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DREF operation update

Indonesia: Aceh Earthquake



DREF Operation n° MDRID011	GLIDE n° EQ-2016-000127-IDN
DREF update n° 1; 27 February 2017	Timeframe covered by this update: 7 December 2016 to 31 January 2017
Operation start date: 7 December 2016	Operation timeframe: 5.5months (until 31 May 2017)
Overall operation budget: CHF 941,847 ¹	DREF amount allocated: CHF 374,880
Number of people affected: 66,064 displaced	Number of people to be assisted: 5,000
Red Cross Red Crescent Movement partners actively involved in the operation: PMI works with the IFRC and ICRC as well as American Red Cross, Australian Red Cross, Canadian Red Cross and Japanese Red Cross Society in-country.	
Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. They include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies.	

Summary of major revisions made to emergency plan of action:

The Government of Indonesia has identified a total of 250 villages that are mostly affected from three districts (Bireuen, Pidie and Pidie Jaya) and PMI has decided to focus its assistance on 60 of those villages for recovery support. PMI has raised around CHF 2 million (almost 50% from IFRC including DREF and DFAT funding) for this operation. The operation covers health, water, sanitation and hygiene promotion, shelter and livelihood.

This report covers the overall contributions to PMI from the IFRC of CHF 941,847, including the DREF allocation (CHF 374,880) and the Australian Department of Foreign Affairs and Trade (DFAT) contribution of (CHF 528,320). The DREF funding is focusing emergency shelter, drinking water, hygiene promotion and health along with RDRT deployment for peer to peer learning. DFAT funding mainly focuses on cash transfers programming aimed at addressing shelter and livelihood needs. The DFAT funding also supports in mainstreaming disaster risk reduction (DRR) into recovery operation as well as enhancing National Society capacity, with focus on the Pidie Jaya Red Cross Chapter.

A market survey was carried out during second and third week of December 2016, which highlighted the viability of a cash transfer programme. Considering the culture of the affected community and geographical situation, PMI has opted for conditional cash grants. Funding allocated for cash grants from DREF will be focused to water distribution instead of unconditional as per the needs and consultations with local authority and affected people. PMI will work with Bank Rakyat Indonesia (BRI) for cash transfer programme. Cash transfers programme for water, shelter and household kits and livelihood will be conducted in parallel.

PMI will not procure extra blankets as well as water purification tablet as per the original plan. Blankets are not required given the tropical climate and water purification tablets was not well accepted by communities and they also recommended alternative solutions. These changes have been discussed with the authorities and agreed with the affected communities.

The President of Republic of Indonesia has stated that government will provide funds to help the renovation of homes damaged by the earthquake in Aceh. The funds will fall into two categories: the heavy damage (IDR 40 million) and moderately damage (IDR 20 million). The assessment and verification of beneficiaries is still on-going. Selected beneficiaries will be validated by the decree of governor and regents. PMI will coordinate with respective government office in field to conduct cash transfers programme on shelter to avoid duplication.

¹ Inclusive of response beyond the DREF allocation.

PMI has established an operation hub in Pidie Jaya, from where its response to the Aceh earthquake is being coordinated. PMI has recruited a finance assistant in Pidie Jaya to facilitate the financial transition and bookkeeping.

In Indonesia, the Shelter Sub-Cluster falls under the Protection and Displacement Cluster led by the Ministry of Social Affairs (MOSA). Guidelines for National Cluster for Displacement and Protection refer to the cluster (and sub-clusters) that can be active pre, during and post disaster scenarios. On the Pidie Jaya Earthquake operation, it has been well recognized by all stakeholders that there has been no formal coordinator designation of the Shelter Sub-Cluster and it has been considered that there are significant needs for coordination support to improve overall shelter programming. IFRC, in close coordination and in support of MOSA, has undertaken a scoping mission in Pidie Jaya to determine the coordination needs and opportunity for provision of coordination support and the potential technical shelter solutions related to temporary shelter. A report of the mission will be available in coming weeks and will inform the next steps.

A. Situation analysis

Description of the disaster

A 6.4 magnitude earthquake struck off Pidie Jaya District, province of Aceh in Sumatra Island, Indonesia, around 05:00 local time, on Wednesday 7 December 2016. The national disaster management agency's (BNPB) and the regional disaster management agency (BPBD) are coordinating the response. As per latest information, at least 104 people lost their lives and more than 11,378 houses, including shops, office building, schools, mosques and hospitals, were damaged. A total of 85,161 people were affected, with 857 injured. There has also been damage to roads, hampering access to some of the affected areas. Water sources were damaged and people are still depending on water distribution. The health institutions are not yet fully functional. According to the US Geological Survey (USGS), the quake was centred 17 kilometres northeast of Pidie Jaya – around 121 km southeast of Banda Aceh – and had a depth of 10 km. There was no risk of a tsunami.

Summary of current response

Overview of Host National Society

PMI has been on the ground from the onset, with its base units mobilizing volunteers, many of whom are members of the affected communities, to support search, rescue and retrieval efforts, delivery of immediate assistance and undertake rapid assessments. Additional volunteers and trained emergency responders have also been deployed to the affected areas from neighbouring provinces and districts. To date, PMI has mobilized more than 200 staff and volunteers for the response.

The National Society mobilized six ambulances (with medical crew) from Aceh, North Sumatra and Binjai, as well as one double cabin vehicle and two operational vehicles (for evacuation) from its base units in Bireun and Lhoksumawe. PMI also mobilized ten water trucks to the affected area to meet immediate water needs. Around 60 water sources were identified, from where the trucks have been collecting water for distribution to affected population. Prior to distributing the water, PMI cleaned the water sources and made them accessible to water trucks.



PMI has been involving in non-food items, health, water, sanitation and Hygiene promotion, shelter and livelihood. Photo Credit: PMI

PMI NHQ dispatched 300 body bags and relief supplies including 1,100 blankets, 1,000 family kits, 2,400 hygiene kits and 3,700 tarpaulins from its warehouses in Aceh and Banten. PMI had additional support of 1500 family kits, 2,200 tarpaulins and 100 tents from the Australian Government, through DFAT, to its district chapter at Pidie Jaya.

Due to damaged health facilities and injuries resulting from the earthquake, there has been an increased need for medical services. Two of the main public hospitals collapsed. In order to support the health in emergency services, the national headquarters of PMI has deployed three emergency medical teams to augment the existing medical services in affected areas. Each team comprises of three orthopaedics, one anaesthesiologist, one internist, one doctor specialized in medical rehabilitation, five general practitioners and four nurses.

A video highlighting the main components of PMI's response from the emergency phase to this stage can be accessed at: <https://drive.google.com/file/d/0B4pOLKGNkZSWQU9udEZBML9zcms/view?usp=sharing>

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Support Team (CCST) in Jakarta is providing financial, technical and coordination support to PMI both at national and provincial/district levels.

PMI has been working with BNPB (National Agency of Disaster Management) at national and provincial/district levels, the Ministry of Health (MOH) and the Ministry of Social Affairs (MOSA) to provide humanitarian assistance to people affected by the earthquake. PMI is also in close coordination with the District Health Office (DHO) to offer clinical assistance on the immediate medical needs of injured people, especially those who need further medical assistance.

PMI is also coordinating with in country participating National Societies such as American Red Cross, Japanese Red Cross and Canadian Red Cross.

Overview of non-RCRC actors in country

The President of Indonesia visited Pidie Jaya on Friday, 9 December 2016. He instructed BNPB, government ministries and local governments to provide assistance to the affected people, including in recovery.

A command post was activated and led by the Vice Regent of Pidie Jaya. A media centre has also been established at the command centre. The Ministry of Public Works deployed four water tanks, 70 public hydrants, 80 mobile toilets, and heavy equipment (loaders, stonebreaker, and excavators). As per plan, the ministry is conducting an structural assessment of public buildings and facilities, such as schools and places of worship.

The MoH, through health cluster, has distributed baby food², complementary food, for pregnant and breastfeeding women and school children. MoH also deployed its Rapid Health Assessment (RHA) and Public Health Rapid Response Team (PHRRT) to ensure continuous assessment of health needs and provision of healthcare.

The Indonesian Armed Forces (TNI) set up a military field hospital consisting of one operation room, two general practice area, care unit (8 tents, 100 beds), and one urgent care. BNPB, BNPB, Ministry of Public Works, Ministry of Social Affairs, Ministry of Health and Basarnas officials have been in the disaster areas to help BPBD (Regional Disaster Management Agency). Clearing/cleaning efforts are still ongoing in the three affected districts. BPBD set up posts at the district office in Samalanga to monitor progress and assess the resident's losses.

Coordination of Shelter Sub-Cluster

The government activated National Health Cluster and National Displacement and Protection Cluster. PMI has been part of clusters meetings. The clusters were mainly responsible for emergency medical services, psychosocial support, epidemic control, WASH and shelter. It has been well recognized by all stakeholders that there has been no formal coordinator designation of the Shelter Sub-Cluster for the earthquake response, despite significant needs for coordination support to improve overall shelter programming. To address this concern, IFRC, in close coordination and in support of MOSA, has undertaken a scoping mission in Pidie Jaya to determine the coordination needs and opportunity for provision of coordination support and the potential technical shelter solutions related to temporary shelter. The key purposes of the scoping mission were: to understand the existing shelter response and planned shelter activities along with involved humanitarian agencies and government departments; understand gaps in coordination capacity, including meetings with relevant partners; understand gaps in the current response packages and strategy (primarily thought to be between emergency shelter and recovery, i.e. temporary, transitional or early recovery shelter support); understand capacity building needs for the shelter team in MOSA/ members of shelter sub-cluster; and, to identify the method and resources required for capacity building. A report of the mission will be available in coming weeks and will inform the next steps. The recommendations from this scoping mission are expected to propose the next steps towards improving coordination mechanisms in shelter-sub cluster as well as the national cluster of displacement and protection, not only during the response phase but also in preparedness and post-disaster at national and district levels. Moreover, the lessons learned from the field are also expected to enhance the capacity of both national and local governments in responding to future potential disaster events. IFRC is expected to play a key role in supporting MOSA on enhancing cluster coordination capacity.

Needs analysis and scenario planning

PMI reviewed assessment reports and analysed the needs with considerations of information from BNPB and BPBD – situation reports by AHA Centre and media reports and has determined to focus as follows:

Psychosocial support

Some survivors are displaying signs of trauma, with several apprehensive of going indoors for fear of aftershocks. In addition, some survivors lost close family members, friends or neighbours. PMI will continue to provide psychosocial

² The target areas for the baby food distribution also taken into account of areas where clean water supply is available and accessible by the recipients of aid.

support in affected communities. The local volunteers will be trained by trained people of PMI/HQ and neighbouring chapters prior to their mobilization.

Health

Detailed surveys and secondary data show a substantial impact on health facilities, including the Pidie Jaya Hospital, resulting in the disruption of health services. The capacity of facilities is stretched, especially because of the significant number of earthquake-related injuries. Furthermore, survivors who sustained serious injuries need crutches and wheelchairs to prevent deterioration of conditions and support their mobility. PMI has identified those people and items are being distributed. To address these needs, PMI will continue activities such as first aid services, mobile clinic to Pidie Jaya, and providing crutches and wheelchairs to survivors who have sustained serious injuries. The common health issues identified in the affected areas are upper respiratory disease, dermatitis and diarrhoea. Further assessment is required to determine the current nutritional status of the vulnerable group (children under five, elderly, pregnant and lactating women).

Non-food relief

Given the displacement and disruption of day-to-day activities, there was a need for the provision of non-food relief, especially in 60 most affected villages identified as most vulnerable. In response, PMI provided essential relief items such as family kits from their existing stocks. The procurement of family kits, for replenishment, is in progress.

Cash Grants

Market assessments are completed, The assessment focused livelihood, household items, shelter kits and drinking water in line of needs for the affected population. After conducting a market survey, PMI decided to focus on three activities for cash grants; livelihood, drinking water and shelter kits plus household items. PMI will provide cash transfers in two instalments spread within a gap of one-week maximum. PMI will mobilize trained volunteers to monitor the use of the first instalment before issuing the second instalment.

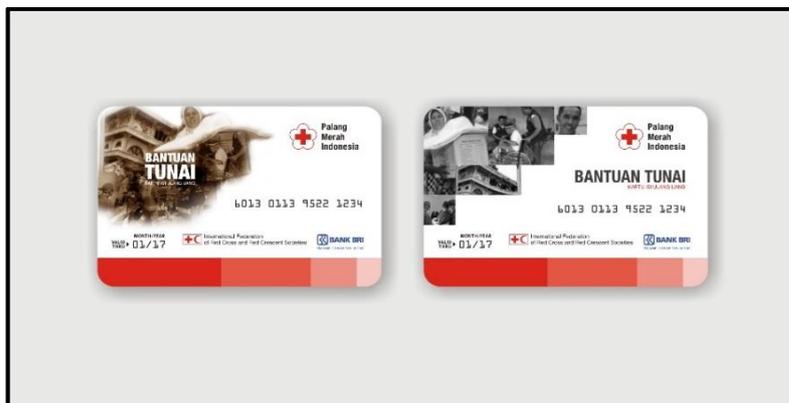


Figure 1: Beneficiary card for CTP

Cash transfers utilizing DREF will enable families to obtain safe drinking water. The grants will be conditional based on consultations with stakeholders. PMI will utilize Brizzi³ smart card for cash grants. In addition to cash transfers using DREF funding, conditional cash transfers using DFAT funds will focus on shelter and household items and livelihood. Standard operating procedures for CTP have been developed and will soon be endorsed by PMI leadership. A separate plan of action has been developed for CTP activities and will be completed by end of March.

Shelter

In the immediate aftermath of the earthquake, considering that many survivors were apprehensive of going back indoors for fear of aftershocks, PMI provided emergency shelter assistance. This included distribution of shelter kits and tarpaulins to ensure that affected families were not exposed to harsh weather elements. PMI distributed tarpaulins and other tools from their stocks. The replenishment of PMI stocks utilized for the first response is in progress.

Families whose houses have been damaged will need assistance to undertake repairs to their damaged homes. Conditional cash grants will give the affected households the option of obtaining their choice of shelter and household materials, where feasible. The market survey conducted in December 2016 identified the shelter and household items such as shelter kit and household kit. Those items will be part of shelter's cash grants. This activity will be carried out in close coordination with respective government officials to avoid duplication. 500 families will be provided with this support utilizing DFAT funds. The criteria for beneficiaries' selection is outlined in standard operating procedure. PMI will focus on 41 villages in nine sub-districts within the three affected districts.

Water

There is a disruption of water supply in some of the affected areas, including due to damage of water sources or water distribution lines. Displaced families also need to access safe water in areas where they have temporarily settled. PMI is continuing to provide safe water via water trucking. Instead of providing water purification tablets, PMI will clean and repair the water sources, which is more sustainable and is better accepted by local communities. PMI will use funds mobilized from other sources to assist affected communities to rehabilitate damaged water sources.

Hygiene

³Brizzi is made by BRI electronic money that can be used in the 1100 merchants who have cooperated with BRI (Bank Rakyat Indonesia). Now, there are already 450 thousand cards Brizzi spread in Indonesia.

Hundreds of families are still in temporary settlements and the rainy season is currently ongoing, with the potential of compounding the health and hygiene situation, especially linked to inadequate shelter conditions that leave affected people exposed to harsh weather elements. Disease prevention and health promotion activities, such as awareness rising and cleaning, will be undertaken by PMI in order to contribute towards preventing the occurrence of outbreaks of water and vector-borne diseases such as measles and dengue. PMI will also promote safe water handling and provide hygienic items.

Sanitation

The Indonesia Army has been working to clear and clean rubble from quake-affected areas as well as demolish damaged houses and community buildings. PMI volunteers are providing information about collapsed houses through local authorities to army. The army is considering all aspects of environmental sanitation so debris will not accumulate, which combined with stagnant water as a result of potential rains during the season, may pose public health risks. PMI has developed IEC materials and messages and is in the process of translating them to Acehnese (local language). Those printing materials will be distributed to the targeted areas and will complement hygiene promotion activities.

Livelihoods

PMI undertook a detail assessment and market survey in late December 2016 and decided to provide conditional cash grants for drinking water to 500 households instead of unconditional grants. PMI will focus 23 villages of six sub district from one of the affected districts. With regard to livelihoods, PMI is planning to support 500 families with agriculture inputs and livestock, with funding from Australia's DFAT.

Beneficiary selection

PMI has ensured that its interventions are aligned with its own as well as the IFRC minimum standard commitments to gender and diversity in emergency programming, for example by targeting women-headed households, pregnant or lactating women, men and boys and girls made vulnerable by the disaster, families that have not received any or sufficient assistance from the government or other organizations, those belonging to the socially vulnerable households, and those who lack relevant resources to cope with basic humanitarian needs on their own. These groups will be considered according to level of impact. For cash transfers, the beneficiary criteria have been defined in the standard operating procedures.

Feasibility and delivery capacity

The PMI has technical capacity and experience to deliver in this response with only modest support from IFRC. The disaster is localized and falls under 'Category A' of the three disaster categories portrayed in the Indonesia HCT 2016 emergency response preparedness report – which means it can be handled by the authorities and national organizations such as PMI. However, PMI has requested financial and coordination support from IFRC to scale up its response and PMI has also raised funds at the national level.

B. Operational strategy and plan

Overall Objective

To assist 5,000 people affected by the earthquake in Bireuen, Pidie and Pidie Jaya districts with appropriate immediate and medium-term assistance in a timely, effective, and efficient manner, as well as accompany them to recover and increase their resilience to future shocks.

Proposed strategy

The operation consists of closely integrated sectors aiming to provide:

1. **Immediate household needs** assistance, including distribution of essential household and **non-food items** and **conditional cash grants**;
2. **Health** interventions focusing on **psychosocial support, first aid**, deployment of an **emergency health unit**, and **provision of crutches and wheelchairs**;
3. **Water, sanitation and hygiene promotion** interventions focusing on improving access to safe water, debris clearing, and reduction in risk of diseases (water and vector-borne and water-related);
4. **Shelter and settlements** assistance to support access to safer living conditions during the initial states of the emergency by the provision of tarpaulins, followed by support to prioritize self-recovery accompanied by technical support and awareness on build back safer techniques;

Geographically, the operation focuses on 60 villages in the districts of Bireuen, Pidie and Pidie Jaya. PMI will also undertake interventions using resources it has or it will mobilize bilaterally and/or from non-Movement sources.

Crosscutting matters

PMI has considered the gender and diversity while selecting beneficiaries and providing the support. Referring community engagement and accountability, PMI is well known by the affected population and has established

communication with affected people directly through hotline and face to face dialogues. ODK (a mobile application) will be developed to collect the feedback from the beneficiaries' in the coming days.

The awareness campaigns have been organized and will be continued by PMI's trained volunteers on secondary risks such as dengue, malaria as well as other diseases because of poor sanitation and drinking of contaminated water. PMI will also work to build culture of safety, targeting schools and communities.

Operational support services

PMI has been mobilizing equipment from the Provincial Chapter in Aceh to renovate, repair and construct the community water sources. PMI has been mobilizing human resources particularly health and water and sanitation from neighbouring areas as well as Headquarters.

Human resources

The operation is implemented by the PMI base units in Bireuen, Pidie and Pidie Jaya utilizing existing staff, but with support of the Aceh Provincial chapter and the national headquarters. Where needed, the National Society has hired additional project staff who are receiving technical support and guidance from IFRC.

The IFRC deployed an Operations Manager (on temporary surge basis) to support PMI is coordinating the operation for three months. In order to continue IFRC technical support to PMI, a Senior Operations Officer has been recruited and will join the team in February. The funding for these positions is covered by Australia's DFAT.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

PMI had sufficient stocks of relief items prepositioned across various warehouses which were released to the affected areas. All in-country transportation of relief items utilizes PMI existing fleet. Procurement to replenish some relief items, such as tarpaulins, family kits and hygiene kits is in progress. PMI, the CCST and the IFRC Regional Logistics Unit (RLU) in Kuala Lumpur are exploring the best approach for procuring tarpaulins locally and ensuring that the procurement meets the IFRC standards and specifications. All other relief items will be sourced by PMI in Indonesia following local specifications.

Information technologies (IT)

Mobile phones are working well and are key means of communication. PMI has ensured that staff and volunteers involved in the operation can be reachable via mobile phones.

PMI is currently developing and preparing data collection tools by using ODK (a mobile application). It is estimated that at least 30 mobile devices and 30 volunteers are required to support data collection from the stage of selecting beneficiary, registering, validating needs to the post distribution monitoring. The ODK application will be used for all cash grants activities such as shelter and households kit, livelihood and drinking water distribution. This tool will be used to collect the feedback from the beneficiaries as well.

Communications

IFRC and PMI communications teams have developed a communications plan and are working closely together in order to build public awareness around the humanitarian needs. The revision of existing IEC materials is continuing. Key messages, talking points and news stories have been produced with particular emphasis on communication around the needs of affected people, key milestones and timelines in the operation, ensuring that the operation is well documented through audio-visual coverage and high quality photographic and video material

Security

As regards PMI staff and volunteers, the National Society's security framework is applying. For IFRC personnel, including surge support, the IFRC security framework is applied; since no IFRC staff is based in permanently in Aceh or Pidie Jaya, no additional specific security regulations are needed so far.

Planning, monitoring, evaluation, & reporting (PMER)

As decided by PMI/HQ, Pidie Jaya District Red Cross Chapter and Aceh Province Red Cross Chapter are managing the operation, including on PMER aspects. PMI/HQ – particularly Health and Disaster Management Divisions along with Communication Division – is providing support to the chapters as needed. The standard reporting template of

PMI is being used for monitoring and reporting to the IFRC, whereas the DREF and extended EPOA and related budget sheets are considered planning documents.

The IFRC Operations Manager has visited the affected areas twice with PMI leadership and technical managers and discussed with local authority, beneficiaries and Red Cross volunteers in order to provide technical and coordination support. The IFRC's Operations Coordinator from APRO also visited the affected areas.

The incoming IFRC national staff of this operation will make frequent visit to affected areas to mentor the volunteers and staff as well as work together with PMI volunteers and staff to implement the EPOA.

C. DetailedOperational Plan

Health

Needs analysis: Health rapid surveys and secondary data continue to show a substantial impact on health facilities, including the Pidie Jaya Hospital, resulting in the disruption of health services. The hospital in Pidie Jaya was evacuated and patients were moved to hospitals in Bireuen and Pidie. The capacity of these hospitals are intact but stretched, especially because of the significant number of earthquake-related recovering patients. There is also a shortage of mobility aids, such as crutches and wheelchairs, given the large number of injured. As per initial observations, there is an ongoing need to provide psychosocial support in affected communities. Given the damage to houses and the fact that some people are afraid of returning indoors due to fear of aftershocks, hundreds of families remain only partially protected from weather elements. The rainy season is currently ongoing and could complicate the health and hygiene situation. Disease prevention and health promotion activities need to continued being undertaken in order to prevent the occurrence of outbreaks of diseases, including water and vector-borne diseases. PMI will mobilize and replenish mosquito nets through its own resources.



Figure 3: PMI Mobile Clinic. Photo Credit: PMI

Population to be assisted: Up to 1,000 households in five communities to be reached with psychosocial support (support also extended to operation staff and volunteers), basic medical treatment and first aid; and up to 50 injured people will receive mobility aid equipment.

Health			
Outcome 1: The immediate and medium-term risks to the health of affected population are reduced	Outputs		% of achievement
	Output 1.1 Psychosocial needs of the affected populations are met		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Conduct psychosocial support training of trainers (ToT) for PMI staff and volunteers	X		50%
1.1.2 Conduct psychosocial support activities in communities	X		50%
1.1.3 Reproduce and distribute IEC materials on psychosocial support and child protection	X		In progress
1.1.4 Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers	X	X	In progress
	Outputs		% of achievement
	Output 1.2 Target population is provided with rapid medical management of injuries and diseases		70%
Activities	Is		% progress

	implementation on time?		(estimate)
	Yes (x)	No (x)	
1.2.1 Set up one emergency health facility in affected community and provide basic treatment	X		100%
1.2.2 Provide first aid in affected communities	X		50%
1.2.3 Provide crutches and wheelchairs to 50 injured people	X		70%
Progress towards outcomes			
<p>PMI has mobilized its personnel from neighbouring areas who are well trained on PSS. A total of 35 trained personnel and volunteers have been mobilized so far and received technical briefing prior to deployment. In order to strengthen PMI chapter in Pidie Jaya, it has been identified as specific need to conduct the specialized training on PSS during the coming weeks. PMI will still continue to deliver PSS up to end of operation since it takes longer time to assisting the communities with psychosocial and mental health problems. As of end of January, PMI had reached 2,575 people with psychosocial support, of whom 464 are children. PMI, supported by the IFRC's community engagement officer, is reviewing the existing IEC materials and will produce the IEC materials, after making adjustments.</p> <p>PMI has deployed three medical teams comprising of three orthopaedics, one anaesthesiologist, one internist, one specialized doctor for medical rehabilitation, five general practitioners, and four nurses to ensure continued delivery of health interventions in severely affected areas. The medical team has been in close coordination with the existing hospitals, district health office and health cluster team in order to ensure the effective and coordinated emergency health response. As of January, PMI had reached around 2,432 patients with general medical support including first aid, general check-up, referral for severe injuries to the health facilities. The major health issues being treated are upper respiratory disease, dermatitis and diarrhoea. PMI mobilized also seven ambulances for referral from different location. It has been observed that morbidity related to these health issues has decreased during the period when the mobile clinic was operating.</p> <p>As agreed through the coordination meetings, in addition to mobile team, PMI mobilized one orthopaedic, one anaesthesiologist, one internist, and one specialized doctor of medical rehabilitation to augment capacity at the Sigli Hospital (government hospital in Sigli District of Aceh Province).</p> <p>Furthermore, to meet the needs of survivors who sustained serious injuries – in order to prevent deterioration of conditions and support their mobility – PMI has so far provided 35 wheelchairs, 120-unit arm-slings and 135 crutches.</p>			

Water, sanitation, and hygiene promotion

Needs analysis: There is a disruption of water supply because of damaged reservoirs or water distribution lines. Displaced families also need to access safe water in areas where they have temporarily settled. PMI continues with water trucking. Acceptance of water purification tablet is very low due to customary concerns and as such PMI opted to distribute ceramic filters which have a longer life and are well accepted by local communities. Since damaged water sources need to be rehabilitated, PMI will use their bilateral funds for this purpose.

People are still afraid of returning indoors due to fear of aftershocks and the rainy season is currently on, conditions which have the potential of compounding the health and hygiene situation, especially linked to inadequate shelter conditions that leave affected people exposed to weather elements. In addition of this, disease prevention and health promotion activities need to continue in order to contribute towards preventing the occurrence of outbreaks of diseases, including water and vector-borne diseases such as dengue. There is also the need to promote safe water handling, and to provide hygienic items to reinforce practice.

The Indonesia Army has been working to clear rubble and demolishing damaged houses and community building. The army is considering all aspects of environmental sanitation so debris will not accumulate, which combined with stagnant water as a result of rains during the season, may pose public health risks. As part of its vector control efforts, PMI will focus on raising awareness about the importance of clearing debris and ensuring that community members clear spots that could potentially collect stagnant water, especially in view of the dengue threat.



Figure 2: Water distribution. Photo credit: PMI

Concerning sanitation, the national WASH Sub-Cluster has identified needs for emergency latrines in displacement sites as an intervention to address open defecation. In this regard, PMI is supporting the provision of emergency latrines in displacement sites.

Population to be assisted: Up to 1,000 households in five communities to be reached with safe water distribution and hygiene promotion activities while emergency latrines will be provided in five displacement sites.

Water, Sanitation and Hygiene			
Outcome 2. The immediate reduction in risk of waterborne and water-related diseases in targeted communities	Outputs		% of achievement
	Output 2.1. Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.1.1 Distribute safe water via temporary water distribution points	X		100%
2.1.2 Provide water purification tablets (100 per household) to affected families	Activity discontinued (PMI providing ceramic filters instead)		
2.1.3 Conduct sessions on household water treatment alongside distribution water purification tablets	PMI focusing on water purification using ceramic filters		
	Outputs		% of achievement
	Output 2.2. Hygiene-related goods which meet Sphere standards are provided to the target population		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.2.1 Distribute hygiene kits to 1,000 households	X		100%
	Outputs		% of achievement
	Output 2.3. Access to adequate sanitation facilities in displacement sites increased		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.3.1 Provide emergency latrines in displacement sites	X		100%
	Outputs		% of achievement
	Output 2.4. Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.4.1 Mobilize existing volunteers to participate in basic hygiene promotion activities	X		50%
2.4.2 Undertake hygiene promotion activities alongside distribution of hygiene kits and provision of latrines	X		50%
Progress towards outcomes			
PMI has mobilized 10 water trucks to collect water from different identified water sources for water distribution, and as of end of January had distributed 1.9 million litres of safe water in affected communities. As it has since been determined that the local communities do not prefer water purification tablets – because of the chlorine smell - PMI opted to distribute ceramic filters using its own resources. PMI is also cleaning and repairing damaged water sources.			
In addition, 1,000 hygiene kits have been distributed to affected families. To complement distributions, PMI has mobilized 20 volunteers who have undertaken hygiene promotion, reaching 1,193 people (of whom 724 are female and 469 male). Some of the topics covered in hygiene promotion sessions include hand-washing, diarrhoea			

prevention, safe water handling, and environmental sanitation.

Livelihoods

Needs analysis: PMI undertook a detail assessment and market survey in late December 2016 and decided to provide conditional cash grants for drinking water to 500 households instead of unconditional grants. PMI will focus 23 villages of six sub district from one of the affected districts. With regard to livelihoods, PMI is planning to support 500 families with agriculture inputs and livestock, with funding from Australia's DFAT.

Population to be assisted: Up to 500 households in five communities to be reached with livelihoods support (conditional cash grant). The modality will be via bank transfer in coordination with local banking service providers.

Livelihoods			
Outcome 3. Economic security of the affected households is restored	Outputs		% of achievement
		Output 3.1. Target populations are provided with cash for meeting immediate items	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
3.1.1 Select target households according to set criteria and prepare beneficiary lists	X		10%
3.1.2 Disburse unconditional cash grants to 500 households	X		10%
3.1.3 Conduct post-distribution monitoring on the usage of cash transfers (covering at least 10% of target households)	X		10%
Progress towards outcomes			
<p>Considering the culture of the community and geographical situation, PMI has decided for conditional cash grants only. Funding allocated for this purpose will be used by identified beneficiaries to procure drinking water at local level. In addition, since PMI is in process of demobilizing its water trucks, conditional cash grants will help to the specific targets group to buy safe drinking water at local level. PMI will target families with pregnant women and/or children under 5 years old.</p> <p>In preparation for cash transfers, standard operating procedures for CTP have been developed and will soon be endorsed by PMI leadership. Cash transfers for safe drinking water will be provided to 500 families using DREF funding while conditional cash transfers using DFAT funds will focus on shelter and household items and livelihood.</p> <p>Provision of cash transfers will be undertaken once local elections – scheduled for second week of February – have been undertaken. In the meantime, PMI will accomplish all preparatory work, including validation of beneficiaries. Provision of the first instalment will then be done immediately after the elections.</p>			

Shelter (including household non-food items)

Needs analysis: Given the displacement and disruption of day-to-day activities, there was a need for the provision of non-food relief, especially in areas where markets were disrupted and normal supply of goods hampered. In view of the significant damage to people's homes – and considering that many survivors were initially apprehensive of going back indoors for fear of aftershocks – there was a need for emergency shelter assistance. PMI provided essential household items and emergency shelter solutions, including distribution of tarpaulins.

Population to be assisted: Up to 1,000 households in five communities to be reached with non-food items and emergency shelter materials.

Shelter (including household non-food items)			
Outcome 4: The immediate household, shelter and settlement needs of the target population are met	Outputs		% of achievement
		Output 4.1 Target populations are provided with essential household non-food items	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	

		Yes (x)	No (x)	
4.1.1 Dispatch blankets and family kits from warehouses to affected areas		X		100%
4.1.2 Select target households according to set criteria and prepare beneficiary lists		X		100%
4.1.3 Distribute blankets (two per household) and family kits (one per household) to 1,000 households		X		100%
			Outputs	% of achievement
			Output 4.2 Target populations are provided with emergency shelter materials	100%
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		
4.2.1 Dispatch tarpaulins from the warehouses to affected areas		X		100%
4.2.2 Select target households according to set criteria and prepare beneficiary lists		X		100%
4.2.3 Distribute tarpaulins (two per household) to 1,000 households		X		100%
4.2.4 Provide basic awareness on the best use of tarpaulins to the 1,000 families		X		100%
Progress towards outcomes				
<p>PMI dispatched the required materials from their warehouses near the affected areas from the very onset of the emergency. PMI mobilized more than 200 personnel, including staff from affected areas as well as neighbouring areas, for assessments and relief operation. During the emergency phase, PMI distributed 3,700 tarpaulins, 2,400 family kits, 500 baby kits⁴, 9,000 mattresses, 100 family tents, 5 emergency tents and 1,000 blankets.</p> <p>The following criteria were mainly considered for distributions:</p> <ul style="list-style-type: none"> • Households whose homes were heavily damaged (completely collapsed or partially damages over 50%) and not received any supports or received very little supports from other individuals or organisations. • Households with of pregnant or lactating women; • Households with children under 5 years old; • Female, head Households; • Households with disabled or chronically ill people; • Households with elderly over 65 years old; <p>To complement distributions, PMI organized education sessions in temporary settlement to raise awareness on the best use of tarpaulins as well as on health, hygiene and environmental sanitation matters. Considering the weather of the earthquake areas, PMI has decided not to procure blankets for replenishment and instead redirected the budget line to meeting health and WASH needs.</p>				

Quality programming

Needs analysis: Although PMI districts and provincial offices have trained volunteers, the number of staff members is limited. Furthermore, this is the first time that a medium scale operation – with some international support – is entirely being managed by a chapter of PMI. As such, there is a need to support PMI with the reporting and documentation of the operation.

Population to be assisted: Around 250 volunteers and staff members of affected districts and Aceh province.

Quality programming				
Outcome 5. Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation		Outputs		% of achievement
		Output 5.1. Needs assessments are conducted and response plans updated according to findings		75%
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		

⁴ The baby kit consists of diapers, blanket and baby oil. It does not contain baby food.

5.1.1 Mobilize staff and volunteers for assessments	X		100%
5.1.2 Deploy one regional disaster response team (RDRT) member		X	50%
	Outputs		% of achievement
	Output 5.2. Additional assistance is considered where appropriate and incorporated into the plan		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
5.2.1 Ensure that any adjustments to initial plans are informed by continuous assessment of needs and monitoring of activities	X		100%
Progress towards outcomes			
<p>Up to 250 volunteers will be mobilized, in rotation basis, to support various activities of the response. The volunteers are covered by the IFRC insurance for volunteers.</p> <p>Relevant staff from the PMI NHQ, particularly from PMI Disaster Management Division and Health Division, are providing overall management support to the concerned PMI chapter and branches. These staff also support in conducting regular monitoring field visits to ensure interventions are implemented according to the operational plan, as well as any revision to the operational plan if necessary. Initial assessment has been completed in 62 villages in 9 sub-districts in Pidie Jaya. Through the assessments, PMI has determined that a total of 63,201 individuals are in urgent needs of health and psychosocial services.</p> <p>The PMI provincial chapter and branches in the targeted districts continue to work closely with their counterparts from health district offices and BNPB in order to analyze the evolution of the situation on the ground, as well as the potential changes in the communities' needs. Adjustments made to the initial plan have been informed by the continuous assessment of community needs and operational environment.</p> <p>In the beginning of the response, the IFRC CCST deployed two national staff (Senior WASH Officer and Senior Communication Officer) to support PMI in assessments, setting up emergency response structure, developing CEA strategy, consolidating support, and coordination of national cluster and other stakeholders. During the relief operation, an Operations Coordinator from IFRC's APRO also visited the affected areas, to complement coordination efforts, together with representatives of Australia's DFAT. Subsequently, the CCST recruited an Operations Manager (on temporary surge basis) to support PMI is coordinating the operation for three months. In order to continue IFRC technical support to PMI, a Senior Operations Officer has been recruited and will join the team in February. The funding for these positions is covered by Australia's DFAT.</p> <p>The IFRC team in Indonesia will continue providing full support to PMI counterparts as regards management and monitoring of the earthquake response operation. In late February, the team will be complemented with one RDRT member – specializing in cash and livelihoods – to guarantee further technical support to PMI as the Operations Manager ends mission. Deployment of the RDRT member is covered by DREF.</p>			



Click for:

- [DREF EPoA](#)
- [Interim financial](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.

Disaster Response Financial Report

MDRID011 - Indonesia - Aceh Earthquake

Timeframe: 10 Dec 16 to 31 May 17

Appeal Launch Date: 10 Dec 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/12-2017/1	Programme	MDRID011
Budget Timeframe	2016/12-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		374,880				374,880	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		374,880				374,880	
C4. Other Income		374,880				374,880	
C. Total Income = SUM(C1..C4)		374,880				374,880	
D. Total Funding = B + C		374,880				374,880	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		374,880				374,880	
E. Expenditure		-330,489				-330,489	
F. Closing Balance = (B + C + E)		44,391				44,391	

Disaster Response Financial Report

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Interim Report

Selected Parameters

Reporting Timeframe	2016/12-2017/1	Programme	MDRID011
Budget Timeframe	2016/12-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						374,880		
Relief items, Construction, Supplies								
Shelter - Relief	28,000						28,000	
Clothing & Textiles	58,000						58,000	
Water, Sanitation & Hygiene	55,000						55,000	
Medical & First Aid	17,050						17,050	
Other Supplies & Services	32,500						32,500	
Cash Disbursement	35,500						35,500	
Total Relief items, Construction, Sup	226,050						226,050	
Logistics, Transport & Storage								
Storage	6,000						6,000	
Distribution & Monitoring	20,700						20,700	
Transport & Vehicles Costs	18,000		426			426	17,574	
Logistics Services	16,000						16,000	
Total Logistics, Transport & Storage	60,700		426			426	60,274	
Personnel								
International Staff	5,850		1,322			1,322	4,528	
National Staff			860			860	-860	
National Society Staff	14,000						14,000	
Volunteers	16,900						16,900	
Total Personnel	36,750		2,182			2,182	34,568	
Workshops & Training								
Workshops & Training	4,250		2,174			2,174	2,076	
Total Workshops & Training	4,250		2,174			2,174	2,076	
General Expenditure								
Travel	2,400		2,281			2,281	119	
Information & Public Relations	10,250						10,250	
Office Costs	6,600						6,600	
Communications	5,000		26			26	4,974	
Financial Charges			-4			-4	4	
Shared Office and Services Costs			19			19	-19	
Total General Expenditure	24,250		2,322			2,322	21,928	
Operational Provisions								
Operational Provisions			303,215			303,215	-303,215	
Total Operational Provisions			303,215			303,215	-303,215	
Indirect Costs								
Programme & Services Support Recove	22,880		20,171			20,171	2,709	
Total Indirect Costs	22,880		20,171			20,171	2,709	
TOTAL EXPENDITURE (D)	374,880		330,489			330,489	44,391	
VARIANCE (C - D)			44,391			44,391		