

# UNICEF CRISIS APPEAL

## INDONESIA

UNICEF APPEALS FOR FUNDS FOR INDONESIA  
AND OTHER NATURAL DISASTERS WORLDWIDE



For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY

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## 1. CRITICAL ISSUES FOR CHILDREN

More than 5,800 people were killed and an estimated 7,519 seriously injured by a powerful 6.3 earthquake that rocked central Java at 5:55 am on Saturday, May 27. The quake flattened neighborhoods in and around the densely-populated historical capital of Yogyakarta towards the southern coast of Jakarta, with 95% of the fatalities concentrated in Bantul District 25 km to the southwest. It is feared that hundreds more bodies may still be trapped in the rubble of collapsed buildings.

Up to 200,000 people were left homeless, sleeping under plastic sheets and in makeshift centers, with thousands of wounded still on site throughout the area. Over 46,000 homes were destroyed or seriously damaged. People, already spooked by the threat of eruption of Mount Merapi in the same vicinity over the past weeks, and with the painful precedent of the tsunami triggered by a massive earthquake 18 months ago, were fearful to return to those homes that were still standing. Mosques, churches and other public buildings were overflowing.

The quake reduced many buildings to rubble and cut off essential services, as large cracks in roads and runways reduced movement to and from the area. Hospitals worked feverishly on injured people setting up makeshift wards in the open to help the injured and cope with the dead, as the death toll continued to rise steadily and aftershocks continued. However, the number of wounded quickly outpaced available medical services, with some hospitals receiving over 2,000 patients, and the gravely injured dying as they awaited services.

One of the six hospitals in Bantul collapsed. Others, packed to capacity, have run out of medical supplies. Many of those patients being treated in the open or under temporary tents have suffered from orthopedic injuries, concussions, and other internal injuries. District and Provincial Health Offices have made an urgent request for medical teams and field hospitals due to high number of injured people. Local anesthetics, bandages, and antibiotics are all top priorities, as is safe water for field hospitals.

Young children were hit particularly hard: Their small, fragile bodies were clearly no match for the concrete ceilings and walls that came down on them the previous dawn, and many toddlers were bandaged up almost beyond recognition. With medical supplies stretched thin and space in short supply, doctors were often forced to perform emergency surgery in the open air of the hospital's front courtyard, sometimes without anesthesia. Parents struggled hard to calm the nerves of their injured children, many of whom were visibly traumatized or in a state of shock.

The Government of Indonesia declared a three month state of emergency on May 28, pledging to complete reconstruction and rehabilitation within a year.

UNICEF deployed a team to Yogyakarta in the first hours of the emergency and rapidly assembled emergency supplies such as tents, hygiene kits, health kits and school supplies, to send immediately to the earthquake zone. The team grew to 17 members in the first 72 hours.

Results of the preliminary assessment conducted by UNICEF in coordination with other UN Agencies revealed that while some buildings were heavily damaged in the city of Yogyakarta, no major structures collapsed. The heaviest damages occurred in Bantul District on the southern outskirts of the city, followed by Klaten, a town east of

Estimated preliminary figures for population affected by the earthquake:

- Fatalities: 5,150
- Injured: 33,351
- Seriously injured: 17,515 but no reliable figures. (Estimates range up to 20,000 victims, many of whom have been evacuated out of the earthquake zone)
- IDP's: Estimates range from 100,000 – 200,000
- Under 18: 33 %
- Under 5: 8%
- Homes destroyed: 48,833
- Homes heavily damaged: 56,559

Yogyakarta. In one village visited by the team in Bantul, only 10 of 290 houses were still standing. Standing schools in these areas will not be able to function, as they have been taken over as temporary living shelters by persons displaced by the disaster. Provincial authorities also report that tents for shelter, food, and drinking water are urgently needed. The displaced population is now concentrated in two main locations in Bantul.

Power and communications services are still out in much of the area, causing the closure of gas stations. People, frantic for news of family and friends, clogged roads in private vehicles, conducting their own on-site searches. These factors hampered the communication flow, mobilization of emergency resources and the evacuation process.

The disaster comes right on the heels of a dizzying array of catastrophes in Indonesia. On December 26, 2004, a massive earthquake struck off the coast of Sumatra, leaving some 166,561 people in Nanggroe Aceh Darussalam (NAD) dead. On March 28, 2005, a second great quake measuring 8.7 on the Richter scale claimed nearly 700 more lives on the island of Nias and created a second wave of massive displacement. Both events caused immense social, economic and environmental upheaval, and huge losses of infrastructure and service capacity. In April 2005, the wild polio virus was imported, reversing Indonesia's ten year polio-free status and causing a widespread outbreak affecting almost 300 children in 41 districts over the rest of 2005. Over the past ten months, avian influenza has struck 48 times, claiming 36 lives and generating widespread public anxiety about a pandemic.

Finally, the repeated eruption of Mount Merapi, just 50 km from the site of the earthquake and the most active and dangerous of Indonesia's 129 volcanoes, intensified this month, causing an estimated 21,000 people to flee for safe haven in the densely-populated Central Java province. According to the U.S. Geological Survey, shallow quakes near volcanoes are not unusual and sometimes trigger magmatic processes that cause the eruption. There has been an ominous intensification of activity from the volcano in the days following the quake. The implications for UNICEF Indonesia is that we must immediately replenish these emergency stocks and supplies, as up to 80,000 people could be affected by an eruption.



 Location of the Central Java Earthquake

## 2. UNICEF'S EMERGENCY RESPONSE: ISSUES AND ACTIONS

**Immediate Response.** UNICEF called forward essential emergency-preparedness supplies warehoused in town of Medan and mobilized an immediate response to the disaster, with first emergency supplies reaching the earthquake zone by aircraft and by truck early on May 29 for immediate distribution. The first wave of supplies included:

- 10 collapsible water bladders
- 10 health kits
- 15 hygiene kits
- 10 large tents
- 100 family tents
- 1000 tarpaulin sheets
- 1000 cooking sets
- 1000 hygiene kits (sent overland from Jakarta on May 28)

Items have continued to be shipped in by air and land over the first five days. UNICEF's team on the ground in Yogyakarta includes specialists in disaster response, water and sanitation, child protection, health and communications. Immediate attention is being given to the treatment of the injured, with the next most immediate priority being the provision of drinking water and shelter. The water and sanitation team began organizing water tankers on Sunday to distribute safe water in Bantul. The first 20,000 liters were delivered on Monday within 72 hours of the onset of the disaster. The first Child Protection center was erected the same day.

The thousands of people displaced by the earthquake will need humanitarian aid over the coming weeks. UNICEF estimates that among the initial 100,000-200,000 displaced people, approximately a third are children aged 0 - 17 years. As a guiding principle in its approach to emergencies, UNICEF recognizes that children affected by natural disasters have the same rights and needs as children living in stable situations.

As part of broader efforts, UNICEF is currently working with the other UN agencies to address the challenges faced by the affected population and is providing inputs to an Inter Agency Emergency Response Plan the next six months.

### WATER AND SANITATION

#### ISSUE

Initial reports from district government indicate that the availability of safe drinking water, sanitation facilities and hygiene kits have been identified as immediate priorities. Without secure sources of drinking water and adequate sanitation, diarrhea and other water-borne diseases can escalate and pose particular threats to children.

Due to the tremendous movement of people and the rubble of existing villages, it has been very difficult during the first 72 hours to obtain numbers and locations of the affected population to allow for efficient water delivery with any certainty. UNICEF's approach will be to locate water containers in established locations, starting with the largest groups of people, while gathering information from other sectors and agencies located throughout the affected areas.

Most water sources in the affected areas are shallow wells. Preliminary assessments indicate that up to 20% of these might be damaged or unusable, if data gathered from the first few villages surveyed are representative. There is also some indication that septic tanks from toilets have been broken and might contaminate shallow aquifers. A small piped sewage system in Yogyakarta might also have ruptured. There is also a risk of contamination here as sewage pipes are generally laid parallel to water mains which could have also broken.

Only three of the 12 water treatment plants in Bantul District with capacities ranging from 5 to 40 litres per second are currently functioning, due to the disruption of electricity to the remaining nine.

## **ACTION**

- Assessment of evolving water and sanitation situation, and support to government in coordinating the overall water and sanitation response.
- Ensure access to sufficient quantities of drinking water among affected populations that meet or exceeds SPHERE standards, with particular attention to the needs of children and women
- Provide key hygiene messages and essential supplies to maintain personal hygiene to affected population
- Ensure that families (especially children and women), IDP camps, health facilities and schools have access to sanitation facilities that meet or exceed SPHERE standards
- Ensure that children in temporary learning centers and child centres have access to adequate water and sanitation facilities and hygiene information.

## **IMPACT**

- Children and their families have reduced the risk of transmission of infectious diseases and morbidity caused by lack of safe water and sanitation facilities and poor hygiene.
- Children and their families have access to safe drinking water and to sanitation facilities that meet or exceed SPHERE standards, and take into account the privacy, dignity and safety of girls and women.
- Affected populations are knowledgeable about the risks associated with poor hygiene and contaminated water.

## **SHELTER AND EMERGENCY PREPAREDNESS**

### **ISSUE**

During the first 72 hours of this emergency, emergency supplies were call-forwarded aggressively. Items such as tents for families and temporary schools, reinforced tarpaulins, hygiene, medical and family kits, lanterns, cooking equipment, ORS, and water purification tablets were all deployed, allowing UNICEF to reach the affected populations early on the third day of the emergency.

The repeated eruption of Mount Merapi, just 50 km from the site of the earthquake and the most active and dangerous of Indonesia's 129 volcanoes, has intensified, meaning that UNICEF must immediately replenish these stocks. An estimated 21,000 people have already fled for safe haven in the densely-populated Central Java province from Mount Merapi; this number could quadruple, and UNICEF must pre-position itself for a rapid response.

### **ACTION AND IMPACT**

Replenishment of shelter and emergency supplies, which would supply an affected population of 30,000 people with two weeks' of essential supplies.

## CHILD PROTECTION

Parallel with physical relief is the need for child protection, in particular to verify the status of children and women, prevent any potential separation of children from their caregivers, and to report and advocate on any cases of abuse, violence or exploitation. Children in the affected areas may require psycho-social counseling. In situations such as this, domestic abuse can also increase.

Preliminary findings indicate that as of May 29, no child victim of the earthquake had been reported as unaccompanied or separated from their family members or caregivers, as also confirmed by ICRC. Registration activities were observed underway in hospitals, orphanages and affected villages. While some parents had expressed concerns about the possible abduction of children for trafficking, there were no such confirmed instances or attempts, and many children were observed in the vicinity of their damaged homes.

Hospitalized children were found with their caregivers in a state of acute stress and post-disaster trauma. Discussion with parents randomly chosen in the affected area confirmed that psychosocial distress and trauma are priority areas of concern. Television coverage has provided gripping footage of children being operated upon without anesthesia, along with those waiting days for medical attention.

No statistics were available as of May 29 as to the number of children dead or missing, but they are thought to account for at least 1,600 of the 5,438 victims. Data are generally weak, and when they do exist, are often not disaggregated by age or gender.

Institutional capacity to implement child protection activities is generally under-developed, and especially challenging given the multiplicity of post emergency challenges. Gaps have been identified both in technical expertise and in the slow mobilization of Child Protection NGOs present in Yogyakarta. Governmental priorities are often focused on the direct distribution of goods, such as clothing and food, but support is needed in psychosocial relief and prevention of family separation.

UNICEF was in immediate contact with key government counterparts on the ground following the earthquake due to preparations to respond to the volcanic activity in nearby Mt. Merapi. The assessment found that damage has largely affected rural areas, with clusters of small villages continuing to remain out of reach of humanitarian interventions. Affected families have not been collected into camps and have remained within the parameters of their village – as such, children are not grouped together in one area, and remain dispersed throughout the affected areas. While this makes it more difficult to reach large numbers of children at once, it has played a significant role in avoiding the separation of children from their families, as the assessment confirms.

Psychosocial distress: Children were found to be emotionally struck by the tragedy, and are exhibiting behavior including crying, fear, and inability to communicate and express their reactions and emotions to the events.

Lack of activities for children: Lack of play areas, activities for children, including facilities and materials are significant issues. Due to the end of the school year and holiday at the time of the earthquake, many children are found to not have any constructive activities in which to participate during the day. Recreation facilities were destroyed in the earthquake and many children are idle, often left with little support, while parents are involved in cleaning and other recovery activities.

Unaccompanied and separated children: Although the initial assessment did not find any cases of unaccompanied children, some children have had a change in their care situation – either because they have lost one or both of their parents, and are now under the care of their extended families. Initial indications suggest that there are not a high number of separated children, and therefore this is not a primary area of concern. Meanwhile, registration activities have been and continue to be undertaken at orphanages, hospitals and at the community level.

Abuse, exploitation and trafficking: Discussion with counterparts and partners confirmed concerns about possible risk of abuse, exploitation and trafficking of children. Often in times of prolonged emergency, children become particularly vulnerable to such abuse.

Institutional Capacity: Although the affected population of Yogyakarta has shown remarkable resilience, community solidarity mechanisms remain strong, and the government has demonstrated a commitment to child protection, technical and delivery capacity of provincial and district-level government partners remains low.

HIV prevalence in Yogyakarta is 3-5 % and in Central Java is 1-3 % (MOH). Reported cumulative AIDS cases total 19 through March 2006 in Yogyakarta (case rate: 0.61) and 118 in Central Java (case rate 0.38). There is the potential threat of HIV transmission through unsafe blood. It is not confirmed whether rapid tests for HIV, Hepatitis B, Hepatitis C or syphilis are available, or whether universal precautions in health care settings are rigorously enforced due to limited resources and perhaps lack of universal precaution kits. It is also clear that urgent measures should be taken to provide HIV/AIDS prevention education to the affected communities and service providers.

## **ACTION**

- Establishment of five children's centers in the areas that are most affected and where there are the greatest concentrations of children, supplemented by mobile outreach teams for outlying communities.
- Training of social workers, civil society, and volunteers to ensure the quality of services in children's centers and outreach activities.
- Psychosocial recovery of children through recreation activities, structured play, life-skills, and where necessary, counseling.
- Deployment of trained police women in affected areas for community-based monitoring and reporting on children that helps prevent violence, abuse, exploitation, including trafficking.
- Registration of children whose care situation has changed, and who may be vulnerable to secondary separation, and to ensure that these children have access to necessary services.
- As the lead agency for child protection, UNICEF will be responsible for inter-agency and NGO coordination.

## **IMPACT**

- Local government counterparts and civil society have the capacity to provide support and protection for children affected by the earthquake
- Community-based mechanisms are strengthened to ensure the prevention of abuse, exploitation, and secondary separation of children from their families.
- Children, adolescents and mothers Improve have access to information and education on HIV/AIDS and drug abuse prevention and care, as well as HIV/AIDS prevention efforts among service providers and humanitarian workers.

## **HEALTH AND NUTRITION**

### **ISSUE**

The three hospitals in Bantul district, Muhammadiyah, Elizabeth and District Public Hospital (Panembahan Suropati), are all treating patients at four times their capacity. In Klaten district, the Suradji Tirtokusodo Hospital is treating almost 600 injured patients, despite having a bed capacity of just over 300. Furthermore, of the 6 operating rooms, only 2 are functional, largely due to lack of anesthetic equipment. At the provincial-level Sardjito public hospital, there are over 1260 in-patients, despite only 700 beds available at the hospital. The hospital also has 19 operating rooms, which are currently mostly being used to treat fractures and physical trauma.

Many of the patients in the hospitals are outside, both because of overcrowding and because they are afraid to be indoors. This results in poor hygiene and puts patients at increased risk of infection. A number of countries have provided field medical centers, and the government has stated that further medical facilities and staff are not necessary, but that medicine and medical equipment continued to be needed.

Of a total of 26 health centers in Bantul, 2 have been completely destroyed, 12 severely damaged, 6 moderately damaged and 6 mildly damaged. The total number of Puskesmas destroyed is unknown, but at those which have been damaged, only primary health care services are functional.

The surrounding of Yogyakarta is known to be food secure. However, infants and young children in general may be facing significant nutritional risk, with potential long term consequences. Infant and young children can not just eat what is available but they need to be fed. Mothers and community may be too distressed or injured to feed them, and most probably breast-feeding will be discontinued for most of the infants. If infants are injured and under medical treatment, their special nutrition need may be overlooked by over-stressed medical professionals. Breastfeeding becomes even more important because resources for safe artificial feeding may be unavailable, for example water, fuel and adequate quantity of infant formula. Artificial feeding with breast milk substitute increases the risk of diarrhoeal disease, malnutrition and infant death. If breast milk substitutes are distributed by any donors, their distribution and use should be monitored by trained staff. Moreover, Indonesia has been infamous for distributing infant formula in emergencies; hence promotion of optimal infant and young child feeding (IYCF) practices will be an integral part of the humanitarian response.

Finally, UNICEF supported-interventions will also aim at the prevention of the spreading of the Avian Influenza, which is a particularly time-sensitive communications issue with the confirmation of two multi-cluster occurrences over the past week in Indonesia. Efforts will be part of the existing National Communications Strategy and a Rollout Strategy and Plan and they will aim to reach all households in the earthquake zone and immediate surroundings with compelling and culturally appropriate information about Avian Influenza and how to prevent catching it; to develop district, community and neighborhood Avian Influenza preparedness plans and to conduct advocacy activities.

## **ACTION**

- Assuring supplies of basic medical and personal equipment for displaced women, children and families in health centers in twelve of the most heavily affected sub-districts, each serving approximately 30,000 people. Critical supplies will include basic health kits with essential drugs and supplies; maternity kits; midwifery kits; cold chain equipment, and the replacement of stock and equipment lost in the quake; micronutrient.
- Support to Expanded Programme for Immunization (measles for 500,000 children 6 months – 5 years and tetanus for 1,000,000 adults 15-60 years prone to injuries and infection in directly affected areas)
- Support to breast feeding and IYCF through training for trainers and cascade trainings

- Advocacy and IEC campaign amongst displaced communities..
- Training on management of acute severe malnutrition in communities and facilities.
- Implementation of Community/neighborhood level response to the information by Participatory, Learning and Action activities using the CREATE model, and the Emergency community resilience concepts.
- Conduction of two focused news media campaigns, along with opportunistic containment communication strategies.
- Advocacy aiming at ensuring provincial and district leaders develop preparedness plans and monitor sub district and village activities.

## **IMPACT**

- The health status of the affected population, especially the most vulnerable including children and women, is maintained through the reestablishment of essential health care services in the affected area.
- Community level knowledge and behaviour change positively affected by UNICEF-supported communications activities.
- Children aged under-5 yrs of age maintain or improve their nutritional status.

## **EDUCATION**

### **ISSUE**

Provincial offices of the Ministry of Education report that 423 primary schools and 91 Junior Secondary Schools in Bantul have been completely destroyed, with an additional 48 primary schools and 16 junior secondary schools heavily damaged. In Klaten District, 48 primary schools have been destroyed with 188 heavily damaged, and one junior secondary school has been destroyed with 19 heavily damaged. The great majority of the estimated 525,000 primary and junior secondary school students in both districts have been affected, with the loss or damage of nearly 90% of the school infrastructure in Bantul District. The school year has come to an abrupt halt.

### **ACTION**

- Assess the evolving basic education situation and support the government in coordinating the overall basic education response.
- Ensure access to sufficient quantity and quality of temporary learning spaces for primary and junior secondary school students.
- Ensure that students have access to basic teaching-learning materials including textbooks.
- Ensure temporary learning spaces have adequate basic water and sanitation facilities.

### **IMPACT**

- Ensure that primary and junior secondary educational services are re-established within six months and that all children affected by the earthquake have access to sufficient quantity and quality of temporary learning spaces.

- Priority Population to be reached: Up to 525,000 children in most affected areas.

## SUPPORTING ACTIVITIES

UNICEF's response to the Yogyakarta earthquake, as well as other emergencies and disasters in Indonesia, will be based around these core commitments to children in emergencies. UNICEF also simultaneously undertakes key communication, information and coordination roles necessary to support humanitarian relief and protect children.

**Communication activities** are geared to help support National, Provincial and District Governments in providing timely and relevant information about the emergency relief operations to national and international audiences, while conducting communication and community mobilization activities among those affected by the earthquake and advocacy on their behalf. This entails producing information packages such as media releases in all media and developing culturally appropriate messages for the survivors of the earthquakes.

**Telecommunications networks** are geared at providing reliable communications for offices established to support relief activities, and ensuring there is adequate data connectivity to support humanitarian operations and effective coordination.

**Coordination** is aimed at ensuring effective coordination, guidance and support to the emergency response and relief effort within the earthquake affected areas; adequate government liaison, technical oversight and monitoring and evaluation.

The following funding requirements reflect the outcomes of a relief and early recovery plan for the first six months (from May 27, 2006 – November 26, 2006).

### 3. FUNDING REQUIREMENTS FOR IMMEDIATE ACTION AND EARLY RECOVERY IN THE COMING SIX MONTHS (27 MAY – 26 NOVEMBER 2006)

Sector	Budget \$
Health & Nutrition	2,148,000
Shelter & Emergency Supplies	2,000,000
Water and Sanitation	1,930,000
Education	3,960,000
Protection & Psychosocial Recuperation	754,000
HIV/AIDS	330,000
Communications & Logistics	264,000
Information and Telecommunications	630,000
Coordination	250,000
<b>Total</b>	<b>\$12,266,000</b>

*The above figures include approximately 12% UNICEF recovery cost. The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.*

**More details** can be obtained from:

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