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# Emergency Plan of Action operation update

## Indonesia/Volcanic Eruption

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation n° MDRID012</b>	<b>Glide n° <a href="#">VO-2017-000141-IDN</a></b>
<b>DREF update n° 2:</b> 24 November 2017	<b>Timeframe covered by this update:</b> 11 October – 8 November 2017
<b>Operation start date:</b> 18 September 2017	<b>Operation timeframe:</b> 4 months (26 January 2018)
<b>Overall operation budget:</b> CHF 210,417	<b>N° of people being assisted:</b> 11,000 people
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> PMI works with the IFRC and ICRC as well as American Red Cross, Australian Red Cross and Japanese Red Cross Society in-country, all are supporting longer-term programmes	
<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 revisions made to emergency plan of action:

*This operation update outlines the revised operation plan and provides an overview of the situation that has evolved since the alert was downgraded from Level Four to Level Three.*

*Changes to the emergency plan of action:*

- *The target number of people assisted increased from 7,750 to 11,000 people. The budget for this operation is increased from CHF 169,320 to CHF 210,417. The operation is expected to complete by 26 January 2018.*
- *As part of PMI's approach to develop 'model' camps, for replication by the local authorities, PMI will construct and refurbish latrines and will construct waste water drainage in camps as part of a comprehensive approach to WASH.*
- *The cash transfer programme (CTP) component has been removed. Instead, PMI has been distributing hygiene kits and baby kits based on need. The budget has been revised to replenish these items.*
- *Requirement for jerry cans has been removed as families have brought their own buckets and jerry cans to the evacuation sites.*
- *Health activities have been revised to include mobile clinic, ambulances for referrals and medical equipment and supplies.*
- *Deployment of 10 tents, which are being used as field warehouses, beneficiary registration, provision of health services, hygiene and psychosocial support sessions.*
- *Deployment of a RDRT has been included in the plan and budget.*

On behalf of the Indonesian Red Cross (PMI), the International Federation of Red Cross and Red Crescent Societies would like to thank the Canadian Government for replenishing this Disaster Relief Emergency Fund (DREF).

## A. Situation analysis

## Description of the disaster

On 22 September 2017 at 20.30, Indonesian Authorities (PVMBG) increased the status of Mount Agung in Bali from Level Three (High Alert: Orange/Ready to Erupt) to Level Four (Red Alert/Danger), the highest level for a volcano. This triggered a mass evacuation of villages living in close proximity of the volcano. By the 29 September, the number of evacuees was over 143,167 in 471 camps. On 29 October 2017, the status was downgraded from Level Four to Level Three. By this date the number of evacuees reduced down to 133,349 people in 383 camps. Following the downgraded alert level, the number of evacuees has decreased, but still remains high at 116,799 people across spread in 351 camps across all nine districts.

With the lowering of the alert level, the exclusion zone has correspondingly decreased from 12 kilometres to 7.5 kilometres and 9 kilometres to 6 kilometres in some areas. This means that around 50,000 (15 villages) residents still cannot return to their homes. PMI plan to continue to provide support to evacuation camps, through the provision of non-food items, health services, WASH and protection and PSS till the end of November. At this time, PMI will reassess the situation, and if possible, begin exit procedures from the operation.

Since the 18 September and to date, the local authorities estimate the cost of Mount Agung and the consequences of the raised alert, in terms of evacuation costs and lost tourist revenue, to be IDR 2 trillion (approximately USD 147 million).

## Summary of current response

### Overview of Host National Society.

The Indonesia Red Cross (PMI) Bali Chapter has been active since 18 September when the government authorities raised the alert level to the highest status. Between 140 to 170 volunteers deploy each day in nine districts and to the Tanah Ampo command post to support the operations. Additionally, PMI has:

- Activated a 24/7 command post to manage and update data relating to the volcano status, evacuees and their needs.
- Deployed 6 water tank trucks, to deliver safe drinking water to people who have been evacuated. As of 6 November 2017, PMI has distributed 717,100 litres of safe water at 20 distribution points
- Deployed 7 ambulances to provide health services. PMI is working closely with the government health department to help people in need.
- Distributed masks, tarpaulins, hygiene kits, baby kits and blankets to the evacuated communities



*PMI volunteers used tarpaulins as walls and partitions turning community spaces (Banjars) into evacuation  
Photo credit: PMI Province Bali*

PMI volunteers continue to conduct assessments of community spaces, known locally as Banjars, in Karangasem district for shelter, in close coordination with the public works office. The identification of new locations for shelter is in anticipation of the possibility of a worst-case scenario, where the affected areas are different than previous eruptions and/or larger than projected. PMI also conducts regular monitoring of evacuation camps, and remains in close coordination with local authorities.

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

PMI works with the IFRC and ICRC as well as American, Australian, Canadian and Japanese Red Cross Societies in-country. All these partners are coordinating with PMI on how they can provide support.

The IFRC Country Cluster Support Team (CCST) in Jakarta is providing technical and coordination support to PMI and is also facilitating financial support to PMI. The CCST will consider further technical support around Health, WASH and Community Engagement and Accountability. These skill profiles are currently available at the CCST. The operation may require more specialist support around camp management and protection, and if required these profiles will be taken from across the Asia Pacific Region.

### Overview of non-RCRC actors in country

PMI and the IFRC are coordinating closely with the National Disaster Management Agency (BNPB) and the Ministry of Social Affairs (MOSA). BNPB continues to disseminate the information to the community on the danger of Mount Agung eruption through leaflets, maps of disaster risk, and comic books for children, in the evacuation sites. PMI is based in the Joint Crisis Centre, which is a joint Emergency Operations Centre, and also hosts BNPB, BPBD, Search and Rescue, TNI, Police and emergency services. PMI is involved in coordination meetings, which are held daily at the Joint Crisis Centre. There is an interagency evaluation meeting every night and an interagency briefing every morning. PMI is also represented in the national Logistic Cluster and Health Cluster. National and international non – government organisations and faith based groups, including MDMC, Dompot Dhuafa, DSM Bali as well as international NGOs such as CRS, Save the Children, World Vision, CARE; all of whom are working through their local partners. The Humanitarian Forum of Indonesia are also present.

### **Needs analysis and scenario planning**

PMI dispatched assessment teams on 24 September to conduct assessments and evacuations. At risk communities were persuaded to leave their homes, livestock, and assets and be evacuated out of risk areas. PMI has developed a communication plan and key messages to persuade people to evacuate to safety in coordination with PMI/IFRC communications and CEA team.

PMI continues to monitor the needs of displaced families. This not only includes people staying in displacement camps but also those staying in spontaneous camps in vacant buildings and those staying with host families. PMI is working with the government on this.

PMI has identified that displaced families in evacuation locations need access to safe drinking and washing water, access to latrines, handwashing and bathing facilities and hygiene promotion. Some of the displaced require hygiene and baby items. PMI see there is a need to monitor the behaviour in camps, particularly for Sexual and Gender Based Violence (SGBV).

Although the needs are declining, with people moving back to their homes, there may still be a need to trace missing people (RFL). PMI will continue to provide psychosocial support for affected communities, who are feeling increasing stress by the evacuation and imminent disaster. PMI will also continue to provide PSS for staff and volunteers who have been working on the frontline, supporting displaced people.

The dynamic movement of IDPs reached its highest point on 30 September 2017 with 144,389 people being displaced, scattered in 488 sites in 9 districts of Bali. As of the 6 November, there are 116,799 people still evacuated in 351 evacuation sites across 9 districts. The ongoing needs remain unchanged. Evacuated communities need safe shelter and access to sufficient safe water for drinking and bathing and sanitation facilities. In addition, a densely displaced population raises the risks related to protection and disease outbreak both for infectious and non-communicable diseases. There is need for psychological support for women, men, girls and boys, who have been displaced now for over six weeks from their homes and their livelihoods and schools.

PMI will ensure that interventions are aligned with its own as well as IFRC's commitment to take into account gender and diversity, for example by targeting women-headed households, pregnant women and nursing mothers, and men and boys made vulnerable, those belonging to the socially vulnerable households, and those who lack relevant resources to cope with basic needs on their own. These groups will be considered according to level of impact.

### **Risk Assessment**

At this stage, the most significant risk is not evacuating at risk communities in time should an eruption occur. There is also a risk of people returning to their homes either to take care of their animals or tending to their crops. PMI has developed their own risk management plan, which is reviewed and updated on a regular basis. PMI provides regular updates to PMI volunteers at the morning briefing to ensure PMI personnel are aware of the latest conditions.

## **B. Operational strategy and plan**

## Overall Objective

This operation aims to assist 11,000 people or 2,200 families (with the average of 5 people per families) affected by the potential eruption of Mount Agung with preparedness and evacuation measures as well as response activities for people already evacuated and staying in formal or informal evacuation centres.

## Proposed strategy

PMI is looking to cover the gaps not covered by other stakeholders, acknowledging that their role is not to replace government but to complement it. PMI will continue to assist local authorities in providing essential services to evacuated communities. PMI, with the support of IFRC, will continue to relay key message in order to convince communities to leave their homes for safety. Based on assessments and the needs arising PMI providing support across the following sectors:

1. **Evacuation of at risk communities living on the slopes and surrounding areas of Mount Agung**, this includes the development of key messages and a communication campaign, the mobilisation of volunteers and the registration of IDPs, and providing tracing assistance as required;
2. **Ongoing assessments**, as the situation evolves, so do the needs. PMI will undertake continuous assessment and will use the analysis to refine the operational plan, ensuring that it continues to meet the needs of the most vulnerable people.
3. **Psychosocial support, health promotion and first aid**, PMI volunteers will complement the services provided by the Department of Health, ensuring that displaced people remain both in good health, both psychologically and physically. PMI will ensure that the psychosocial needs of their frontline staff and volunteers are met.
4. **Water, sanitation and hygiene promotion**; interventions will focus on improving access to safe water via water trucking and provision of water tanks for storage. PMI will provide construct latrines and repair existing latrines in evacuation sites. PMI will also install waste water drainage and solid waste management in camps. In addition, PMI will provide hygiene promotion in order to reduce the risk of diseases (vector-borne and water-related), both at formal and informal camp sites;
5. **Shelter and settlements** assistance to support access to safer living conditions for affected families by the provision of tarpaulins for communal use in the evacuation sites. The operation has distributed non-food items based on need. The operation is also providing tarpaulins, bamboo and fixings, to be used in the camps as walls, for protection against the weather elements, and as partitions within the camps, for privacy within the camp.

## Operational support services

### Human resources

To date, PMI has deployed nearly 240 volunteers and staff to undertake preparation and response activities. As the situation evolves, PMI Bali can expect additional support from PMI NHQ and surrounding branches and IFRC CCST. PMI may call on support from IT, Logistics, Community Engagement and Accountability, Communications and Finance. PMI can also draw on the regional resources of the IFRC, including for livelihoods and shelter. The operation will also call on RDRT experience from across the Asia Pacific Region.

### Logistics and supply chain

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

Relief items, including tarpaulins, masks, baby kits, hygiene kits were released from PMI prepositioned stocks. PMI's Infrastructure and Facility Bureau has led on coordinating the supply of Non-Food Items and Fleet. Stock will be replenished through local procurement. IFRC's Asia Pacific Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department are on standby if required for international procurement.

PMI logistics team in HQ and at the affected areas has been leading the operation support to this operation and no IFRC HR support has been required. IFRC OLPSCM department in Kuala Lumpur will extend its technical support to PMI and IFRC CCST Jakarta office, as needed

### Information technologies (IT)

PMI Bali Chapter and Branches have all contributed IT and telecoms to the EOC. PMI requested additional support to increase the number and type of office equipment in order to ensure that the EOC operates efficiently. The operation plan has made provision for the rental of office equipment, including laptops to allow for better capacity around data entry.

## Communications

PMI has a communications focal point, who is response for operational outreach, including news articles and social media updates. PMI's NHQ communication team has assisted the operation along with the IFRC's Communication Manager, and have also provided Community Engagement and Accountability support, and are monitoring rumours, using a rumour logbook.

### **Security**

The National Society's security framework is applied for the duration of the operation. The National Society will brief its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. Should personnel under IFRC security responsibility, including PNS and surge support be deployed to the area, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply. In this case, location specific safety and security assessments will be conducted. IFRC's Regional Security Coordinator is closely monitoring the situation and will provide advice as required.

### **Planning, monitoring, evaluation, & reporting (PMER)**

PMI's Planning Bureau will provide support in terms of planning, monitoring and reporting on this operation. An end of operation, lessons learned workshop is planned to bring together PMI Branches, Chapter, national headquarters and IFRC to look at the success and challenges of the operation and identify lessons learned for future operations.

### **Administration and Finance**

The IFRC provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. PMI has been working with IFRC for many years and is accustomed to these financial procedures. The IFRC finance and administration team in CCST Jakarta will provide support to the operation.



## Health & care

**Needs analysis:** PMI volunteers and staff will provide psychosocial support, health services and referrals, and health promotion for displaced families. PMI has deployed a mobile health clinic, with at least four staff and volunteers, to provide health screening and checkups for vulnerable people. PMI has 15 ambulances in total and are deploying seven in the operation for referrals; the balance of ambulances on standby.

**Population to be assisted:** Up to 11,000 people in five displacement camps will be reached with masks and 5,000 people will benefit a range of relevant health assistance.

Health & care			
Outcome 2 The immediate health needs of displaced people are met.	Outputs		% of achievement
		<b>Output 2.1</b> Psychosocial needs of the affected populations are met <b>Output 2.2</b> Target population is provided with first aid, and health information through health promotion and IEC	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Distribution and replenishment of masks	X		70%
Conduct psychosocial support activities in communities	X		70%
Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers	X		30%
Produce IEC material for health promotion	X		50%
Deploy mobile medical team and provide health services to the displaced communities	X		70%
Mobilize seven ambulances for medical referrals	X		70%
Target population with health promotion	X		70%
Progress towards outcomes			
<p>Since 4 November, PMI has mobilized in total of 25 psychosocial-trained volunteers and activated its psychosocial service alongside health awareness and hygiene promotion. To date 1,700 people have been reached, out of which 1,052 are children (543 girls and 509 boys) and 648 adults (316 women and 249 men). Psychosocial activities for children include play therapy and drawing. For local women, PMI has instigated craft sessions as a form of psychosocial support. PMI provide the raw materials and women work together weaving baskets for religious offerings. In these groups, women are able to talk about their experience and support each other. The baskets can then be sold, and the cash used for personal/household expenses.</p> <p>PMI has also provided psychosocial support for frontline staff and volunteers. These sessions are confidential and provide staff and volunteers a safe space to debrief on their experiences. To date, some 30 volunteers have been reached through debriefing, 24 men and 6 women. These sessions will continue on until the end of the operation.</p> <p>Some 58,000 masks have been transported from regional warehouse and out of which, 46,550 masks have been distributed as a means of preventing diseases transmission. The respiratory tract infection rate is increasing, with 2,772 cases treated since the alert status of Mount Agung increased to level 4. The rest of the masks will be distributed within this week altogether with health awareness including socialization of using mask. Each family will receive one pack containing five masks and will benefit over 11,000 households. Procurement for replenishment is underway, led by PMI Infrastructure and Facilities Bureau and supported by IFRC CCST Jakarta. IEC materials to raise awareness on health issues are currently being produced.</p>			



*Women in Bangli camp sit together and weave traditional baskets called 'canang'. These baskets are used for religious offerings and can be sold by the women as income generation but most importantly the process gives women an opportunity to talk about their experiences and support each other emotional support (Photo credit: PMI Bali Chapter)*

In the absence of an eruption, the Government is not providing mobile clinic services, however these services are essential for local communities who may have to travel up to 45 minutes driving on bad roads. PMI has deployed a mobile medical clinic. The mobile clinic, staffed by at least 4 staff and volunteers, has provided basic health care to 1,147 people including 98 children under five, 693 adults, 346 seniors over 60 years. To complement the mobile health services, PMI is mobilizing seven ambulances to provide referrals to clinics as required. Respiratory infection is the number one disease encountered and is attributed to the cramped living conditions in the camps. Respiratory infections are also the result of cooking fires and burning rubbish. PMI has also doing health promotion activities with displaced communities. These activities are integrated with hygiene promotion and psychosocial support.

Initially PMI planned to provide first aid, however this has been replaced by the mobile medical services.

## Water, sanitation, and hygiene promotion

**Needs analysis:** Displaced people are dispersed in more than 351 evacuation spots across nine districts. Some are sheltering in community buildings called Banjars, others are staying in vacant buildings. Thousands of people are staying in newly created camps, which lack access to safe water, sanitation facilities and bathing facilities. There are also hygiene risks, with limited water and sanitation facilities and people living in close proximity.



Example of a newly constructed latrine Photo credit: PMI Bali

PMI plans to continue distributing safe water to displacement camps via water trucking. PMI is providing water tanks for storage, the number of which has been revised from the initial target of 200 water tanks down to 8 tanks with a capacity of 1,200 litres. The rationale for the decrease is because water tanks have been provided by NGOs and also by private companies. PMI has decided not to distribute jerry cans, as families have brought buckets, pots and pails from their houses.

PMI's strategy towards sanitation has been revised. PMI will construct 35 latrines. In addition, PMI will refurbish 20 existing latrines. The number is lower than expected because of the limited space for additional sanitation facilities.

PMI is also constructing 20 waste water drainage systems in the camps. PMI are also providing rubbish bins, 100 bins in five locations as well as plastic bags for rubbish removal. PMI are regularly collecting rubbish and disposing of it at the public dumping sites.

In addition, PMI is providing hygiene promotion, including educating on water borne and vector diseases and safe transportation and storage of water, integrated with health promotion and PSS support.

PMI NHQ has released 1,000 hygiene kits from their warehouse in Gresik and these kits will be distributed to families in need.

**Population to be assisted:** The operation will target 5,000 people (1,000 families) with safe water via water trucks. To complement this, PMI will distribute water tanks to eight displacement sites. PMI will construct semi-permanent latrines, repair existing latrines and will provide sanitation facilities as well as solid waste management in camps; and hygiene promotion for displaced people.

Water, sanitation, and hygiene promotion			
<b>Outcome 3</b> The immediate reduction in risk of waterborne and water-related diseases in targeted communities	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 3.1</b> Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population. <b>Output 3.2</b> Access to adequate sanitation facilities in displacement sites increased		80%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
PMI to deploy seven water trucks to Bali for emergency response	X		100%
Procure and install eight water tanks for storage of safe water	X		100%
Distribute safe water to water tanks in displacement camps	X		60%
Provide access to sanitation including new and refurbished latrines	X		75%
Construct 20 drainage systems in camps, including installing small canals and infiltration, where waste water is an issue.	X		25%
Support solid waste management by provide rubbish bins and bags and disposing of solid waste in five camps in Karangasem.	X		50%
<b>Outcome 4:</b> Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 4.1</b> Mobilize existing volunteers to participate in basic hygiene promotion activities		60%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
Mobilize existing volunteers to participate in basic hygiene promotion activities	X		60%
Undertake hygiene promotion activities alongside the provision of latrines	X		60%
Mobilize existing volunteers to participate in basic hygiene promotion activities	X		60%
Undertake hygiene promotion activities alongside the provision of latrines	X		60%
Distribute 1000 hygiene kits based on need	X		30%

## Progress towards outcomes



*Photo of a rehabilitated latrine with water source for handwashing in Dusun Pegrisngsingan, Tenganan Village (Photo credit, IFRC CCST Jakarta)*

PMI has deployed seven water trucks to Bali to cover the needs of safe water at displacement sites. To date, PMI has distributed 672,700 litres of safe water reaching 3,760 people, including installing 12 public taps in existing water tanks.

PMI has also distributed 8 water tanks: six units in Karangasem District and two units in Buleleng District. Some 25 volunteers are mobilized to conduct hygiene promotion along with psychosocial support and health awareness and have reached 1,739 people as of 8 November 2017.

The plan to provide emergency latrines has been modified. PMI have constructed latrines which are expected to last approximately 3 – 4 months. To date 22 latrines out of the target of 35 latrines have been completed. This includes 16 units in Karangasem District and 6 units in Buleleng District. An additional three units are currently being constructed in Karangasem. In addition, PMI has repaired 18 latrines out of a target of 20 latrines in Karangasem District.

To date, PMI has constructed 5 waste water drainage systems in the camps. Preparations are underway for the remaining 15 systems. PMI are also providing 100 rubbish bins in five locations as well as plastic bags for rubbish removal. PMI are regularly collecting rubbish and disposing of it at the public dumping sites. These activities are ongoing.

Originally hand washing facilities were planned for new and repaired latrines, however, since all latrines have a water source, scoop and soap, separate hand washing facilities are not required. In addition, in every latrine, posters demonstrating hand washing instructions have been positioned for easy reading.

To date, PMI have distributed almost 300 hygiene kits to families in need. PMI's standard hygiene kit contains soap, shampoo, laundry soap, towels, dish washing soap, toothbrush, toothpaste, sanitary pads. The balance will be distributed in the coming days. Plans to replenish these hygiene kits is currently underway and should be completed by the end of the month.

## Shelter and settlements

**Needs analysis:** PMI had originally planned to distribute cash to displaced families for their personal needs. It seems that distribution of cash is not in line with the assistance provided by government and non-government stakeholders, particularly given that an eruption has not taken place. In order to meet the needs of displaced families, PMI has started to distribute baby kits (as well as masks explained under health and hygiene kits detailed under WASH) and these distributions are ongoing. PMI has distributed tarpaulins to the displacement camps as protection from the weather elements and as partitions for privacy.

**Population to be assisted:** Tarpaulins, bamboo and fixings will be provided to people in IDP camps, rather than distributed to individual families. The target camps for shelter support are Karangasem (3,173 people), Buleleng (14,063 people) and Gianyar (468 people). The total population in these sites is 17,704 people, of which PMI is supporting 11,000 people or 2,200 families. The baby kits will be distributed, based on need in Bangli, and Karangasem.

Shelter and settlements			
Outcome 5 The immediate household, shelter and settlement needs of the target population are met	Outputs		% of achievement
		<b>Output 5.1</b> Target populations are provided with emergency shelter materials <b>Output 5.2</b> Target populations are provided with cash grants for essential household non-food items	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Procure rope and fixings locally and distribute with tarpaulins	X		80%
Replenishment of 1550 tarpaulins	X		60%
Distribute 500 baby kits to displaced families based on need	X		60%
Replenish 500 baby kits	X		60%
Progress towards outcomes			
<p>PMI NHQ dispatched 2,500 tarpaulins from the regional warehouse to Bali, 1,550 are being replenished by this DREF operation, the remaining tarpaulins will be covered by PMI domestic fundraising. To date, PMI has distributed 1,436 tarpaulins, benefited 10,868 people at 59 camp sites in Karangasem District. PMI is going to dispatch 560 tarpaulins to two districts of Buleleng and Gianyar. This will make a total of 66 camp sites being covered. The procurement process is currently underway locally and should be completed by the end of November. From observation at the displacement sites, tarpaulins are mostly being used as walls/partitions using rope and bamboo poles.</p> <p>The cash distribution will not take place. No other agency is distributing cash and the government is reluctant to have cash distributed; in the absence of an eruption. PMI will keep advocating where possible with government counterparts and will explore this modality further during the lessons learned workshop.</p> <p>Selection of beneficiaries for relief items is based on need and distributions made only if people haven't received assistance from other agencies. If families have exhausted their supplies, then PMI will replenish with a further allocation, which is done on a case by case basis. The situation is very fluid with communities, government and agencies providing assistance to displaced camps, when it becomes available and since Mount Agung has not erupted, the national level clusters have not been activated. PMI are also providing blankets based on need, but these are funded by this operation.</p> <p>PMI NHQ dispatched 500 baby kits from their warehouse in Gresik. To date, 310 baby kits have been distributed in Karangasem and the rest of 190 kits to be distributed in Bangli. PMI's standard baby kit contains baby soap, shampoo, talc powder, oil, eucalyptus oil, baby lotion and hand lotion, diapers, towel, blanket and container box. Plans to replenish these hygiene kits is currently underway and should be completed by the end of the month.</p>			

## Restoring Family Links (RFL)

**Needs analysis:** PMI plan to provide RFL for missing people, if and as required.

**Population to be assisted:** RFL will be extended to people who are separated from their relatives and to families who are looking for missing family and friends.

Restoring family links (RFL)			
Outcome 6 Family links are re-established and maintained between separated relatives	Outputs		% of achievement
		Output 6.1 Families are supported to access appropriate means of communication to re-establish and maintain contact with their family members	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Prioritization of requests for RFL amongst vulnerable groups (e.g. children, elderly, persons with special needs)			0%
Receipt and distribution of messages to assist affected people with RFL			0%
Progress towards outcomes			
To date, there have been no requests for RFL. PMI will continue to be on standby to offer this service through dedicated and trained RFL staff to monitor and coordinate the work should the need arises.			

## Programming / Areas Common to all Sectors

**Needs analysis:** PMI will continue to assess and adjust the response plan as needed. Data will continuously be analyzed to inform the response.

Quality programming			
Outcome 7: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	Output 7.1 Needs assessments are conducted and response plans updated according to findings		80%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Mobilize staff and volunteers for emergency evacuation and assessments	X		100%
Volunteers will monitor the situation (particularly in camps) for sexual- and gender-based violence and violence against children and report any cases to the authorities	X		100%
CEA visit to provide operational support on key messages and communication strategy	X		80%
Process data and analyse findings	X		80%
Ensure that any adjustments to initial plans are informed by continuous assessment of needs and monitoring of activities	X		100%
An RDRT will be deployed to support the operation		X	0%
Conduct an end of action lessons learned workshop	X		0%
Progress towards outcomes			
<p>PMI has been supporting the evacuation since day – 1, working closely with government and other stakeholders to coordinate and map out evacuation sites as well as needs.</p> <p>IFRC and PMI deployed their Community Engagement and Accountability officers in the middle of October to assist PMI on assessing local communication channels, media relations and to help them develop key messages. The plan has been developed and is now being implemented by PMI. PMI has also set up a rumour logbook to track and address rumours, as they arrive.</p> <p>An RDRT with technical expertise in either camp management or protection gender and inclusion is being requested to support the operation however to date a suitable profile has not been identified. The APRO will continue to look for a suitable RDRT to support this operation.</p> <p>The lessons learned workshop will be conducted in December 2017.</p>			

## Reference documents



Click here for:

- [DREF](#)
- [Revised DREF budget](#)

## Contact information

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### For In-Kind donations and Mobilization table support:

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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**

21/11/2017

MDRID012 Indonesia : Volcanic Eruption

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Shelter - Relief	39,202
Water, Sanitation & Hygiene	64,357
Medical & First Aid	11,576
Teaching Materials	2,220
Other Supplies & Services	2,831
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>120,185</b>
Storage, Warehousing	763
Distribution & Monitoring	1,295
Transport & Vehicle Costs	5,380
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>7,438</b>
National Staff	1,594
National Society Staff	18,321
Volunteers	28,767
<b>Total PERSONNEL</b>	<b>48,682</b>
Workshops & Training	8,700
<b>Total WORKSHOP &amp; TRAINING</b>	<b>8,700</b>
Travel	6,248
Information & Public Relations	2,000
Office Costs	2,166
Communications	2,080
Financial Charges	76
<b>Total GENERAL EXPENDITURES</b>	<b>12,570</b>
Programme and Services Support Recovery	12,842
<b>Total INDIRECT COSTS</b>	<b>12,842</b>
<b>TOTAL BUDGET</b>	<b>210,417</b>