

# Emergency Food Needs Assessment

- Post Earthquake -

Simeulue Island  
Aceh Province

## FINAL REPORT



WFP

Supported by:  
Care International  
Pusko Peduli Simeulue



May 2005

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## **Emergency Food Needs Assessment (EFNA) – Simeuleu Island**

### **Executive Summary**

In response to the March 28 earthquake affecting the islands of Nias and Simeulue most heavily, WFP conducted Emergency Food Needs Assessments (EFNA) on both island. On Simeulue island, a district of Aceh Province, the assessment was conducted in co-operation with Care International and Pusko Peduli Simeulue covering 126 villages in 7 out of 8 sub-districts to collect socio-economic village information, and 18 randomly selected villages and 180 households for in-depth assessment on the magnitude of destruction of livelihood, the food security situation and the immediate as well as long term food needs. Simeulue island, was one the Districts in Aceh Province, most heavily affected by the Tsunami, since 93% of the population was living along the coastline. The earthquake on March 28 basically hit all districts on the island, while the death toll was relatively low, compared to Tsunami hit areas, the destruction of livelihood was enormous and widely scattered. More information on the background is presented in Chapter 2 of the present report.

The pre-disaster situation is important to consider for the design of recovery assistance, as it expresses a population's resilience to shocks and disasters. Simeulue island has the highest rate of acute malnutrition throughout Aceh Province (16.8%) and among the highest throughout Indonesia, and the second highest prevalence of acute malnutrition at the same time (44% stunting). Malnutrition among women is second highest throughout the province (15.6%). Micro-nutrient deficiencies for children and mothers is among the highest as well (iron deficiency 70% for children and 42% among women). Infant mortality ranks at 60 out of 1,000 children born a life. Pre-disaster, 64% of the income is spend for food. Water and sanitation is worrisome before the disaster, more than three quarters of the population does not have toilets, resulting in a high prevalence of infectious diseases. The results show that malnutrition rates were not a result of the disaster, but more likely a result of long term and chronic food and nutrition insecurity, requiring a special attention within the design of recovery activities. Details on the nutrition and health situation post-tsunami but pre-earthquake are presented in Chapter 2 of the present report.

The impact on social and private infrastructure was disastrous. Only 1% of the school buildings and 14% of the health posts remained without damage. Out of the total number of 15,219 houses only 6% remained without damages, while two thirds of the concrete building and about half of the wooden houses are totally damaged. Till early May 2005, 74% of the population was still living in tents at their premise or in temporary shelters, and 3% were living with host families. Number of potentially vulnerable people is very high, 12% of the households are female headed, an adolescent headed households count for 4% of total, 784 people are disabled and 840 children are separated or are orphans, which is three time higher than throughout Aceh Province. More than half of the population are farmers, one fifth are fishermen, 8% are traders and 11% follow a regular employment. One quarter of the households lost their source of income and the current income was said to be 31% of the pre-disaster situation (503,000 Rps pre-disaster, and 156,000Rps post disaster). The magnitude of the impact differed by sectors and by sub-district and was worse on the fishery sector and casual laborers. Income from livestock plays an important role in household's resilience to shock and as a safety net in times of stress. About half of the households raised livestock, and up to 30% of them lost heir livestock, showing enormous geographical differences. Two thirds of the population were keeping rice stocks, and about one

third of them lost their entire stock. Current reserves within the households are minimal and are estimated to last for another 4 to 10 days. The population heavily depends on food aid.

The Tsunami damaged some parts of the rice fields, mainly along the west coast. A large area of paddy fields was not directly affected by Tsunami and/or earthquake, but brought much lower yields (only 25% to 75% of a normal harvest). The fertilizer supply broke down due to various reasons. After the earthquake, road network and markets collapsed and are now recovering slowly in areas nearby or areas close to the central town, Sinabang. The average distances to food markets was as much as 13km, while small shops selling basic household goods were functioning at village level. Throughout the island, about 50% to 60% indicated an equal availability of the products, due to the immediate food assistance provides as a response to the earthquake. Food prices, with the exception of rice, are still higher compared to the same season last year, and productive items (agricultural tools, fishery tools, etc. are either not available or still very expensive.

At the time the assessment took place, the first round of post-earthquake food assistance had been provided by WFP through Care International for the sub-districts of Alafan, Simeulue Barat, Teupah Selatan, Teupah Barat, Simeulue Timur. The Government through Satlak provided food to the three sub-districts of Simeulue Tengah, Salang, Teluk Dalam.

Still, in average about one fifth of the households had only two instead of three meals. However, no family was found having less than two meals. Results are similar to the results of the post tsunami nutrition surveillance system (19% only 2 meals). While the immediate food aid response was able to prevent people from going hungry on one hand, the variety of food being consumed, the quality, shows short-comings, as 40% of the households did not consume any animal products, 80% did not have any legumes, but only 16% did not have any vegetables and 12% no oil or fats. Almost half of the families were classified as having a 'very poor diet', mainly lacking variety and fresh foods. One the other hand, results still show a much batter pattern than the post tsunami ENA. The sources of food differed by item, 80% of the rice derived from food aid, 70% of the animal foods consumed derived from local markets.

Villagers clearly expressed the need for a long term development support. However, as long as such assistance is not yet available, market prices are still higher, sources of income are not yet recovered, and as long as people still suffer from traumatization, food assistance is still being required. Details on the results, particularly regarding geographical differences are presented in Chapter 3 of the present report. The table below shows a summary of main indicators and respective maps are presented in the annex.

Table 1: Summary of main indicators presented by sub-districts

	No. of villages Studied (1)	Status of living IDPs	Loss of buildings	Income in % of pre-disaster	HH lost rice stocks	HH lost fishing tools	HH having very poor diet
Simeulue Timur	29	81%	50%	26%	47%	8%	45%
Simeulue Tengah	24	49%	48%	42%	60%	3%	63%
Simeulue Barat	12	100%	56%	20%	37%	25%	50%
Teupah Selatan	17	77%	42%	40%	29%	10%	15%
Salang	17	62%	38%	33%	19%	5%	45%
Teupah Barat	17	96%	77%	34%	49%	23%	53%
Teuluk Dalam	10	64%	46%	39%	1%	5%	85%
<b>Total</b>		<b>77%</b>	<b>51%</b>	<b>31%</b>	<b>36%</b>	<b>11%</b>	<b>51%</b>

HH = Households

(1) Number of villages by sub-district and number of villages studied.

The EFNA concludes that the consequences of the two disasters on people's livelihoods are tremendous and rehabilitation shows slow progress, partly due to the lack of organizations supporting the recovery process, and partly due to the enormous challenges to the local institutions on top of their limited capacities. Poor nutrition and food insecurity pre-disaster restricts population's resilience to shocks and limits their coping strategies.

Recommendations are provided in Chapter 5. The mission recommends the **continuation of General Food Distribution** to all those not having any permanent employment, hence any source of permanent income. This requires support till June 2005 to about 87% of the population, resulting in a total of 67,788 people in 14,846 households, including Alafan. WFP, in co-operation with Care International, should continue to provide the full food basket to some 50,000 beneficiaries in 5 sub-districts (400g rice, 50g fish and 20g fortified oil per person and day). While the population of 3 sub-districts covered by the Government should receive a complementary ration of fish (50g) and fortified vegetable oil (20g) to be provided by WFP.

For July and August food distribution should be more strictly targeted to IPDs and most deprived 'economic' groups in most affected sub-districts, such as **fishermen and daily labourer** (together 26% of total population) in Salang, Simeulue Tengah, Teupah Barat, Alafan, Simeulue Barat and Teuluk Dalam. Beyond August, camp populations who do not have any income opportunity would also require support (estimated to be about 10% of population, 7,250 people)).

To cover immediate food needs combined with long term investment in human resource development a twin track approach, food for work instead of GFD, is recommended were feasible. **Food for work schemes** could be the rehabilitation of agriculture production areas, social infrastructure (health posts, schools, feeder roads, sanitary facilities, possibly the rehabilitation of plantations and gardens). Food for Training in agriculture, livestock, fishery and health and nutrition may also provide opportunities. However, the availability of capable partners would be a pre-condition to its success.

Support to a **mother child nutrition programme (MCN)**, supporting all children 1 to 5 years old and all pregnant and lactating women in a blanket approach is highly required to prevent further deterioration of the nutritional status of most vulnerable population groups and to reduce malnutrition. To allow for an immediate start, its recommended to focus on Teupah Barat, Teupah Selatan and Simeulue Timur first: 2,974 children 1 to 5 years, 1,973 pregnant and lactating women (PLW), later expansion to all sub-districts: total 6,424 children 1 to 5 years, 3,750 PLW.

The start of a **school feeding programme (SFP)** is highly recommended to help children to return to school, and get back to some sort of normality as fast as possible. The start is foreseen in Teupah Barat and Teupah Selatan and Simeulue Timur in May, while the expansion to all other Districts could take place in July 2005 after the holidays (Start in May: 5955 students and teachers, requiring about 8.5 tons (remaining about 20 school days till holidays, after expansion in July a total of about 12,247 students and teachers requiring about 22 tons of biscuits monthly).

**Social programmes: Support to female and adolescent headed families with small children:** The district has in total 2,065 female headed families (12% of households) and 625 adolescent headed families (4% of households). As those populations are basically more vulnerable and are less resilient to shock, food support would help them to recover from the crisis. Where the need is identified and appropriate partners are available, food support would be recommended.

To overcome the devastation and to effectively reduce the dependency on food aid, and to support a long term and sustainable development, WFP may advocate and facilitate with partners for the **investment in the sector of income generation and food production sector**.

A **food and crop assessment** would highly be required to estimate and verify the foods needs, particularly for the groups of farmers.

**Government capacities** in Simeulue are very limited and local or national NGOs are not easily available. It is therefore extremely important to put efforts in finding a **competent partner for the implementation of food for work** and or other interventions.

WFP may has to explore possibilities to use own resources for investment into **Counterpart's Capacity building** (under SO5), particularly within the Health Sector. To synchronize effort and and to improve outcomes, WFP should closely collaborate with other actors in the health sector, including the investment in required social infrastructure, i.e. health and education, WFP should closely liaise with ADB and World Bank and other UN Agencies.

Simeulue island shows the worst health and nutrition situation among the Aceh province, and carries the double burden of two disasters, consequently requires more intensive support than in any other district in Aceh Province. Therefore, WFP may consider to **focus relatively more financial and personal resource into the reconstruction of Simeuleu** compared to other places in Aceh province.

**Time frame for support: General food distribution:** About 87% till June, about 46% till August, and about 10% from September to December. **Other Food based interventions**, such as food for work, food for training, mother child nutrition programme, and school feeding programme should become part of a longer term support of a minimum duration till the end of 2007 (possibly within the frame of a PRRO).

## **1. Introduction**

### **1.1. Objective of Emergency Food Needs Assessment (EFNA)**

The objectives of the EFNA was to:

- assess the impact and magnitude of two disasters on the destruction of peoples livelihood and food security
- assess the actual and longer term food security and nutrition situation
- assess the immediate as well as long term food needs of the population and identify population groups and geographical areas of highest need.
- support the formulation of response options based on the results.

The assessment was had a strong focus on the food sector, considering food availability and access to it. While post Tsunami nutrition surveillance results help to interpret the longer term nutrition and food security situation on the island.

### **1.2. Methodology of the Emergency Food Needs Assessment (EFNA)**

WFP in co-operation with Care International and Pusko Peduli Simeulue has completed the Emergency Needs Assessment covering 126 villages in 7 out of 8 sub-districts. The sub-District of Alafan was not studied. A short list of questions on the socio-economic situation and the impact of the disaster was collected from all the villages within the 7 sub-districts. Additionally about 18 villages (15% of all villages) were selected for collection in depth information on the food security and livelihood situation. Both questionnaires were standardized and interviews were held with the chief of the village and the village committee (3 to 5 respondents). Household interviews were conducted in 10 randomly selected households in each of the sampled villages (180 households). Number of villages per sub-district were selected in a proportional random sampling system, 2 to 4 villages per sub-districts were studied. 24 enumerators were trained for 2 days, followed by a field training. The field phase took place from April 27 to May 04, about 4 weeks after the earthquake. Semi-structured interviews were conducted with the head of the sub-districts. Data entry was done using a data entry format designed using ACCESS Database Programme. Village level data were analyzed using Excel and household data were analyzed using SPSS 12.0. Please find village and household questionnaire in Annex 4 and 5. All village level information is also available for individual village level analysis if required (Excel File: Simeulue Village Data 3.xls).

### **1.3. Background – the ‘Two Disasters’**

Simeulue island consists of 8 sub-districts, all of them **affected by the Tsunami Dec 26** as well as the earthquake. The Tsunami hit the north western sub-districts most heavily and its worst impact in 3 sub-districts of Alafan (northern tip), Salang on the east coast, but also Simeulue Barat on the west coast. Simeulue island, was one the most Tsunami affected Districts in Aceh Province, since it was known as having one of the highest population density along the coastline (93% of population, WFP ENA January). Many villages along the coast side were washed away, and road network and social infrastructure (health posts and schools) and markets collapsed. Traditional rain fed irrigation systems were partly destroyed, and remaining rice fields brought



much lower yields. Tsunami affected populations are living in camps, partially seeking for new settlement areas in further distance to the coast line. As a disaster response, WFP in co-operation with Care International provided food aid to 16,246 IDP, who were mainly living in camps and temporary shelters on hill sides (information by sub-districts, see Annex 2).

**The earthquake on March 28** of the magnitude of 8.7 on the richter scale, basically hit all sub-districts, of which Teupah Barat, Teupah Selatan and Simeulue Timur were most affected. Families established spontaneous tent settlements on hills and slopes.

Simeulue Tengah and Taluk Dalam are partly **affected by tsunami and earthquake** and are considered **as the poorest** Sub-Districts on the island.

Map 1: The island of Simeulue and its villages



## 2. Post tsunami and pre-earthquake<sup>1</sup>

The situation pre-disaster is important to consider when designing recovery assistance, as it expresses population's resilience to shocks and disasters.

<sup>1</sup> Results from Government led nutrition surveillance system, first round, interagency support and UNICEF co-ordinated.

## 2.1 Nutrition situation

The results of the nutrition baseline survey conducted post Tsunami, in March 2005, show highest rates of nutritional deficiencies within Aceh Province. The prevalence of acute malnutrition for children under 5 years in Simeuleu is higher than in any other District of Aceh province (16.8%, with 2.2% severe wasting, third highest in Aceh Province). At the same time the prevalence of chronic malnutrition among children was the second highest in Aceh province (44% stunting, 19% severe chronic malnutrition and the highest in Aceh Province). Malnutrition among women is 15.6%, ranking at the second highest in Aceh Province. Additionally, levels of micro-nutrient deficiencies are high, indicated by the high rate of iron deficiency anemia. 70% of the children under five years and 42% of the women suffer from iron deficiency anemia (highest and third highest prevalence rates in Aceh province, respectively). Infant mortality rates are at 60 out of 1,000 born a life (among the worst 10% of Indonesian Districts and the highest within Aceh Province).

## 2.2 Water and sanitation

Consumption of contaminated water increases the risk of infectious diseases. The post tsunami nutrition assessment indicated that the water and sanitation situation in Simeulue island, in camps as well as in non affected areas is not satisfactory and much worse compared to other districts in Aceh province. About two thirds (66%) of the families obtain their drinking water from open and unprotected wells and about one fifth even from rivers and ponds (19%). Only 9% of the households had access to protected wells. Even though, the two organization supporting drinking water supply (THW and Concern) as a response to the Tsunami were present already.

Defecation mainly takes place in an open area instead of using toilets (70% in open, 14% have WC with septic tank and 17% WC without septic tank). ,

## 2.3 Health situation

The prevalence of infectious diseases related to nutrition and hygiene was tremendously high for Simeulue District. This may partly be caused by the Tsunami and its consequence. More than one third of the children were suffering from cough or fever. The high prevalence of fever may be caused by an outbreak of malaria, which is endemic in Simeulue island. Mosquito nets were being distributed as a response to Tsunami, and only 11% of the respondents did not have a mosquito net, one quarter had 3 nets. For medical treatment most of the people would seek help at the health center, clinic or hospital, still almost one fifth (17.3%) seeks help at a traditional healer.

Table 2: Prevalence of diseases

Simeulue	N 333	Prevalence of disease 2 weeks prior to the interview				
		Diarrhea	Cough/ ARI	Fever	Skin infection	Vomiting
		13%	37%	35%	21%	13%

The results show that malnutrition rates were not a result of the disaster, but more likely a result of long term and chronic food and nutrition insecurity, requiring a special attention within the desing of recovery activities.

### 3. Results of the Emergency Food Needs Assessment Simeulue

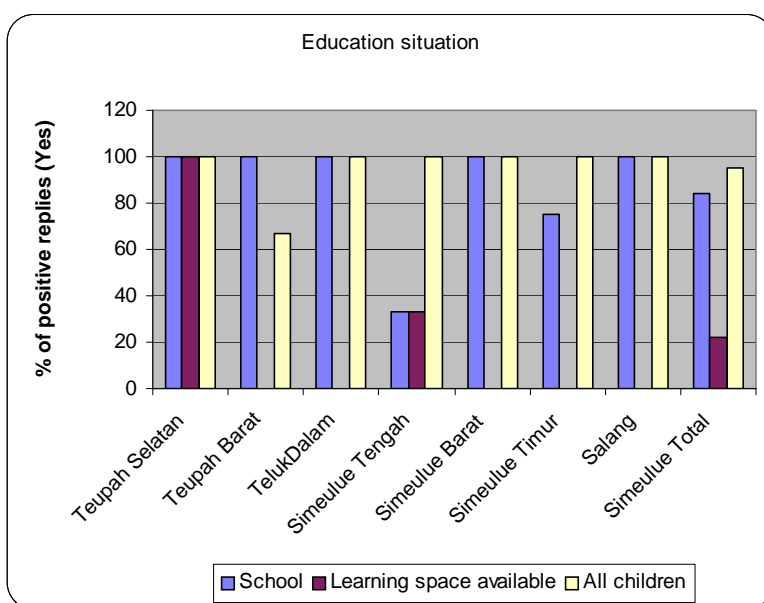
#### 3.1 Impact on the social infrastructure and education situation

Out of the 18 villages sampled for in depth study 3 did not have any shelter for teaching, an emergency teaching room was not yet available, and another 12 villages did not have enough learning spaces available to accommodate all students appropriately.

**Table 3: Destruction of social infrastructure**

School Buildings			
Total number	Totally damaged	Partly damaged	No damage
171	129	40	2
	75%	23%	1%
Health Centers			
Total number	Totally damaged	Partly damaged	No damage
65	28	28	9
	43%	43%	14%

Results of the village interviews revealed that all villages had access to a schools, either using a tent provided by the Department of Social Welfare, or UNICEF, or they were using a temporary shelter constructed by the communities, others were teaching in the remaining structure of the former school building. Only the village chiefs of Teupah Selatan stated that enough learning spaces are available. With the exception of Teupah Barat, all village chiefs mentioned, that all children were attending school.



### 3.2 Impact on the private infrastructure

Out of the total number of 15,219 houses only 7% of the concrete and 5% of the wooden houses remained without damages, while almost two thirds of the concrete building and about half of the wooden houses are totally damaged.

**Table 4: Destruction of private houses**

Concrete houses			
Total number	Total damage	Partly damaged	No damage
3,178	1,897	1,059	222
	60%	33%	7%
Wooden houses			
Total number	Total damage	Partly damaged	No damage
12,041	5,614	5,819	608
	47%	48%	5%

Till early May 2005, 74% of the population was still living in tents at their premise or in temporary shelters, and 3% were living with host families. Early April most of the families had moved to camps away in safer locations and on hillsides. The number of camp locations was as high, or even higher, as the number of villages on the island. By early May the trend was to bring the tents to the home premise within the village. While 2% of the families hosted IDP families. The percentage of families living in tents or with host families varied from 49% in Simeulue Tengah to 94% in Simeulue Barat. At present regular earthquakes or aftershocks, or any prediction of it, leads to a temporary migration for a couple of hours or for a duration of a night.

**Table 5: Status of living of affected population (end April/early May, n=128 villages)**

	No. of villages	No. of Camps Early April	Total number of families	Families in tents	Families in tents %	IDP families with host families	IDP families with host families (in %)	Families hosting IDPs	Families hosting IDPs %
Simeulue Timur	29	29	6,458	5,012	78%	168	3%	143	2%
Simeulue Tengah	24	24	2,296	1,015	44%	126	5%	55	2%
Simeulue Barat	12	14	2,163	2,118	98%	36	2%	4	0.2%
Teupah Selatan	17	16	2,093	1,518	73%	82	4%	6	0.3%
Salang	17	16	1,686	1,027	61%	16	1%	14	1%
Teupah Barat	17	18	1,599	1,507	94%	24	2%	20	1%
Teuluk Dalam	10	10	1,081	678	63%	6	1%	24	2%
<b>Total</b>			<b>17,376</b>	<b>12,875</b>	<b>74%</b>	<b>458</b>	<b>3%</b>	<b>266</b>	<b>2%</b>

**Perspective for returning to houses:** By the end of April the heads of sub-districts advised to return to their original settlement. Most of the respondents were not sure on when to return back to their homes or into their houses. Beginning May the Head of the Sub-Districts declared that

there is no risk for any more 'Tsunamis', and it would be safe to return home into the village. Still, most of the people preferred to wait until having recovered from the trauma and the stress the disaster caused. A precondition mentioned, is the ending of the regularly of earthquakes and aftershocks happening. Secondly, it is the completion of the construction of the house and "a normal situation". It is expected that within 2 to 3 months the situation will stabilize.

Villagers living in camps are promised support to the construction of shelters. However, the location of the land offered by the Government is close to the seaside and villagers are hesitant to settle at those locations. As long as no convenient solution is available people chose to stay in camps.

### 3.3 Impact on demography

The total population of the 7 sub-district studied is being calculated as 76,754 people within 17,376 families (Kepala Keluarga, heads of families). The demographic age structure of the population studied does not differ significantly from the Aceh average figures. A family (KK) has in average 4.4 family members and an average household has in average 5.8 household members. This implies that every second to third household would accommodate 2 families (2 KK living as one extended family). The earthquake has caused 33 death (22 in Sinabang, 3 in Simeulue Tengah, 5 in Simeulue Barat, and 1 lose in Tengah Selatan, in Teluk Dalam and in Alafan). However, it should be taken in mind that the earthquake may not have such as disastrous impact on death tolls, but caused a widely scattered destruction of livelihood of most of the families in Simeulue.

About 65% of the population is 18 years or above, children between 5 and 17 years are 24% and children under 5 years count for 12% of the population. It is notable, that female and male numbers are more or less equally distributed. Population structure was not impacted by the disaster.

Table 6: Age structure of population studied (n=120 villages)

	Total population	Adults			5 to 17 years old			Children < 5 years		
		Total	Women	Men	Total	Girls	Boys	Total	Girls	Boys
Simeulue Timur	28927	68%	33%	35%	22%	10%	12%	10%	5%	5%
Simeulue Tengah	9557	62%	31%	31%	27%	13%	14%	12%	6%	6%
Simeulue Barat	9945	62%	32%	30%	28%	13%	15%	11%	6%	5%
Teupah Selatan	8905	67%	33%	33%	21%	10%	10%	13%	6%	7%
Salang	7803	60%	31%	29%	26%	13%	13%	13%	7%	7%
Teupah Barat	6944	66%	32%	33%	21%	10%	11%	13%	7%	6%
Teuluk Dalam	4673	57%	27%	30%	28%	13%	14%	15%	8%	7%
<b>Total</b>	<b>76754</b>	<b>65%</b>	<b>32%</b>	<b>33%</b>	<b>24%</b>	<b>11%</b>	<b>12%</b>	<b>12%</b>	<b>6%</b>	<b>6%</b>

In any emergency there are potentially vulnerable groups, such as single headed households, orphans etc, suffering most and requiring more intensive care to recover than others. For Simeulue the number of female headed families is very high (in average 12%, 5% in Teluk Dalam and 15% in Sabang). Still, the average, pre-disaster, is higher for Aceh Province (19%, WFP ENA 2/2005), which may be a caused by the conflict. In Simeulue, most of the female headed families are widows, separated or single mothers are not very frequent. Some of them

may live within an extended family, and some of them may have children within a productive age already, providing support to their mothers.

In total a number of 4% of all families are headed by an adolescent family member, a person below 18 years of age, those adolescent children lost their mother and their father, and most properly have to care for younger siblings.

Throughout the 7 sub-district studied, there are 784 people disabled and 840 children being separated, not having any father or mother. Provided that the numbers are correct the percentage of separated children over the total population is 3 times higher for Simeulue than among the tsunami affected population throughout Aceh province<sup>2</sup>. The Government of Indonesia as well as Unicef and NGOs working in the social sector support a 'foster family approach' or a family based approach.

Table 7: Potentially vulnerable groups by sub-district (n=126)

	TotPop	TotHH	Female headed families	Female headed families (in %)	Adolescent headed families	Adolescent headed families (in %)	Disabled persons	Separated Children
Simeulue Timur	28927	6458	999	15%	169	3%	167	325
Simeulue Tengah	9557	2296	259	11%	174	8%	135	41
Simeulue Barat	9945	2163	237	11%	151	7%	166	364
Teupah Selatan	8905	2093	207	10%	4	0.2%	112	11
Salang	7803	1686	116	7%	17	1%	81	44
Teupah Barat	6944	1599	195	12%	60	4%	84	25
Teuluk Dalam	4673	1081	52	5%	50	5%	39	30
<b>Total</b>	<b>76754</b>	<b>17376</b>	<b>2065</b>	<b>12%</b>	<b>625</b>	<b>4%</b>	<b>784</b>	<b>840</b>

### 3.4 Livelihood systems and impact of disaster

More than half of the populations are **farmers** (53% of the population). In terms of rice production, most of them are subsistence farmers producing sufficient rice for an average of 4 to 6 months, while the requirements for the rest of the year are purchased at the market. Most of the farmers would have additional income from commercial farming, such as coconut plantations, cultivation of cloves or fishery products.

In average, about one fifth of the population are **fishermen** (20%) as the main source of income. However, there are regional differences, while some villages along the coast side has up to 80% fishermen, other villages away from the coast, have less fishermen (up to 15%). Being 'fishermen' as main occupation implies that there is no access to paddy fields or commercial plantations. Fishermen and other non agriculture-sectors depend on the purchase of imported rice

<sup>2</sup> **Aceh Province:** About 8,000 orphans pre-tsunami, plus about 2,500 separated children post tsunami (precise numbers are not available), over 3.4 Mio. people living within the 13 affected districts (0.3% separated children).

**Simeulue:** 840 separated children over a total population of 76,754 population: 1.1% of population.

from the market in Sinabang throughout the year. About 11% of the population are **employees**, mainly government employees, such as teachers or employees of any sub-district or district authority (administration, health, education sector).

About 8% of the population are **traders** and the same number of people gained their main income as **daily labourer**. The percentage for traders and daily laborers was highest for Simeulue Timur, which is the sub-district of highest population density. Sinabang, the district capital is located in Simeulue Timur, and does provide various opportunities for casual labourer. About 4% of the households follow other occupations, such as being a soldiers or running an own business, with highest numbers for the town of Sinabang located in Simeulue Timur.

Some households have **more than one source of income**, in average number of sources ranged from 1.1 in Teupah Selatan up to 1.7 in Simeulue Tengah and Teupah Barat and Teluk Dalam. More than one source of income might be a reason of various job opportunities within an economically wealthy environment on one hand. On the other hand, it may be a results of insufficient income from one source and the need to search for additional income in other sectors.

Table 8: Source of income before disaster

	Total Populati on	Total Households HH	Source if income in %					
			Fishermen	Employed	Traders	Farmers	% Casual Labour	Others
Simeulue Timur	28,927	6,445	21%	18%	9%	29%	15%	9%
Simeulue Tengah	9,557	2,296	12%	9%	9%	72%	3%	0%
Simeulue Barat	9,945	2,163	33%	5%	7%	53%	5%	3%
Teupah Selatan	8,905	2,093	15%	6%	7%	72%	0%	0%
Salang	7,803	1,686	16%	7%	5%	82%	3%	0%
Teupah Barat	6,944	1,599	16%	5%	5%	70%	4%	1%
Teuluk Dalam	4,673	1,082	27%	9%	8%	46%	2%	0%
<b>Total</b>	<b>76,754</b>	<b>17,364</b>	<b>20%</b>	<b>11%</b>	<b>8%</b>	<b>53%</b>	<b>8%</b>	<b>4%</b>

The results from the village interview showed that the **average income** obtained from sources listed above is about 300,000Rps (approx. 32US\$), while it was highest in Salang, Simeulue Timur and Teuluk Dalam, and lowest in Simeulue Tengah. The **impact of the disaster on the source of income** varies, in average 28% of the families lost their income, with a range from only 19% in Teuluk Dalam up to 38% in Teupah Barat). The magnitude of the impact differed by sectors and was worse on the **fishery sector** (average 72% lost their source of income, range from 50% to 96%). They either lost their fishing boat, their fishing net and or their fishing equipment. Many fisher-families stated that they are still 'scared and traumatized' not being able to go back to sea fishing yet. The impact on the three main sectors was considerable as well: 40% of the **casual labourer**, and 35% of the **traders**, and 30% of the **farmers** lost their source of income. While also 44% of the people following other sources of income were affected. Only employees were less affected (5% lost their source of income, receiving their monthly salary more or less continuously), mainly located in Salang and Teupah Barat. It is assumed that they were employed by any kind of company, which had been demolished by the tsunami and or earthquakes.



Table 9: Average income and Impact of disaster on source of income

	Income		Fishing		Employment		Trading		Agriculture		Casual Labourer		Other sources	
	Income	Lost	n	Lost	n	Lost	n	Lost	n	Lost	n	Lost	n	Lost
Simeulue Timur	530,769	35%	1,323	83%	1,179	1%	596	36%	2,078	52%	981	44%	564	46%
Simeulue Tengah	203,750	20%	272	96%	212	1%	199	43%	1,804	20%	75	24%	6	1
Simeulue Barat	237,143	28%	708	50%	109	1%	154	32%	2,559	43%	110	0%	67	0
Teupah Selatan	311,765	27%	315	70%	118	0%	138	30%	1,517	0%	0		6	1
Salang	576,875	24%	275	67%	121	48%	79	41%	1,384	23%	52	38%	0	
Teupah Barat	305,147	38%	253	74%	87	20%	73	48%	1,116	38%	60	80%	8	88%
Teuluk Dalam	525,000	19%	288	53%	101	0%	86	1%	498	6%	25	0%	5	0
Total	309,529	28%	3,434	72%	1,927	5%	1,325	35%	10,956	30%	1,303	40%	656	44%

'n'=number of households living from that source of income.

'Lost' = % of households having lost that particular source of income

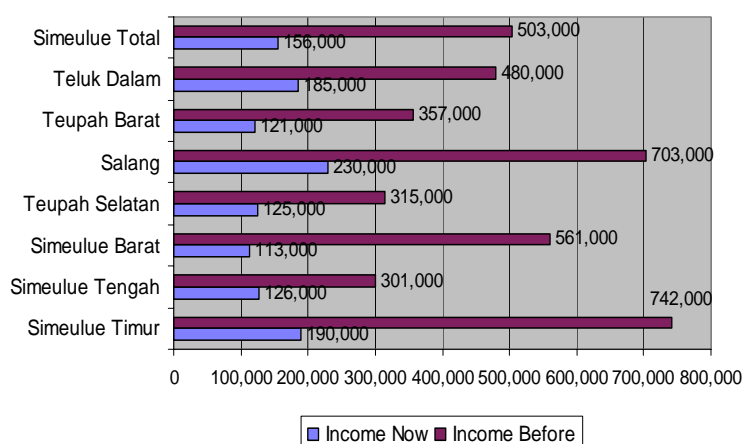
100,000 Rps = 10.75US \$, or 1 \$ equals 9,300Rps.

### 3.5 Impact on income

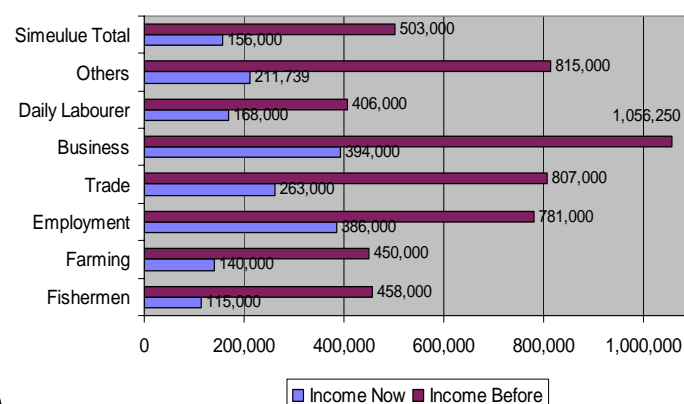
During household interviews 180 respondents out of 18 villages were asked for their approximate income before and after the disaster. The income was generally higher than estimated by the village chief. The assumption is, that village chiefs tended to underestimate the income from the informal sector, as well as the in-official private trade and business. About one months after the disaster the income obtained reached only about one quarter to one third of the income pre-disaster. In average it was reduced from an average of 503,000 to 156,000Rps<sup>3</sup> per months. The highest losses occurred in Simeulue Timur and Salang. Here the percentage of people living from trade was higher than in any other Sub-

<sup>3</sup> 100,000 Rps = 10.75US \$, or 1 \$ equals 9,300  
1 kg of rice costs about 5,000Rps. One average 264,000Rps.

Impact on income by Sub-Districts



Impact on income by source





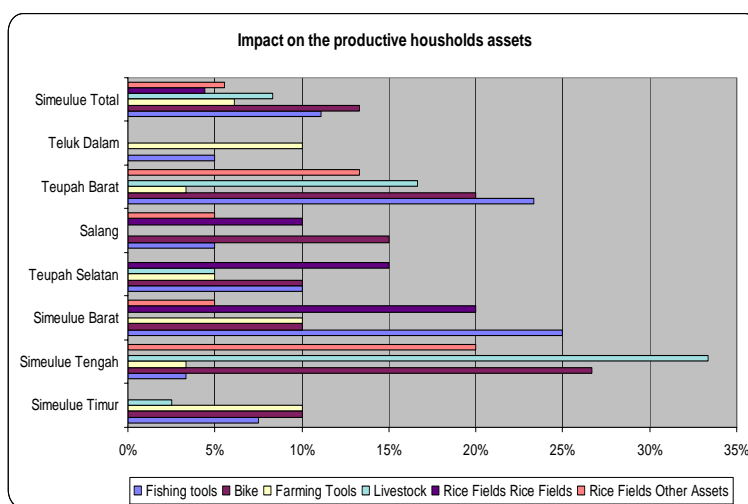
District (15% for both areas), resulting in a 'relatively' higher losses.

The three sectors, farming sector, fishermen and daily labourers, at the time being, make only about one third of the income they would achieve under normal conditions. However, their income is already below the poverty line, and consequences of the enormous reductions is much higher than among higher income groups (115,000 for fishermen, 140,000 for farmer, and 168,000Rps for daily labourer). This is only half of what they would need to purchase sufficient rice for their family for one months.

### 3.6 Impact on household assets

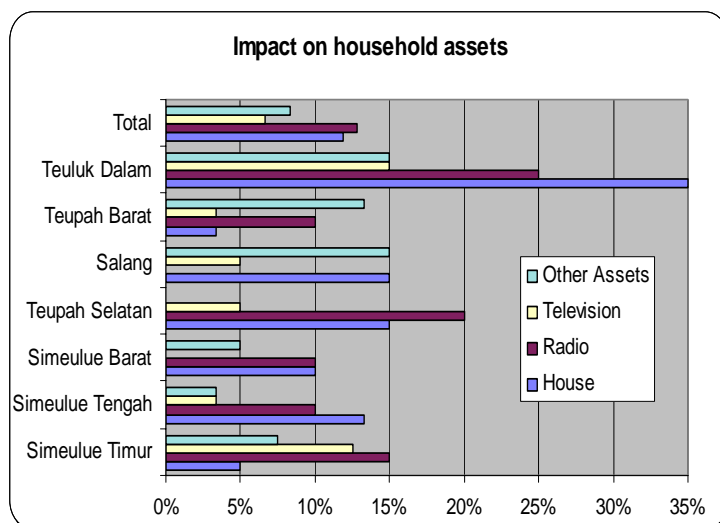
The Tsunami and/or the earthquake had destroyed many productive or durable household assets.

The impact on the possession of fishing tools, mainly caused by the Tsunami, was strongest in Simeulue Barat (North East Coast), Teupah Barat (West Coast, almost 25% for both places).

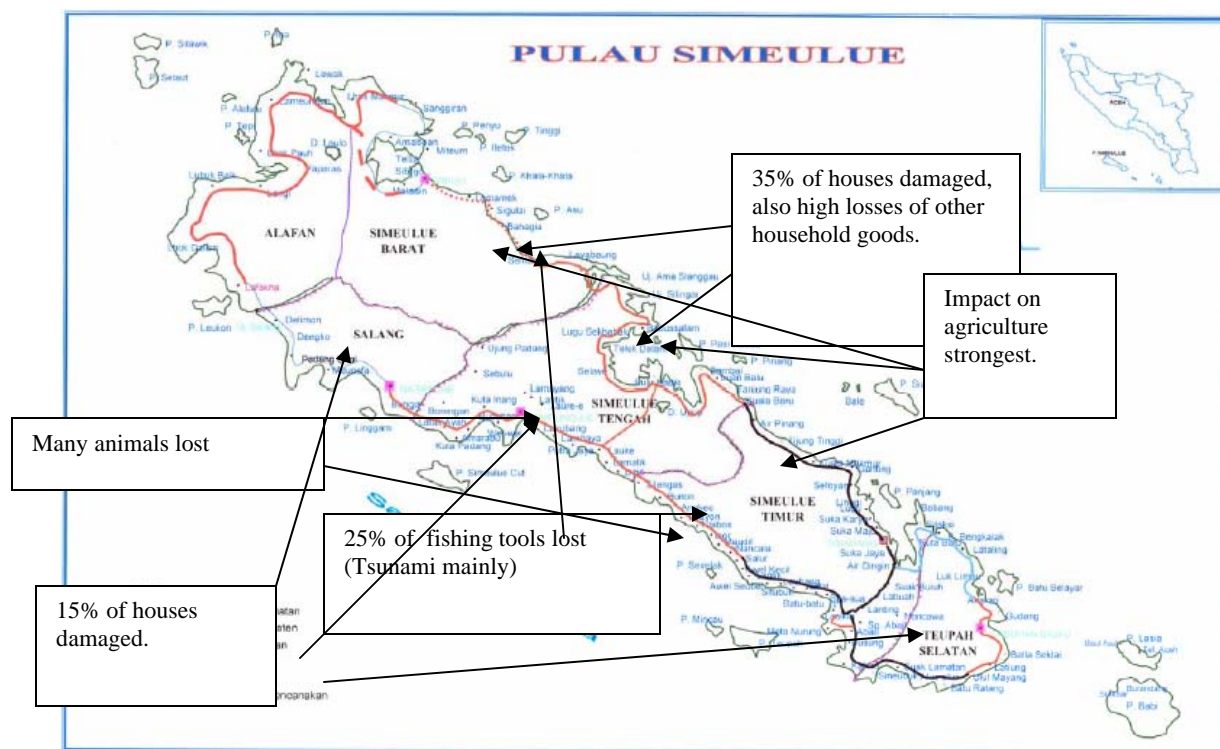


Teupah Barat and Simeulue Tengah had the highest **loses in terms of livestock** (both east coast, more than 15% almost 35%). Here the tsunami hit mainly the water buffaloes, which used to grass close to the coastline. The impact on **agricultural assets** was strongest along the east coast, in Simeuleu Barat, Teluk Dalam and Simeulue Timur (10% respectively).

Looking at the **impact of durable, but non-productive assets**, the impact was strongest in Teuluk Dalam (East Coast), where 35% of the **houses were damaged**, mainly due to the earthquake. Still, the impact on other assets was also high (i.e. 25% lost radio, 15% lost TV or other household assets). Impact was also strong in Teupah Selatan (South Coast) and Salang (North West Coast), where 15% of the houses were damaged.



Map 2: The island of Simeulue and location of major impact on livelihood



Maps attached in the Annex show the impact by indicator and sub-district.

### 3.7 Impact on livestock and household rice stocks

Throughout Simeulue island, **animal raising** is an important additional source of income, especially in the village settings. It provides also a kind of 'safety net' or 'living bank': for hardship times, when cash is being needed no other source available people would sell their animals as the last resource. Hence, it plays an important role in resilience to shocks helps in copy with stress. Almost half of the households were raising animals (44%), with the highest percentage in Teupah Selatan and the lowest in Simeulue Tengah and Teuluk Dalam, whereby in boths places animal losses due to the disaster where minor, while in Simeulue Barat and Teupah Barat almost 30% of the households lost animals.

Before the disaster about two thirds of the population where keeping some **rice stocks**, of which about one third was lost (36% of total rice stocks). Sub-Districts with highest numbers of families keeping rice stocks are Teupah Selatan and Teuluk Dalam. By the time of the assessment (April/May), rice stocks were more or less depleted. Stocks were said to last for another 4 to 10 days only (in averages per sub-district, 4 days in Simeulue Tengah and 10 days in Teluk Dalam). Only 10% and 20% of the households mentioned to have rice in stock for more than 10 days, but only one household had a stock for more than 1 months.

Table 10: Impact on livestock and rice stocks

		Livestock			Rice stocks		
		HH raising livestock	Raising livestock	Lost Livestock (in %)	Rice stocks	% keeping rice stocks	Lost stocks (in %)
Simeulue Timur	<b>6445</b>	2046	32%	23%	<b>3434</b>	53%	47%
Simeulue Tengah	2296	576	25%	5%	556	24%	60%
Simeulue Barat	2163	950	44%	31%	1482	69%	37%
Teupah Selatan	2093	1771	85%	7%	2093	100%	29%
Salang	1686	1119	66%	3%	1176	70%	19%
Teupah Barat	1599	861	54%	30%	991	62%	49%
Teuluk Dalam	1082	279	26%	0%	960	89%	1%
<b>Total</b>	<b>17364</b>	7602	44%	16%	<b>10692</b>	62%	36%

### 3.8 Food production – Agriculture

Even within a normal year, land holding families produce **rice sufficient for 4 to 6 months**, rice and other food items are being purchased from income obtained from fishing (lobster), coconut trade and cloves. A common coping mechanism is the consumption of sago, harvested from sago palm trees<sup>4</sup>. Still, in a normal situation the population of Simeulue spends 64% of their income on food (National Food and Nutrition Surveillance 2001 and 2002). Throughout the island, 94% of the population are beneficiaries of the Government's Subsidized Rice Programme (Ruskin). However, since Tsunami happened, the Ruskin Programme is not functional any more, but free food distributions takes place.

Generally the **rice production system** on Simeulue island follows a very traditional pattern, mainly having one cultivation season and one harvest per year, using traditional rain fed irrigation systems, and often using 'animal draught' for ploughing. The Tsunami damaged some parts of the rice fields, mainly along the west coast. A large area of paddy fields was not directly affected by Tsunami and/or earthquake, but brought much lower yields (only 25% to 75% of a normal harvest). Reasons should be studied with required expertise, but reasons seem to be manifold: due to the break down of road net work, transport of fertilizer and insecticides was impossible or very limited, due to the lack of fertilizer rice yielded less. Additionally, more weeds suppressed the development of the rice plant. Secondly, manual weeding was neglected, because people were stressed out following other activities related to the emergency, or being traumatized and not in a mute to follow ordinary agricultural work. Another reason mentioned was the impact of the regular shaking due to earthquakes and aftershocks suppressed the development of roots and grains.

Two major fertilizer traders from Sinabang town lost their stocks in the fire outbreak end March in Sinabang Center. They migrated out of Simeulue or did not yet re-open their business. The

<sup>4</sup> Sago is a staple food rich in starch, but does not provide any protein and is much less nutritious than rice. However, being complemented with nutritious side dishes, such as fish, legumes, fresh vegetables, and/or animal products would still ensure a balance diet.

lack of fertilizer available on Simeulue island and the lack of cash to purchase agriculture inputs will also effect the next years harvest.

### 3.9 Markets and food prices

After the earthquake, markets collapsed and are now recovering slowly in areas nearby or areas close to Sinabang, such as Simeulue Timur, Teupah Barat, and Teupah Selatan. Construction of wooden temporary bridges allows four wheel cars to reach the center of Salang since beginning of May, while at that time, the road was not yet open for trucks.

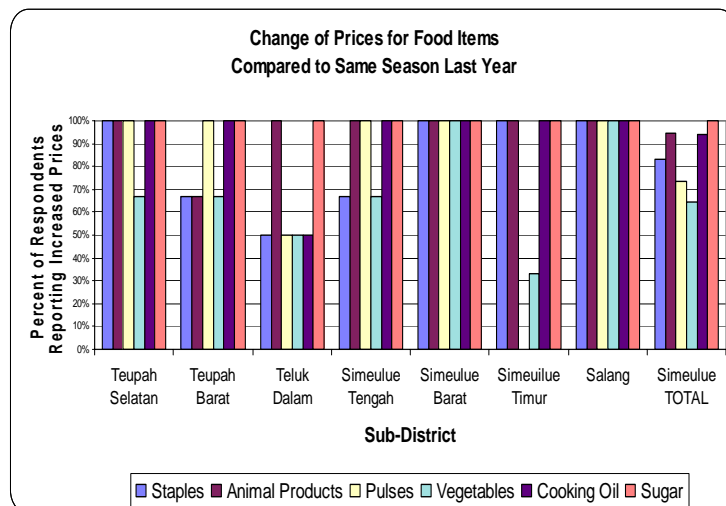
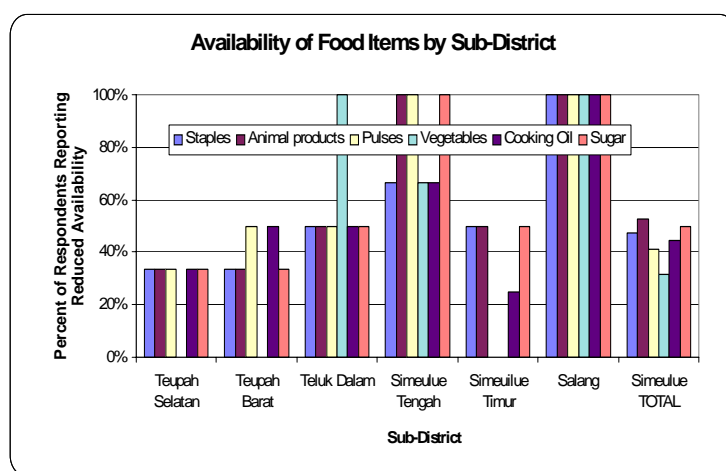
Average distance to markets where foods and rice are being sold, is about 13 km. Main mode of transport being used is public transport or motor bikes. All villages did have small shops for selling salt and basic household goods, including sanitary products. The markets in Sinabang had recovered by two weeks after the disaster, holding small trade products available as before Tsunami and or earthquake (household goods, food stuffs, basic sanitary items).

### 3.10 Availability of food at local markets

In Salang, 100% of the villages reported a **lower availability** of for all food items. In Simeulue Tengah 100% of the villages reported a reduced availability for animal products, which mainly refers to the availability of fish, often sea fish, eggs and eventually meat, as well as for pulses and sugar.

Throughout the island, about 40% to 50% of the villages reported a lower availability of staple foods, animal products, cooking oil and sugar, compared to a situation pre-disaster. About 50% to 60% indicated an equal availability of the products, due to the immediate food assistance provides as a response to the earthquake.

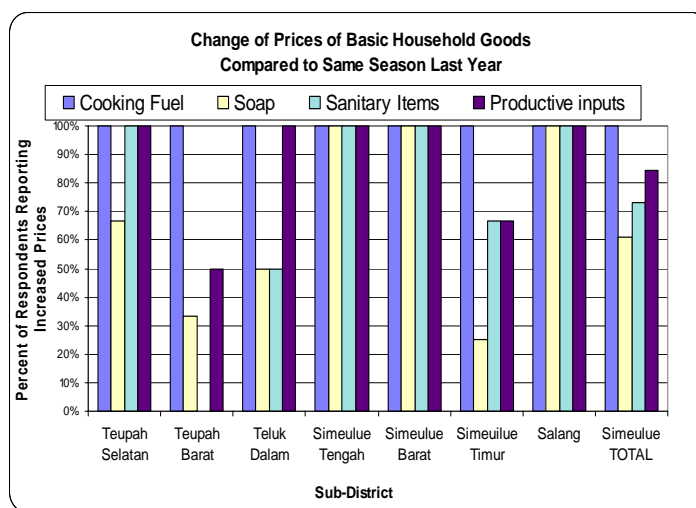
It could be concluded, that the food aid provided was able to prevent a severe food shortage as a consequence of the disaster, due to loss of food stocks, break down of road net-work and disruption of local markets.



**Food prices** throughout Simeulue island depend on the Sinabang market situation for most of the products including rice. The results of the village assessment show that the prices for food items, basically, are still higher compared to the same season last year. With regard to rice, Teupah Selatan (south coast) and Simeulue Timur (east coast) reported a higher price than usual. Oil and sugar prices are most affected, all sub-districts uniquely reported a higher price than usual <sup>5</sup>.

Prices for vegetables and pulses were less affected than other products, since they are mainly derived from own production.

Villages markets for basic household goods were functioning at the time of the assessment. Most products were reported to be available with the exception of inputs to productive income activities in Teluk Dalam, Simeulue Tengah and Salang. Prices for 'productive items' such as agricultural tools and equipment, fertilizer, fishery equipments are still higher in all sub-districts with the exception of Simeulue Timur (Sinabang).



Also for other products, prices still seem to be much higher than usual, such as prices for cooking fuel. As often reported for camp situations, a cooking stove and initial amount of fuel is being provided initially, while refilling of the initial set is not ensured. It was often easier to receive a new complete set, than to refill fuel at the current one.

Sanitary items are important to maintain hygiene standards, to prevent infectious diseases, especially diarrhea diseases and skin infections, especially under this particular situation. Soap is available and has still a higher price in Salang, Simeulue Barat and Simeulue Tengah, which also holds true for other sanitary items.

<sup>5</sup> i.e. Sinabang: sugar 9,000 Rs. compared to 5,000 Rs at normal times, oil 10,000 compared to 7,000Rs., egg 1,000 instead of 750Rs., 1 l of petrol 4,500 to 5,000 Rps compared to 3,000Rps.

### 3.11. Food consumption

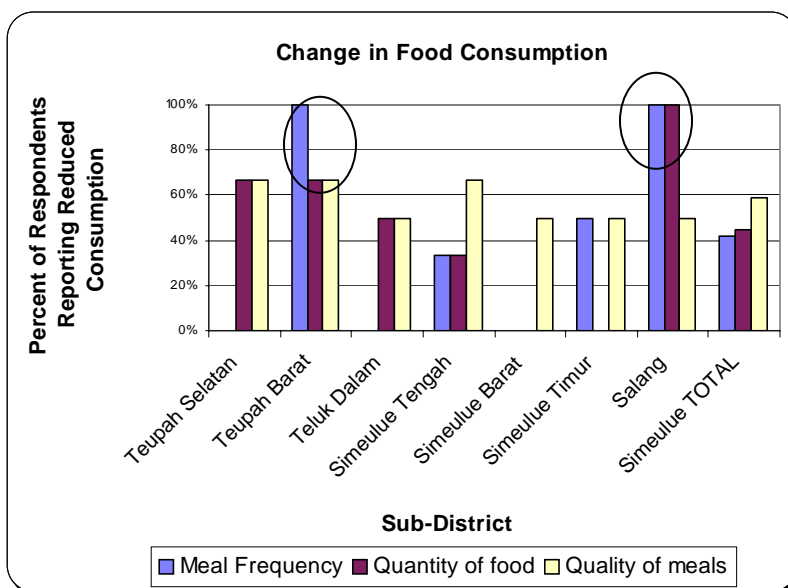
One of the widely used indicators of food security in emergencies is the number of meals consumed by a family per day. In addition, the number of food items consumed in addition to the staple food indicates the quality of the diet. Low quantity combined with low quality of food would potentially predict nutritional deficiencies.

The present assessment categorized main food groups. Main food groups considered are staples foods (rice, sago, noodles, starchy roots), animal products (fish, eggs, meat), pulses (soybean products such as tempeh or tahu, green beans, peanuts), vegetables (mainly green leafy veges, but also tomatoes, cucumbers), cooking oil or fats (vegetable oil, coconut oil). The frequency of intake of each food group was recalled over the day prior to the interview. To simplify data presentation, the following chapter classifies a meal consisting of three food groups as a “healthy meal”. The consumption of three meals a day, including three food groups each, is categorised as a ‘healthy diet’.

At the time the assessment took place, food was being provided through Care International for the sub-districts of Alafan, Simeulue Barat, Teupah Selatan, Teupah Barat, Simeulue Timur, Simeulue Timur. The Government through Satlak provided food to the three sub-districts of Simeulue Tengah, Salang, Teluk Dalam<sup>6</sup>. In addition Save the Children is providing foods to children up to 18 months and pregnant and lactating mothers, and some basic food items.

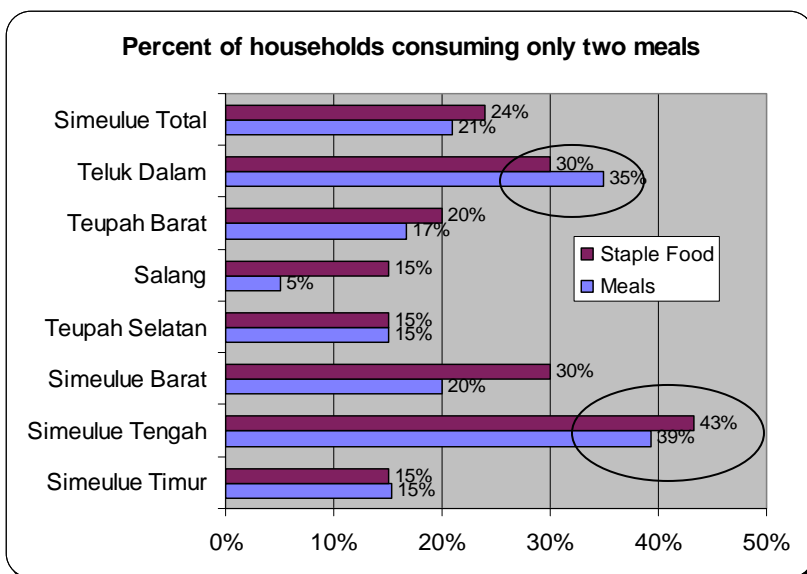
#### 3.11.1. Food Consumption - Village Assessment

In times of food shortages, families are assumed to cope differently, families may reduce the number of meals, or the quantity of foods within a meal compared to normal (less in amounts). On the other hand, the lack of availability of side dishes, composed of fresh foods complementing the food aid ration would lead to a reduced reduction in number of food items consumed, hence a reduced quality of diet.



<sup>6</sup> WFP CARE International Ration: 400g rice, 50g fish, 20g fortified vegetable oil, 33g fortified noodles, 30g fortified biscuits (noodles and biscuits are taken off the basket from May onwards).  
Government ration: 400g rice and sugar and oil according to quantities available through donations.

The village assessment showed that slightly more than 40% of the village chiefs estimated a reduced number of meals being consumed, and approximately the same number of families reducing the quantity of food consumed per meal. The highest percentage was found in Salang and in Teupah Barat. However, 3 out of the 7 sub-district mentioned not to reduce number of meals at all. About 60% of the village chiefs stated that the quality of meals was lower than usual, having less side dishes and less fresh foods complementing the staple food, this was a common picture throughout the 7 sub-district studied.



### 3.11.2. Food Consumption - Household Assessment

#### Food Consumption – Frequency of meals and quantity of foods

The household assessment (n=180 households) underlined the findings from the village level assessment, showing that in average about one fifth of the households had only two instead of three meals. The situation was worst in Simeulue Tengah, where almost 40% of the households had only two meals and 43% of the households had one of possible staple foods (rice, noodles, sago, or any roots) only twice. This is followed by Teluk Dalam (about one third only 2 meals and staple food only twice per day) and Simeulue Barat. However, no family was found having less than two meals. Results are similar to the results of the post tsunami nutrition surveillance system (19% only 2 meals).

Within the present study, ‘a meal’ refers to a ‘main meal’, consisting at least of one staple food such as rice, noodles or sago. If a family skipped meal, it was mainly breakfast. Instead people would have some sweet coffee and biscuits or some sort of ‘roti’ provided through food aid. Families skipping the breakfast as main meal had an earlier lunch.

Three major reasons for that:

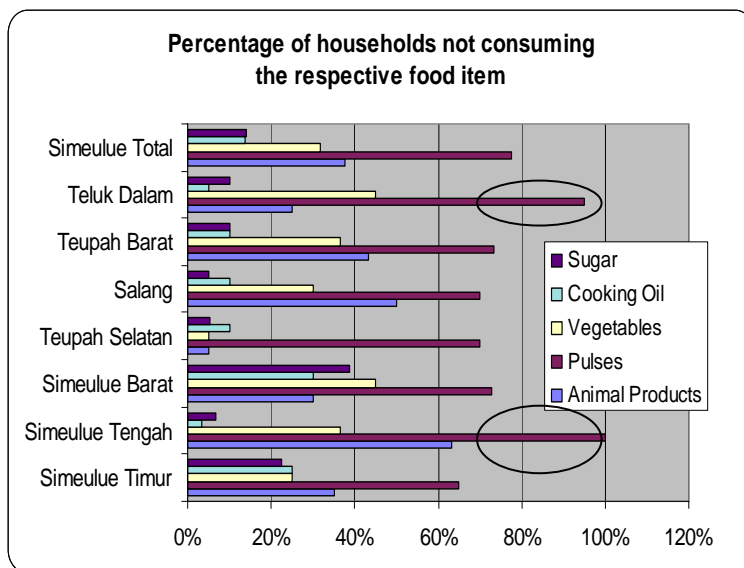
- 1) Change in household’s management priorities: change in daily activities pattern and preferences, living in temporary conditions and on-going temporary migration requires more attention, hence reduces resources (time, financial resources) to be allocated to the preparation of regular meals.
- 2) Aiming to maintain food savings as precaution in case of irregular food supply or possible suspension of aid.
- 3) Reduced appetite due to mental shocks and traumatisation caused by the tremendous disaster. Lack of motivation to spend time on food preparation.



### Food Consumption – Quality of Food

Insufficient quality of diet results in high levels of malnutrition, particularly micro-nutrient deficiencies. Prevalence of anemia is reported as very high for women and children in Simeulue, but is not a result of the disaster.

Here in Simeulue, a normal daily diet would consist of small amounts of animal products and some legumes as a main source of protein. Green leafy vegetable usually complements the daily diet, providing minerals and vitamins, especially Vitamin C and carotene. Cooking oil, often vegetable oil purchased on the market, or coconut oil from internal produce complements the daily diet. At the time the assessment took place, food diversity was still much less compared to normal times. In average almost 40% of the households did not consume any **animal products**, such as fish, often from the relief food ration, eggs or any kind of meat. The highest percentage are found in Simeulue Tengah (more than 60%) and Salang (about 50%).



**Pulses**, such as Soybeans (Tempeh and Tahu) and peanuts are usually easy to grow, cheap and are rich in protein and fat. Here in Simeulue, in average 80% did not have any legumes, with the highest percentage in Simeulue Tengah and Teluk Dalam. Results of the nutrition surveillance system conducted in February and March also indicated that in Simeulue island the consumption of pulses was lowest among all the Aceh Districts.

**Vegetables** were not consumed at all in 16% of the households, with a more or less similar pattern throughout the 7 sub-districts studied. Same results was found by the nutrition surveillance system post tsunami.

Consumption of **oil and fat** is important it increase the energy density of the diet and to allow proper absorption of fat soluble Vitamins, such as Vitamin A, which is particularly important, if the diet mainly consists of non-animal products, as here in Simeulue.

About 12% of the households did not have any **oils or fat** to add. The consumption of oil was lowest in Simeulue Timur and Simeulue Barat, the figure was almost similar for sugar. The post tsunami nutrition surveillance system in February and March found out, that the oil and fat consumption for Simeulue District was the lowest among all Districts studied in Aceh Province, and was only half of what was found in the present study post earthquake (23% did not consume any oil or fat products post tsunami compared to 12% post earthquake).



Almost 100% of the households in Simeulue island consumed **iodized salt** with 92% having an iodine content of appropriate levels (above the benchmark of 30ppm, Nutrition Surveillance, March 2005).

### 3.11.3 Food consumption - results compared to other assessments

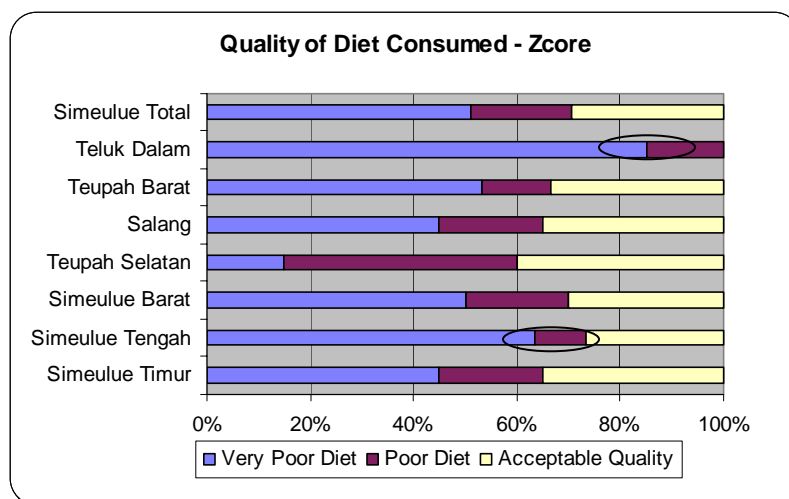
With regard to the intake of protein and fat the consumption pattern on Simeulue post earthquake was much better than what was found during the WFP ENA in January throughout the Aceh Province (80% on the west coast did not have any oil or any animal products, Simeulue 12% for oil and 40% for animal products). This is assumed to be an outcome of the timely provision of the balanced food basket post earthquake in Simeulue. Frequency of the consumption of vegetables was more or less equal. The situation was better post tsunami with regard to the consumption of pulses (65% did not eat Pulses compared to 80% in Simeulue), which could also be a reason of traditions and customs.

Compared to the results of the nutrition surveillance system pre-earthquake in Simeulue, the situation now, post earthquake, looks better with regard to the consumption of animal products and oil. Number of meals, consumption of pulses and vegetables was similar to the pre-earthquake situation.

### 3.11.4. The quality of the meals – A composite indicator calculation

A meal consisting of three food groups is considered as a “meal of acceptable quality”. The consumption of three meals a day, including three food groups each, is considered as a ‘diet of acceptable quality’. Respectively a scoring system or composite index is being calculated here:

- Consuming 9 or more different or same food items of 3 food groups over a day: ‘acceptable quality of diet’.
- Consuming 7 or 8 same of different food items of three food groups over a day ‘poor diet’;
- less than 7 different or same food items of 3 food groups over a day: ‘very poor diet’.



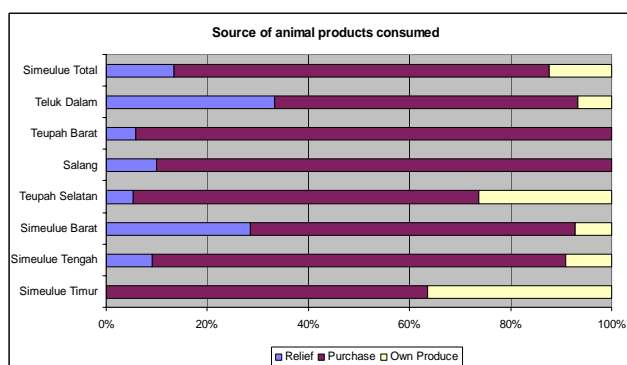
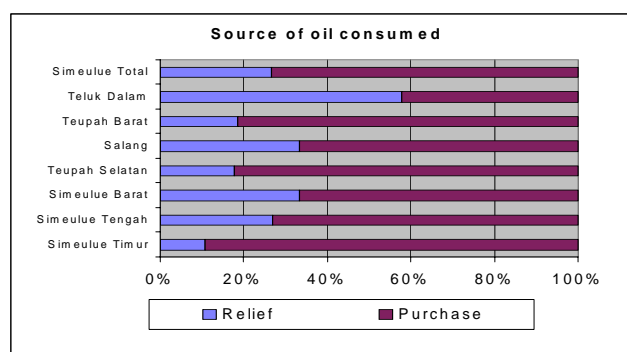
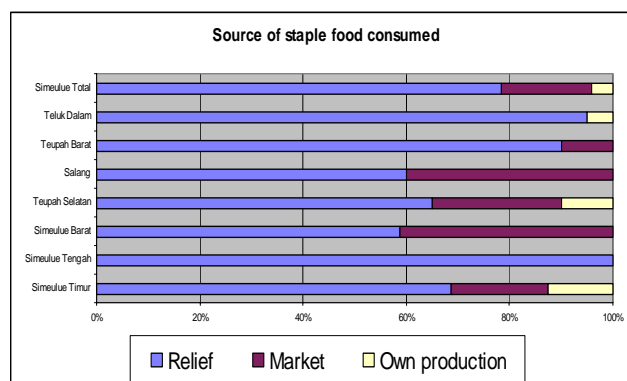
In average almost half of the families had a diet far below acceptable levels (very poor diets), with the highest percentage in Teluk Dalam and Simeulue Tengah, followed by Salang. In Teluk Dalam, non of the interviewed families consumed a good quality meal. Basically, the meals consisted of staples plus one or two items of another food group, such as vegetable oil and vegetables. A relatively good situation is indicated for Teupah Selatan, and even 40% of the

people had a diet up to acceptable standards, having three meals per day, and every meal consisting of food items of at least three food groups.

### 3.11.5. Sources of foods consumed

Looking at the sources of foods consumed, it is indicated that the relief food aid was the major source for staple food (almost 80%). While own produce was very low only. Animal products such as fish, eggs and oil were mainly bought at the markets (more than 70%) or from relief and own sources, such as fishing and own livestock.

About one quarter of the families who added oil to their meal, received it from relief, all others bought it at the market, only in Simeulue Tengah 6% used coconut oil from own sources. About half of the families bought vegetables at the markets, and one quarter used vegetables from their own gardens, others collected or received it from their neighbors, friends, or relatives. Pulses (mainly in form of Tempeh or Tahu), if consumed, were bought at the market.



### **3.12. People's perception: Priority needs to improve food security**

Household members, village chiefs and sub-district chiefs were asked for their priority needs for future assistance. The need for a long term development support was clearly pointed out. However, at the time being, such assistance is not yet available, market prices are still higher, sources of income are not yet recovered, and people are still traumatized and lack motivation and required activity levels. Consequently, villagers expressed the need for a continuation of food aid.

#### **A summary of priority needs as stated by the respondents**

With respect to relief

- Food and relief assistance still required, since the many people still suffer from the traumatisation caused by the disaster.
- Food aid still required since prices are too high, and income not yet available.
- Provision of foods appropriate for infants and small children required.
- Provision of tents for schools required.

With respect to long term support - recovery:

- Investment in infrastructure: reconstruction of bridges, and rehabilitation of road network.
- Support to reconstruction of houses and new settlements for Tsunami victims.
- Support to return to the former source of income, rehabilitation of livelihood, rehabilitation of labour market.
- Starting capital for starting small business and to purchase agricultural tools.
- Support to rehabilitate boats and fishing tools, support to fishery sector beyond compensation of damages, modernization of fishery sector.
- Rehabilitation of school buildings.
- Water and sanitation, especially provision of clean water.
- Improvement of the health sector, malaria control programmes

#### 4. Conclusions

- The population of Simeulue still suffers **tremendously from the consequences** of the Tsunami and earthquake, loss of social and private infrastructure. Rehabilitation of houses and living conditions shows a slow progress. Support to establish new settlements in save locations is delayed due to un-clarified land owner ships. Land allocation in desired locations is required urgently.
- **Support to the rehabilitation of damaged agriculture production** area is not yet functional. Additionally, the existing traditional agricultural system is low in productivity and would require improvements.
- **Markets** in Sinabang are functioning again, but markets in remoter places are recovering slowly, due to the fact that traders lack starting capital for new stocks. The low purchasing power by the population is the major hazard for traders to take up business again. Here, livelihood recovery programme are required to support people to regain their source of income as fast as possible. Small scale credit programmes and a one time financial allocation for reconstruction is would help to speed up the recovery process.
- **Income** amounts only about one quarter to one third compared to the time pre-tsunami. Food prices are still higher than normal, with the exception of rice. Even in normal setting 64% of household expenditure is used for to purchase food. Damages on social and private infrastructure, and loss of productive assets are enormous, requiring financial investments.
- **Food consumption:** Quantity of food consumed is less than normal, but people are not starving. Variety of food consumed is still much less than in a normal situation, especially lacking fresh foods, vegetables and fruits, but also protein rich products such as fresh fish, eggs or legumes. Sub-Districts worse than others are Teuluk Dalam and Simeulue Tengah. The situation is better in Teupah Selatan and Simeulue Timur. Still, population still depends on food aid.
- **Food sources:** In a normal situation markets are the major source of foods consumed, even for rice, but also for animal products, oil and even vegetables and pulses. But prices are high, while the average income is far below the poverty-line, and is low even in non disaster times. Expenditure spend on food is high.
- **Food aid provided reaches the beneficiaries**, at the time being relief is the major source of food, while market purchase is the most important for non staple prpdicts and non disaster times. Food consumption pattern are better post earthquake than pre-earthquake (compared to the results of the nutrition surveillance system, Simeulue and are better than shown by the WFP ENA in January in Aceh Province).
- **The sub-districts** of Simeulue Tengah, Teluk Dalam and Salang are extremely difficult to access. All three sub-districts show a reduction in foods consumed and also a much lower quality in the diet. The availability of food items, but also the availability of non food items was lower than among the other sub-districts. As it was reported by villagers, food aid after the earthquake was provided irregular, amounts were unpredictable and less than before the earthquake.

## 5. Recommendations

### Further food aid required: Relief - General Food Distribution (GFD)

- Food aid requirements **for May and June GFD** are being calculated and presented in Annex 2. GFD in May and June is recommended to cover about 87% of the population. Free food distribution is required to relief families from the burden to purchase food. This will help the families to invest into their livelihood recovery. While the recovery process has to be closely monitored. After that, it is recommended to strictly phase over into a targeted approach.

Including Alafan, a total number of 67,788 people (87% of total population) are in need of food aid for May and June. The Government in co-operation with a local NGO should cover the rice requirements of 20,066 beneficiaries in 3 sub-districts. In order to ensure a more balanced diet, WFP should pursuing the option of adding additional commodities to the government provided rice ration (fish and oil). WFP in co-operation with Care International will continue to cover some 49,880 beneficiaries in the remaining 5 sub-district with the full ration.

Table 11: GFD by sub-district for May and June 2005:

Sub-District	Total Pop	Total HH	% of Populati on Bene	No. of Bene HHs	No. of Bene	CP
Simeulue Timur	25,689	6,445	79%	5,266	23,523	Care
Simeulue Tengah	9,557	2,296	91%	2,084	8,680	Satlak/PPS
Simeulue Barat	9,945	2,163	83%	1,553	7,127	Care
Teupah Selatan	8,905	2,093	94%	1,975	8,400	Care
Salang	7,803	1,686	93%	1,565	7,242	Satlak/PPS
Teupah Barat	6,944	1,599	94%	1,512	6,564	Care
Teluk Dalam	4,673	992	89%	891	4,144	Satlak/PPS
Alafan	4,266	846	100%	846	4,266	Care
Grand Total	77,782	17,274	87%	14,846	67,788	

Number of beneficiaries for oil and fish (rice by Satlak): 20,066

Number of beneficiaries for the general food basket: 49,880

PPS = Pusko Peduli Simeuleu, local NGO distribution for Satlak

- **The sub-districts of Simeulue Tengah, Teluk Dalam and Salang:** WFP should assist the Government to overcome food aid shortages in those three sub-districts, ensuring the provision of the full ration to cover nutritional requirements. WFP should complement the additional food commodities to the Government provided food ration (0.05kg fish and 0.02kg oil to be added to the 0.4kg rice provided by the Government). Since the transport costs to those places will be high, it becomes very important, that WFP would cover the transportation costs adequately.

**July and August - 2 more months targeted support:** it should be targeted to **IDPs in camps** (mainly the tsunami affected population, about 20% of total population).

Beyond the listed, support should also be provided to the most deprived 'income' groups in most affected sub-districts, such as **fishermen and daily labourer** (together 26% of total population) in Salang, Simeulue Tengah, Teupah Barat, Alafan, Simeulue Barat and Teuluk Dalam. For Simeulue Timur and Teupah Selatan support should only be provided to the IDP population, both of the areas seem to have better income opportunities. However, number of population in camps as well as a possible overlap (fishermen and daily labourer in camps) **has to be monitored in July**. Maximum number would be 36,000 people, about 46% of the population for July and August. Numbers are presented at the table below.

**Beyond August till end of year:** Since recovery process is very slow and the reconstruction of houses is being delayed, because of un-clarified land right issues people may have to stay in camps for longer than expected. Therefore GFD would still be required, but should strictly be focused on camp populations without any other income opportunity (possibly about 10% of population). Again, a close monitoring system needs to be established. Numbers are presented at the table below.

Farmers were almost equally affected and equally poor, but they are also the once with secondary income from fishing or daily labourers and the up-coming harvest would bring them some self-sufficiency of rice. However, it is important to have the **crop assessment being done soonest** as a basis for the further design of food based interventions.

The sub-districts:

- Based on qualitative reports the sub-district of **Alafan** would require support for longer (4266 people, GFD to be continued to all post tsunami IDPs, 3489, 82% of population).
- The east coast is basically the poorest area and also heavily affected by earthquake, here it is firstly **Simeulue Barat** and secondly **Teluk Dalam**, which would need a continuation of GFD support of about 2 months, or possibly phasing over into food for work where possible.
- Among the studied sub-districts the areas along the west coast, firstly **Simeulue Tengah**, secondly **Teupah Barat** and thirdly **Salang** should be the priority for extended support beyond the three months GFD. Support should be envisaged for about 2 more months, or possibly phasing over into food for work where feasible.
- In **Teupah Selatan** the socio-economic and the food security situation are acceptable in areas not affected by the tsunami. Here WFP may focus on a continuation of GFD for IDPs living in camps due to Tsunami. They may require food aid, until having settled in a newly opened area (as before, about 1,204 IDPs under the Tsunami GFD).
- Various indicators show a better situation for **Simeulue Timur**, which should be the area where food aid would phase out first. Here daily labourer and also fishermen would have

better job opportunities, access to markets functioning etc. Still GFD to populations in camps should continue.

- **Socialization:** The further provision of GFD should go along with close monitoring on the need and the use of the food provided. However, proper socialization is also of high importance to the beneficiaries, as they should properly be informed on their entitlement, the time of distribution and the duration of support. Only if support is predictable, it can be used effectively and household resources can properly be planned and allocated to support households recovery.

Table 12: Suggestion for targeted GFD for July and August 2005 and beyond

	Sub-District Population		GFD based in source of income July – Aug.				GFD for IDPs July - Aug.		GFD beyond Aug, till end 05	
	Total No. Of HH	Total Population	Fisher-men	Casual Labour	Total	% of total	IDPs Tsunami	IDPs % of total population	IDPs No.	% of pop
Simeulue Timur	6445	28927			0		1,259	4%		0%
Simeulue Tengah	2296	9557	1197	330	1527	16%	865	9%	430	4%
Simeulue Barat	2163	9945	3115	484	3599	36%	3,500	35%	1,750	18%
Teupah Selatan	2093	8905			0		1,204	14%	400	4%
Salang	1686	7803	1210	229	1439	18%	1,753	22%	580	7%
Teupah Barat	1599	6944	1113	264	1377	20%	3,500	50%	1,750	25%
Teluk Dalam	992	4673	1267	110	1377	29%	676	14%	340	7%
Alafan	846	4,266			0		3,489	82%	2,000	47%
<b>Grand Total</b>	<b>18,120</b>	<b>81,020</b>	<b>15,110</b>	<b>5,733</b>	<b>20,843</b>	<b>26%</b>	<b>16,246</b>	<b>20%</b>	<b>7,250</b>	<b>9%</b>

Note: Possibly some of the fishermen and some of the Causal Labourer are in camps, and this may then cause an overlap.

#### From relief to programmed response – response options

- Where possible GFD should be phased over into food for work, while food for work may keep a similar food basket per family<sup>7</sup>. The ration should be slightly below the daily wage rate to ensure self-targeting, and food for work should be open to other income groups as well. However, overlap with GFD within one and the same village or family has to be avoided. Also should those families without any income opportunities have higher priority in participation. Food for work, once being set up, should possibly be continued until food security is achieved, or until other income opportunities are recovered. However, it may be realistic to plan till March next year, which would cover the gap till the next harvest.

<sup>7</sup> Food Basket GFD per person and day: 400g rice, 50g fish,, 20 g oil.

Suggested food basket per Food for Work ration per day: 1.6 to 2kg rice, 200g to 250g fish and 80g-100g oil, monetary value about 10,000Rps to 12,000Rps per day. It is supposed to serve an average family of 4 to 5 family members.

- Beyond GFD: **Food for work measures** for the rehabilitation of agriculture production areas, social infrastructure (health posts, schools, feeder roads, sanitary facilities, possibly the rehabilitation of plantations and gardens). Food for Training in agriculture, livestock, fishery and health and nutrition may also provide opportunities to cover immediate food needs combined with long term investment in human resource development at village level.
- Support to a **mother child nutrition programme (MCN)** is highly required to prevent further deterioration of the nutritional status of most vulnerable population groups and to reduce malnutrition. The programme should be implemented in a blanket approach. As discussed with the Head of the Health Department the Indonesian Red Cross could become an important partner for its implementation. While a close co-operation and collaboration with other International Organizations is important in terms of capacity building and monitoring and supervision and the provision of therapeutic feeding facilities and commodities. The start of the Mother Child Nutrition programme is under preparation and should commence by mid to end may. Its recommended to start in Teupah Barat, Teupah Selatan and Simeulue Timur: 2974 children 1 to 5 years, 1973 pregnant and lactating women, later expansion to all sub-districts: total 6424 children 1 to 5 years, 3750 PLW).<sup>8</sup>
- The start of a **school feeding programme (SFP)** is highly recommended to help children to return to school, and by that, to get back to some sort of normality, as fast as possible. The start is foreseen in Teupah Barat and Teupah Selatan and Simeulue Timur in May, while the expansion to all other Districts could take place in July 2005 after the holidays (Start in May: 5955 students and teachers, requiring about 8.5 tons (remaining about 20 school days till holidays, after expansion in July a total of about 12,247 students and teachers requiring about 22 tons of biscuits monthly<sup>9</sup>).

Table 13: Estimated number of beneficiaries for Mother Child Nutrition Programme and School Feeding Programme.

	Total Population	Total HH	MCN PLW	MCN Children	School-feeding Pgm
Simeulue Timur	25,689	6,445	355	2165	3774
Simeulue Tengah	9,577	2,296	29	195	1533
Simeulue Barat	9,945	2,163	280	1019	2000
Teupah Selatan	8,905	2,093	96	589	1130
Salang	7,803	1,686	207	645	1081
Teupah Barat	6,944	1,599	196	810	1051
Teluk Dalam	4,673	992	84	370	804
Alafan	4,266	846	103	522	874
Grand Total	77,782	17,274	1350	6315	12247

<sup>8</sup> Food basket MCN:

PLW: 250 fortified noodles per mother per day., for 30 days per months, 7.5kg per months, 45 sachets.

Children: 75g biscuits for 30 days per months, about 2.3kg per months, 30 sachets.

<sup>9</sup> Food basket for SFP: 76g fortified biscuits for every school day, maximum of 26 days per months, 4 weeks holiday in June/July and 4 weeks holiday in October.



- **Support to female headed families with small children:** The district has in total 2,065 female headed families (12% of the population). A kind of social food support should be provided for female headed families with small children (oldest child below 18 years), as it would help them to recover from the crisis<sup>10</sup>. As long as no other comprehensive social support is available, and those families are not yet covered by food aid, WFP may consider providing them with an extended GFD till August. In a long run, with support of a co-operating partner, those households could be targeted by other food based interventions, such as food for training in income generating activities, hygiene or health. They could take responsibility for a social activity within the community (i.e. taking responsibility in the administration of the school feeding programme, or for the supplementary feeding programme in the frame of the MCH, role for the supporter to the School Feeding programme, acting as distributor etc.)
- **About 625 families are headed by an adolescent :** A special social support programme may be advisable, similar to the support for female headed families. Still, WFP may want to find out more about their status. Most of them might be integrated into an extended family, and may receive food aid already, if this is not the case, they should be integrated into the extended GFD till August.
- **Social support to households accommodating children being separated due to Tsunami:** Those families may require social support, support by the Government or NGOs to cover basic household goods and basic needs, whereby food aid could be one component. Food aid would be more effective if being provided as one component of a comprehensive social support programme through a CP providing also other kinds of support. A strict registration and follow up would be required. At the time being, no such programmes are being implemented in Simeulue. However, the situation of the separated children and needs to be discussed and followed up with the Government officials and respective organizations. If their situation is most vulnerable, WFP may consider food support.
- **To overcome the deprivation** caused by the disaster, and to support a long term and sustainable development, WFP may advocate with partners, UN and INGOs, for the investment in the:
  - a) Income generating sector,** to allow people to have a better income for purchasing more nutritious foods. Particularly income for women would more likely be invested into a healthy diet.
  - b) Food production sector** to increase the self sufficiency of foods to a maximum level.
- Simeulue island shows the worst health and nutrition situation among the Aceh province, and carries the double burden of two disasters, consequently requires more intensive support than in any other district in Aceh Province. Therefore, WFP may consider to **focus relatively more financial and personal resource into the reconstruction of Simeuleu** compared to other places in Aceh province.

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<sup>10</sup> For July and August it is estimated that about 50% of the female headed households would fall into that category, about 1000 families would then require a monthly ration of 48kg of rice, 6 kg of fish, and 2.4kg oil per month (daily ration multiplied by 4 household members).

## Collaborations

- A **food and crop assessment** is highly required, assessing the immediate damages on the yields, the island wide rice availability, and the rice availability at household level with geographical differences, as well as on the long term impact on the food production areas, expected impact on the next years yields. Among others this would be the basis to decide over a continuation of long term food relief. Here, a collaboration with FAO and Care is envisaged.
- **Government capacities** in Simeulue are very limited and local or national NGOs are not easily available. It is therefore extremely important to put efforts in finding a competent partner for the implementation of food for work and or other interventions. The partner organization should have resources for instructional building, for capacity building especially in the agricultural sector. Preliminary discussion were held with representatives of GTZ, the German bilateral organization implementing a development oriented emergency programme throughout Aceh Province.
- WFP may has to explore possibilities to use own resources for investment into **Counterpart's Capacity building** (under SP5). I.e. exchange with qualified staff from Jakarta, study tours to other areas where similar programmes are implemented successfully, training courses in Nutrition and Food Security and Programme Management (project cycle management).
- The **District Health Department** requested support from WFP to co-ordinate the various actors within the nutrition sector. Here, it would be recommendable to assign a Programme Officer having experience in nutrition interventions as well as within the other sectors, to be placed (or temporarily being placed) to Simeulue.
- The Mother Child Nutrition programme needs to be **coordinated** very closely with **other organizations providing nutrition support**. Duplication should be avoided. On the other hand, synergy effects could be achieved in closely co-coordinating with others, such as Care International, Save the children, Helen Keller International, etc. Local partners could be the Indonesian red Cross. Complementary support would be required i.e recruitment and training of staff, supply of education material, monitoring and supervision of the programme. For operational and logistical issues Pusko Peduli Simeulue and Muhammadiyah might be appropriate partners.
- The successful and effective implementation of a school feeding and mother child nutrition programme depends on the **rehabilitation of the respective required infrastructure**, i.e health posts and schools. Here, WFP should collaborate with World Bank, ADB and other UN Agencies to co-ordinate funding and to allow for an acceptable time frame in implementation.

**Time frame for food based interventions**

- **General food distribution:** About 87% till June, about 46% till August, and about 10% from September to December. **Other Food based interventions**, such as food for work, food for training, mother child nutrition programme, and school feeding programme should become part of a longer term support programme of a minimum duration till the end of 2007 (possibly within the frame of a PRO).

## **Annex 1:**

### **Team Composition and Acknowledgment**

Many people have - in one way or the other - contributed to the realization of the assessment and the author would like to express sincere gratitude and thanks to all of them. Having all of them in mind, I can only name a few.

However, I deeply acknowledge the support of the dedicated Government employees for their willingness to support our assessment, and special thanks go to Satlak and its Cairman, the district and village heads and the families visited, for their openness and willingness to spend the time to answer the many questions, despite the hardship they endured. Without their support and patience the study would not have been possible.

**Posko Peduli Simuelue, a Simeulue based NGO**, provided qualified and highly motivated enumerators allowing to achieve a broad assessment coverage, they all deserve deep gratitude for their commitment and partnership, special thanks goes to Afrizal, Ahmad Ritaudin, Amondaya.A, Arief. H.R, Firdaus Ali, Raja Hasonogan, Ridwan Sani, Syafrudin Hasan, Yopie Rangga as well as their coordinator Mr. Septian Antoni and his designated deputy for their great contribution.

Food aid monitors and food distributors of **Care International Simeulue** greatly contributed to the success of the assessment. Their in-depth understanding on the food situation and their local expertise were essential for the successful completion of the assessment: Abdiyatul Badri, Adi Jonatan, Anto, Anil Darmawan, Aryo Teguh Dianda, Chandra Putra, Iyut Yosef Heribertus, Jusmimaja, Lizarmi, Ramlan, Ruhdi, Riswandi. S, Satriyun, and Sukardi.

Mrs. Jordan Hoffmann, **Care International in Australia**, being seconded from head office was a great resource person to the further development of the assessment methodology, the questionnaire, the training, the entire organization of the field phase. Over and above her great friendship and humor and was an essential element for the development of the encouraging team spirit.

I deeply appreciate the constructive discussions, as well as the personal and logistic support provided by **OCHA**, with particular attention to the support by Mrs. Cut Silvia and Mr. Kevin. Thanks also to Deswanto Marboen, **UNICEF** Aceh Province, for the co-ordination of the data entry staff.

Deep gratitude goes to involved **national and international WFP** staff for their support during planning, organization, the implementation, and the analysis of the data. Its not possible to name all of them. Nevertheless, I have to say thank you to the **WFP representative to Simeulue**, Emma Drew, being the initiator of the assessment, contributing to the design of the questionnaire, and showing an outstanding commitment to assist recovery process of the people of Simeulue. Her dedication is impressive.

## Annex 2: Estimated number of beneficiaries, relief (GFD) and recovery programme (MCN and SFP)

	Demography		GFD May/June 05		GFD July/Aug 05 Income groups (Fishermen and Daily Labourer)		GFD July/Aug 05 (IDP status) Assumption Post Tsunami Beneficiaries		GFD Aug till end 05 (IDPs only)		Recovery Programmes		
	Total No. Of HH	Total Population	GFD 04 to 06/2005	Bene targeted by GFD	Total	% of total	IDPs Tsunami	IDPs % of total population	IDPs No.	% of pop	MCN Pgm. PLW	MCN Children	School- feeding Pgm
Simeulue Timur	6445	25,689	82%	23,720	0		1,259	4%		0%	355	2165	3774
Simeulue Tengah	2296	9,577	81%	7,741	1527	16%	865	9%	430	4%	29	195	1533
Simeulue Barat	2163	9,945	95%	9,448	3599	36%	3,500	35%	1,750	18%	280	1019	2000
Teupah Selatan	2093	8,905	94%	8,371	0		1,204	14%	400	4%	96	589	1130
Salang	1686	7,803	93%	7,257	1439	18%	1,753	22%	580	7%	207	645	1081
Teupah Barat	1599	6,944	95%	6,597	1377	20%	3,500	50%	1,750	25%	196	810	1051
Teluk Dalam	992	4,673	90%	4,206	1377	29%	676	14%	340	7%	84	370	804
Alafan	846	4,266	100%	4,266	0		3,489	82%	2,000	47%	103	522	874
<b>Grand Total</b>	<b>18120</b>	<b>77,782</b>	<b>91%</b>	<b>73,931</b>	<b>20,843</b>	<b>26%</b>	<b>16,246</b>	<b>20%</b>	<b>7,250</b>	<b>9%</b>	<b>1350</b>	<b>6315</b>	<b>12247</b>

Simeulue Tengah, Salang and Teluk Dalam: Government provides rice distribution, WFP provide the additional commodities, such as fish and oil

Other Sub-Districts: WFP provides all three commodities.

Food basket GFD: per person and day: 400g rice, 50g fish and 20g oil.

Food basket: MCH: children 1 to 5 years 75g biscuits and PLW 250g noodles for 30 days per month

Food basket Schoolfeeding: school children 75g fortified biscuits for about 26 school days per months.

Note: Food support not yet listed:

1) Social support to female headed households, adolescent headed households (about 1300 families, 50% of total Female headed and 50% of total adolescent headed would than require a monthly ration of 48kg or rice, 6 kg of fish, and 2.4kg oil per months (daily ration multiplied by 4 household members). However, numbers for single headed families and numbers of orphans need to be verified.

2) Food for Work: Food quantities for FFW is being covered under GFD for July to August. Beyond that, quantities should be assessed based on the potentials available.

Table: Beneficiaries supported post tsunami by sub-districts

Sub-district	No. Beneficiaries
Alafan	3489
Simeulue Barat	3500
Simeulue Tengah	865
Simeulue Timor	1259
Teupah Selatan	1204
Teupah Barat	3500
Teluk Dalam	676
Salang	1753
<b>TOTAL</b>	<b>16246</b>

## WFP's response to the disaster on Simeulue Island, Aceh Province

### - Background and further support to Food Based Interventions -

#### **Background: The situation on Simeulue island**

On March 28 2005 an earthquake lead to en enormous destruction of infrastructure and private assets of up to 80% of households on the island of Simeuleu and Nias.

Based on the results of assessment and expert visits, WFP decided to support the affected population in Nias for a duration of 2 to 3 month after the earthquake, with a gradual decrease in numbers of people supported. Beyond that, WFP intends to phase out further food support to Nias.

The scenario is different for Simeulue island. The island of Simeulue, as shown by the results for a pre and post tsunami Food and Nutrition Surveillance System is one of the most vulnerable areas in Indonesia in general and in Aceh in particular <sup>1</sup>.

#### **WFP's support to Simeulue**

For this reason, the population will need more intensive support to overcome and fully recover from the damages caused by the disaster. Here WFP will **continue general food distribution (GFD) to 91% of the population for three months after the earthquake (GFD), covering a period till end July** (Numbers provided at table attached).

This will be followed by a **targeted approach**, focusing on population groups living in most affected and most vulnerable sub-districts (Alafan, Salang, Simeuleu Barat), focusing on population groups not being able to recover their source of income and are continuing to lead a life in temporary shelters. Here, **GFD is suggested to continue for another 2 months** (July and August). This prolonged phase of relief food support is justified by the generally vulnerable and precarious food security situation, made worse by the impact of the Tsunami firstly and by the earthquake secondly. The relief food support should allow the population to invest into the recovery of household's assets, rather than spending a high share of income on basic food items. It should also be considered, that at the time being, "a return to normal" is being delayed due to the still ongoing tremors and aftershocks, as well as new earthquakes happening regularly.

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<sup>1</sup> Almost half of the population without access to clean water and without access to electricity and 64% household food expenditure in pre-tsunami situations (National Food and Nutrition Surveillance System, CBS, 2002). The results of the nutrition baseline survey conducted post Tsunami, in March 2005, show highest rates of nutritional deficiencies within Aceh Province. The prevalence of acute malnutrition for children under 5 years in Simeuleu is higher than in any other District of Aceh province. At the same time the prevalence of chronic malnutrition among children was the second highest on Aceh province (44% stunting). Malnutrition among women is 15.6%, ranking at the second highest in of Aceh Province. Additionally levels of micro-nutrient deficiencies, indicated by the high rate of iron deficiency anemia. 70% of the children under five years and 42% of the women suffer from iron deficiency anemia (highest and third highest prevalence rates in Aceh province, respectively). Infant mortality rates are at 60 out of 1,000 born a life (among the worst 10% of Indonesian Districts and the highest within Aceh Province).

Simultaneously, required **recovery activities** are supposed to phase in. Support will be targeted to **high risk and vulnerable groups**. In collaboration with the District Health Department and PMI, WFP started to support a Mother Child Nutrition Programme. The programme is targeted towards all children 1 to 5 years as well as pregnant and lactating mothers. A school feeding programme under the umbrella of the District Education Department and the national NGO Muhammadiyah. Both programmes will start in 3 sub-districts in May and will expand to the remaining 5 sub-districts earliest possible, approx. July/August.

Other food based recovery activities are supposed to phase in where GFD is supposed to phase out, focusing on **geographical areas identified as food deficient** (food for work, food for training: presumably Alafan, Teluk Dalam, Simeulue Barat, Salang). Those activities aim to cover immediate food needs (short term) and to support the rehabilitation of the local food production (long term) at the same time. Here, a combination of food & cash for work would enhance the impact of efforts taken.

WFP plans to continue support to the island of Simeuleu beyond the actual emergency phase. Support is being ensured till end of 2005. For the year of 2005 and 2006 support is being envisaged in form of a Protracted Relief and Recovery Programme (PRRO).

However, implementation of such activities is strongly limited by the institutional capacities and human resources present or available on the island. Government Departments and NGOs would need additional technical, personnel and financial support to develop the adequate and required capacities for the implementation of food based intervention, particularly with regard to the food security and agricultural sector<sup>2</sup>.

### **Food for work & food for training**

#### **The transition from relief to recovery with particular attention to the agricultural sector – an appeal for partner support**

So far, availability of technical support to enhance Government's capacities particularly in the agricultural sector is very limited. Therefore, it may be recommendable look out for partnerships with organisations having the capacities to support the Government to successfully plan and manage the transition from a relief to recovery and to lay the ground for a sustainable development in vulnerable areas of the District.

As the next required step a joint appraisal mission between the Government, WFP, and a potential co-operating partner may be recommendable. The mission could conduct a situation analysis and do initial steps in planning of activities in collaboration with the Government and other stakeholders.

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<sup>2</sup> UN Organisation present on Simeuleu island: OCHA supports the co-ordination of the support to Simeuleu and co-ordinates between NGOs, UN and the Government. Permanently present are WFP and partly UNICEF, while FAO and WHO would not have a permanent presence on Simeuleu but are conducting visits on an interim basis or missions. International NGOs are Medicine sans de Frontiere (support to Health sector, focus on curative health care), Save the Children (community nutrition), Helen Keller International (micro-nutrient distribution), Cord Aid (Education, rehabilitation of school building) and Technisches Hilfswerk (THW) and Concern (both supporting clean water supply and rehabilitation of water sources), and Care International (support to the health sectors and rural development sector). FYI: about 40 NGOs and UN organisations are registered to support Nias island.



Information required and subjects to be considered by a joint appraisal mission to Simeulue are:

**Food security assessment:** Aiming to identify the local food availability and seasonality.

This would allow to identify geographical areas of food deficiency, as a basis for the design and targeting of food based interventions. Furthermore the assessment would give information on the duration and extent of food support required. Possibly, an adequate food ration needs to be designed based on the results<sup>3</sup>.

A livelihood assessment is under preparation by Care International. It is planned for June and July and will be conducted throughout the island. There may be a possibility for a joint assessment, or for a co-operative approach. The methodology may be discussed to ensure that relevant and required food security indicators are being considered and to ensure that the methodology allows for a geographical targeting of food based interventions. FAO was being asked to conduct a crop assessment as soon as possible to provide more information with regard to the further targeting and smooth co-ordination of the relief and recovery needs (OCHA meeting, Assessments on Simeulue, May 13 and 14, 2005).

**Identification of required support to Capacity Building:** Assess the organisational capacities with regard to the implementation of food based interventions (District level, sub-district level, village level, Agricultural Department, and other District Government and other concerned Department, i.e. social welfare).

**Assess the needs and potential for the rehabilitation of agricultural production schemes by food for work:**

- Rehabilitation of rice fields damaged by Tsunami and/or earth quake,
- Rehabilitation of existing irrigation systems damaged by Tsunami and/or earthquake.
- Improvement of existing traditional rain fed rice production systems.
- Rehabilitation of non-rice agricultural production schemes (i.e. commercial plantations such as palm tree plantations) affected by the Tsunami/earthquake (not for the opening of new schemes, but only rehabilitation of damages).

**Assess the needs of rehabilitation of social infrastructure by food for work:**

- Construction and rehabilitation of feeder roads.
- Rehabilitation and construction of school buildings (emergency building as well as permanent building).
- Rehabilitation and construction of health posts.

**Assess the possibilities of food for training in food insecure areas:**

The 'food for training' measure will be of short duration (short courses) and are not supposed to have a significant impact on households actual food availability. The food incentive is supposed to attract people to attend the training, where otherwise attendance would be low due to low awareness and due to household's occupation to ensure the immediate and daily food needs. The food incentive is supported to compensate for the time trainings are attended.

Potentially trainings in the sector of:

- Support to the introduction of innovative agricultural production methods.
- Animal husbandry.
- Health and nutrition, community based trainings.

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<sup>3</sup> In order to allow for a self targeting approach and to avoid a competition with the local wage market, the economic value (the local market value) of the ration should be slightly below local daily wage rate.

- Small scale income generating activities.

An assessment of training needs, ongoing trainings conducted by NGO and/or Government and peoples attention to the courses could be included as well.

**The implementation of food & cash for work – the role of a Co-operating Partner (CPs):**

As a cross cutting subject the CP should focus on building Governments and local partners capacities in the implementation of food based interventions, with particular attention to the food security and agricultural sector.

Support the participatory village planning and implementation of food for work schemes.

Verify and ensure proper targeting of the food based intervention, set standards for the combination of food & cash for work.

Verify and management the cash component to complementing the food ration (food/cash for work).

Provide guidance and technical supervision of the schemes (CP and Agriculture Department).

Ensure monitoring of the proper distribution and use of food incentive to the participants.  
Evaluation of the effectiveness of the scheme.

Support community and Government in maintaining and properly use the scheme implemented (i.e. clarification on responsibilities and ownerships, maintenance plan, user group training, etc.).

Prepared by:  
Silvia Kaufmann, WFP Banda Aceh,  
May 26, 2005

### Population, source of income, and WFPs food support to Simeulue island:

	Source of Income							Total Population	GFD 04 to 06/2005	Bene targeted by GFD	Mother Child Programme		
	Fisher-man	Employed	Traders	Agriculture	Casual Labour	Other Sources	Total No. Of HH				MCH Pgm. PLW	MCH Children	School-feeding Pgm
Simeulue Timur	1323	1179	596	2078	981	564	6445	25,689	82%	23,720	355	2165	3774
Simeulue Tengah	272	212	199	1804	75	6	2296	9,577	81%	7,741	29	195	1533
Simeulue Barat	708	109	154	2559	110	67	2163	9,945	95%	9,448	280	1019	2000
Teupah Selatan	315	118	138	1517	0	6	2093	8,905	94%	8,371	96	589	1130
Salang	275	121	79	1384	52	0	1686	7,803	93%	7,257	207	645	1081
Teupah Barat	253	87	73	1116	60	8	1599	6,944	95%	6,597	196	810	1051
Teluk Dalam	288	101	86	498	25	5	992	4,673	90%	4,206	84	370	804
Alafan							846	4,266	100%	4,266	103	522	874
<b>Grand Total</b>	<b>3434</b>	<b>1927</b>	<b>1325</b>	<b>10956</b>	<b>1303</b>	<b>656</b>	<b>18120</b>	<b>77,782</b>	<b>91%</b>	<b>73,931</b>	<b>1350</b>	<b>6315</b>	<b>12247</b>

Simeulue Timur, Salang and Teluk Dalam: Satlak provides rice distribution, WFP provide the additional commodities, such as fish and oil  
Other Sub-Districts: WFP provides all three commodities.

Food basket GFD: per person and day: 400g rice, 50g fish and 20g oil.

Food basket: MCH: children 1 to 5 years 75g biscuits and PLW 250g noodles for 30 days per month

Food basket Schoolfeeding: school children 75g fortified biscuits for about 26 school days per months.

### Source of income and impact of disaster

Source of income	Fishermen	Employment	Trading	Agriculture	Casual Labour	Others
No. of HH	<b>3,497</b>	<b>2,650</b>	<b>1,403</b>	<b>11,022</b>	<b>1,984</b>	<b>656</b>
% of total	15%	12%	6%	49%	9%	3%
% lost source of income	73%	3%	38%	30%	64%	52%

In total: 44% of all households lost their source of income

# Earthquake and Tsunami disaster in Simeulue Island/Indonesia

## Outline for a household visit/interview guide

Sub-district:		Village/neighbourhood:		
Date and Surveyor:		Village of origin:		
No. of household visited:		IDP site (if relevant):		
<b>Status of displacement:</b> Living at former house (less affected)? Living in a camp? Living in with host family? If displaced, since when?				
Household composition		Number before	Number now (people under same roof)	
	Men >18 years Women > 18 years			
	Boys 5-17 years Girls 5-17 years			
	Boys <5 years Girls < 5 years			
	Total household size			
Housing	<b>Before</b> <ul style="list-style-type: none"> <li>• House</li> <li>• Radio</li> <li>• TV</li> <li>• Refrigerator</li> <li>• Stove</li> <li>• Others</li> </ul>	<b>Lost or destroyed:</b> <ul style="list-style-type: none"> <li>• House</li> <li>• Radio</li> <li>• TV</li> <li>• Refrigerator</li> <li>• Stove</li> <li>• Others</li> </ul>	If displaced, do you want to return to your village Yes If yes, when? No	
Principal means of livelihood	<b>Before:</b> fishing farming employed trade casual labour own business (taxi, truck, etc.) others		<b>Now:</b> fishing farming employed trade casual labour own business (taxi, truck, etc.) others	

Principal productive assets	<b>Before:</b>		<b>Now:</b>		
	boat, bicycle skilled household member farming land Livestock truck/taxi owner Rice stock Others		boat bicycle skilled household member farming land Livestock truck/taxi owner Rice stock Others		
Access to a market	Does the household have access to a functioning market? Yes / No  If so, how far is it? How long does it take to walk there?  ...	Items on sale	Available?		How do prices compare with what would be normal at this season?
			Yes	No	
		Staple foods such as rice/ noodles Animal products such as milk/eggs/meat/ fish Pulses such as beans, tahu/tempeh Vegetables and fruits Cooking oil <b>Sugar</b>			
		Soap Basic sanitation supplies Inputs for productive activities (seeds, fishing nets and lines, fertilizers, tools, machete)			

Sources of food	Fishing/hunting/gathering Own production Market purchases From social networks From relief distributions Other sources...	Which was/is the most important source of food (#1), then #2, #3?		How are things expected to change in the next few weeks?
		Before	Now	

Current consumption	Yesterday, how many meals did you have? ...	How many times did you have foods of the following food groups		
	How many days will household rice stocks last? .....	Staple foods such as rice/ noodles Animal products such as milk/eggs/meat/ fish Pulses such as beans, tahu/tempeh Vegetables and fruits Cooking oil Sugar	Number	Source of food
Sources of income	How many days you're your other household food stocks last? .....	Which was/is the most important source of income (#1), then #2, #3?		How are things expected to change in the next few weeks?
		Before	Now	
	Suitable foods for young children Yes/no			
General observations of surveyor	Employment	Before		How has this affected the household if at all??
	Sale of agricultures produce	After		
	Sale of livestock			
Additional observations:	Cash received from social networks			
	Cash relief			
	Other sources...			
Additional observations:	What was average income for your household?	Before	After	

# Earthquake and Tsunami disaster in Simeulue Island/Indonesia

## Outline for a community group interview guide

Sub-district:	Village:			
Surveyor:	Village of origin (if relevant) :			
Date:	IDP site (if relevant):			
Village No #				
Extent of damage	Totally damaged: <ul style="list-style-type: none"> <li>No. of Houses in the village: _____ No. of houses damaged: _____</li> <li>Livelihood sources (loss in %): _____</li> <li>Schools before: _____ Totally damaged: _____ Partially damaged: _____</li> <li>Health post before: _____ Totally damaged: _____ Partially damaged: _____</li> <li>Livestock (loss in %) _____</li> </ul>			
	How many households were dependent on the following activities for their livelihoods?		How many people does the community have?	
	a) fishing	a)	Men >18 years	
	b) wage employment	b)	Women > 18 years	
	c) trading	c)	Boys 5-17 years	
d) cultivation	d)	Girls 5-17 years		
e) casual labour	e)	Boys <5 years		
f) other...	f)	Girls < 5 years		
Population details	Total number of households	Total number of households receiving tsunami aid	Total population:	
	How many households have:  A women headed household	An adolescent headed household	Number of disabled (physically and mentally) ....	
Displacement		No. of households	The number expected to return to normal	When they are expected to return
	In camps			
	IDP with host families			
	Households hosting / supporting other IDP's			

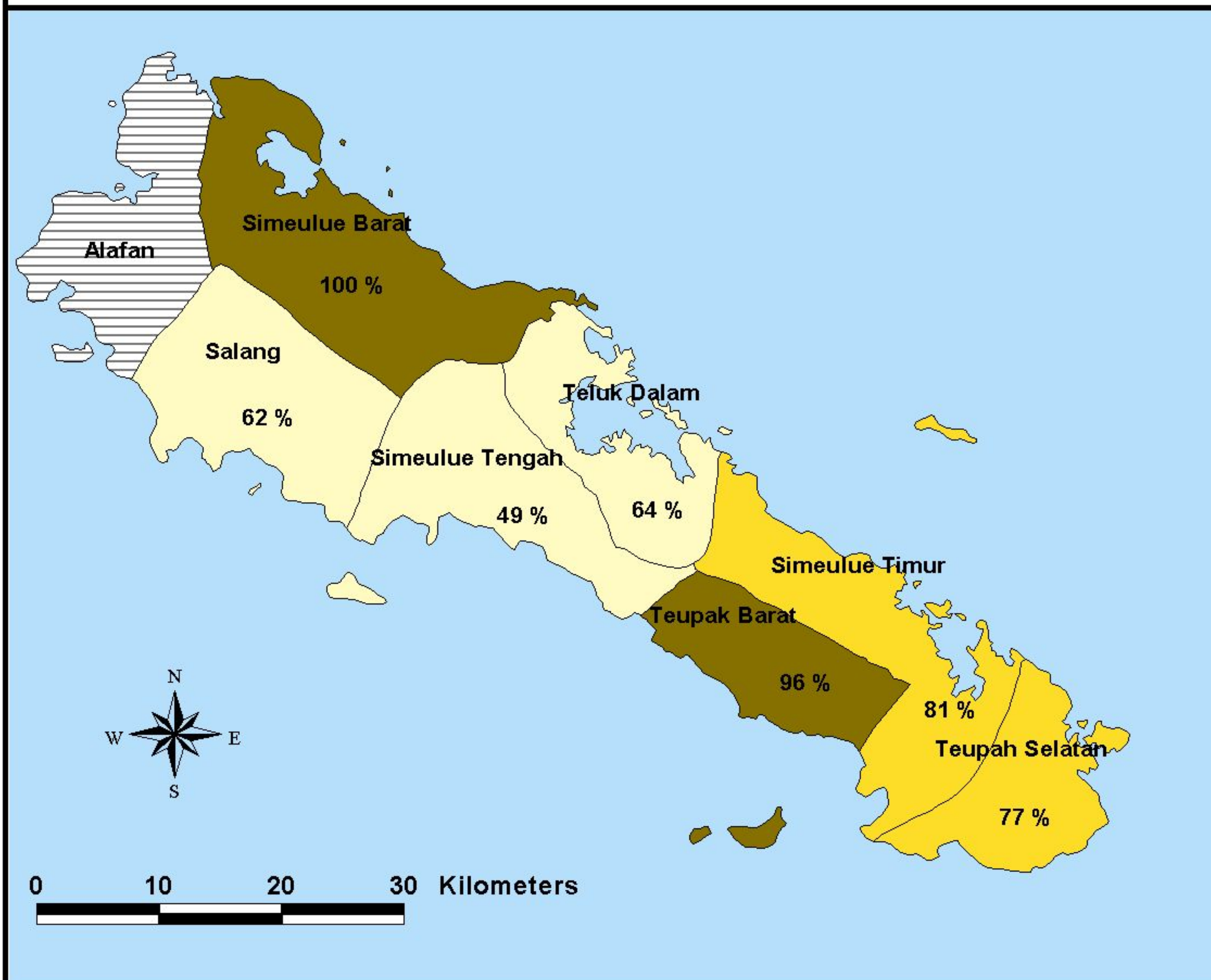
		Items for sale	Availability compared to seasonal norm	Prices compared with seasonal norm
Markets	Distance from the community to the nearest functioning market? ...	Basic staples such as rice, noodles, etc.		
	What has been the impact on the availability and movement of goods? ...	Animal products, such as fish, chicken, meat, eggs Pulses/legumes such as soy beans, mung beans, peanuts, etc. Vegetables and fruits Cooking oil <b>Sugar</b> Cooking fuel		
		Soap for bathing and cleaning Basic sanitation supplies such as brooms, mops, etc Inputs for productive activities		
Impact on means of	Livelihood group How many households were dependent on	What has been the impact on these means of livelihood – on households' livelihood assets and on employment and marketing opportunities?		



livelihood	1) fishing	1)		
	2) employed	2)		
	3) trading	3)		
	4) cultivation	4)		
	5) casual labour	5)		
	6) Livestock	6)		
	7) food stocks	7)		
	8) other...	8)		
	9) Average income pattern	9)	i.e. Trauma, destruction, change in environment, change in community needs	
	10) Frequency of meals	10)		
	11) Quantity of food consumed	11)		
	12) Quality of food (diversity, number of food items).	12)		
Impact on Food Consumption				
Prospects for recovery of livelihoods	Livelihood group	What are the prerequisites for recovery?	When may livelihoods recover?	
	a) fishing .....	a)	a)	
	b) employed.....	b)	b)	
	c) trading.....	c)	c)	
	d) cultivation.....	d)	d)	
	e) casual labour.....	e)	e)	
	f) other...	f)	f)	
Availability of food, and other essentials for the affected people	a) Basic food items b) Foods suitable for young children & sick/elderly people c) others	Available?		
		Yes	No	

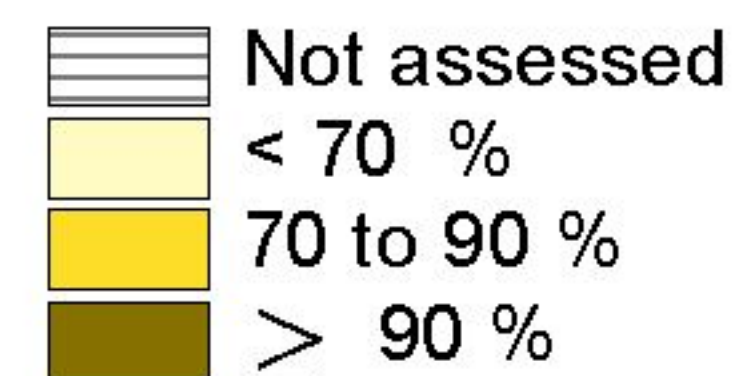
Education		Yes	No	c) if no, how many are not going and why
	a) Is there a school in the community			
	a) Are there enough desks for the children in the school			
	b) Do all children go to primary school			
Previous food aid support (2004)	How many households were receiving rice subsidies from the government prior to disasters:			
Constraints	(e.g. logistics constraints; institutional/administrative constraints) What do the community networks need to function better			
Additional observations:				

# Living situation



Presented as percentage of population living in camps, tents or with host families

## Legend



Source: EFNA, village assessment, all villages out of the 7 sub-districts

Simeulue Emergency  
Food Needs Assessment  
May 2005

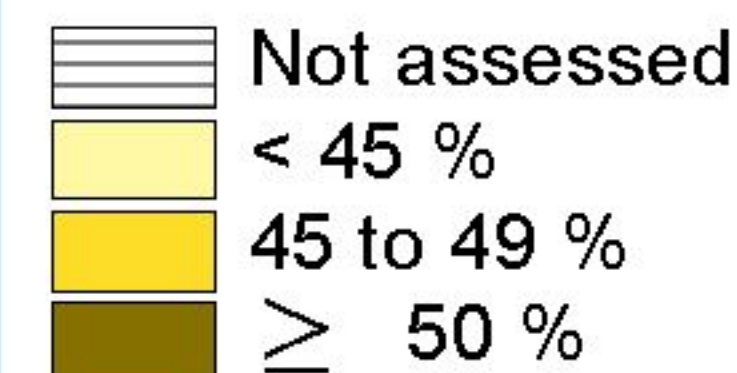


## Impact on infrastructure



In % of buildings lost  
(composite indicator for  
loss of private concrete  
and wooden residences,  
health posts and schools)

### Legend



Source: EFNA, village assessment, all villages out of the 7 sub-districts

Simeulue Emergency  
Food Needs Assessment  
May 2005

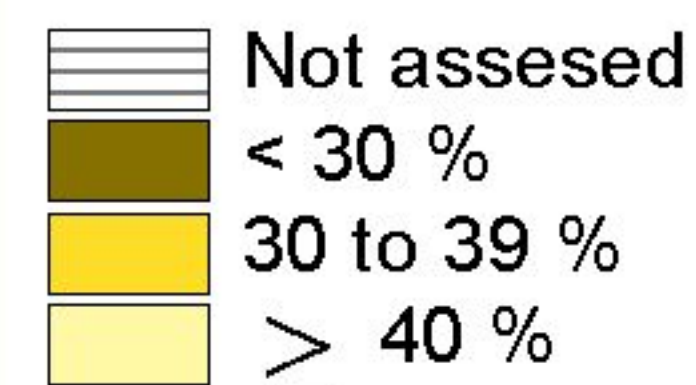


# Impact on income



Current income presented  
as percentage of pre-disaster  
income

## Legend



Source: EFNA - household assessment, 180 households, 18 sampled villages out of 7 sub-districts

Simeulue Emergency  
Food Needs Assessment  
May 2005

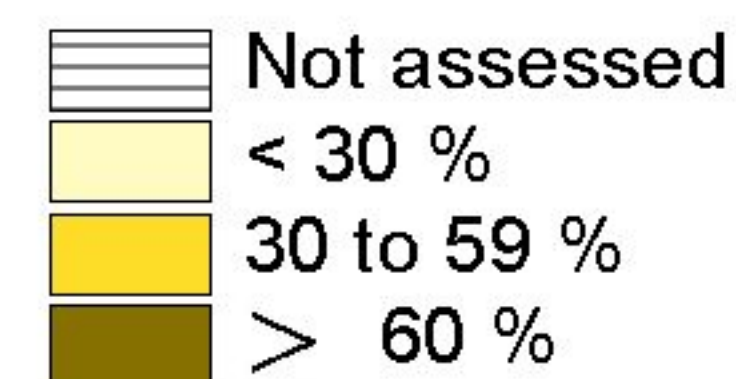


# Loss of rice stocks



In % of households that have lost their rice stocks

## Legend



Source: EFNA - household assessment, 180 households, 18 sampled villages out of 7 sub-districts

Simeulue Emergency  
Food Needs Assessment  
May 2005

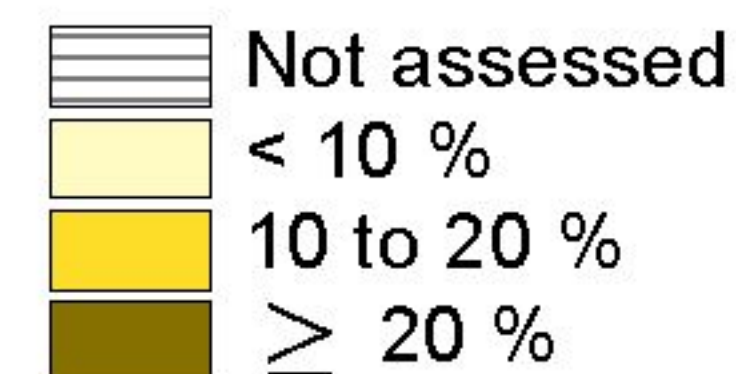


# Loss of fishing tools



In % of households that have lost their fishing tools

## Legend

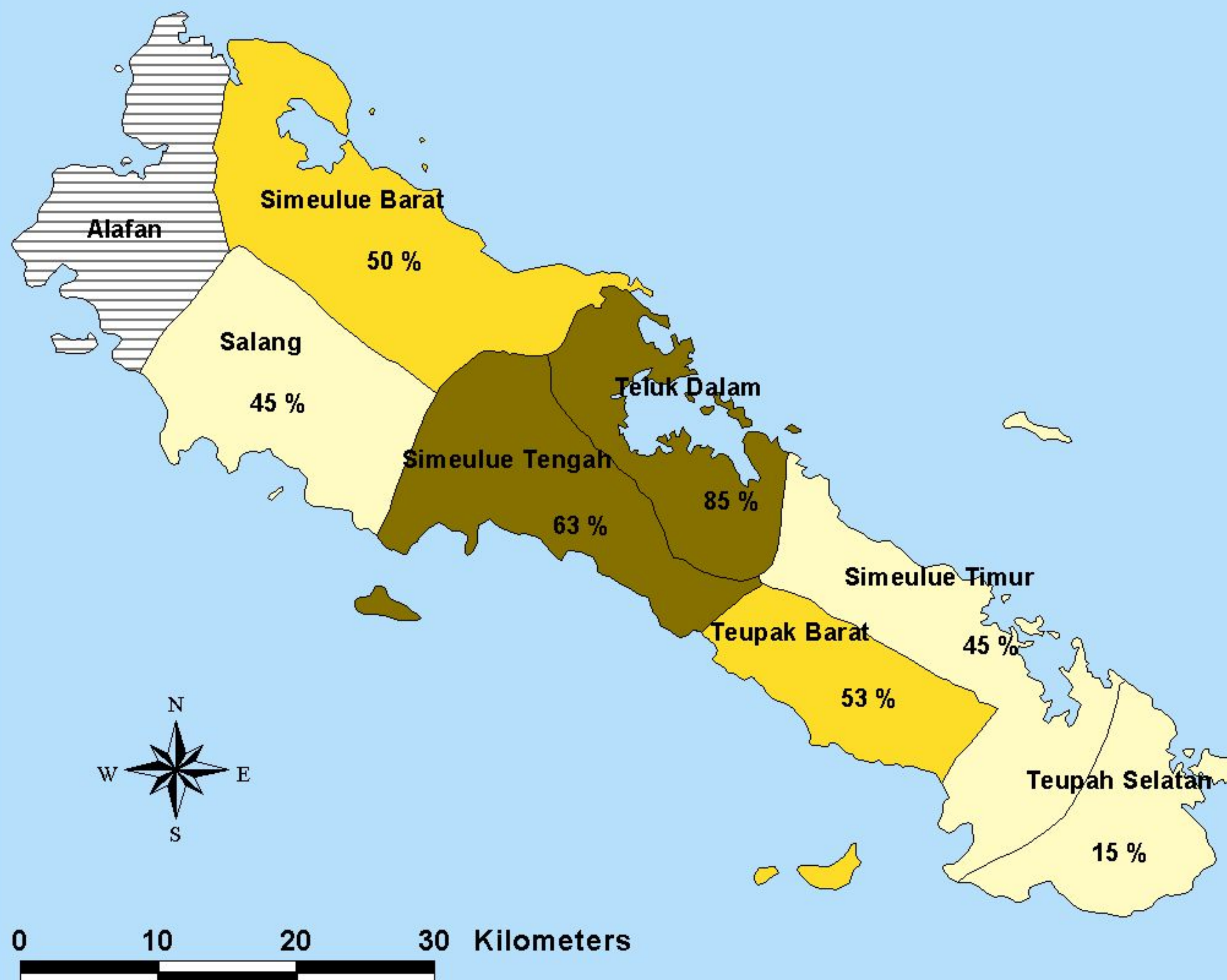


Source: EFNA - household assessment, 180 households, 18 sampled villages out of 7 sub-districts

Simeulue Emergency  
Food Needs Assessment  
May 2005

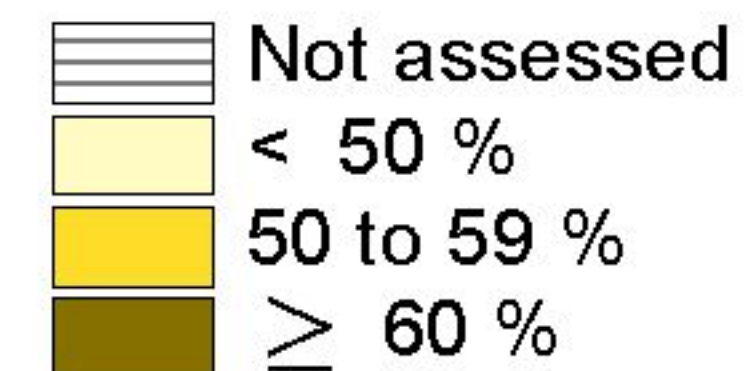


# Food consumption



In % of households having a very poor diet (composite indicator score based on number of food items consumed)

## Legend



Source: EFNA - household assessment, 180 households, 18 sampled villages out of 7 sub-districts

Simeulue Emergency  
Food Needs Assessment  
May 2005