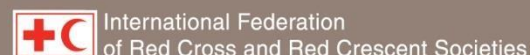


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## DREF operation update

### Indonesia: Aceh Earthquake



<b>DREF Operation n° MDRID011</b>	<b>GLIDE n° EQ-2016-000127-IDN</b>
<b>DREF update n° 2:</b> 27 May 2017	<b>Timeframe covered by this update:</b> 7 December 2016 to 24 May 2017
<b>Operation start date:</b> 7 December 2016	<b>Operation timeframe:</b> 5.5 months (until 31 May 2017)
<b>Overall operation budget:</b> CHF 941,847 <sup>1</sup>	<b>DREF amount allocated:</b> CHF 374,880
<b>Number of people affected:</b> 66,064 displaced	<b>Number of people to be assisted:</b> 5,000
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> 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.	
<b>Other partner organizations actively involved in the operation:</b> 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:

This update is to inform [budget revision](#) and progress of the operation. The main changes include an increase in terms of extension of geographical reach and duration of the water trucking activities as well as the geographical reach and duration of the psychosocial support for earthquake survivors. Note that the operation timeframe and overall budget remain unchanged. The budget revision is triggered by:

- Rectification of error in coding for hygiene kits (from 570 to 530) and family kits (from 510 to 570)
- Removal of budget lines for
  - replenishment of blankets (distributed items will not be replenished)
  - storage and logistics services (NFI replenishment done locally)
  - provision of emergency latrines (needs are being met by other agencies)
- Increase budget lines for water, sanitation and hygiene due to
  - hygiene kits recoding
  - increased cost for water trucking (from 1 unit for 1 month to 10 units for 3 months, reaching 86,512 people)
  - increased cost for psychosocial services (from 5 communities for 2 months to 44 villages for 6 months, reaching 2,917 people)
  - increased cost for mobilising staff and volunteers to meet the wider coverage of service delivery.
- Inclusion of budget lines for cash transfer programme review and lesson learned workshop

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 is targeting 60 villages for recovery support. 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).

<sup>1</sup> Inclusive of response beyond the DREF allocation.

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 opted for conditional cash grants. Cash grants are provided under three sectors, cash for WASH (supplemented by a ceramic water filter), cash for livelihoods and cash for shelter. A pilot distribution took place for 47 families in March, and adjustments made to the transfer process. As of first week of May, approximate 1,500 families have received the cash grants. PMI has worked with Bank Rakyat Indonesia (BRI) for cash transfer programme. Post distribution monitoring of the cash transfer programme is ongoing, along with disaster risk reduction activities in targeted communities.

The Government of Indonesia has pledged to 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 complete and have been validated by the decree of governor and regents. Currently the government is implement temporary shelter and have not yet started the construction of new homes. PMI has coordinated with respective government office in field regarding the cash transfers programme on shelter to avoid duplication. In addition, the Pidie Jaya Branch are promoting build back safer with beneficiaries receiving shelter cash grants and are also advocating for the government to promote build back safer messaging through their shelter assistance programme.



PMI staff and volunteers distribute relief aid to the earthquake affected communities in Pidie Jaya, Aceh.

## 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.

### 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. Immediate response included search, rescue and retrieval efforts, delivery of immediate assistance and undertake rapid assessments. To date, PMI has mobilized more than 250 staff and volunteers for the response.

In terms of emergency response, the National Society mobilized ambulances and medical crew from Aceh, North Sumatra and Binjai. PMI also provided medical services and much needed psychosocial support for victims. PMI also deployed other vehicles from its base units in Bireun and Lhoksumawe. PMI also mobilized ten water trucks to the affected area to meet immediate water needs. Prior to distributing the water, PMI cleaned the water sources and made the accessible to water trucks.

PMI NHQ dispatched essential non-food items from its warehouses in Aceh and Banten, including blankets, family kits, hygiene kits and tarpaulins. PMI had additional non-food item support from the Australian Government, through DFAT, to its district chapter at Pidie Jaya.

PMI finished water distribution at the end of February, and the rehabilitation of water sources, supported by other donors, finished in early April. Medical services ceased in March, however PMI is still providing community based psychosocial support and will continue until the end of the operation. The cash distribution started with a pilot for 47 households for shelter support. This was followed by cash distribution for 1,500 families. Post distribution monitoring of the cash transfer programme is ongoing using Open Data Kit (ODK). Disaster risk reduction activities started in early April, with training for volunteers on facilitation in the community and in schools. This activity, along with the build back safer messaging will continue until the end of the operation.



A community living in one of the earthquake affected areas is showing how the people in the village struggles to get clean water after the destruction in December 2016.

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, Australian Red Cross, Japanese Red Cross and Canadian Red Cross as well as the ICRC.

### **Overview of non-RCRC actors in country**

A Task Force was established and led by the Vice Regent of Pidie Jaya and supported by the Command Post, led by the Head of BPBD at the Provincial level. The response was a whole of government approach. The government response was supplemented by a range of other actors, including local civil society and international NGOs already operating in country.

### **Coordination of Shelter Sub-Cluster**

Four national clusters were informally activated, including Health, Education, Logistics and Displacement and Protection Cluster. PMI attended a clusters meeting. 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 investigate further, IFRC, in close coordination and in support of MOSA, undertook 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. There has been limited scope for PMI and IFRC to engage with the coordination mechanism in Pidie Jaya. The operation has focused on the gap of build back safer support for the community and is advocating with beneficiary families and the local government to ensure that families are safe in their new homes.



PMI CTP team conduct relief distribution to ... households across ... villages.  
 Photos: Left by Husni/IFRC and Right by Indonesian Red Cross (PMI)

## 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. Even months after the earthquake, there are psychosocial needs and PMI will continue to provide psychosocial support, including psychosocial first aid for adults and children, play therapy for children and counselling for adults in affected communities.

### Health

Detailed surveys and secondary data showed substantial impact on health facilities, including the Pidie Jaya Hospital, resulting in the disruption of health services. The capacity of facilities was stretched, due to the significant number of earthquake-related injuries. Furthermore, survivors who sustained serious injuries needed crutches and wheelchairs to prevent deterioration of conditions and support their mobility. To address these needs, PMI provide first aid services, operated mobile clinic to Pidie Jaya, and provided crutches and wheelchairs to survivors who have sustained serious injuries. PMI continued to monitor the common health issues such upper respiratory disease, dermatitis and diarrhoea.

### 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 complete.

### 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. PMI distributed tarpaulins and other tools from their stocks. The procurement for replenishment of PMI stock utilized for the first response is already done.

Families whose houses have been damaged need assistance to undertake repairs to their damaged homes. Communities require build back safer training and messaging. The shelter scoping study found that house built during the tsunami recovery were still standing, however houses built subsequently, using the communities' own resources, were severely damaged, highlighting that the communities chose not to incorporate build back safer messaging. This is an important need, as communities look to rebuild their shelters again, making them safe and resilient to future disasters.

### Water

There was disruption of water supply in some of the affected areas, 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.

Wells have been damaged, and water points, pipes and infrastructure are in need of clearing and repair. Families in selected areas, particularly coastal regions, need access to water purification.

## Hygiene

Even months after the earthquake, families are still in temporary settlements, including tents or staying with host families, with the potential of compounding the health and hygiene situation. As the months pass the inadequate shelter conditions are linked to health risks. Disease prevention and health promotion activities, such as awareness rising and cleaning, are needed to prevent the occurrence of outbreaks of water and vector-borne diseases such as measles and dengue. There is also a need to promote safe water handling and provide hygienic items.

## Sanitation

The Indonesia Army cleared and cleaned rubble from quake-affected areas as well as demolish damaged houses and community buildings. PMI has developed IEC materials and messages which were translated into Acehness (local language). Those printing materials were distributed to the targeted areas and complemented hygiene promotion activities.

## Livelihoods

Following the earthquake, vulnerable families such as subsistence farmers and fisherfolk diverted their savings for emergency live saving needs. The situation was compounded by the fact that their productive assets were lost, crops destroyed and production halted. As a result, fisherfolk and farmers didn't have sufficient resources to replace lost tools and missed out on profits from the latest harvest.

## 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. Selection criteria will also take into account people 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. 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.



A beneficiary shows that he is eligible for the CTP support with the PMI card.

Photo: Indonesian Red Cross (PMI)

## 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 mobilize bilaterally and/or from non-Movement sources.

### Crosscutting matters

PMI has considered gender and diversity while selecting beneficiaries. Referring community engagement and accountability, the branch has appointed a three-person team as the focal point for community engagement. This team was trained by the RDRT. Subsequently the IFRC Communications and Community Engagement Senior Officer has visited the operation and provided support to the community engagement team, to write stories and monitoring the beneficiary feedback mechanism. hotline and face to face dialogues. ODK (a mobile application) has been developed to collect the feedback from the beneficiaries’.

Awareness campaigns were organized 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.



PMI staff works with the Village Leader to disseminate information on beneficiary selection for CTP programme. A hotline is provided for communities who want to ask further about this relief.

**Photo: Husni/IFRC**

### 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. 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 since February. The funding for these positions is covered by Australia’s DFAT.

A peer to peer CTP specialist has been deployed from Pakistan Red Crescent. The RDRT started in late February and worked for seven weeks with the branch, training branch in community engagement, supporting the CTP pilot, undertaking post distribution monitoring and documenting the process through case studies on the CTP.

### 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 immediately following the earthquake 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 now complete. IFRC regional logistics unit (RLU) in Kuala Lumpur was remotely available for any technical support as per operational needs for NS and IFRC CCST.

### 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 have been developed data collection tools using Open Data Kit or 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 have been used for all cash grants activities such as shelter, livelihood and water and sanitation distribution. This tool will be used to collect the feedback from the beneficiaries as well.

### Communications

IFRC and PMI communications teams are working closely together according to the communications plan in order to build public awareness around the humanitarian needs. The revision of existing IEC materials has been completed. Key messages, talking points and news stories have been produced with 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 applies. 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 are considered planning documents.

The IFRC Senior Operations Officer has made 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. Detailed Operational 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. 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.

**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			
<b>Outcome 1: The immediate and medium-term risks to the health of affected population are reduced</b>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 1.1</b> Psychosocial needs of the affected populations are met		80%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
1.1.1 Conduct psychosocial support training of trainers (ToT) for PMI staff and volunteers	X		100%
1.1.2 Conduct psychosocial support activities in communities	X		80%
1.1.3 Reproduce and distribute IEC materials on psychosocial support and child protection		X	Removed
1.1.4 Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers	X		80%
	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 1.2</b> Target population is provided with rapid medical management of injuries and diseases		100%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
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		100%
1.2.3 Provide crutches and wheelchairs to 50 injured people	X		100%
<b>Progress towards outcomes</b>			
<p>On 23 - 28 February 2017, PMI Province conducted psychosocial support training of trainers (ToT) for 20 PMI staff and volunteers (12 women and 8 men). The training included psychosocial first aid, principles of counselling, referrals and psychosocial support for children. Based on the findings of detailed assessment, the PSS need in the community was much higher than anticipated. The initial plan was to cover 5 communities for 2 months, however due to the high rates of trauma, the plan was revised to cover 44 villages for 6 months, deploying 20 volunteers to deliver counselling for adults and play therapy for children. The extension of this activity was agreed with the Health Cluster. As a result, the budget for PSS has now been increased from CHF 2,500 to CHF 10,000.</p> <p>As of mid-May, PMI had reached 4,307 people with psychosocial support (2,629 women and girls and 1,678 men and boys). The activities under PSS include counselling for adults and play therapy for children. PMI volunteers continue to refer serious cases to mental health professionals, in line with the Ministry of Health referral pathways. The IEC materials for PSS and child protection were never produced. PMI don't have existing material that could be reproduced at short notice and the PMI branch didn't have the resources to design the material in the operation. PMI will work on developing these products in the future.</p> <p>The peer support group meeting for staff and volunteers is ongoing until the end of operation. It is being held weekly at the Pidie Jaya Branch. The meeting is an opportunity for staff and volunteers and involves psychosocial debrief. These sessions will continue until the end of the operation.</p>			

PMI has deployed three medical teams 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. Medical services ended by the end of February, with PMI reached over 3,227 patients (864 women and girls and 2,363 men and boys) 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. In response to a request from the Health Cluster, PMI mobilized seven ambulances for referrals from remote locations.

Furthermore, to meet the needs of survivors who sustained serious injuries caused by the earthquake, PMI has provided 51 wheelchairs and 400 crutches, which was more than initially planned but responded to the actual needs.

## Water, sanitation, and hygiene promotion

**Needs analysis:** There was 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 provided with water trucking up until the end of February. 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.

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 cleared rubble and demolished damaged houses and community building. The army has considered 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.

Concerning sanitation, the national WASH Sub-Cluster had initially identified needs for emergency latrines in displacement sites as an intervention to address open defecation. However, the Government wanted to discourage families from staying a long time in displacement camps, so to encourage families to return to their homes, has prioritised refurbishment of household laterines instead. This approach has been endorsed by the WASH Sub-Cluster.

**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	
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 Procure and distribute ceramic water filters for 500 families	X		50%

2.1.3 Conduct sessions on household water treatment alongside distribution ceramic water filters	X		50%
	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 2.2.</b> Hygiene-related goods which meet Sphere standards are provided to the target population		100%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
2.2.1 Replenishment of hygiene kits for 2,000 households	X		100%
	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 2.3.</b> Access to adequate sanitation facilities in displacement sites increased		100%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
2.3.1 Provide emergency latrines in displacement sites			Removed
	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 2.4.</b> Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population		100%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
2.4.1 Mobilize existing volunteers to participate in basic hygiene promotion activities	X		100%
2.4.2 Undertake hygiene promotion activities alongside distribution of hygiene kits and provision of latrines	X		100%
<b>Progress towards outcomes</b>			
<p>The Government provided water in the emergency phase, for two weeks after the earthquake. PMI's original plan was to complement the government distribution by providing water via trucking for one month, however the Government requested PMI to continue to provide water trucking to a broader geographical area, particularly to the coastal areas, where the water infrastructure sustained significant damaged. By March, some areas infrastructure was repaired, but for other areas communities need to collect water from the river. Only PMI, and BPBD (district level DM Department) and Department of Public Works have the trucks for transporting water, and PMI has the biggest fleet of all. In total, PMI deployed 10 water trucks for a period of 3 months, providing 5 million litres and reached 86,512 people (39,546 women and 46,966 men).</p> <p>IDP moved very quickly from the displacement camps, as a result it was not possible to provide emergency latrines as initially planned. The advice from the Protection and Displacement Cluster (of which, WASH is a Sub-Cluster) was to rehabilitate household latrines, rather than provide emergency latrines. Support for household laterines has been provided by other stakeholders (NGOs and Civil Society). In addition, PMI's cash distribution for WASH could be used by families to rehabilitate household laterines. As a result, this budget has been absorbed by the Water Trucking.</p>			

In addition, 2,000 hygiene kits have been distributed to affected families. The DREF budget has been used to replenish this stock. To complement distributions, PMI has mobilized 20 volunteers who have undertaken hygiene promotion in the community, reaching 4,772 people (of whom 750 are female and 532 male and 3,490 children). Topics covered in hygiene promotion sessions include handwashing, diarrhoea prevention, safe water handling, and environmental sanitation. In addition, hygiene promotion sessions were conducted during the CTP distribution in the vendor's shop, while families were waiting their turn to select their items. Hygiene promotion was also done through other services, such as mobile medical clinic, as part of the distribution of hygiene kit, water trucking.

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. Procurement of 525 water ceramic filters is currently underway and filters are expected to be delivered shortly in Pidie Jaya District. The water ceramic filter will be distributed to 500 beneficiary families who received assistance for WASH, and the remaining water filters will be distributed to schools participating the disaster risk reduction activities.

Considering the culture of the community and geographical situation, PMI has decided for conditional cash grants for WASH (water and sanitation products). The selection of target families was made based on the Water and Sanitation Assessment, undertaken in January. 500 families will benefit from WASH assistance, supported by DREF funding. PMI has focused support on 40 villages of six sub district from one of the affected districts. The beneficiaries are given the freedom to choose item material which related with water and sanitation, such water tank, taps, water pump and pipes etc.

## Livelihoods

### Needs analysis:

With regard to livelihoods, PMI has supported 500 families with agriculture inputs and livestock, with funding from Australia's DFAT. The livelihoods component will benefit 54 villages of five sub district from one of the affected district.

**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		100%
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	100%
3.1.2 Disburse unconditional cash grants to 500 households		X	100%
3.1.3 Conduct post-distribution monitoring on the usage of cash transfers (covering at least 10% of target households)		X	10%
<b>Progress towards outcomes</b>			

Based on statistics from the Government of Pidie Jaya, many livelihoods fall under the category of either farmer and fisherfolk. Based on consultation with the target communities, PMI has provided support for 500 families including seeds, fertilizer and tools and tools such as fishing lines, nets, rods. These inputs have been funded from Australia's DFAT. The livelihoods support has focused 54 villages of five sub district from one of the affected district. Post distribution monitoring is still ongoing, with plans to reach +/- 15% of beneficiary families.

### 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
	<b>Output 4.1</b> Target populations are provided with essential household non-food items		100%
Activities	Is implementation on time?		% progress (estimate)
	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
	<b>Output 4.2</b> 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

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 kits<sup>2</sup>, 9,000 mattresses, 100 family tents, 5 emergency tents and 1,000 blankets.

The following criteria were mainly considered for distributions:

- 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 headed households;
- Households with disabled or chronically ill people;
- Households with elderly over 65 years old;

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. The budget for replenishing blankets has been redirected to support the increased in volunteer costs for health and WASH activities.

In addition, with support from DFAT, some 500 families benefited from conditional cash grants to obtain shelter materials of their choice. The market survey conducted in December 2016 identified that shelter materials were available and accessible in the local markets. This activity was carried out in close coordination with respective government officials to avoid duplication. The criteria for beneficiaries' selection is outlined in the standard operating procedures. PMI has focus on 26 villages in five sub-districts within the Pidie Jaya District. PMI have produced 1,000 IEC material on the principles of build back safer. Half of these leaflets will be distributed with the shelter material when delivered from the vendors to the beneficiary families. The remaining 500 leaflets will be distributed to BPBD and the Department of Public Works, who are responsible for undertaking the government's shelter assistance programme which aims to target 6,400 families. Four volunteers have been trained on build back safer principles and will visit beneficiary families, promoting safe construction and monitoring progress.

## 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	100%
Activities	Is implementation on time?	% progress (estimate)

<sup>2</sup> The baby kit consists of diapers, blanket and baby oil. It does not contain baby food.

		Yes (x)	No (x)	
5.1.1 Mobilize staff and volunteers for assessments		X		100%
5.1.2 Deploy one regional disaster response team (RDRT) member			X	100%
		<b>Outputs</b>		<b>% of achievement</b>
		<b>Output 5.2.</b> 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%
5.2.2 Review of the cash activities and workshops and a lessons learned exercise from Pidie Jaya		x		NEW
<b>Progress towards outcomes</b>				
<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 conduct 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.</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 analyse 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>The IFRC CCST deployed technical specialists in WASH, CTP, IT and Communications and Community Engagement and Accountability to support PMI in delivering the response. 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 since 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. End of February, an RDRT member was deployed from Pakistan Red Crescent to support with the CTP. The initial one month mission was extended until 12 April 2017. RDRT member specializing in cash and livelihoods – provided technical support to PMI. The deployment costs related to the RDRT member are covered by DREF.</p> <p>Finally, this operations update and budget revision has allowed for a review of the CTP component of the operation. The review will be undertaken by the IFRC livelihoods coordinator and the workshop has involved staff and volunteers from the Branch, Province and Headquarters. The lessons learned will enable cash to be done at scale during an emergency. In addition, an external lessons learned review of the Pidie Jaya response has been undertaken by a local consultant and will contribute to the overall response of future operations.</p>				



Click for:

- [DREF EPoA](#)
- [DREF revised budget](#)

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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**.

**REVISED DREF OPERATION**
**25/05/2017**
**MDRID011 : Indonesia : Aceh Earthquake**

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Shelter - Relief	31,379
Water, Sanitation & Hygiene	86,800
Medical & First Aid	34,250
Other Supplies & Services	41,500
Cash Disbursements	37,500
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>231,429</b>
Distribution & Monitoring	18,700
Transport & Vehicle Costs	18,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>36,700</b>
International Staff	3,761
National Staff	860
National Society Staff	14,000
Volunteers	22,900
<b>Total PERSONNEL</b>	<b>41,521</b>
Consultants	3,000
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>3,000</b>
Workshops & Training	9,750
<b>Total WORKSHOP &amp; TRAINING</b>	<b>9,750</b>
Travel	7,750
Information & Public Relations	10,250
Office Costs	6,600
Communications	5,000
<b>Total GENERAL EXPENDITURES</b>	<b>29,600</b>
Programme and Supplementary Services Recovery	22,880
<b>Total INDIRECT COSTS</b>	<b>22,880</b>
<b>TOTAL BUDGET</b>	<b>374,880</b>