INTER-AGENCY RAPID NEEDS ASSESSMENT
Yogyakarta Earthquake, 27 May 2006

Preliminary Report

29 May 2006

UNDP  UNFPA  UNICEF  WFP  WHO  OCHA  UNDSS
In cooperation with Save The Children and CARE International
Overall Impact of the Earthquake

The earthquake centered on the coast of Bantul District (Lat. 8.007° S, Long. 110.285° E) with magnitude of 6.2 SR hit Yogyakarta Province on Saturday, 27 May 2006. It impacted several districts and damaged housing and infrastructure within Yogyakarta and Central Java Provinces. As of midday on 29 May, more than 4900 were reported dead. The two districts most severely damaged are Bantul in Yogyakarta and Klaten in Central Java, but Sleman has also been moderately affected, along with four districts more distant from the epicentre. Data from SATKORLAK Yogyakarta, as of 28 May 2006 shows that total of 45,204 houses are damaged in both provinces, and of these about 60 percent are completely destroyed and/or heavily damaged. This number is still increasing and could reach 60,000 in total. An estimated 150,000 persons are now rendered homeless.

No detailed assessments have been undertaken so far by any agencies. Some agencies have been undertaking their specific sectoral assessments. The UN Country Team in Jakarta decided to undertake a joint Rapid Needs Assessment, starting 29 May, 2006. UNDP, UNFPA, UNICEF, WFP, UN-DSS, and UN-OCHA are participating in this assessment. Two NGO’s, Save the Children and Care International, also joined the mission during the day. This is a preliminary report based on the information collected on day 1.

For the purpose of the assessment, the team was divided into 7 clusters and 3 sectors, as follows:–

1. Health and Nutrition
2. Emergency Shelter, Camp Management and Non Food Items (NFIs)
3. Water and Sanitation
4. Child Protection and Psychosocial Care
5. Telecommunications
6. Logistics
7. Early Recovery
8. Food
9. Education
10. Agriculture

On 29 May, due to availability/non-availability of experts, only the Health and Nutrition, Shelter, Water and Sanitation, Child Protection, Food and Education were covered in the first round of assessment. The total required for these areas is USD 30.3 million.

More preliminary assessments will be required to cover the needs of Non-Food Items, Telecommunications, Logistics, Early Recovery and Agriculture.
HEALTH AND NUTRITION

Situation Analysis

- Damage was huge especially in Bantul and Klaten Districts. Houses have completely collapsed making people live outside their residences, mostly in tents. Many people whose houses have cracks also stay outside of their houses.
- In Bantul, the District Health Office has set up an information desk at the Pondopo Bupati. They organize daily health coordination meeting, generally attended by many international and local NGOs.
- In all affected areas, the hospitals are treating more patients than the have capacity for.
- No acute pathology being reported in cases of psychiatry.
- The hospitals also managed to do triage and separating the infected patients to separate wards.
- The Health Centres (Puskesmas), sub-centres and village Mother and Child Centres (Posyandu) are badly damaged, mainly in Bantul.
- The first coordination meeting in Bantul was organized today, where the participation of donors and NGOs were very high but unfortunately there was no strong leadership from the health officials. We have the feeling that the NGOs and the Donors present were expecting some guidance from the District Health Officer (DHO) but this did not happen. The team also saw the arrival of huge amount of supplies that was just unloaded in the hall of government without any proper logistic documentation or arrangements in place for onward distribution.
- Considering past experience that highlights the importance of logistic management in emergencies, we consider this is the crucial area that has to be supported by the UN.
- Food and water distribution was not properly undertaken to reach all of the beneficiaries and this was the issue raised by the province CDC Manager.
- At this point, a large number of local NGOs are seen in health coordination meeting, included the various international NGOs.
- IOM is planning to assist +/- 1500 patients at their homes and 600 patients to be referred to other hospitals. It is agreed that IOM will do the camp management. Area of coverage was not known.
- IBI (Indonesian Midwives Association) has set up three Posko in Bantul District, and each Posko has midwife on standby for 24 hours.

Gaps

- Lack of effective and leadership in the health coordination meeting.
- Despite the hospitals’ structure appearing to be undamaged, the patients are refusing to be admitted in the wards.
- Overload in hospitals capacity
- There is potential threat of nosocomial infection. There is a need to put in place screening of in patients and out patients to avoid possible cross infection. They should also put the infected patients in separate areas.
• Lack of bed sheets, mattresses and other consumable medical equipments such as sterile kits for operations, stitching materials, x-rays film, pop plasters.
• Human resources are adequate, but need improvement in management.

Needs

• There is a need of strong support from UN Agencies for an effective coordination mechanism.
• Drugs & medicines were needed to treat patients, especially antibiotics, analgesic and anesthetic injection.
• Hospital management needs to be strengthened.
• Big tents, that can be used as field hospitals and family tents
• ORS (Oral Rehydration Salt).
• Nurses in some district hospitals.
• Power supply: lanterns, generators.
• Food.
• ATS (Anti Tetanus Serum).

Strategy & Timeline

• 3 months for emergency.
• 6 months for transition, with good exit strategy.
• In our rapid assessment we realized that the hospitals in the affected area are still functional. We could, at the same time, see that the hospital management capacity should be improved and a proper emergency plan has to be put in place for all the hospitals.
• The managerial and leadership capacity are the areas where much of improvement and capacity building is needed: strong support in these areas is needed and should be ensured by UN agencies and NGOs engaged in the Health Cluster.
• Women, especially in reproductive age group and children’s needs to be carefully assessed to design appropriate strategies and interventions
• Need to ensure a proper surveillance system is in place for early warning of communicable diseases.
• Water and sanitation issues need to be address urgently, considering the large number of affected people in a relatively small area, now without any facilities.

Estimated Budget

USD 25 million for 6 months.
EMERGENCY SHELTER

Situation Analysis

- In the shelter sector, the Government of Indonesia, as well as NGOs and international aid agencies, have responded quickly to provide emergency relief. SATKORLAK DI Yogyakarta has performed coordination role in receiving and distributing the emergency relief items and commodities, while Department of Social Affairs (Depso) led the effort in distributing them.
- As of 29 May, DEPSOS has distributed 200 4x11 m tents and 300 pieces of plastic sheeting to Yogyakarta and Central Java provinces. More is expected to come until the needs of victims could be covered.
- 13,050 tents and 25,200 tarpaulins will be contributed by various international or national aid agencies, namely IFRC, CWS, UNICEF, WALHI, Islamic Relief, Oxfam GB, Caritas, and Mercy. Most of these items are expected to arrive by early June.
- During quick assessment in Bantul District, affected families were found to be scattered. They mostly choose to stay not far from their damaged houses. They made temporary shelters from wooden poles, bamboo, plywood, plastic sheeting and zinc roof. A temporary shelter holds about 4-5 households.

Gaps / Needs

- Managed camps with provision of basic shelter and watsan facilities are not provided yet.
- Seeing the estimated needs and commitment to date, about 20,000 tarpaulins/pieces of plastic sheeting are still needed and need to be supplied as soon as possible.

Strategy & Timeline

- Leading agencies in the Emergency Shelter Cluster are IFRC and Oxfam. Further actions in the Shelter component in terms of additional quantity and/or upgrades into temporary housing are not determined yet.
- The UN could provide assistance on provision of 20,000 tarpaulins/plastic sheets to fill the gap. These items are recommended considering the simplicity of installation and the fact that they fit with the space available until the debris is cleaned up.
- There need for Non-Food Items (NFIs) has not been assessed, and so this figure will be revised upwards.
- Further assistance could be on temporary housing to increase the condition of living after the emergency phase is over. In the meantime, deployment of technical experts is required to study the areas and damage to provide a baseline for further project design.

Estimated Budget

USD 500,000 for 6 months (not including NFIs).
WATER AND SANITATION

Overall Situation

- There are 12 water treatment plants in Bantul with capacities ranging from 5 to 40 litres per second. All have been identified on a map, with their capacities noted. However, only three of these are working: 1. Bantol (30 l/sec), 2. Sedayo (30 l/sec) and 3. Ngestihario (20 l/sec). The earthquake has disrupted the electricity supply to the other nine. PLN (electricity authority) say that they will have all areas of Bantul connected within 72 hours.
- The PDAM (water authority) from other districts have been sending water trucks to assist the Bantul PDAM to distribute water. So far there are 10 water trucks available from PDAMs. UNICEF have hired a further 5 through a local NGO and Oxfam are operating 5. UNICEF delivered 20,000 litres already today.
- PU (Public Works) Jakarta have sent a number of water trucks to assist Bantul, however they have now diverted 5 to Klaten, considering the response to Bantul and the lack of response for Klaten so far. (PU Jakarta have also sent the Director of Water Supply to assist in the operation and he is coordinating closely with UNICEF).
- UNICEF have 35 x 5,000 litre collapsible water tanks that will be set up around both districts starting tomorrow. Oxfam have 50 smaller tanks ranging from 1,000-3,000 litres, while PDAM have 63 x 2,000 litre tanks for Bantul. The locations for these tanks have yet to be identified.

UN/NGO Coordination

- A brief WatSan coordination was held before the overall coordination Coordination Meeting at 1800 hours on 29 May. Agencies involved in WatSan so far are UNICEF, Oxfam, CARE, Plan, ESP/USAID, IRD, YDD and YKY (two local NGOs).
- The next meeting will be on 30 May at 1600 hours where the PU Jakarta Water Supply director will be requested to attend along with the PU and PDAM from both districts.

Gaps

- The major constraint so far is to obtain numbers and locations of the affected population to allow for efficient water delivery. The approach will be to locate water containers in the areas that become known, starting with the larger groups of people, while continuing to gather information from agencies in the field, from other sectors.
- Most traditional water supplies are shallow wells. Preliminary assessments indicate that up to 20% of these might be damaged or unusable. However, this is only data from a few villages from the NGO YDD and further assessment is needed. One concern is that septic tanks from toilets may have been broken and might contaminate shallow aquifers. In Yogyakarta there is a small piped sewerage system which might also have ruptured. As the pipes are generally laid parallel to the water main, there is also a risk of contamination if the water mains have broken also.
Strategy & Timeline

- PU Jakarta have provided Bantul with three 5 l/sec portable water treatment plants, one of which is operational already.
- No other constraints have been identified. UNICEF has procured and supplied chlorine for the operation of all 12 water treatment plants in Bantul for two weeks, and more stock is on the way, which will cover Klaten.
- UNICEF have taken delivery of 12,000 family hygiene kits, and distributed 1,200 to the Bantul hospital already. Oxfam have distributed 900 of the 1,000 kits they have and have a further 8,850 on the way. PMI have 10,000 jerry cans and 10,000 hygiene kits and the Spanish Red Cross have one water truck already operating.
- UNICEF is procuring 40,000 x 20 litre jerry-cans to allow for household storage of water. Oxfam have 5,000 buckets and 450 jerry-cans on the way also.
- UNICEF and ESP/USAID will begin an assessment of the water treatment plants and networks in Bantul and Yogyakarta on 30 May as well as the Yogyakarta sewerage pipe network.
- UNICEF will start purchasing materials to begin latrine construction with at least four partners, YDD, YKY, IRD and PU.

Estimated Budget

USD 1.5 million for 6 months.
CHILD PROTECTION AND EDUCATION

Situation Analysis

- On the basis of the above available information, no child victims of the earthquake were reported as unaccompanied or separated from their families. Hospitalized children were found with their caregivers in a state of distress and post-disaster trauma. Discussion with parents randomly chosen in the affected area confirmed that psychosocial distress and trauma is a clear area of concern.
- Discussion with Dinas Sosial (Dinsos) and Depertemen Sosial (Deposos) confirmed concerns about possible abduction of children out of parental control for trafficking purposes, although the lack of separated children (so far) does not heighten this worry.
- No breakdown of data is today available as per the number of children reported dead or missing out of the total death toll figure of around 4,900.
- No movement of children is reported, since families are mainly remaining in the vicinity of their destroyed or damaged homes.
- Deposos and Dinas Sosial have taken up the overall coordination of child protection issues in close coordination, although no previous assessment is available. The two agencies focused entirely on distribution of food and clothes.

Gaps

- Age and sex-wise data are so far not available for the earthquake victims.
- Gaps are identified in understaffed capacity of concerned governmental agencies to cope with multiple post emergency challenges. Protection activities are carried out by authorities, as most of work is done in the direct distribution of goods, but support is needed in psychosocial relief and to prevent further family separation.
- Gaps are identified in the slow mobilization of child protection NGOs that are currently present in the affected areas.

Needs

- All informants confirmed that the children are in need of food, water, shelter and healthcare, as well as education. The final examination and school for the 6th grade was postponed. School is expected to start again on Wednesday 31 May.
- The number of schools damaged is as follows: 50 kindergartens, 40 primary schools, 3 secondary, 4 post secondary. Although authorities encourage the use of existing facilities, public spaces for the school tents will be used as well, as was raised by the authorities.

Strategy & Timeline

- UNICEF is leading the child protection work in close coordination with Save the Children. They will establish a short term (6 month) strategy, focusing on the areas below.
• UNICEF and Depsos will establish 3 children’s centres in the affected area, as child protection multipurpose facilities, and they will develop mobile teams to reach the most isolated villages.
• UNICEF will start working with national Police for the deployment of 11 Officers to work in trafficking prevention.
• Psychosocial support through recovery dynamics will be based on group and recreational activities, drawing, music, and close counselling support by specialists whenever needed.
• Community development through the establishment of child centres as safe areas where children can receive psychosocial support and engage in recreational activities.
• There will be an emphasis on the prevention of abuse and exploitation, including trafficking. Loss of income and possible further family separation raise risks for child labour and trafficking. Awareness-raising is needed as a matter of urgency in all affected communities.
• Monitoring and reporting is another key strategy in order to develop a reliable baseline of data on child casualties and the number of children injured.

Estimated Budget (6 months)

• **Psychosocial support: USD 600,000**
  – Training social workers and capacity building with provincial authorities.
  – Organization of children activities.
  – Supplies for recreational activities.
  – Assessment of the psychosocial impact of the earthquake on children.
• **Community Development (children centers): USD 400,000**
  – Establishment of 5 children centres.
  – Training of social workers to work in the centres.
  – Supplies (tents, school-in-a-box).
• **Prevention of abuse and exploitation including trafficking; USD 400,000**
  – Raising awareness activities at community level.
  – Training and deployment of 11 police women.
  – Capacity building on provincial authorities.
• **Monitoring and Reporting: USD 200,000**

Total: USD 1.6 million for 6 months.
FOOD

Situation Analysis

- In terms of impact on the agricultural system, preliminary observations indicate that the losses are mainly confined to structural damage to the irrigation canals. The extent of this damage is, however, limited to a certain areas only.
- The access to food is, however, badly affected. As many as 150,000 people are estimated to be staying outside in makeshift tarpaulins, their houses being completely or partially destroyed. The majority of them do not have proper cooking facilities.
- Markets are slowly opening up, but mainly those within or in close proximity to the district headquarters. Basic food prices have gone up by 10-15% in the urban areas.
- Food distribution by the Government has commenced, but so far many affected villages have not yet received any food.
- WFP has started distributing food (fortified biscuits and noodles) in the worst affected areas

Gaps / Needs

- Food is needed beyond the initial first few days, as people will rely on food assistance till they start working and markets become fully operational.
- The priority for the affected households is first to ensure shelter and that they have enough food to survive. With the high population density, the majority of households are either small landholders or landless labourers. They are traumatized and it is unlikely that they would start looking for jobs in immediate future.
- There is need for special foods for children under 5 years (fortified, ready to eat), particularly for children under 2, until the households recover to a certain extent.
- Food distribution logistics need to be well coordinated to ensure coverage of all affected areas and also to avoid overlap.

Strategy & Timeline

- General food distribution for 2 months – for about 80,000 people in the first month and 50,000 people in the second month.
- Need to immediately establish food kitchens in worst hit areas, particularly in Bantul and Klaten Districts.
- Fortified supplementary nutrition (biscuits and noodles) for children under 5 years and Pregnant Women and Lactating Mothers should be part of the family ration.
- As most of the affected regions are in urban and peri-urban areas, after two months, a market based food assistance system could be explored as an exit strategy, in partnership with a strong international or national NGO.

Budget

Approximately USD 1.7 million (Total food requirement = 1850 MT) for 6 months.