**SURFAID INTERNATIONAL IN INDONESIA**

# MENTAWAI ISLAND EMERGENCY RESPONSE & EMERGENCY RECOVERY PROGRAM

**26 October 2010 – 30 November 2011**

***To provide post-disaster assistance to communities in Mentawai Islands affected by tsunami of 25 October 2010.***

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## 1.0. GENERAL INFORMATION

| | |
|---|---|
| Program Name | *Mentawai Island Emergency Response and Recovery Program* |
| AusAID Reference Number | *57468* |
| NGO Name | *SurfAid International (SAI)* |
| Delivery Organization's Name | *SAI Indonesia* |
| Date Project Commenced (Contract Signed) | *26 October 2010 (26 November 2010)* |
| Expected date of completion | *30 November 2011* |
| Report covers activities implemented in the period | *October 2010 to November 2011* |

## 1.1. Introduction

On October 2010, a 7.5 SR earthquake struck south of the Mentawai Islands District, West Sumatra Province, Indonesia. The wave height reached 3 meters and resulted in a tsunami that travelled as far as 1 km onto the mainland[1] of the western coast of Mentawai Islands. The earthquake and tsunami disaster resulted in 509 official casualties, with 17 people injured and 11,425 people displaced from the affected communities in South Sipora Subdistrict, South Pagai Subdistrict, North Pagai Subdistrict and Sikakap Subdistrict[2].

News of the tsunami quickly reached the mainland of Sumatra, and many organizations set up emergency response activities, including SurfAid. A combination of the remote nature of the Mentawai Islands, the changing and extreme climatic conditions, the difficult marine access, and limited road access meant that a speedy and effective tsunami response by many NGOs, both local and international, was problematic. Within 24 hours of the tsunami, SurfAid had dispatched a boat to make a rapid assessment of the damage in South Sipora and to deliver some initial assistance. Over the course of the next 5 days (up to 30 October), SurfAid dispatched a total of 6 boats to engage in assessment and to distribute aid. Data from the rapid assessment and situation reports (annex 1) was used as the basis of information to extend the response program to 21 November 2010 and to support communities with the recovery program until 30 November 2011.

The Emergency Response and Recovery program was implemented in three phases over the course of 13 months. Phase I of the program commenced immediately following the tsunami and was led by SurfAid to assist aid distribution and rapid assessment. For Phase II and III SurfAid developed seven core projects to meet the longer-term needs of the newly displaced communities. The projects included P4B, Psychosocial Support (PSS), Temporary Shelter (T-Shelter), Clean Water (CWP), Hygiene Promotion (HPP), Emergency Preparedness (E-Prep) and Mother & Child Health (MCH). In these two phases SurfAid established partnership with three organisations including the IBU Foundation, YRSM and arche-noVa.

[1] The Action Plan for Rehabilitation and Reconstruction Mentawai, 2011-2013
[2] Based on the data and information from the command post and operational center BNPB as per 22 November 2010. www.bnpb.go.id

## 1.2. Project Description

### *1.2.1. Program Goal and Key Objective*

**Program goal:**
To provide post-disaster assistance to communities in Mentawai affected by tsunami of 25 October 2010.

**Key objective:**
To provide appropriate and effective post-tsunami recovery assistance to affected Mentawai communities.

### *1.2.2. Brief Description of Key Components*

This project provided assistance to the tsunami affected communities through immediate early assistance and relief distribution and the re-establishment and re-building of affected communities with particular focus on health, psychosocial support and disaster risk management. In summary this intervention comprised eight main components:

**Table 1. Key Program Components**

| Name | Purpose | Duration | Coverage Area |
|---|---|---|---|
| Emergency Response | To provide essential food and non-food aid to affected communities | 26 Oct – 21 Nov 2010 | North Pagai, South Pagai, North Sipora and Sipora |
| P4B | To provide community level healthcare and rebuild community health services | 22 Nov 2010 – 30 Nov 2011 | South Pagai and South Sipora |
| PSS | To reduce post-traumatic stress disorder and build resilience in affected communities | | South Pagai and South Sipora |
| T-Shelter | To use a community-led approach to facilitate construction of appropriate, earthquake-resistant temporary shelter | 22 Nov 2010 – 30 Apr 2011 | South Sipora |
| CWP | To improve access to clean water in affected communities | 21 Feb – 30 Nov 2011 | South Sipora and South Pagai |
| HPP | To promote improved hygiene and sanitation practices to reduce rates of diarrhea | | South Sipora and South Pagai |
| E-Prep | To raise awareness of natural disasters and assist communities to develop appropriate disaster risk management plans | | North and South Pagai |
| MCH | To reduce the incidence of malnutrition in children under five in affected communities | 8 Aug – 30 Nov 2011 | South Sipora |

These interventions addressed the needs identified in the rapid assessment and situation reports. The program was implemented for 11 months starting on 26 October 2010 and activities were conducted in Mentawai Islands District, West Sumatra Province (see map of working areas, annex 2 and detailed working areas, annex 3).

### *1.2.3. Strategic Objectives*

| Table 2. Strategic Objectives and Problems Analysis | | |
|---|---|---|
| **Key Components** | **Strategic Objectives** | **Problem Analysis** |
| Phase 1 (26 October – 21 November 2010) | | |
| Emergency Response | Rapid assessment and early distribution | The earthquake which generated the tsunami occurred at night, and the epicenter was relatively close to South Pagai. Consequently even if communities had an evacuation plan prepared and practiced, they had limited time to execute the plan and escape to higher ground. Nearly 900 homes were destroyed following the tsunami leaving hundreds of families without shelter. Several communities did not have enough food, and food which was dropped from the air landed in the sea on more than one occasion. |
| Phase 2 (22 November 2010 – 20 February 2011) | | |
| Temporary Shelter | 1. To determine short term community priorities and needs for temporary shelter in target communities<br>2. To conduct an effective assessment of shelter options to best meet the short terms needs of the target communities<br>3. To achieve community support for the proposed option for temporary shelter<br>4. To facilitate and support community led construction of appropriate temporary shelter | The communities in South West Sipora (Gobik, Bosua and Masokut) experienced significant structural damage as a result of the tsunami. Assessments completed by SurfAid in late October 2010 reported 66% of the houses were completely destroyed in this area (135 of 203). In Masokut, 66 of 68 houses (97%) were destroyed and water was only accessible to this community by a well, which was damaged during the tsunami. Gobik experienced similar damage with 19 of 23 houses (83%) being destroyed. Bosua lost 50 of the 112 houses in the community. The highest priority for these communities was immediate temporary shelter and clean water. Many of the international NGOs who responded to the tsunami focused their relief efforts in South Pagai and did not immediately consider South Sipora. The main reason for this was due to the difficulty of accessing the affected communities in South West Sipora. |
| P4B (Provision of a Post Disaster Disease Prevention Project) | 1. Assess community health status in South Sipora and South Pagai<br>2. Promote community resilience and mitigate risk of disease outbreaks<br>3. Treat ill or injured victims<br>4. Provide regular reports to SurfAid operations office, UNOCHA, BPBD | In communities that were affected, the death toll was severe. In Maonai, almost one-third of the population died. People who survived the tsunami were in serious danger of succumbing to their injuries. In some places diarrhea became widely established. The health situation deteriorated, and many communities also showed signs of respiratory disease. This situation required immediate mobile intervention by boat. |

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| PSS (Psycho Social Support) | 1. To assess the level of post traumatic stress disorder (PTSD) in 15 communities affected by tsunami<br>2. To identify and strengthen effective coping strategies to decrease the level of PTSD brought about by the tsunami<br>3. To strengthen resilience in 10 communities by optimizing community preparedness | All communities were, understandably, severely traumatized, with some children showing immediate symptoms of post-traumatic stress syndrome. Specific assessment for PSS conducted on November 2010 (annex 1) showed high levels of trauma and stress in children under-five and their family members, second to this was children aged 6-11. The increased levels of trauma and stress were attributed to loss of family members and exposure to death, lack of structured activities and coping strategies within the community, lack of sanitation within temporary shelters and no school activities for children. In this phase, PSS was conducted in the affected communities of South Sipora. |
| Phase 3 (21 February – 30 November 2011) | | |
| P4B | 1. Assess community health status in South Sipora and South Pagai<br>2. Promote community resilience and mitigate risk of disease outbreaks<br>3. Treat ill or injured victims<br>4. Provide regular reports to SurfAid operations office, UNOCHA, BPBD | In almost every community families fled to high ground, or were later relocated there. In some cases their situation in these temporary camps was serious, with a lack of appropriate shelter. Basic health services through Posyandu were sporadic for these communities prior to the tsunami. After the tsunami health services were non-existent. In this phase, the intervention concentrated in the IDP camp in South Pagai. |
| PSS | 1. Assess the community health, wellbeing and environmental situation<br>2. Optimise community preparedness and resilience<br>3. Establish effective coping strategies | The same intervention of PSS in phase 2. In phase 3, PSS was conducted in IDP camp in South Pagai. |
| CWP (Clean Water Program) | 1. To improve access to clean water in the IDP camps of of South Pagai, and in the coastal communities of South Sipora<br>2. To improve hygiene and sanitation conditions of South Pagai IDP Camps and in South Sipora | The only reliable source of fresh water in almost every camp was rainwater, harvested from the tarpaulins that formed the principle shelter. There was a widespread requirement for reliable, safe water. |
| HPP (Hygiene Promotion | 1. To promote improved hygiene and sanitation practices in communities | There were a few rudimentary latrines when communities in South Pagai were initially relocated. However there was a serious shortage of sanitation |

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|---|---|---|
| Project) | 2. To significantly reduce the number of diarrhea cases in children under five | facilities in the IDP camps. In addition to being unreasonable for the inhabitants, this also presented a significant health risk. |
| E-Prep (Emergency Preparedness) | 1. Assessment of current Disaster Risk Reduction (DRR) knowledge and practice as the baseline data<br>2. Deliver information and knowledge sharing of DRR<br>3. Develop disaster risk reduction skills of communities through mentoring and training<br>4. Implement school-based DRR activities by improving skills and confidence of teachers and students<br>5. End line survey implementation and reporting | The communities affected by this tsunami will continue to be vulnerable to future natural disasters. In order to improve future survival rates, both before and after natural disasters, these communities were trained in how to prepare for and respond to disasters and understand their strengths in order to quickly recover from the effects of future natural disaster. |
| MCH (Mother and Child Health) | Decrease the % of children under five who are under weight in tsunami-affected communities | The assessment report (annex 1) on malnutrition in South Sipora showed that the incidence of malnutrition in children under 5 was 37% (based on HAZ) which indicates that the malnutrition is of a chronic nature. However, measured by other methods (WAZ and WHZ), nutrition rates are in the normal range. This demonstrates the complex nature of nutrition in Mentawai. |

## 2.0. ACHIEVEMENT & ANALYSIS

### 2.1. Overall Activity Key Achievement/Strategic Objectives

A total of 4,015 families (15,668 beneficiaries) received some level of assistance via the program, spread throughout 63 hamlets, 11 villages and 4 sub-districts. The Emergency Response and Recovery Program delivered a series of 8 different project components at various times, across 3 of the major islands in the Mentawai. The program was relatively short term, and implemented project components ranged from 3 to 9 months in duration.

During the emergency response, SurfAid played an important role in the initial response to the tsunami affected people in Mentawai. With 10 years experience in Mentawai, knowledge of geographical and natural conditions in Mentawai and an especially in-depth understanding of the unique marine environment, SurfAid was appropriately placed to send more than 7 boats. SAI

contributed significantly to the initial response, especially in relation to coordination among INGOs, NGOs and government by sharing the information and data on factual condition of people affected by the tsunami. SurfAid was the first INGO to react to the Mentawai tsunami, and consequently played a lead role in rapid assessment and delivery of assistance.

- P4B, Phase 1, with its mobile clinic operating from a boat, was able to travel from one hamlet to the next, and to offer the services of a doctor and nurse from the Health Department. This service provided health care to 905 people in communities across 25 hamlets. In Phase 3, P4B then provided regular monthly Posyandu, with the standard 5-tables system, to 14 hamlets in South Pagai.
- T-Shelter project has enabled 327 families to construct a dry, comfortable and healthy home, established together with the community in Bosua and Masokut.
- PSS, in Phase 1, reduced the level of post-disaster trauma in the community, especially among children. PSS, in Phase 2 in South Pagai, reduced the symptoms related to stress by 3%, related to distress by 5% and related to PTSD by 12%. Community members without symptoms increased from 36% to 73%. At the end of the project 95% of children under 5 did not experience any significant worry related to natural disasters.
- Communities in South Pagai and South Sipora have better access to clean water with an average of 74 liters a day per person in 9 hamlets. 2 hamlets (dusun Sabiret and Kosai Baru) have become ODF (open defecation free) after the HPP intervention through CLTS approach. Communities and students in school have better awareness of the importance of hand washing behavior.
- The appropriate hygiene behavior in community members in 19 hamlets in South Sipora increased by 7% with 6 indications of hand washing behavior: before meals, after defecation, after cleaning a child from defecation, before feeding a child, before handling food and others. And 22% of the total HH in 3 hamlets in South Pagai have had access to individual household latrines (improved by 11% improved).
- The awareness of eating nutritious food has improved, after the provision of integrated monthly health counseling activities. The feeding practice of eating vegetables during lunch has increased by 23% and protein increased by 14%. Eating vegetables during diner increased by 20% but eating protein decreased by 1%. This decrease in protein consumption may not be significant, or it may reflect short-term issues in relocated communities since direct food assistance from government and NGO sources has dropped off.
- E-Prep completed its intervention by supporting communities living in coastal areas to be better prepared to respond to future disasters. The community knowledge on E-Prep has increased by 19%, the awareness has increased by 38% and the behavior has increased by 46%.

There is clear evidence that the Emergency Response and Recovery Program implemented by SurfAid has benefited the tsunami-affected people of the Mentawai Islands. SurfAid has provided reasonable, appropriate and effective assistance through the program (Evaluation Report, annex 4).

## 2.2. Significant Project Outputs and Narrative

### 2.2.1. Emergency Response (ER):

*Purpose: To provide essential food and non-food aid to affected communities*

| Strategic Objective | Key Outputs | Key Outcomes |
|---|---|---|
| Rapid assessment and early distribution | Rapid assessment in 27 communities with 160 individual assessment forms and continuous situation reports from observations and discussion with communities | Community helped by the presence of SurfAid to support them to cover immediate first aid and basic needs after tsunami that allowed them to thrive in areas of displacement |
| | Rapid assessment report and situation reports shared to government and other NGOs. See www.mentawairesponse.org | |
| | Distributed a total of almost 15,000 NFI and over 70,000 individual FI, dispatched on 7 boats to almost every village throughout South Sipora, North Pagai and South Pagai. | |
| | Provided a leadership role for other NGOs through the Posko in Sikakap, chairing many of the coordination meetings, providing access to boats to facilitate distribution and advising on Mentawai conditions. | |

Activities under Emergency Response component:

1. Rapid Assessment and Data Sharing
   The existence of SurfAid in Mentawai since 2000 was significant in the organization's ability to establish good communications and provide quick updates on the local conditions in Mentawai. Soon after the Tsunami, on26 October, SurfAid received official notification of the tsunami from its field office in Tuapejat. During the period of 27 October to 7 November 2010, SurfAid field staff made formal assessments of a total of 27 communities, completing 160 individual assessment forms. This information was shared with other NGOs and combined with other data by Mercy Corps. At the same time, SurfAid provided situation reports with factual information of current condition in the field, based on observations and discussion with communities. Some SurfAid situation reports were widely distributed including to the offices of the Indonesia President and the US Secretary of State.
2. Procurement
   Relief items for the first and second boat dispatched by SurfAid after 24 hours of tsunami were obtained from stocks that were left over from the previous emergency (West Sumatra Earthquake). During the subsequent courses of distribution, all NFI and FI procured by SurfAid Administration and Logistics Department were sourced from the local market (Padang) through proper procurement procedures. Any relief items given by other organization to be distributed to communities have appropriate handover records.
3. Distribution
   A total of almost 15,000 NFI and over 70,000 FI were dispatched on 7 boats distributed to Bosua, Gobik, Berilou and Masokut (on the west coast of South Pagai), and to a wide range of communities in North and South Pagai.

4. Coordination

SurfAid coordinated with government departments (local Mentawai and Provincial) such as BPBD, Dinas Kesehatan, UNOCHA and other INGOs/NGOs. In the initial process, the coordination between government and other NGOs was not smooth. In response to this, SurfAid took the lead and began to organize NGO coordination meetings, which were held in the SurfAid Posko. UNOCHA arrived in Padang at the end of the first week following the tsunami and gathered all the clusters that had been formed and each individual cluster group provided the main briefing on the situation in Mentawai. SurfAid stressed the logistical complexities involved in distributing materials from Sikakap to coastal communities, and the need to use marine transport. After UNOCHA set up in Sikakap, they took over responsibility for running the coordination meetings. The cluster groups were set up, and SurfAid was included in the health group. The health cluster was not successful, because the health department staff were not able to commit themselves to times and dates in advance of meetings. The health cluster eventually disbanded. The Vice-Bupati , Pak Yudas (who has since become Bupati), asked SurfAid to assume responsibility for coordinating the health cluster group, and these meetings were again organised regularly in Sikakap. One of the key activities implemented by SurfAid, in this role, was to collaborate with DinKes and NGOs and ensure high-level medical coverage for the IDP camps during the period between Christmas and New Year.

### 2.2.2. Provision of a Post Disaster Disease Prevention Project (P4B):

*Purpose: To provide community level healthcare and rebuild community health services*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| Phase 2 (22 Nov 2010 – 20 Feb 2011) | | |
| Assess community health status in South Sipora and South Pagai | Community health assessed the community health status, using CBHP (SurfAid Community-Based Health Program), which indicated the incidence of malnutrition among infants from affected communities recorded at an average of 44%, compared to CBHP average of 33%. | Communities are working towards re-establishment of community-based health delivery structures. An attendance rate of 87%, established during Phase 3, is extremely high by the standards of pre-tsunami Mentawai which clearly indicates mothers are trying to prioritize the health of their children. At the same time, doctor and nurse provided by Mentawai Health Department on this program improved collaboration to greater delivery of assistance in affected communities. |
| Promote community resilience and mitigate risk of disease outbreaks | 434 children under-5 in 25 hamlets (80% of total children population in the areas) are weighed and measured and provided with multivitamins and de-worming medicine. 39 pregnant women assessed according to maternal health indicators and were provided with multivitamins and a clean birthing kit. 25 Posyandu Kader trained in five individual training sessions. | |
| Treat ill or injured victims | Total 905 villagers treated by the doctor-nurse teams. | |
| Provide regular reports to SurfAid operations office, UNOCHA, BPBD | Reports provided regarding progress and overall health status of affected villages to BPBD, health department | |

| Phase 3 (1 Mar – 30 Nov 2011) | | |
|---|---|---|
| Assess community health status in South Pagai | The assessment has been completed. | With availability of 7 months data, it is difficult to say if there is a decrease in malnutrition rates in the 14 hamlets. Participation for U5 averaged 49% every month. Malnutrition rates fluctuated monthly and are on average still high. Malnutrition (WAZ) rates over 7 months average 27% and Malnutrition (WHZ) rates average 15%<br><br>23 people (11 male and 12 female) attended the Lessons Learned Workshop. 1 Puskesmas staff, 2 TBAs and 20 community members attended the workshop. Puskesmas staff showed significant initiative by responding to community requests for follow up to the Posyandu activities conducted by YRSM (SAI's partner organization). |
| Promote community resilience and mitigate risk of disease outbreaks | Conducted Posyandu regularly on monthly basis in all hamlets and provided nutritious food to children under five. | |
| Treat ill or injured victims | Nurse provided during the Posyandu to treat community members who are sick | |
| Provide regular reports to SurfAid operations office, UNOCHA, BPBD | Monthly coordination with stakeholders conducted especially with Puskesmas to encourage their involvement in Posyandu activities. | |

P4B component was undertaken by the SurfAid team in South Sipora (Phase 2) and by YRSM, the implementing partner, in South Pagai (Phase 3).

<u>Activities undertaken by SurfAid:</u>

1. Prepare village before P4B
   The team travelled ahead to meet the Kepala Dusun and stakeholders to arrange for a full turnout of village women and children, and to request volunteers to help carry supplies.
2. P4B Tables: women and children u5 through the table system
   Table 1: Registration, assisted by 2 Community Facilitators (CF) and 2 Kaders
   Activities:
   - Register all families/participant's names-ages-complaints/injuries
   - Triage sick to Doctor (treatment of ill and injured will take place based on time restraints and severity of illness/injury). Identify respondents to be interviewed for health assessment.

   Table 2: Disease prevention clinic, assisted by 2 CFs
   Activities:
   - De-worming medication for WORA, children under 12 and pregnant women over 12 weeks gestation
   - Orolyte supplies to Kaders or patients with diarrhea
   - Zinc supplements
   - Iron-folate for pregnant women and supplies for Kaders for future use

   Table 3: Community Health Education, assisted by 2 CFs and 1 Senior Community Facilitator (SCF)

Activity is based on Kader training and health education including:

- Best feeding practices and breastfeeding in emergencies
- Hygiene and sanitation to all families
- Clean delivery kits to pregnant women and traditional birth attendants
- Danger signs and treatment of diarrhea and chest infections

Table 4: Doctor Clinic, implemented by 1 Doctor and 1 Nurse

Activity: treat ill and injured, take patient notes, write summary report in the framework provided and ensure liaison with project leader.

YRSM was probably the only local NGO in Mentawai identified by SurfAid as being capable of operating at this level. YRSM took over the implementation of P4B in Phase 3, which targeted IDP camps in South Sipora.

Activities undertaken by YRSM:

1. Training of YRSM staff in P4B and socialization P4B to communities.
   To ensure the quality of the project, SurfAid provided program management and program technical training on P4B to YRSM staff. SurfAid also assisted YRSM in socialization activities.
2. Monthly training of Posyandu Kader
   1 hour training conducted to individual Kader groups in 14 hamlets prior to monthly Posyandu. In the initial process there were only 4 kaders involved in Posyandu activities but at the end of the project, Kader's number had increased in to 7 people. Scaling and weighing took place during Posyandu as part of 5-tables Posyandu system.
3. Training for TBAs
   13 TBAs trained on clean birth with trainer from Puskesmas Sikakap.
4. Food distribution and hygiene kits via Posyandu
   Hygiene kit provided for mother with children under five and pregnant women. The provision of nutritious food such as milk and beans was also provided during the Posyandu.
5. Monthly coordination with stakeholders
   Monthly coordination with stakeholders was conducted regularly every month, focusing on Puskesmas and encouraging them to become more actively involved in Posyandu activities. At the end of the project, a meeting with YRSM trustees and advisors was conducted to stress the importance of sustainability of the health program in South Pagai.

### 2.2.3. Psychosocial Support (PSS):

*Purpose: To reduce post-traumatic stress disorder and build resilience in affected communities*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| Phase 2 (22 Nov 2010 – 22 May 2011) | | |
| To assess the level of post traumatic stress disorder (PTSD) in 15 communities affected by tsunami | • All Staff trained in data collection technique. 2 Psychologist includes as team members who assisted the technical knowledge of PSS activities.<br>• Assessment through SRQ (Self-Reporting Questionnaires), Observations and Focus Group | Rate of PTSD of children 6-11 years significantly reduced.<br>Training volunteers and community support group members has been a positive step for many communities. There is a sense in each of the partner communities that they are making positive progress |

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| | Discussion conducted.<br>• Activities with appropriate monitoring tools evaluated. | towards recovery. |
| To identify and strengthen effective coping strategies to decrease the level of PTSD brought about by the tsunami | • System and process benchmarked<br>• Music, art, drama, sporting activities integrated. 35 sessions for children activities were conducted.<br>• Support groups and natural leaders identified<br>• Capacity building of support groups | |
| To strengthen resilience in 10 communities by optimizing community preparedness | • Introduction of emergency preparedness activities<br>• Interactive communication tools and methods implemented<br>• Integration of traditional and cultural practice | |
| Phase 3 (1 Jul – 30 Nov 2011) | | |
| Assess the community health, wellbeing and environmental situation | • Survey (baseline & end line) was done using 2 tools: A self report Questionnaire for children and FGD for adolescents and adults<br>• Activities evaluated with appropriate monitoring tools | Symptoms related to stress decreased by 3%, related to distress decreased by 5% and related to PTSD decreased by 11%.<br><br>Community members without symptoms increased from 36% to 73%. Children with elevated symptoms of worry decreased from 8% to 0. At the end of the project 95% of children under 5 did not feel worried anymore. |
| Optimize community preparedness and resilience | • Introduction of emergency preparedness activities as content of sessions given to volunteers and support groups.<br>• A special event conducted for all 3 hamlets and structured activities for 28 sessions with integration of traditional and cultural practice | |
| Establish effective coping strategies | • System and process benchmarked<br>• Music, art, drama, sporting activities integrated<br>• Support groups and natural leaders identified<br>• Capacity building of support groups | |

<u>Activities under PSS component:</u>

1. Data collection for Baseline Survey.
2. Data sharing
   Prior to implementing structured activities, data was shared with communities to encourage ownership, by including community ideas on activities, promoting involvement and strengthening structures etc.

3. Introductory week of activities (pilot test)
   An introductory week piloted an array of activities that took into consideration the community's needs and expectations. As a result this ensured that primary and secondary audiences had an awareness of what the project entailed.
4. Program activities:
   Structured play therapy
   Children in each location had access to fun educational activities 3 times a week. The activities were structured to provide messages of health, emergency preparedness and psychosocial support. In order to maintain participation rates playing materials were provided to assist with community activities and personal hygiene.
5. Identify and strengthen support groups
   a. Support Group to strengthening confidence and capacity building of teenagers was encouraged during support groups. Identifying community activities and empowering the individuals to understand and recognize stress and trauma, strengthening resilience and cohesion were principles conveyed during these sessions. Activities provided include traditional dancing, religious classes and cooking groups.
   b. Training on ECD (Early Childhood Development) and Training of teachers.
   c. Construction of a child-friendly place
   d. Special events

### 2.2.4. Temporary Shelter (T-Shelter):

*Purpose: To use a community-led approach to facilitate construction of appropriate, earthquake-resistant temporary shelter*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| Determine short term community priorities and needs for temporary shelter in target communities | • 4 meetings conducted in each target community to establish communication and outline SAI intensions.<br>• 8 Focus group discussions held in 4 target communities. Male and female priorities established<br>• Communities identified new locations to rebuild | • Use a community-led approach to facilitate construction of appropriate, earthquake-resistant temporary shelter.<br>• The construction project supported community members to work together, which helped all 4 communities ease the adjustment period of living in new locations.<br>• Community members have new sets of skills in building high quality, earthquake resistant structures and earthquake proof foundations. |
| Conduct an effective assessment of shelter options to best meet the priorities of target communities | • Assessments completed in each target community;<br>• Community priorities established<br>• Shelter unit designed and materials quantity and cost calculated. | |
| To achieve community support for proposed option for temporary shelter | All members of target communities signed social contract (351 families) in agreement with SurfAid proposal | |
| Facilitate and support community led construction of temporary shelter | 327 temporary shelters completed | |

Activities under T-Shelter component:

The Temporary Shelter Project commenced at the beginning of November 2010 and concluded on 30 April 2011. Six weeks were spent undertaking community engagement; assessment of options for shelter design; socialization of project with target communities and developing monitoring systems. The construction phase started in mid January 2011 with the delivery of 710 sacks of cement and concluded in mid April with the final monitoring and cash distribution. Project evaluation was conducted from the between 15 and 30 April. The specific activities included:

1. Organization and facilitation of a community meeting in four target communities.
2. Establishment of key community priorities through focus group discussions (FGD) with representative community sectors.
3. Onsite observation and assessment activities to determine location suitability identify risks, hazards, and resource availability.
4. Assessment of material cost and quantity for each target community relevant to priorities identified.
5. Signing of a social contract by SurfAid and each community member.
6. Procurement materials and transport to relevant materials to target communities
7. Delivered planning and design workshop to determine shelter construction layout and formulate a community work plan.
8. Construction of a demonstration temporary shelter unit in each target community to showcase technical design elements.
9. Facilitation of the identification of shelter construction leaders and the formation of community work teams to build temporary shelter.
10. Monitoring and facilitation of the construction process through provision of technical support, material allocation and time management.
11. Completion of project evaluation as determined by community priorities.

### 2.2.5. Clean Water (CWP):

*Purpose: To improve access to clean water in affected communities*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| To improve access to clean water in South Pagai IDP Camps and in coastal communities of South Sipora | • 10 water tanks, 1 ferro cement tank and 2 tap stands in South Sipora<br>• 1 prototype spiral pump for the distribution of potable water by truck at km 37<br>• 3 spiral pumps for water supply at Bulasat and Asahan<br>• 2 back-up systems for the spiral pump running water supply systems at Bulasat and Asahan (generator and pump)<br>• 3 pumps and generators for water supply of Bake, Laggigi, Maurao, Purorogat, Konit and Sabiret<br>• 1 gravity-based water supply system at Kinumbuk<br>• 6 gravel filters<br>• 3 dams<br>• 39 tap stands and washing areas<br>• 13 water tanks | Increase clean water facilities in 9 hamlets in South Pagai with an average of 74 liters/day/person. |

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|---|---|---|
| To improve hygiene and sanitation conditions in South Pagai IDP Camps and in coastal communities of South Sipora | • 8 hamlets were triggered in CLTS (community led total sanitation)<br>• 119 private toilets and 136 garbage holes have been created by community<br>• CLTS village events held and other INGOs/NGOs invited to participate. Healthy Latrine Competition was held and was won by Sabiret hamlet.<br>• Lesson learned workshop attended by government and NGOs stakeholders | |

CWP component was undertaken by the SurfAid team in South Sipora and by arche-noVa, as implementing partner, in South Pagai.

Activities under CWP component undertaken by SurfAid Team:

1. Community engagement and identification of key challenges
   The assessment of the current water supply situation was conducted to determine the most appropriate technical solutions. Some options were discussed to meet the needs, with specific limitations such as budget highlighted. This process involved community leaders and members.
2. Assessment of scope of work
   The scope of the jobs and the inputs that were required by each party was discussed and agreed to manage the process of working on the water supply solution together. This scope presented to community. The community then formally engaged by signing village agreement detailing their responsibilities and inputs.
3. Implement selected solution to water supply problem
   Work with community to build the agreed facility to the agreed standard. In the initial process, the community was trained and mentored during the process. The progress and quality was monitored by provided training for communities in monitoring and evaluation techniques.
4. Establish community water committee and formally train at least 2 community members in maintenance
   The successful completion of the facility was celebrated with the communities. And the engagement with all community members followed to formally establish a water committee to assume responsibility for the facility. There were 2 separate training programs for community members in key aspect of maintenance.
5. Follow up
   After the installation of the facility, regular follow up was conducted to assess the functionality of the facility, and to assist the water committee where necessary and determine the effectiveness of the maintenance work.

The activities under CWP component undertaken by arche-noVa:

1. Construct water supply system
2. Establish and train water committees

3. Facilitate communities to conduct CLTS (Community Led Total Sanitation) as their own appraisal and analysis of Open Defecation (OD) and take their own action to become ODF (Open Defecation Free).
4. Monitoring and Evaluation
   The implementation of the project was closely monitored by arche-noVa. Compliance with the planned activities, time frame and finances was monitored by the arche-noVa Head of Mission in Mentawai. Weekly reports on running activities and progress from the team to the head office in Germany ensured transparency. Arche-noVa implemented two monitoring visits from Germany to the project. This verified progress against the agreed plans. The monitoring reports and visits also highlighted the strengths and weaknesses of project activities, and helped to identify opportunities for further project development. After concluding the project arche-noVa review project activities and implemented their own final evaluation.

### 2.2.6. Hygiene Promotion (HPP):

*Purpose: To promote improved hygiene and sanitation practices to reduce rates of diarrhea*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| To promote improved hygiene and sanitation practices in communities | In South Sipora:<br>• Training of stakeholders and natural leaders in 10 hamlets<br>• Social marketing campaign in schools and 10 hamlets about hand washing.<br>• Reflection meeting with stakeholders/natural leaders in 12 hamlets<br>In South Pagai:<br>• 34 new latrines constructed by communities<br>• 1 hamlet status is Open Defecation Free (ODF)<br>• 12 local facilitators recruited through participatory process and trained Hygiene Promotion with CLTS approach.<br>• De-worming of children (attendance 276%: 45 invited, 124 attended) and local facilitator (attendance 113%: 15 targeted, 17 attended) | In South Sipora:<br>Appropriate hygiene behavior in community members increased by 7% with 6 indications of hand washing behavior: before meals, after defecation, after cleaning a child from defecation, before feeding a child, before handling food and others.<br><br>In South Pagai<br>• 22% of total HH in 3 hamlets have had access to individual household latrines (improved by 11%)<br>• 37% of total HH in 3 hamlets have gained their ODF (Open Defecation Free) status (improved by 27%)<br>• The community has improved their level of knowledge related to appropriate hygienic practice, to 11% at a high level and to 89% at a very high level. Before the intervention, their levels of knowledge were 61% moderate, 33% high level and 3% very high level. |
| To significantly reduce the number of diarrhea cases in children u5 | During the end-line survey, 1 indicator could not be included in the measurements since there was no reliable source of data can be used or collected, which was the morbidity rate of diarrhea case in children. The local Health Centre has no updated data related to this subject. | |

The HPP component was undertaken by the SurfAid team in South Sipora (Phase 2) and by IBU Foundation, as implementing partner, in South Pagai (Phase 3).

Activities under HPP component undertaken by SurfAid Team:

1. Training of SAI staff
2. Coordination with stakeholders in 11 hamlets
3. Early-End assessment
4. Training for stakeholders and natural leaders
5. Social marketing in schools and hamlets about hand washing

Activities under HPP component undertaken by IBU Foundation:

1. Baseline Survey
2. Community-Led Total Sanitation Training for Local Facilitators
3. Community action plan
4. Promoting hygiene through children activities and community event
    a. Program dissemination and local facilitator recruitment
    b. Facilitating CLTS (triggering phase)
    c. De-worming activities for children
    d. Children hand washing education
5. Monitoring and Evaluation

### 2.2.7. Emergency Preparedness (E-Prep):

*Purpose: To raise awareness of natural disasters and assist communities to develop appropriate disaster risk management plans*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| Assessment of current DRR knowledge and practice as the baseline data | Assessment conducted, baseline data revealed the communities knowledge, awareness and behavior rates are 61%, 50% and 41% | The awareness on disasters and the emergency preparedness in community and schools has improved. |
| Deliver information and knowledge sharing of DRR | Every hamlet established the structure of Disaster Management Team and understands their function. | |
| Develop DRR skills of communities through mentoring and training | DM Team trained on DRR skills and they assisted community to do PDRA (Participatory Disaster Risk Analysis), create village evacuation map and construct evacuation route sign. | |
| Implement school-based DRR activities by improving skills and confidence of teachers and students | Teachers trained on mainstreaming DRR into curriculum. Students in 8 schools assisted to create school-based evacuation map and drill. | |
| End line survey implementation and reporting | The community knowledge on E-Prep has increased by 19.11%, the awareness has increased by 37,88% and the behavior has increased by 45.80%. | |

Activities under E-Prep component:

1. Assessment and baseline survey.
   The observation of the village location and the current situation in regards to disaster awareness was conducted in the initial process of this component. A KAP survey was conducted as the baseline data from the sample group, to understand the level of knowledge. It showed that the community knowledge on E-Prep was 61%, the awareness was 50% and the behaviour was 41%.
2. Community engagement
   This component then communicated with the village leaders and obtained their inputs about the project. A presentation about disasters, specifically earthquake and tsunami as the most relevant to Mentawai conditions, was also provided.
3. Cinema road show and social promotion
   A travelling cinema was conducted using a movie about DRR, and was followed by DRR discussion with community members who attended. At the same time, to improve the awareness of the community members, village information media materials such as leaflets and posters were distributed.
4. Facilitate community to have a village-based DRR Plan
   A Disaster Management Team (DM team) was formed in each community, and was trained by the SurfAid staffs as part of the engagement process. Training for the DM Team on PDRA tools such as mapping, HVCA, and first Aid skills was also conducted, together with PDRA (Participatory Disaster Risk Assessment) activity, to ensure communities were aware of the village resources and the risks. Subsequently, communities developed village risks and evacuation maps, and contingency planning, as well as DRR Planning, was implemented.
5. Facilitate teachers and students to have school-based DRR Plan
   Training was conducted to teachers and PTAs regarding the concept of Disaster Prepared Schools. The training outlined curriculum components that can be implemented in schools. Training students about disaster preparedness, and conduct earthquake and tsunami drills at the schools, were also implemented as part of the training for the teachers. To improve students' awareness on emergency, puppet shows, movies of DRR and other interactive activities were undertaken.
6. Monitoring and Evaluation
   Regular monitoring of monthly/quarterly reports, regular visits and end line surveys were conducted to assess the implementation of activities and the improvement of DRR skills in the communities following program implementation. Discussion with community at end of the project was also conducted to ensure their input of the community was received, and to understand their main areas of concern for future programs.

### 2.2.8. Mother and Child Health/Nutrition (MCH):

*Purpose: To reduce the incidence of malnutrition in children under five in affected communities*

| Strategic Objectives | Key Outputs | Key Outcomes |
|---|---|---|
| Assess community nutritional status | A baseline survey was conducted and showed that the acute malnutrition incidence rate is 28.7% | Malnutrition rates have slightly decreased by 8% (based on WAZ) while slightly increased by 4% (based on HAZ). These changes may not be significant. |
| Increase of knowledge about healthy food | 27 Posyandu Kaders were trained on nutrition health messages and these messages were directly delivered to families in each hamlet. | |
| Improve nutritional status of under 5's and pregnant women | 178 families received seeds to start vegetable gardens and 73% of families successfully planted the seeds. | |

Activities under MCH component:

1. Program socialization to village leaders
2. Program socialization to wider village members
3. Begin screening and 24-hours food recall (baseline)
4. Training for Kaders 1
5. Training for Kaders 2
6. Training results and information dissemination to communities
7. Creating family nutrition gardens
8. Monthly meetings with Kaders
9. Assistance and monitoring
10. Nutrition status monitoring
11. Endiscreening and 24-hours food recall (end line)

## 2.3. Cross-cutting outcomes on Gender, Human Right and Environment

*Gender:*

From a gender perspective, the participation from the community was reflected in the design of the program. "Hardware" programs such as distribution during the emergency response, T-Shelter, clean water and latrines on the HPP project were mostly participated in by men. "Software" program such as HPP for hand washing promotion, P4B and MCH were mostly participated in by women. PSS primarily targets children directly, and participation of boys and girls was equal. However, as this component engaged children, parents participated to observe the direct benefits of the program. As a result, the parents also began to participate in, and benefit from, the project components. This parental representation was overwhelmingly from the mothers of the children. E-Prep targeted all community members, the selection of community representatives for disaster planning groups, and other formal groups, was not gender biased, and there was generally equal representation of women and men. The schools component, and the participation of students in hand washing activities (HPP), school-based evacuation maps and evacuation drills (E-Prep) were equal for boys and girls. SurfAid also tried to gather the data of beneficiaries of each area in a pattern of gender differentiation.

*Human right:*

SurfAid provided a timely response to the victims by dispatching a boat with relief items within 24 hours of the tsunami striking Mentawai Island, despite difficult and dangerous challenges. Through both emergency response and recovery program,s SurfAid provided people in Mentawai with their health rights, such as access to the supply of safe food, temporary shelter, clean water, sanitation, nutrition and health-related education. At the same time, SurfAid supported communities who remained living in the coastal areas, through the provision of emergency preparedness knowledge to help their resilience, and help them understand the risks of remaining living in these prone areas.

*Environment*:

The project components with the greatest potential effect on the local environment were Temporary Shelter, Clean Water and CLTS. In the affected communities in Sipora, local community members built their own houses, with technical assistance from SurfAid. SAI also played a key role in advising the most appropriate relocation sites, and in designing houses that were earthquake

resistant, but respectful of local customs and practices. This component was highly successful, with a 100% completion rate during the project, and an outstanding level of satisfaction noted by the communities. The building of houses was supported by training in the location, building and use of latrines. There was also a significant water supply component, undertaken either by SurfAid (alone) or in collaboration with Mercy Corps. It is not anticipated there will be any negative long-term effects from this project component. In South Pagai, where the relocated communities set up, there have been some issues of sanitation and garbage. As part of the Clean Water component of the Emergency Recovery project, SurfAid's implementing partner (arche-noVa) trained communities in how to dig and use garbage pits. They also implemented a modified version of CLTS in these communities, encouraging the building and use of latrines. As a consequence of a relatively short (but intense) intervention, one community successfully gained ODF status. The long-term effects of the tsunami, and the associated recovery programs, on the environment of the Mentawai Islands are unknown, and it will be several years before any reliable data can be collected. In the meantime SurfAid will continue to design and implement projects which are sensitive to the local environment.

## 2.4. Program Impact

The beneficiaries, especially those who live in remote areas where government support is limited, value the assistance that SurfAid has provided, and are thankful to receive this support from SAI and other NGOs. For more detailed findings on impacts, please refer to program evaluation report (annex 4).

## 2.5. Emerging Risks

**Table 2. Risk Management Analysis**

| Emerging Risks | Steps taken to mitigate risk | Evaluation of mitigation strategies |
|---|---|---|
| Coastal communities spontaneously relocated permanently to new areas during the implementation of the early phases of the program | Program plans and activities, originally intended for delivery in coastal areas, and were quickly modified to accommodate the rapidly changing needs of the communities as they relocated inland, away from their community structures and means for livelihoods. | Relocated communities are now safer, at least from the threat of tsunamis. There were issues related to their relocation, specifically the lack of facilities in their relocation sites, and the (short-term) threat of disease etc from these poor facilities. |
| Reliable fuel supplies in the Mentawai Islands | Field staff traveled by local ferry, when available, in order to reach target communities. In addition to this, and in response to the urgency of activity implementation, fuel was purchased privately (albeit at an exorbitant price) from local suppliers. | The fuel situation has never been properly addressed. It is now less of an issue because of the reduced number of organizations who are active in Mentawai, which has reduced demand. If international organizations return to Mentawai, and have substantial programs, the problems with fuel will probably resurface. |

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| Acting as coordinating body between international NGOs and local government, especially in South Pagai and especially in the areas of WASH and community health | A second field office was established in Sikakap, the space was used for coordination and update meetings between SurfAid, local government and NGOs<br>A Liaison Coordinator, based in SurfAid office in Sikakap, was hired to provide additional support and enable better working relationships between SurfAid, local and provincial government and other NGOs. | SurfAid's liaison role was relatively successful, as evidenced by feedback from other organizations whe were active in Mentawai at the time. Since the end of this project, the Liaison Coordination role has been withdrawn from SurfAid. |
| Lack of strategic plans by local Mentawai government that had been well socialised or well communicated to communities and NGOs | Where possible SurfAid engaged local government and assisted them in developing strategies. SurfAid also aligned it's activities in Phase II and III to support the objectives of the Action Plan for Rehabilitation and Reconstruction Mentawai – Build Back Safer 2011-2013 by BNPB and Bappenas (January 2011). | Under extremely difficult circumstances, SurfAid made a reasonably good job of engaging with, and collaborating with, local government representatives. In some instance there was no collaboration, due to the reticence of the government staff, and not because of any loss of prioritization from SurfAid. |
| Internal capacity of partner NGOs to deliver multi-faceted projects | SurfAid increased the capacity of local partners, YRSM, as well as international partners, arche noVa, through the provision of technical, financial and ongoing management training and support to their field staff. | Working with, and building the capacity in, YRSM proved to be a major challenge. Hopefully the organisation will be able to build on this collaboration, and become the key partner organization in Mentawai for other international and local organisations who might become active there. SurfAid may also engage with YRSM in future projects in Mentawai. |

## 2.6. Lessons Learned

| Table 3. Lessons Learned | |
|---|---|
| **Discussion on Lessons** | **Observations and recommendations** |
| Local government capacity is limited and works on a strong top-down philosophy. | Further government capacity building is critical for the sustainability of any long-term solutions. Within the Health sector, the greatest capacity building need exists at the local (sub-district) level of government. In order to effect this capacity building properly, it is necessary to establish a wider target group for government engagement which includes provincial and national government |

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| | representatives.<br><br>All components of future programs of this type (i.e. emergency) must incorporate strong collaboration with, and support for, local government recovery plans as they evolve following a natural disaster. Emergency response and recovery program objectives should also demonstrate a clear and direct link to the guidelines for post-disaster reconstruction and rehabilitation put forward by the National Disaster Management Agency (BNPB) and their local counterparts (BPBD). |
| Rapid assessment method | To use common standard rapid assessment tools and to implement assessments in collaboration with other NGOs/government, to ensure a wider coverage for shared data, and to provide a holistic picture of the current situation and the needs of affected communities. |
| A large number of target communities and wide scope of program activities (i.e working across multiple sectors) may reduce the overall impact of a long-term emergency recovery program | There are advantages to this approach including the ability to cover gaps left by local government and other local and international NGOs (eg in clean water and sanitation). Also, a larger number or beneficiaries were able to receive assistance. However, by attempting to work across multiple sectors to address all the needs of a large target population, the long-term impact on the communities was diluted. It would be appropriate for both SurfAid and the government donor (i.e. MFAT, AusAID, etc) to develop a policy position prior to the next disaster to determine if longer-term emergency recovery programs should focus on a small number of communities and attempt to provide a holistic program, or whether assistance should be provided across largeer geographic areas and sectors. |
| Strong monitoring and evaluation practices are integral to program design and implementation. | Due to the nature of this type of program, an M&E framework was not in place prior to activities being implemented. However, we were able to utilize components of the CBHP II M&E framework (Nias) as well as M&E activities undertaken in previous Mentawai programs to develop a 'working' framework for this short program. It was difficult to ensure that the program components (especially the recovery component) were measurable, especially oi terms of the impact. Some components conducted baseline and end line surveys (T-Shelter, P4B, PSS, HPP IBU Foundation). Given that this is the fourth major natural diaster to which SurfAid has responded in this region, and will most likely not be the last, it is reasonable for SurfAid to consider developing a basic M&E framework tailored specifically for an Emergency Response & Recovery program in the Mentawai Islands. Also, SurfAid will continue to work with the Mentawai communities to develop a more robust health information system (HIS) supported through Posyandu services. |
| The isolation of the islands affects the ease and cost of | During the Emergency Response and Recovery Program SurfAid experienced multiple delays to activity implementation as a result of |

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| communications, access and every activity undertaken in every project. | dangerous ocean storms immediately following the tsunami, chronic local fuel shortages, a rapidly changing field context as communities spontaneously relocated away from their original areas, heavy tropical rains causing limited access to target communities, lack of capacity in partnering organisations, etc. Successful implementation of programs requires management of complex logistics and contingency planning for delays in program delivery, and for the increased costs associated with these delays. Any delays or changes to program implementation should be communicated directly to the program donor and mitigation strategies agreed upon by both parties. |
| Internal capacity for Emergency Readiness is at an acceptable level but can and should be improved | Following the West Sumatra Emergency Recovery program in 2009, SurfAid developed a basic manual for internal use, which outlined the steps to be taken by the organization (as a whole) during the immediate response period, as well as during the subsequent early recovery phase. This manual was intended to assist Senior Management to effectively and efficiently develop an organizational response to future emergency situations.<br><br>Currently, the Program Manager for the Emergency Preparedness program is developing an Emergency Preparedness and Response packet to be used internally by SurfAid staff in order to mitigate the impact of future emergencies on operations and staff safety. Once completed, this document will be socialized to all SurfAid staff and a copy will be available online for staff to download and review.<br>These two documents, combined, will increase the internal capacity of SurfAid staff in the area of Emergency Readiness and should be updated regularly, and especially following any future emergencies. |

## 2.7. Sustainability

Due to the short duration of the program, sustainability of the activities was not guaranteed. However, within timeframe available, SurfAid encouraged each of the activities of the project to address sustainability:

- T-Shelter project: besides the construction, the project was implemented through a participatory approach which involved the community in building their own home, monitored by technical engineering to supervise the quality of the construction.
- CWP project: SAI mobilized the community to implement self-supervision and maintain the water construction (eg the spiral pumps in South Pagai). This effort is considered cost effective and user-friendly and it is likely the community will continue to use facilities after SAI activities have ended.
- PSS project: support groups and teachers have been trained and, together with the SAI team, have learned structured play therapy to assist community's effective coping strategies. One balai dusun (child-friendly space) was built to ensure children had a r safe place in which to get together.

- HPP project: SAI supported the existence of local facilitators and natural leaders for hygiene promotion and CLTS. Inclusion of hygiene related aspects in to hamlet's regulation and development plan was identified in 2 hamlets.
- E-Prep project: A Disaster Management Team has been established in all 22 hamlets which will play an important role in the implementation of their individual DRR plans. In the bigger picture, the project design, and the establishment of DM teams, has been captured by government and will be a pilot model for their own E-Prep program at the district level.
- P4B and MCH project: Posyandu kaders have been trained during these 2 projects, and there are viable nutrition gardens for every participating family. In the long-term, nutrition, community health and health issues relating to mothers and children will be included in two SurfAid projects due to commence in Mentawai in April 2012 (in Siban and South Pagai). Funding will principally come from the New Zealand Aid Programme.

**FURTHER ANNEXES/ATTACHMENTS:**

1. Rapid Assessment and situation reports
2. Map of activities
3. Detailed working areas
4. Final Evaluation Report (English version report to be submitted)
5. Financial Report
6. Success stories

## 3.0. DECLARATION

I declare:

- This report is complete and accurate
- The funds allocated to the Program were used in accordance with Agreement No. 57468 and the Program proposal approved by AusAID.

Andrew Judge
Signature: 
Position in NGO: Chief Executive Officer (CEO), SurfAid International
Date: 3 February 2012