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# Operation Update Report Indonesia: Aceh Migration Operation

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n° MDRID016</b>	<b>GLIDE n° OT-2020-000155-IDN</b>
<b>Operation update n° 1; Date of issue: 5/10/2020</b>	<b>Timeframe covered by this update: 03/07/2020 – 18/09/2020</b>
<b>Operation start date: 03/07/2020</b>	<b>Operation timeframe: timeframe extended to 6 months (from 4 months) and therefore ending on 31/01/2021</b>
<b>Funding requirements:</b> DREF second allocation amount CHF 157,828 (Initial DREF CHF 49,395 - Total DREF budget CHF 207,223)	
<b>N° of people being assisted:</b> 387 people (revised from the initially planned 99 people)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The IFRC Country Cluster Support Team (CCST) in Jakarta is providing technical support to Indonesian Red Cross (PMI) in planning and implementing this DREF operation and International Committee of the Red Cross (ICRC) who provides support especially in psychosocial services and Restoring Family Links.	
<b>Other partner organizations actively involved in the operation:</b> Around 20 international and national organizations and agencies are working in the operation, including UNHCR, IOM, UNICEF, Jesuit Refugee Services (JRS), Aksi Cepat Tanggap (ACT), Muhammadiyah Disaster Management Center (MDMC), Dompot Dhuafa, Geutanyoe Foundation, Asia Justice and Rights (AJAR), Indonesian National Armed Forces (TNI), National Police Forces (POLRI) and local government agencies.	

## **Summary of major revisions made to emergency plan of action:**

*On 7 September 2020, a second boat carrying 296 people ran ashore in Lhokseumawe, Aceh Province. This second group of people are being accommodated in the same building where the first group of people arrived by boat (99 people) are still being hosted. The total people currently in the building is 387 people.*

*The operation is being adjusted to extend services in the sectors of health, WASH and shelter to meet the substantial increase in basic needs. To this end, an additional allocation of CHF157,828 and an extension of 2 months was granted to ensure the gaps in humanitarian needs are addressed in the short term. The operation will have a stronger focus on the provision of health services in recognition of the fact that the second group of people that arrived are in extremely poor health condition and there are still existing gaps in the provision of health services. The operation will also continue to support the WASH and shelter needs of both groups of migrants with the distribution of additional household items and the installation of additional emergency latrines and bathing facilities.*

## **A. SITUATION ANALYSIS**

### **Description of the disaster**

On 24 June 2020, a damaged motorboat carrying 99 migrants was identified off the coastline of Seunudoen, North Aceh. The 99 people on board included 31 women, 12 men, 40 girls, 16 boys (including one infant). After being rescued from the boat on Lancok Coast, North Aceh District, they were transferred to a training center owned by the Lhokseumawe City government, where they have been living with support from the local government, several non-government organizations, PMI, UNHCR and IOM. PMI recently reported that five female migrants left the facility, and inquiries have been made with UNHCR about this, but they also confirmed that there was no further information available regarding the reasons for the departure or the whereabouts of the women.

### **Arrival of a new group of migrants**

In the early hours of 7 September 2020, another boat holding **296** migrants ran ashore on the coast of Ujong Blang, Lhokseumawe. The group included 183 children and 113 adults. The group were initially noticed wandering around villages in the area. The local authorities were alerted and with support from PMI, they located the migrants and relocated to them to the facility housing the first group of migrants. The groups were initially kept separate due to concerns regarding the health condition of the new group. The second group was initially staying in a tent in the grounds of the facility. Following bad weather in the area, a decision was made to move the new migrant group into the buildings. The shelter conditions for both groups are now over-crowded. However, separate spaces have been identified - one for men and one for women and children. While alternative solutions are being sought, there has yet an alternative site identified to house some of the migrants.

#### Age composition of new migrant group

Age in years	Male	Female	Total
18 years and over	66	45	111
11 – 17 years	36	135	171
1 – 10 years	8	6	14
<b>Total</b>	<b>110</b>	<b>186</b>	<b>296</b>

The new group was screened for COVID-19 with no positive diagnosis prior to being moved into the facility with the first group of migrants. However, having departed from Bangladesh via boat seven months ago, many of the newly arrived migrants are displaying symptoms of a range of health conditions including exposure, dehydration, skin and respiratory disorders and possible nutrient deficiencies. As of 13 September 2020, three migrants (two women and one man) from the second group have died due to health complications. Six migrants have been hospitalized in Lhokseumawe due to bloating and respiratory distress. Further medical screening and examination by doctors deployed by IOM, medical staff assigned by MSF, health department staff and PMI volunteers continued. There have been recommendations for at least 31 men and 83 women to receive further treatment from the hospital due to their severe health conditions. The government has expressed willingness to continue providing medical assistance to the migrants through the hospital as required. While the doctors conducting screenings during the day are not standby at the facility overnight, they are however, available on call.

Based on analysis from UNHCR, it is understood that both groups of migrants are part of a larger group of around 800 people who departed from Bangladesh at the same time and that both boats carrying the earlier and current groups of migrants were originally intending to reach Malaysia. 117 out of the 296 newly arrived migrants have UNHCR registration cards. Prior to their journeys to Indonesia, both groups of migrants were living in the displacement camps in Cox's Bazar, Bangladesh following their forced displacement from Rakhine State. UNHCR have commenced the registration process for the new migrants prioritizing single women and children. This process is still ongoing.

Several organizations and agencies have been working on the ground to meet the immediate needs of the first group of migrants including providing food, medical care, water, health care, protection services, psychosocial support (PSS), sleeping mats and blankets, hygiene and sanitation, personal protective equipment (PPE), such as masks, and supporting the restoration of family links (RFL). These agencies, which include, UNHCR, IOM, PMI, Muhammadiyah Disaster Management Center, (MDMC), Aksi Cepat Tanggap (ACT), Dompot Dhuafa, Jesuit Refugee Services (JRS), Yayasan Guetanyoe, POLRI (Indonesian Police) and TNI (Indonesian army), will continue their work to support the newly arrived migrants. Regular coordination meetings are being held at the facility between the agencies operating there and the local government.

## Summary of current response

### Overview of Host National Society

With trained volunteers at the district offices in Lhokseumawe and North Aceh, PMI are well-positioned to respond to this situation. PMI has been activated since the 24 June 2020 and have deployed staff and volunteers from their Lhokseumawe and North Aceh branches to assist the migrants and conduct assessments. PMI Lhokseumawe branch is taking the lead in implementing the operation with continuous support from PMI Aceh Province and PMI NHQ. PMI NHQ has a health in emergencies team, a staffed operations center and a migration focal point who are guiding the strategy for the response operation. They also have a hospital in North Aceh with qualified medical doctors and nurses and are using their auxiliary role with the government to coordinate closely with the Ministry of Health on the provision of additional medical personnel to meet the high health needs of the new migrants. Together with Geutanyoe Foundation, who is leading on the coordination of local NGOs, PMI has established a joint post to coordinate assistance between actors.

PMI has been delivering a range of services to the first group of migrants including health and hygiene promotion; distribution of basic households items, hygiene kits and mosquito nets; the delivery of PSS and services to restore family links; the trucking of water to the facility for bathing and drinking and; the installation of bathing areas and emergency latrines. When the second group of migrants arrived, PMI was in the process of rehabilitating some latrines that had been installed earlier by partners but had stopped functioning. This work is being expedited because of the urgent need for additional toilets. Since the second group arrived, PMI has distributed towels and face masks to the newly arrived

migrants. They have also been assisting with the provision of ambulance services and supporting the medical examination of the migrants, which is ongoing. PMI also continue to truck water to the facility for drinking and bathing and supported dignified burials for the migrants who died.

While it is not yet clear what the Government of Indonesia's long-term plan for the migrants is, in responding to the humanitarian needs of the first group PMI was requested by the Lhokseumawe Government to assist in supporting the needs of the migrants. PMI's initial operation was due to run for four months through to the end of November 2020. With the arrival of more migrants, the operation will now be extended to January 2021. It is not clear at this stage how long both groups of migrants will be staying in the care of the Government of Indonesia. A number of agencies, led by UNHCR, are advocating for a long-term solution for the migrants. Alternative sources of funding will be sought for PMI to continue supporting the migrants beyond the period of this operation, if it is required. This will be addressed in the coming months.

### **Overview of Red Cross Red Crescent Movement in country**

IFRC's Country Cluster Support Team (CCST) for Indonesia and Timor-Leste has technical capacities in disaster management, health, shelter and shelter coordination, water, sanitation and hygiene, National Society development, communication, community engagement and accountability (CEA) and support services in finance, human resources and administration. The CCST has been liaising closely with PMI's Emergency Operation Center at headquarter level to offer support and advice to the operation. IFRC CCST and ICRC have also been supporting PMI to liaise with external partners, including UN agencies and national NGOs through coordination meetings being hosted by UNHCR at the national level. IFRC is also keeping other Movement and non-Movement actors informed about the situation through informal updates. ICRC has also been attending coordination meetings at the local level and is supporting PMI with the provision of PPE for staff and volunteers as well as RFL and PSS services for the migrants.

### **Overview of other actors in country**

In response to the arrival of the first group, the Lhokseumawe City Government volunteered to host the migrants and has been facilitating coordination meetings on the ground actively supported by BPBD (*Badan Penanggulangan Bencana Daerah*, Provincial Disaster Management Agency), BaSARNas (*Badan Nasional Pencarian dan Pertolongan*, the Indonesian National Search and Rescue Agency), TNI (*Tentara Nasional Indonesia*, the Indonesian National Armed Forces), POLRI (*Polisi Republik Indonesia*, Indonesian Police), DINSOS (*Dinas Sosial Provinsi*, Provincial Social Affairs Office). The local government established a Task Force to coordinate the operation, consisting of five working groups: (1) logistics, transportation and equipment, (2) food and nutrition, (3) education, psychosocial support, protection of women and children, (4) health, water and sanitation, (5) security. These working groups have continued to function throughout the operation. In addition, Geutanyoe Foundation is coordinating local NGOs to avoid overlap and gaps in assistance. Around 20 organizations and agencies worked in the response to the first group arrival, and most of their operations were due to end in August and September 2020. Several organizations were already planning to continue their operations beyond September, including PMI, IOM, Jesuit Refugee Services (JRS) and UNHCR. The strongest coordination is happening at the local level. At the national level coordination has started with UNHCR hosting two meetings since the arrival of the second group of migrants, however coordination mechanisms at the national level have been slower to materialize and it is still difficult to get a complete picture of the current situation on the ground through national coordination mechanisms.

The second group of migrants have a range of urgent health needs, and several agencies are supporting efforts to attend to these. The Government, supported by IOM, facilitated rapid testing for COVID-19 for the migrants. IOM has been supporting hospital referrals. Dompot Dhuafa (DD) assisted the first group with medical assistance and is extending further their support to the second group by providing a nurse, medical supplies and health screening services. Dinas Kesehatan (DINKES) is also supporting health screening services as is MSF, who have provided an on-site doctor. Aksi Cepat Tanggap (ACT) and DD are supporting ambulance services. UNHCR have recently indicated plans to establish a health clinic at the facility and are seeking assistance from agencies to provide the necessary medical personnel, equipment and medical supplies.

ACT, with support from JRS provided meals for the first group. JRS plan to continue their operation, but with the arrival of the second group they are now revising their operational plan. UNHCR agreed to provide meals to the migrants until 12 September. ACT, who ended their operation in August, initiated a second response with the arrival of the second group and are now providing food for the migrants with additional support from other agencies such as PAHAM, YKMI and DD. The food being distributed is being cooked by the migrants in a communal kitchen that was constructed by MDMC for the original group of migrants, while PMI provided the cooking utensils and appliances. Local people have also donated food.

IOM and Rumah Zakat built water wells when the first group of migrants arrived. A few agencies are supporting water supplies at the facility including IOM, Human Initiatives and ACT. ACT installed two toilets for the first group of migrants along with Gusdurin who installed toilets for women. IOM is planning to distribute a limited number of hygiene kits.

Several agencies are responding to the protection needs of the migrants. The Ministry of Social Affairs (MoSA) and the Ministry of Women's Empowerment and Child Protection (MoWCEP), are taking the lead on PSS services and referral

mechanisms for child protection and SGBV. Under their coordination, UNICEF and several local organizations are setting up activities for children at the facility to support their PSS needs. Program Kesejahteraan Sosial Anak Integratif (PKSAI) is providing counselling services to the migrants, while DD has been and will continue to offer language classes. For the first group, UNHCR, among other things focused on the protection needs of women with support from Asia Justice and Rights (AJAR) who provided a workshop on SGBV for the migrants. UNHCR is conducting best interest assessments and best interest determinations for all children amongst the new group. Several agencies including UNHCR, JRS, Amnesty International, Guetanyoe Foundation, the Indonesian Civil Society Association for Refugee Rights Protection (SUAKA) and the Sandya Institute are also advocating for the interests of the migrants with the government and wider population.

## **Needs analysis and scenario planning**

### **Needs analysis**

Based on continual assessments of the needs of the first group of migrants, gaps had already been identified in the services being provided at the facility prior to the arrival of the second group of migrants. With the arrival of the second group, which is three times larger than the first, more immediate needs are present. Based on an initial assessment, there are several areas where urgent needs have been identified.

**Health** - The health needs of the first group of migrants were being supported by Dompot Dhuafa who provided medical doctors to attend to their health needs. However, the health needs of the new migrants are considerably higher than the first, with many migrants presenting with multiple health issues (exposure, dehydration, nutritional deficiencies, swollen limbs, bloated abdomens, skin disorders and respiratory distress). The health condition of the new migrants is the highest priority following the deaths of three migrants within one week of arriving in Indonesia. Qualified and gender balanced medical personnel, medicine, medical and first-aid supplies and equipment and referral and transportation services are urgently needed to ensure that the migrants' health needs can be proactively monitored and treated and migrants with serious health issues can be referred to hospitals for more intensive medical care. Referrals to the public hospital have been made and indications initially were that the hospital would continue to accept migrants needing urgent medical attention. However, a shift occurred as more migrants were being referred to the hospital. The public hospital is now expressing concern about the availability of beds given that cases of COVID-19 in the area are rising. Alternative solutions such as the establishment of an on-site treatment center or access to private hospitals in the area will need to be considered urgently to treat the migrants. Given the rapidly rising cases of COVID-19 in the country and the relatively poor health of the migrants, the risk of the migrants contracting COVID-19 is high. PPE for the migrants and the staff and volunteers working in the facility to support the migrants will be essential as will be the dissemination of messaging on COVID-19 prevention. In addition, with the rainy season, there is a greater risk of dengue, particularly for those in poor health, young children and pregnant women who are likely to be sleeping or less mobile at the facility during the day. Additional mosquito nets and health promotion aimed at dengue prevention will be required to reduce this risk.

**Shelter** – Currently the migrants are being accommodated in a training facility that is not adequate to adhere to humanitarian standards on shelter. With all 387 migrants now residing in the existing facility, conditions have become overcrowded. A tent was initially erected in the grounds of the facility, but it was quickly realized that it did not provide adequate protection from the weather for the migrants. The local authorities have indicated that they are not intending to identify an additional site to accommodate some of the migrants. Therefore, solutions must be identified within the perimeters of the existing facility. UNHCR are currently looking for an experienced co-planner and camp manager. A semi-permanent building for communal kitchen has been constructed by MDMC in addition to a semi-permanent wooden structure which is serving as a place to conduct meetings and sessions with the migrants. A joint site assessment is planned to take place this week with support from UNHCR, IOM and PMI. Further to this a range of household items such as blankets, clothes, sleeping mats, eating utensils, and cooking utensils are required to make the new group of migrants as comfortable as possible in the facility.

**WASH** – The emergency latrines that were earlier installed by partners, for the use of the first group of migrants at the facility was not fully functioning. These toilets were designated for girls and women and they were then forced to start using the toilets assigned to boys and men. Recognizing the protection risks with this arrangement, PMI had already commenced work on rehabilitating the latrines prior to the arrival of the second group of migrants. With the sharp increase of migrants in the camp, the need for additional emergency latrines, private bathing spaces, hand washing stations and hygiene kits has become urgent to facilitate good hygiene and dignity for the population. The provision of additional water supplies for drinking and bathing as well as continued health and hygiene promotion, particularly in view of the current over-crowded conditions at the facility, will also be essential to the health and hygiene of the migrants.

**Food and nutrition** - Coordination on the provision of food for the first group of migrants was being managed by different agencies including ACT and JRS. The provision of meals was to be a temporary solution while a kitchen was built at the facility to allow migrants to cook for themselves. The communal kitchen was recently completed but with the influx of an additional 296 migrants, the urgency to find a long-term solution for ensuring the migrants have access to a sustainable source of nutrition is vital. Three agencies including UNHCR, JRS and ACT have agreed to provide meals

for the migrants until 31 October 2020. Local working groups are still discussing how to address the food needs of the migrants in the long run.

**Protection** – A large proportion of the new group of migrants are under 18 years of age and the largest group are young women under the age of 18. Given the poor health of the migrants, agencies on the ground are making efforts to prioritize medical examinations for those who are at high risk to ensure that access to medical services are provided in a timely and equitable manner. However, alternative solutions need to be found following indication that the public hospital cannot continue to accept the migrants. UNHCR advised that several migrants are displaying signs of trauma and physical symptoms of abuse. Protection services such as establishing differentiated referral systems for counselling and medical assistance for these migrants is vital. Further, given the over-crowding in the shelter, solutions need to be found to ensure that there are separate and safe spaces made available for unaccompanied children and women are made available. Furthermore, several spaces in the current shelter previously used for counselling and RFL services have been redesignated as rooms to accommodate additional migrants. As a result, there needs to be additional specific safe spaces to host sessions for those services. The establishment of further psychosocial support services for both adults and children are also needed to accommodate the new group. Helping migrants to restore their links with families will also be important to support the recovery and mental well-being of the group. The long-term prospects of the migrants in Indonesia is still uncertain. Several agencies are advocating on behalf of the group to be able to remain in Indonesia. UNHCR is in dialogue with the Indonesian government and is currently developing a concept note for the government on how the migrants can contribute to Indonesian society if they are supported to become self-reliant through various livelihood activities.

### Immediate needs adjusting to the additional number of migrants

With the arrival of the second group three times larger number of people, more immediate needs are present. Based on the initial assessment, the following are considered as urgently needed:

#### Targeting

The operation initially was targeting 99 migrants from the first group. Priority was given to the needs of women, children, and other most at-risk people in the group. With the departure of five migrants from the first group, the initial target has been reduced to 94. Through the initial interventions, the specific needs of women and children were prioritized, through the provision of tarpaulins to establish privacy screens as well as hygiene kits that have taken into account the menstrual hygiene needs of women and girls. In the current shelter in the Training Center, women and men are staying in separate buildings.

With the arrival of the second group, PMI is reviewing its operational plan to respond to the immediate needs of the larger population. UNHCR and PMI have both highlighted that the second group are highly vulnerable, with high health needs due to the prolonged period that they spent at sea and also as a result of potential sexual abuse they suffered on board the boat. While the needs of the current group are higher, it will be important to continue supporting the first group of migrants simultaneously. Therefore, the proposed revised operational plan is now targeting **387** (94 from the first group and 293 from the second) comprising the migrants from both groups. Although the operation will not specifically be targeting the host community, some services such as ambulance and medical services will be provided to the surrounding communities as indirect beneficiaries. Host communities will also be targeted through an assessment in the host community to better understand their perceptions of the migrants. If necessary, the operation may be adjusted to include some interventions in the host community in the coming months.

#### Estimated disaggregated data for population targeted

Category	Number in target group	female	male
Infants	1	0	1
Children (<10 yrs.)	37 (28 from 1 <sup>st</sup> group + 14 from 2 <sup>nd</sup> group) <i>initially 42, but 5 from 1<sup>st</sup> group left the camp</i>	29 (initially 34, 28 from 1 <sup>st</sup> group + 6 from 2 <sup>nd</sup> group, <i>5 left the camp</i> )	8 from 2 <sup>nd</sup> group
Children (10-17 yrs.)	198 (27 from 1 <sup>st</sup> group + 171 from 2 <sup>nd</sup> group)	147 (12 from 1 <sup>st</sup> group + 135 from 2 <sup>nd</sup> group)	51 (15 from 1 <sup>st</sup> group + 36 2 <sup>nd</sup> group)
Adults (18-49 yrs.)	151 (43 from 1 <sup>st</sup> group +81 from group 2), <i>initially 154, 3 from 2<sup>nd</sup> group passed away</i>	74 (31 from 1 <sup>st</sup> group + 45 from 2 <sup>nd</sup> group; <i>2 are pregnant</i> ); <i>initially 76, 2 from 2<sup>nd</sup> group passed away</i>	77 (12 from 1 <sup>st</sup> group + 66 from 2 <sup>nd</sup> group); <i>initially 78, 1 from 2<sup>nd</sup> group passed away</i>
Elderly (>50 yrs.)	-	-	-
<b>TOTAL</b>	<b>387</b>	<b>250</b>	<b>137</b>

#### Scenario planning

Scenario	Humanitarian consequence	Potential Response
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The migrants are impacted by COVID-19 in the coming months while in the care of the Indonesian government and the supporting agencies/organizations.	The health of the migrants is currently extremely vulnerable due to the extended time they have been traveling. They would therefore need urgent medical care.	The government of Indonesia currently manages all cases of COVID-19. PMI would continue to apply their protocols and guidelines for COVID-19 to support continuity of services in the facility for those in isolation.
The migrants are registered by UNHCR, but the determination of their refugee status takes longer than three months.	In this case the migrants may continue to be supported in the government facility and require ongoing assistance to meet their needs.	PMI may choose to scale up the current response operation for a longer timeframe.
The migrants are registered and assessed by UNHCR and they are determined to be refugees	The Indonesian government may allow the migrants to live outside the government facility in Indonesian society or they may be resettled in a third country.	PMI may link the migrants with other civil society organizations who can provide support with integration.
The migrants are determined to be refugees, but the resettlement process is slow and the Indonesian government does not allow the refugees to be integrated into Indonesia.	The migrants may remain in the shelter indefinitely and humanitarian organizations will need to continue supporting the migrants to meet their needs.	If requested by the government, PMI may continue to support the migrants until they are repatriated, whether they live in government run facility or in society.

## Operation Risk Assessment

### There are several potential operational risks:

- The migrants who are currently in the care of the Indonesian government may be exposed to COVID-19. If this occurs the government will manage any identified cases. In the response to the first group, ICRC have been assisting to provide COVID-19 kits, with masks and hand sanitizer to support prevention for the migrants while the operation will support PPE for all staff and volunteers who are working with the community. PMI will continue to support the migrants using their existing guidelines and protocols to provide services during the pandemic.
- Although there is great interest in the host community to assist the migrants, there may still be community stakeholders who are reluctant to host the migrant groups fearing things such as transmission of diseases. This sort of stigma may impact the well-being of the migrants and create tension between the migrants and host population. Other actors on the ground, such as UNHCR are doing awareness raising for the host communities around the site.
- A natural hazard may impact the area, including the facility, which will require an additional response. PMI will work with government in the coming weeks to develop an evacuation plan to prepare for such a possibility, including how they can assist with the relocation of the migrants to another facility. PMI also has additional stocks in its regional warehouse in Padang and would potentially scale up the operation if additional resources were required.
- Initially there were challenges communicating with the first group of migrants due to language and literacy barriers. However, it was discovered that several of the first group of migrants speak Malay. PMI has been working closely with these migrants to support translation of PSS and hygiene promotion messaging. An interpreter provided by IOM has also been supporting, as needed. However, with the arrival of the second group of migrants, there is a greater need for interpreting services. It has been identified that the migrants are originally from Rakhine State, Myanmar. Interpreters speaking Bahasa Indonesia and Rohingya may be difficult to locate. Without additional interpreters it may be difficult for PMI to provide services, including vital risk information and community engagement about COVID-19. This places the migrants at higher risk. IFRC will continue to utilize existing IEC materials through its ongoing operation in Cox's Bazar and use its networks with NGOs in Indonesia that are working in refugee protection to liaise with the refugee communities in Indonesia to ensure better communication in delivering information and services to support general health and hygiene promotion as well as COVID-19 and dengue prevention.

## B. OPERATIONAL STRATEGY

### Proposed strategy

#### Overall Operational objective

The primary strategy of the operation is to support PMI provincial and district offices to provide targeted support to meet the needs of the 387 migrants now staying at the facility including the first group that arrived in June and the second group that arrived in September. PMI's operation will specifically seek to address gaps in assistance already being delivered or planned for both groups of migrants.

At this stage agencies have only given preliminary indication of how they are able to support to the second group of migrants while they revise their plans. This operational plan may therefore need to be revised in the coming weeks as services are confirmed, and gaps become clearer. PMI has already begun their response operation by supporting the distribution of towels and masks to the new migrants. Additional stock including tarpaulins, hygiene kits, blankets, baby kits, eating utensils, clothes, blankets and sleeping mats will be procured locally by PMI branch.

Teams from the branches have been assisting in the provision of first aid and medical screening of the new group. Ambulance services are also being provided to transport migrants requiring urgent medical attention to the local hospital. PMI have also been supporting dignified burials for those who have died. PMI are also liaising with the Ministry of Health and their hospital in Aceh to see how to best support ensuring that the migrants receive the medical attention they need. UNHCR has indicated their plans to establish a clinic on site at the facility and has asked if PMI can contribute qualified medical personnel as well as medical supplies in the coming weeks. The operation therefore makes provisions to provide medical personnel, referral services and treatment for migrants.

PMI is engaging with IOM and UNHCR to conduct a site assessment to determine additional shelter needs in the facility. PMI has made an initial provision to contribute materials, including tarpaulins, fixings and timber structures and labour to construct some additional temporary shelter within the existing facilities. This may be adjusted based on the result of the site assessment, which should be finalized shortly.

Based on a continual needs assessment taking into consideration gender and diversity needs and risk of the affected population, PMI had already commenced the rehabilitation of eight latrines in the facility that were no longer functioning. Recognizing the increased need for WASH services for the additional migrants, PMI will continue supporting the government with water trucking and the installation of nine additional emergency latrines, 17 bathing areas and hand washing stations at the existing facility. PMI will also continue to deliver health and hygiene promotion with a special focus on COVID-19 and dengue prevention to reduce risk to the migrants.

The operation aims to respond to emergency needs in a timely, effective, and efficient manner. The operation will cover the response period; therefore, all the response activities are planned to be implemented in the next four months.

The overall operational objective has taken into consideration that there are approximately 20 agencies supporting the new group of migrants with the provision of food, health, psychosocial support and protection services, including services targeted specifically at women and children.

The operation was already supporting the replenishment of hygiene kits, family kits and baby kits used to support the first group of migrants. With the arrival of a second group, additional local procurement of essential items such as blankets, sleeping mats, clothes, eating and cooking utensils, mosquito nets and tarpaulins will be undertaken by Lhokseumawe branch to meet immediate needs.

## C. DETAILED OPERATIONAL PLAN

The targets for all sectors have been increased from 99 to 387 following the increased number of people that are currently hosted in the training centre.

	<h3 style="color: red;">Shelter</h3> <p><b>People reached: 387</b> Male: 137 Female: 250</p>	
<b>Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</b>		
Indicators:	Target	Actual
# of people reached with safe and adequate shelter and settlement assistance	387	99
<b>Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.</b>		
Indicators:	Target	Actual
# of people provided with emergency shelter and settlement assistance	387	99
<b>Progress towards outcomes</b>		
<ul style="list-style-type: none"> <li>99 migrants are hosted in a permanent Training Center (BLK) building owned by the Lhokseumawe government.</li> <li>In cooperation and coordination with other organizations, PMI assisted in preparing the shelter, including cleaning and disinfecting the premises.</li> <li>Sleeping mats and tarpaulins were distributed to cover the floor and create privacy screens.</li> <li>PMI has also distributed household items from PMI Province warehouses including 80 sheets of tarpaulins, 100 sets of eating utensils, baby kits, blankets and family kits.</li> <li>In addition, PMI also provided around 30 sets of prayer materials and clothes.</li> </ul>		

	<h3 style="color: red;">Health</h3> <p><b>People reached: 387</b> Male: 137 Female: 250</p>	
<b>Outcome 1: The immediate risks to the health of the population are reduced.</b>		
Indicators:	Target	Actual
# of people that are reached through health services	387	ongoing
<b>Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b>		
Indicators:	Target	Actual
# of people that are supported to have medical examinations	387	ongoing
<b>Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</b>		
Indicators:	Target	Actual
# of people that receive first aid	TBC	ongoing
<b>Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.</b>		

Indicators:	Target	Actual
# of people who are transported to the hospital to receive medical treatment	TBC	ongoing
<b>Outcome 4: Transmission of diseases of epidemic potential is reduced</b>		
Indicators:	Target	Actual
# of people who are directly reached to lessen immediate risk to the health	387	99
<b>Output 4.1: Community-based disease prevention and health promotion is provided to the target population</b>		
Indicators:	Target	Actual
# of people reached with health promotion activities	387	99
<b>Output 4.2: Vector-borne diseases are prevented</b>		
Indicator	Target	Actuals
# of people who receive mosquito nets	387	99
<b>Progress towards outcomes</b>		
<ul style="list-style-type: none"> <li>• Outcomes 1 and 2 are new outcomes to support the health conditions of the second migrant group.</li> <li>• PMI distributed 99 units of mosquito nets to the first group of migrants, mobilized from the warehouse in Banda Aceh, and currently being replenished.</li> <li>• PMI has conducted three health and hygiene promotion sessions with the migrants. These sessions are being conducted every Friday.</li> <li>• PMI NHQ provided ambulance services to assist evacuation of migrants referred to the local hospital.</li> <li>• Apart from this, PMI also assisted in the dead body management, as necessary.</li> <li>• PMI volunteers have been actively supporting the doctors from IOM in conducting health screening for the migrants.</li> </ul>		

 <p><b>Water, sanitation and hygiene</b>            People reached: 387            Male: 137            Female: 250</p>		
<b>WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>		
<b>WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
Indicators:	Target	Actual
A report consisting the result of WASH assessment, and monitoring is produced	Yes	Yes
<b>WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>		
Indicators:	Target	Actual
# of people provided with safe water access that meets agreed standards according to specific operational and programmatic context	387	99
<b>WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
Indicator:	Target	Actual
# of people provided with adequate sanitation facilities	387	99
<b>WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
Indicator:	Target	Actual
# of people reached with key messages to promote personal and community hygiene	387	99
<b>WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>		

Indicator:	Target	Actual
# of people received hygiene kits	190	99
<b>Progress towards outcomes</b>		
<ul style="list-style-type: none"> <li>• Since the start of the operation, PMI had constructed three latrines, three bathing spaces, six water storage tanks (elevated using metal tower), located at the Training Center, where the 99 migrants are being hosted. Initially PMI had planned to install hand washing stations, but this service was provided by another agency.</li> <li>• 99 of PMI's standardized hygiene kits, which include dignity kits for women, have been distributed to the first group of migrants and a further 100 sets of hygiene kits will be distributed to the new group under the operation. Hygiene kits for the remaining 188 beneficiaries will be provided with support from ICRC.</li> <li>• PMI has been supplying clean water since the migrants moved to the Training Center from the temporary shelter. As of 11 September 2020, 644,000 liters of water have been supplied through water trucking. Due to the additional number of migrants, the frequency of the water truck trip has been increased.</li> <li>• 100 buckets to carry water were provided.</li> <li>• PMI carried out several hygiene promotion sessions, including cleaning the shelter together with the migrants weekly. The topics covered included camp and toilet cleanliness, handwashing habits, introduction to COVID-19, and promotion of wearing face masks. PMI assigned three female and five male volunteers to conduct the sessions to all the migrants from the first group, assisted by two translators from UNHCR and the Malayan-speaking migrants. At the stage, IEC materials are still being defined.</li> <li>• Currently PMI is in the process of constructing two additional latrines, two additional bathing spaces, and rehabilitating eight latrines for women that were constructed by partner organizations, which are not functioning.</li> <li>• PMI are planning to construct a large-sized solid waste place and are laying piping to support the flow the sewage water a little further from the camp.</li> </ul>		



## Protection, Gender and Inclusion

People reached: 387

Male: 137

Female: 250

### Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
Targeted people's needs and rights are met and PGI are included in all stages	Yes	Yes

### Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
SADDD data is collected and analysis as the basis to inform the design of the sector specific interventions	Yes	Yes

### Progress towards outcomes

- Sex-and-age and disability disaggregated data has been collected since the planning and through implementation and this information will be analyzed on a regular basis to inform and adjust the response.
- Through group discussions and participation of all the gender and age migrants groups PMI has been collecting feedback and adjusting services to meet the diverse needs and risk of the migrants , with special focus on the most at risk ( women, children (especially those who are unaccompanied), elderly people and people with disabilities).
- PMI distributed tarpaulins to support the installation of privacy screens for women and children.
- PMI contributed to the construction of separate and safe toilets (lockable, lightning, distanced from men's toilet) and bathing spaces for men and women and is now fixing the toilets that were constructed for women that are no longer functioning in line with the considerations in the Minimum Standards on Protection, Gender and Inclusion in emergency settings.
- Work with all the other sector teams involved in order to be sure that we do not harm and we do not expose migrants to further harm, risk and discrimination.
- PMI is currently looking at how it can support meeting the diverse medical needs of the migrants through its hospital facility in North Aceh.



## Migration

People reached: 387

Male: 137

Female: 250

### Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicators:	Target	Actual
# of migrants that access culturally sensitive social services, disaggregated by migration or residence status, age, gender, sex, ethnic origin	387	99

### Migration Output 1.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations.

Indicators:	Target	Actual
The operation is monitored, done based on the needs of the assisted population, and involved all the stakeholders, including the assisted population	yes	yes

### Progress towards outcomes

- PMI have been actively involved in the inter-agency coordination group led by UNHCR and maintains continuous cooperation with the organizations who support the migrant operation in Lhokseumawe.
- PMI leads the Logistics and Warehouse management working group under the structure of the Migrant Response Task Force led by the local government of Lhokseumawe.
- PMI provided services by considering the different needs disaggregated by gender and age.
- Through coordination with other organizations working to support the migrants, PMI decided to take the responsibility for constructing the latrines and bathing spaces for male migrants. However, as eight latrines for women constructed by some other organizations are not well functioning, PMI decided to rehabilitate the latrines, to make sure that women have their dedicated latrines so that they feel comfortable in using them.
- PMI separate women from men in conducting group session to obtain their feedback, considering that women are more comfortable to discuss their concern within their gender group.

## D. BUDGET

The first allocation received under DREF was CHF 49,395. The project agreement with PMI is to transfer CHF 37,284 to PMI for the implementation of activities under the operation while the remaining CHF 9,096 is to be kept by IFRC to support the replenishment of stock already mobilized by PMI to support the operation. A working advance provision of CHF 23,855 was requested by PMI to provide WASH services in the facility which has been transferred. The progress on these activities is reported above. IFRC procurement team has commenced the procurement process for the replenishment of blankets, tarpaulins, sleeping mats, hygiene kits and mosquito nets under the operation. It is expected that the procurement for these items will be completed next month.

## DREF OPERATION

MDRID016 - INDONESIA ACEH - MIGRATION OPERATION

28/9/2020

### **Budget by Resource**

<b>Budget Group</b>	<b>Budget</b>
Shelter - Relief	3,400
Construction - Facilities	22,000
Construction Materials	15,993
Clothing & Textiles	19,050
Water, Sanitation & Hygiene	14,634
Medical & First Aid	24,894
Teaching Materials	3,700
Utensils & Tools	7,120
Other Supplies & Services	4,900
<b>Relief items, Construction, Supplies</b>	<b>115,691</b>
Other Machinery & Equipment	3,546
<b>Land, vehicles &amp; equipment</b>	<b>3,546</b>
Distribution & Monitoring	603
Transport & Vehicles Costs	4,247
<b>Logistics, Transport &amp; Storage</b>	<b>4,850</b>
National Society Staff	13,080
Volunteers	37,172
<b>Personnel</b>	<b>50,252</b>
Consultants	2,500
Professional Fees	2,500
<b>Consultants &amp; Professional Fees</b>	<b>5,000</b>
Workshops & Training	5,000
<b>Workshops &amp; Training</b>	<b>5,000</b>
Travel	3,937
Information & Public Relations	1,000
Financial Charges	2,300
Other General Expenses	3,000
<b>General Expenditure</b>	<b>10,237</b>
DIRECT COSTS	194,576
INDIRECT COSTS	12,647
<b>TOTAL BUDGET</b>	<b>207,223</b>



Click here for:

- [DREF Operation](#)

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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.

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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**.

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