



# DISPLACEMENT TRACKING MATRIX (DTM) EARTHQUAKE IN LOMBOK 2018

NARRATIVE REPORT DTM ROUND II  
7 NOVEMBER 2018



## Highlights

Hundred of integrated T-Shelter, a temporary house for IDPs, built by State-Owned Enterprise (BUMN)  
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- The first round of DTM has identified 432,015 IDPs (130,492 HH), 54% female and 46% male, living in 2,700 displacement sites with the smallest number of people displaced and living in the sites are 16 people or 4 HHs.
- A month later, through 2<sup>nd</sup> round of DTM conducted in 19-23 Oct, the number of displaced person are decreasing to 124,144 people (37,532 HH) living in 1,055 displacement sites. Where 66 sites were established after 16 September 2018.
- People whose house were not damaged have returned to their houses while others either living in displacement sites or living in separate transitional shelter built by themselves or provided by several entities such as NGO and private sector.

## Situation Overview

Almost 2 months after the last series of above 6 Richter Scale earthquake hit the Island of Lombok and Sumbawa, people whose houses were damaged or who were *alert* with the impact of earthquake still live collectively in several displacement sites identified in 1<sup>st</sup> round of [DTM](#) site assessment. For people whose land already cleared from rubble and debris, they have started building and living in their own shelter regardless of whether or not they received any support from government, state-owned enterprises (BUMN), private sectors, NGOs, religious entity. Unfortunately, there has been no comprehensive record on the number of IDPs living in displacement sites and their mobility when they were no longer stays in their displacement sites as what has been outlined in the result of the 1<sup>st</sup> round of [DTM](#) site assessment. This condition led the coordinator of Displacement and Protection cluster, in collaboration with local universities in Lombok and Sumbawa, decided to roll out the 2<sup>nd</sup> round of DTM site assessment in Lombok and Sumbawa with technical support of IOM Indonesia.

Based on the finding, the number of displacement sites assessed in the 1<sup>st</sup> round have decreased from 2,700 to 989 (1,691 sites were closed and 21 sites were still used but the number of IDPs living in that sites was less than 16 people and 4 person) but 66 sites apart from aforementioned numbers were established after 16 September 2018 and were not assessed in the 1<sup>st</sup> round. The number of population displaced also decreased from 432,015 to 124,144 people with various reasons of return. The type of the displacement sites were dominated by spontaneous sites (802 sites) without proper planning to be utilized and became place of displacement with 90,367 people. 792 sites were majority layouted by tarpauline tents and there were no single sites reported to have no food stock/support in this reporting periods.

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## Sectors Finding



### IDPs Mobility

Out of total 2,700 displacement sites that were assessed in the first round of DTM, there were **1,691 sites are not active anymore**, 988 are still open and 21 sites are still open but the number of people and HH live in those 21 sites have not reached the minimum analysis unit of DTM (less than 16 person and less than 4 HH). 66 new sites (established after 16 September) were found in this round where its establishment was influenced by various factors such as big sites were splitted into smaller due to the inequality of relief distribution, evicted by the owner of the land, and consolidation of several sites to one bigger site. Out of the total number of 1054 sites, there were **802 spontaneous sites with** recorded 90,367 IDPs, with 26,211 IDPs living in **186 planned sites**, while **31 out of 66 new sites** (with total 2,851 IDPs) are categorized as planned sites. In the second round of DTM, the survey also encompassed factors that encouraged IDPs to return. By comparing the same sites, 58,278 IDPs in 419 locations have returned because of the needs to secure their homes. The number of mentioned sites was increased by 27 locations in the 2nd round compare to the 1st round. In the first round, **79 sites with 16,566 people have returned** due to their habitable premises and this number has increased to 169 sites on the 2nd round. However, with the same encouraging factor of return, the number of people living in those 169 sites are less than people living in 79 sites in the first round. The other interesting encouraging factor is the acceptance of shelter assistance (in the form of NFI or T-Shelter itself) that makes them willing to move from displacement sites to their own land/yard.



One of the crowded displacement sites in Tanjung, North Lombok  
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To provide a comprehensive picture, DTM captured discouraging return factors as well. Combination between damaged houses and fear of upcoming disaster as the impact of the quake were still the main discouraged factors of return in the 1st and 2nd round of DTM. The fear of upcoming earthquakes combined with the unsafe premises to live in, moreover with the occurrence of aftershocks that will potentially destroy their current moderate damage d houses,

have made them feel unsafe to come back and prefer to stay at the displacement sites.



### Shelter and Camp Management

The majority type of shelter has still dominated by tent (tarpaulin and manufactured tent) with small number



Complex of shelter which was rebuilt by tarpaulin  
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of **different findings** compare to the first round. There were **no** people found having and staying in **t-shelter in the first round** while **in the second round 80 displacement sites** are layouted by **t-shelter**. Most of the t-shelter were independently built by the IDPs by using raw materials that left from their houses, while NGOs-BUMN and private sectors are the second provider for t-shelter. T-Shelter itself can be built in a separate location, communal in IDPs land or in proper determined location. For the **new established displacement sites**, the number of t-shelter layouted sites also relatively high even though the **highest number of shelter type was tent** (tarpaulin and manufactured tent). In all sites layouted with t-shelter, people expressed **their various reasons in having t-shelter** and majority reasons are because they **need something saver and stronger than tent**.

The number of sites that have site committee went up in the second round compare to the first round. Established camp committee structure is built on the assumption that daily management of camps and IDPs' activities are needed in displacement sites.

The improvement of having camp committee unfortunately was not copied by the newly developed displacement sites that were established after 16 September. It can be seen from the number of sites with no site committee is higher than number of sites with site committee. The main factor behind this situation is because majority of newly built sites are the fraction of previously established sites that have not formed the committee yet. Nevertheless, the total number of **displacement sites that have no committee structures** have reached **492 sites** (47 are new established sites).

## Sectors Finding



### Food and Nutrition

In the second round of DTM, **447 sites with normal food consumption** pattern were recorded where they have no concern of fulfilling the needs of food for household level in a very short period of time. **286 sites having food stock for 2-4 weeks** but they don't limit their food consumption. **244**



International tourist are volunteering their self in cooking for displaced population activities organized by cluster member  
© Klasnas PP 2018

sites reported that their household food stock are quickly run out and started to limit their food consumption even though they still have stock for the upcoming weeks. Moreover, **77 sites mentioned they have no food stock**, leading to a high anxiety and adults in this sites started to skip their meals.

Although the IDPs are concerned about their food stock, there was **no camp indicated they have no stable food sources**. It means whenever they run out their food stock, people in the displacement sites **have alternative solutions to address the scarcity of the food**. One of the options captured in this reporting periods was buying food from local market (with their own or borrowed money) because they could not rely on food distribution like what was reported in the first round.

The amount of daily food consumption of IDPs in **676 displacement sites** has changed while the rest of sites have remained the same as indicated in the first assessment. Compared to the first round of assessment, IDPs in 646 sites consumed less food while in 30 sites consumed more food. The increasing amount in 30 sites was due to site locations which are mostly in the urban/densely populated areas where food options are numerous unlike in rural areas.

Regarding the meal and supplement for children, there were **699 displacement sites with no access to special meal for infants**, **757 displacement sites were unavailable to provide special meals for children** and **formulated milk** for infants and children **have been distributed in 357 displacement sites** during this reporting period. The situation was compounded with the absence of breastfeeding counselors in 118 out of 540 displacement sites which received formulated milk distribution.

Moreover, there are **no single sites mentioned** that people **have not received food assistance** during displacement periods.



### Non Food Items

Besides addressing identified gaps, all DM actors should prioritize the pre-positioning of NFIs for distribution in the event of mass displacement. According to the second DTM assessment by IOM across 1,054 sites in NTB, the result has recorded that **tarpaulins are the highest primary needs for 575 sites** (increased from the 1st round where it was the primary needs for 439 sites) and blankets are on the second primary needs which were found in 479 sites (significantly increased from 89 sites in 1st round). Based on identified needs, the following items such as cooking stoves, mats, kitchen utensils, tents, beds, mosquito nets, and equipment are believed to be key needs for IDPs in all sites.

Government, individual/private sector, NGOs and other humanitarian partners have so far provided limited assistance to IDPs, which is partly due to the valuable coping mechanism initially adopted by IDPs. Among the assessed sites in this reporting periods, the DTM documented that out of 1,054 there



Various type of NFI distributed by Santri Siaga Bencana (Santana)  
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were 42,5% sites have received blankets, 32% sites have received cloths, 25% sites have received mats, 23% sites have received cooking stoves and 15% received tents. Since the first round of DTM that was concluded on 16 September 2018, the Gol is still the biggest service provider (29%) followed by individual/private (22%), local NGO (16%), and national NGO (11%). Moreover, as part of assistance methods, cash transfer initiative should be considered for IDPs since the result indicated that 76,40% of the assessed population preferred cash transfer while 23,13% preferred goods and only 0,38% opted the phone voucher. The latest result also recorded there were **271 sites without NFI assistance** since the first round was commenced, which can be **perceived as alarming sign of coordinated and improved response** from concerned actors in emergency in NTB.

## Sectors Finding



### Water, Sanitation and Hygiene

A month after the information of DTM round 1 was released, and apart from decreasing number of IDPs, there are significant water supply and services that reduced the scarcity of water for displaced population. The **unavailability of permanent drinking water source** was only found in **8 displacement sites** which **inhabited by 630 people**. The utilization of water well, as one of the drinking water sources for IDPs, has increased by 80 sites from total number of 360 assessed sites in the 1<sup>st</sup> round while the utilization of water tap installed by Sub-National drinking water company (PDAM) has also increased. The number of **dependency** of IDPs in utilization of **bottled water stayed the same**. When it comes to non drinking water sources, **water well** (installed with or without water pump) **and water trucking** (especially delivered by Indonesian Red Cross/PMI and PDAM) were the two most



Toilet for Male and Female are located on the same spot  
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common water sources for IDPs.

Toilets were **not available** in **316 displacement sites** where 30,647 IDPs need to find a place as their temporary toilet. Through the 1<sup>st</sup> round of assessment, **526 displacement sites** proved to have toilets in the site areas. **Improvement of toilet condition has increased** in **178 sites** out of total 360 assessed sites in the 1<sup>st</sup> round. The **lighting** in the toilets was also **improved** by 148 from total 408 assessed sites in the first round. Unfortunately, the separation of men and women toilet became a major concern because the **number of unseparated toilet has increased** even though the number of toilet facilities were higher in this reporting periods compared to the 1<sup>st</sup> round. The **increasing** number of **toilet** and efforts on **hygiene promotion** have contributed to a significant impact on **reducing** the number of **open defecation** potency and its occurrences from 306 sites in the 1<sup>st</sup> round to 252 sites in the 2<sup>nd</sup> round. The **campaign** of **hand wash** also seemed successful because it successfully changed the hand wash habit of displaced people where there were no occurrence of **no hand washing** was only found in 7% of total assessed sites. **No waste disposal system** in **160 assessed sites** in the second round (even though it has decreased from 185 sites found in the 1<sup>st</sup> round ) that need to be addressed and so do with **14 newly established sites**.



### Health

Malaria outbreak has been declared as an extraordinary event in West Lombok in September 2018 because more than 128 cases of malaria was recorded in West Lombok regency alone ([asianews, 2018](http://asianews.com)). In line with these cases, there are **22,900 IDPs frightened by malaria** since in **171 sites** where they live (which is 19 among them are newly established sites) have been affected by malaria. The endemic areas could be larger than now as well as the impact of the disease because in **84 sites** -including in 6 new sites- **have no access to healthcare** facilities. 9 sites out of 84 were recorded to have malaria cases before the 2<sup>nd</sup> round of assessment.

Furthermore, diarrhea is still the main health problem to IDPs despite the fact that the number of sites with diarrhea was mentioned as the primary health problem has decreased from 416 in 1<sup>st</sup> round to 363 in 2<sup>nd</sup> round. Respiration problem (including tuberculosis) is the second majority of health problem mentioned by IDPs. The number of displacement sites that mentioned respiratory **problems** as their primary health problem have increased from 91 to 113. Besides the **change of weather, ash and dust of rubble removal** are factors that also contributed to worsen the respiration of the displaced people.



Emergency health center in North Lombok district build in front of North Lombok Public Hospital (Googel picture 2018)

In this reporting period, the number of displacement sites that have **access to psychosocial** support have increased by 71 (from total 261 in the first round), however there are **630 sites** clearly mentioned **have no access to psychosocial support**. 27 out of 66 new sites also mentioned to have an access to psychosocial support. **The access to maternity care** for pregnant women has **increased by 221 sites** where the first round of DTM identified 483 sites that had access to maternity care are still active up to the 2<sup>nd</sup> round of assessment.

Among the health service providers working inside or outside the displacement sites, **the government was the primary health provider** for **912 sites**, while **non government organizations** were primary healthcare provider in **42 sites**.

## Sectors Finding



### Education and Livelihood

Data collected on education includes the proportion of access to formal and informal education, access to early education, and availability of teacher in the or nearby location of displacement sites. On formal education, the number of sites **having access to formal education system is 971 sites or increased by 60 sites** compare to 1st round of DTM. The available accesses are mostly out of the camp (education center located more than 1 km from the sites) where it is only **14% of education center located in or nearby the displacement sites** (located in less than 1 km from the sites). The access to informal



education for children in earthquake affected area is in tarpaulined school building (Klasnas PP 2018)

education system also increased from 663 to 680 sites having access to informal education system. The increase of access to informal education was dominated by the education center located outside of the displacement sites while **the existence of informal education access in the or nearby the displacement sites has decreased**. This condition was **inline with the decreasing number of education assistance that are delivered in the displacement sites**.

For the newly established displacement sites, only people in 1 site have no access to formal education center and people with no access to informal education system were found in 19 sites.

On the livelihood sector, the **average number of household having regular income is 18%** from total 37,551 HH. The main jobs for IDPs are various where there are two main occupancy dominated. **Agriculture** (farming, husbandry and fishing) is the first livelihood sector for majority of IDPs in 520 sites, increased by 26 from the first assessment. Agriculture is also the main livelihood sector for 33 newly established sites. Occupancy as daily worker also increased for majority of displaced person in 315 sites, or increased by 82 sites compare to the 1st round of assessment. The number of people having job has increased and it is inline with the increasing number of job offer which was found in 943 by this reporting periods. The increasing also affected by the increasing access to agriculture area which was found in 943 sites in this reporting period.



### Protection

During the second round of survey, at an overall level, the graphic has shown that **82% of sites perceived the situation safe without main security problems despite 5%**



Child birth rate during emergency period was high © Klasnas PP 2018

tensions among IDPs and 3,79% of sites had conflict between the IDPs and host communities. Furthermore, 42% of sites utilized IDPs as security provider.

Sets of survey questions were formulated to accommodate safety and security on women and children. Compared to data collected in the previous round of DTM, the percentage of all assessed sites where **women feel safe went up to 97,53%**. The assessment also highlighted that **80,09% of all sites have close and accessible access to clean water for women and children**. Additionally, **1,23% of all sites indicated others as unsafe place for women apart from bathroom and toilet**, that needs further assessment. Accessibility of toilet for women and children remains an important concern in the IDPs management, it highlighted **80,85% of all sites have close and accessible toilet for women and children**. Regarding hygiene kits, **64% of all sites claimed that aforesaid kits are available for women** while during the first round of DTM it was only around 48%. Another indicator applied during the assessment was the offer from external parties to move to a better place. **94,59% of sites reported there was no offer to move to a better place**. At the same time, the recent data shows that **97,91% of children across all site type feel as there was no offer to move to a better place**.

When it comes to safe space, the latest data has outlined that there were **575 safe space for children and 623 safe space for women**. While 61% of all sites reported that minority group received assistance, there were **254 sites indicated there was discrimination to minor group**. The importance of personal identity was captured where **96,59% of all sites have IDPs with available personal identity (ID)** that will ease the assistance distribution during the rehabilitation phase.

GBV is acknowledged as a significant problem especially in IDPs' sites. Therefore, under the protection section, investigating local understanding and awareness on such violence is crucial to

## Sectors Finding

developing preventive and responsive interventions to address this issue. The survey revealed that **76% of all assessed sites have understanding on GBV referral mechanism** and **89% were able to indicate various stakeholders to whom they should report in case of the occurrence of GBV.**

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Data collection and processing is a **result of collaboration** between :

