiaries selection is an important process for CENTRE in distributing kits items. Selections are based on the house damaged criteria, IDPs that has not received any support from any other NGO and or government and does not have any means of income are the main beneficiaries aside from vulnerable groups. The selection of the beneficiaries starts with the Last Mile Mobile Solution (LMMS) registration. In some distribution cases, CENTRE partners with Humanitarian Forum Indonesia (HFI) and provide training on using the LMMS to ensure accuracy and accountability. This training is part of sharing knowledge transferred to its local partner.

After each distribution, Post Distribution Monitoring (PDM) is conducted. The purpose of the PDM is to understand the satisfactory of the recipients to the kits and the effectiveness of the distribution

process. In general, CENTRE will use the standard approach of targeting at least 10% of the beneficiaries. In one project, CENTRE collected a sample of around 17% of total beneficiaries and asked them about their overall level of satisfaction and perceived quality of the items that they received. The overall result was 78% stated were satisfied. The common reasons that people were dissatisfied with the distributions was that people had continued needs or wanted additional distributions as CENTRE kits distribution is one-time distribution.

Ruth is among the beneficiaries whom are thankful in receiving the kit (hygiene) provided, with the kit she and her family has some basic hygiene needs such as soap, toothbrush and towels.

One year after the aftermath, it is reported that 6,655 affected household are still living in tents as shelter still continue to be major issue. The Government had constructed 4,468 temporary shelters, but as many of the temporary shelter do not have adequate water, lighting, latrine and bathing facilities. Many affected communities prefer to live in tents, live with their relative or around their destroyed homes. The Central Sulawesi government is calling for NGOs, private sectors and other government entities to support the needs for housing and settlements.

Moving Forward

During the recovery phase, CENTRE will construct 500 temporary houses and retrofit 350 houses in Sigi, Palu and Donggala districts. The temporary houses constructed will be using growing house method, which allows the affected communities to construct additional rooms once they have more funds. The temporary house being construct will be in the premise of the of their earlier damaged house/land to avoid legal land issues that may occur. In constructing these temporary houses, CENTRE will partner with local partner such as Dompet Dhuafa, Rumah Zakat and HFI. The construction of the temporary houses will be using the Gol guidance but shall enforce community participation and adhere with the earthquake resistant structure codes.

Cash voucher will be used for retrofitting. The cash voucher shall be based on certain ceiling amount on the damage house. This is to ensure fairness. Once the beneficiaries have been selected and entered in the LMMS and receive socialization in how to use the voucher, the beneficiaries will then meet with the selected vendor to receive their housing materials. CENTRE and with the communities will conduct the retrofitting.





40,279 people received family kits

24,097 families received household kit

55,590
Households received emergency shelter kits

10,021 families received family kitchen kit

Water, Sanitation and Hygiene



"Alhamdulillah (Thank God), we have enough clean water for our daily needs," said the mother of three, "We used the clean water for drinking, cooking and taking a bath. I feel safe when I have enough clean water for the children. We do not need to look for other springs to fetch clean water," said Afriani, 32, the mother of three who is living in Sigi district.

Based from the Joint Need Assessment (JNA) conducted during the early

time of the Emergency phase, it was estimated that 152,000 people are in need for WASH support with toilets and access clean water as identified as the main priority. It was reported that many females avoid using toilet facilities in night due to the lack of lightening around the latrine areas.

In responding to this WASH need, 636 latrines segregated by gender had been constructed including hand washing

facilities in camps and schools. All latrines constructed includes lamp bulb to ensure safeness of using the facilities in night time. Water trucking activities that provide clean water into the 182 water points were conducted. In doing so, CENTRE made sure that 15 liters per day per household could be met. In distributing the clean water, every month water testing was conducted. This is to ensure that the water being distributed is not contaminated. The

affected communities also received water containers for storage and collection and distribution of aqua tab and PUR. In 5 camps CENTRE constructed and installed safe water tabs which allow the community to consume the water directly.

To support the reduction of diarrhea among children under 5, and generally improved hygiene practices amongst target communities, hygiene promotion activities had been conducted during the CFS activities, schools and community meetings. 31,988 people had participated in the hygiene promotion activities in particularly on handwashing practice and Open defecation. As WVI is part of the National WASH cluster, IEC materials that had been developed had been used for hygiene promotion and campaign.

"After receiving training from WVI, I now know that it does not need much money to live healthy. With clean environment we can avoid many illnesses. Therefore I urge everyone to start cleaning their environment." said Ardo, head of Wombo Kalonggo IDP camp, Donggala

To ensure access to water to be more sustained, in January 2019,

CENTRE made revision to one of the WASH program in which construction of boreholes and water piping to be implemented instead of conducting water trucking activities. To date, 29 boreholes has been constructed and 5,762 meters water piping had been installed.

To ensure that the boreholes and water piping will be maintained, before the construction of these boreholes and installing water piping, community discussions were conducted with community leaders and its respective elders to establish a water committee. The role of the water committee is to maintain the boreholes and water piping and to collect monthly fee in which the amount is agreed by the community members.

The WASH team made effort to train the water committee in how to maintain the boreholes and pipe including facilitating training session in how to construct cost effective water pumps, wells and maintain cleanness of the water resources.

Moving Forward

In line with shelter sector, the installation

of water will be constructed to all temporary shelters including constructing cost-effective child and disable friendly toilets. To ensure that the communities and children continue good hygiene practice, hygiene promotion campaign and awareness will continue to be conducted especially related to handwashing practice and ODF. It is expected that one village will be selected to implement ODF free area during the recovery phase.

As the Indonesian government since 2014 has made regulation on village fund, CENTRE will support the communities targeted to be able to develop program including financial need related to ODF village. This is expected to be one of CENTRE legacy by September 2020.







182

water points, newly developed or rehabilitated



632

toilets appropriately designed and constructed for use in emergency settings



People are benefited by the water, sanitation and hygiene program



21,396

people received hygiene and dignity kits

23,348

children received children hygiene kits

636

people participated in hygiene promotion activities

Livelihood



On 12 October - 24 November 2018, a joint market assessment was conducted together with the Cash Working Group in understanding the market situation in Palu, Sigi, Donggala and Parigi Moutong. In general, it was found that the markets in Palu, Sigi and Donggala districts were functioning well after one and a half months following the disaster. The assessment found the availability of wide range of food commodities that are supplied from the province, delivered from South Sulawesi or West Sulawesi regions. However, supplies such as chicken and cement remain challenging. The shortage of cement is due to insufficient road condition. It was also found that 28% of NFI and food items provided by NGOs to beneficiaries were later sold in the market. This was confirmed by 11.9% traders. From the result of this assessment it had been clear to CENTRE that after 90 days the affected communities needed access to cash instead of NFI.

Based on the result of the market assessment above, CENTRE swift its Project focus from distributing NFI to providing cash programing in the form of Multi Purpose Cash Assistance (MPCA), Cash for Works (CfW) activities and empowering farmers through Sigi-Biromaru Livelihood Support Program.

WVI as the co-lead of the Cash Working Group has led the development of the CfW and MPCA guideline. These guidelines were passed through the Central Sulawesi Governor decree. The CfW guideline regulates on beneficiary's selection, rate and activities conducted, while the MPCA regulated three different monetary amounts based on the level of house damage: light, medium, and severe. Beneficiaries may receive MPCA for three (3) consecutive times on a monthly basis.

Transfer values following government approved rates is as follow:

Level of Damage	Monthly Installment	Total Transfer (IDR)	Total Transfer (USD)
Light damaged shelter	1,000,000	3,000,000	213
Medium damaged shelter	1,500,000	4,500,000	320
Severe damaged shelter	2,000,000	6,000,000	427

As of August 2019, a total 6,828 HH had benefited from the MPCA. Through the monitoring conducted it was found that the majority uses the MPCA funds to buy food and regular monthly needs while some uses the funds to purchase material needs for their home and saving. In general, the beneficiaries reported that the amount provided was sufficient. As of today, \$1,299,609 had been spent for MPCA activity.

A total of 4,613 HH have benefited from the CfW activities. This CfW includes cleaning up public areas, debris, and water piping activities. Prior to implementation of the CfW activities, communities were socialized on the activity and decided on which cash for work activities would be conducted and what the participant selection criteria would be. CfW kits, as well as additional safety equipment such as helmets and rubber gloves, were distributed to participants.

"Thank you WVI, through the cash for work assistance I can use the money to pay for my children's education," said Zainab, 44 years old

"As a result of Cash for Work program, I can buy trawls and ropes. I have a new hope that my children can continue their education again," said Julianto, 45.

In wake of the aftermath, the conditions of agricultural land in the affected area had been damaged, bumpy and muddy. This condition makes the agricultural activity stalled because it cannot be replanted. Many farmers lost their main income as they no longer could farm. It is estimated that 365 HA land had been damaged with highest agriculture land damage in Sigi Briomaru sub-district.

"In Sigi district, agriculture is the main source of income. If WVI's agriculture project is successful, it is possible to replicate it to other sub-districts in Sigi district. Lolu village is the pioneer in implementing economic recovery program for farmers in Sigi Biromaru sub-district. Like WVI, Sigi government is also interested to recover the economic situation as crime rates has increased lately due to the disaster. Many people have lost their main income. Providing jobs or having the communities back to their pervious livelihood will support the overall recovery process," said Mulyadi, Head of Sigi Agriculture Department.

In responding to this need, through the Sigi-Biromaru Livelihood Support Program, CENTRE had provided support to 200 farmers in Lolu village by cleaning and leveling damaged 100 HA agriculture land through CfW; provision of agriculture inputs in forms of: seedlings, fertilizers and agriculture tools; provision of technical training on agriculture good practices; construction of 50 shallow wells and providing trainings on financial literacy and DRR.

"I cannot wait for this project to start. The farmer group are even willing to construct the damaged irrigation that we do not need to hire contractor," said Usman the chairman of the farmer groups in Lolu village during the start of the Project in early January 2019.

8 months through the implementation of the project, the farmers group in Lolu village can now enjoy the fruit of its first harvest which consists of: 13,410 kg of red onions, 176 sacks of sweet corns and 4 kg

of chilies. While the farmers enjoy the harvest, marketing the corps has not always been easy especially with competing similar product from neighboring province. Marketing the horticulture product will be the challenge during the Response phase as the farmers in September 2019 will start its second plantation season.

Moving Forward

Cash for livelihood is the theme for the livelihood sector during the Recovery Phase. Activities such as providing cash voucher for shelter will be implemented and in some extend provision of MPCA will continue depending on the need and situation. As the earthquake, tsunami and soil liquefication had disturb areas in the highland and lowland of Central Sulawersi, therefore, agriculture recovery intervention will be extended to other Recovery phase target locations as well as providing recovery of assets to fisherman. In areas such as Palu in which business were disturb, in the best effort, CENTRE will support in providing asset recovery program and trainings. It is expected after CENTRE intervention in September 2020, the communities targeted will be able to recover its livelihood and support the well-being of its children and communities.



17,182
people assisted through cash for work activities



people benefited from multi-purpose cash assistence



Health and Nutrition



As the result of the aftermath, health facilities in affected areas have been damaged and overwhelmed with casualties. Community health posts (Posyandu), which provide essential preventative health services at the village level, have been closed and many Community Health Volunteers (CHVs) flee to evacuation camps. Childhood stunting, wasting and low percentage of exclusive breastfeeding were already a public health concern prior to the disaster.

In responding to this, during Emergency Relief phase, CENTRE developed Infant and Young Child Feeding (IYCF) in Emergency and Women, Adolescent and Young Child Spaces (WAYCS) at 27 camps. These activities provided safe places for breastfeeding mother to fed the infant and feed their toddlers. The Community Health Volunteers (CHV) were provided training on acceptable diet, exclusive breastfeeding and growth monitoring for children. Aside from the trainings, campaign and education activities such as child protection and WASH, like hygiene promotion, child protection, reproductive health and sex education were also being conducted. By providing health and nutrition education it had increase the knowledge of the mothers in taking care of their children. A total 1911 mothers have benefited

from the IYCF and WAYCS activity.

"The trainings from WVI gave us a lot of knowledge, including on feedings for babies, the importance of familial support for breastfeeding mothers and how to avoid certain illness for children. "said Arni, health volunteer Posyandu Sedap Malam 2, Bangga village

To support the limited access to some basic medical health need, Emergency Medical Services (EMS) through Mobile Clinics in collaboration with local Public Health Center (PHC) and District Health Offices (DHO) had been provided for the first few weeks during the Emergency Relief phase. This

EMS ended soon after the government health services were fully functioning. The activities include providing medical supply including medicines, medical equipment and consumable item.

As many posyandu had been damaged during the aftermath including loss of data, CENTRE with its generous support from its donor had constructed 10 of posyandu. These posyandu are being equipped with new equipment such as weight scales, microtoise, Mother and Child health books and growth monitoring record books. Before the construction of the posyandu, CENTRE conducted consultation to the community leaders and elders. This is to ensure that the posyandu location is acceptable and will be functioning with available cadres whom have sufficient skills and knowledge to run the posyandu. These newly constructed buildings allow mothers, children and cadre to have designated place where monthly growth monitoring can be conducted in comfortable settings including private room for pregnant examination and for breastfeeding. The posyandu also provides gendersensitive and child friendly latrines and handwashing stations facilities.

"The location selected for Posyandu is appropriate since it is located at the center of the village and easy to access. More ever the location is not on the main road so it is safe for the children to run around. Pregnant mothers can also find the examination room comfortable," said Sri Hartati, a cadre Posyandu Singgani, Lolu village

"We have agreed to take care of all of the facilities provided. All cadres will work together to ensure that the Posyandi is clean," said Nur, cadre Posyandi Singgani, Lolu village.

As for data, through a short-term project, posyandu data collection had been conducted in Sigi district to update data population of children under 7 and pregnant woman. This data collection was done by generating data from the District Health Office through *Program Keluarga Harapan* (PKH)

under the Social Welfare Department.

Since the data provided were not updated, therefore, working directly with village midwives to collect preliminary data from Posyandu was conducted. This exercise has enabled CENTRE to collect data accurately which is needed to implement the project.

"Thank you for collecting all the data, we now have updated data for children under 7 and pregnant woman. It will help with Posyandu and our other health project" said Cia, Sigi District Health Office staff.

Moving forward

Community Management of Acute Malnutrition (CMAM) will be the main focus during the recovery phase. As mentioned above, Central Sulawesi before the aftermath had high prevalence of stunting. Based on baseline survey conducted by WVI's AP Nutrition Project in 2018, it was found that the moderately rate of underweighted children in Palu alone had reached 54%. With the disaster, it can be assumed that many of the stunted children are in the wasting category. The CMAM is expected to improve quality of life of children under five, pregnant women and lactating mothers by treating severely and moderately malnourished children and preventing children under five into malnourished state.

To ensure the wellbeing of the children and mother, the health and nutrition project will collaborate with the livelihood sector in developing low cost community agriculture and animal raising. Trainings in how to develop such community agriculture and animal raising will be conducted as well as how to prepare nutritious food using available local product. It is expected in the long term the affected community will have access to better food security.









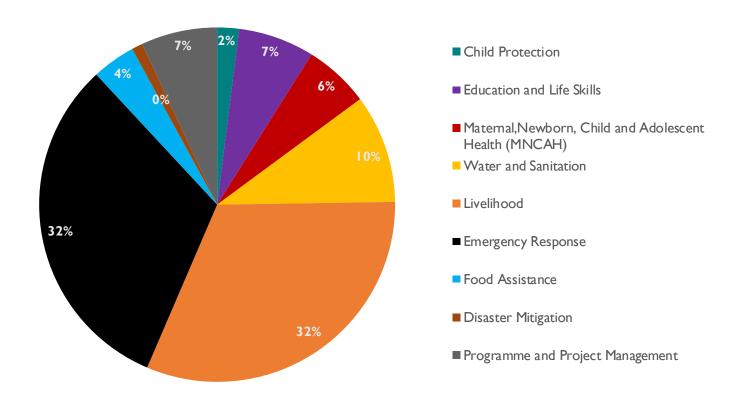


ROAD AHEAD

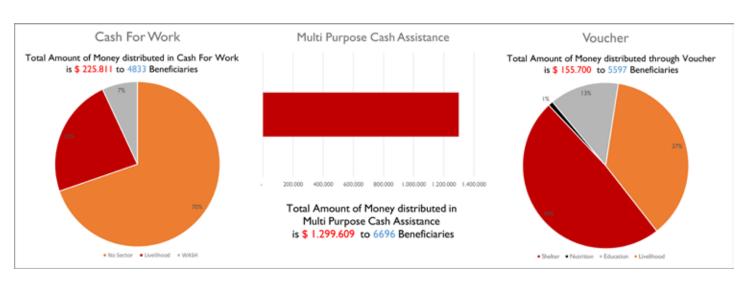


As the response is now moving towards the transition to recovery and rehabilitation phase and is expecting to end by September 2020, currently, together with the Sipado AP is in the process of developing detail roadmap and exit strategy. It is expected that some of the interventions as mentioned in the 'Moving Forward intervention' can be continued by the AP to ensure the well-being of the children in the affected community.

Budget Allocation until August 2019



Out of all sectors, Cash and Voucher modality is used with following breakdown:



Strategic Partners

Donor Institution



















The Government of Hong Kong Special Administrative Region











Corporate Donor

































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