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# DREF Operation Final Report

## Indonesia: Aceh Earthquake

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation n°</b> MDRID011	<b>GLIDE n°</b> <a href="#">EQ-2016-000127-IDN</a>
<b>Date of Issue:</b> 31 August 2017 <sup>1</sup>	<b>Timeframe covered by this report:</b> 7 December 2016 to 30 June 2017
<b>Date of disaster:</b> 7 December 2016	<b>Operation end date:</b> 30 June 2017
<b>Overall operation budget:</b> CHF 941,847 <sup>2</sup>	<b>DREF amount allocated:</b> CHF 374,880
<b>Number of people affected:</b> 85,161	<b>Number of people assisted:</b> 72,627
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> Overall, the Indonesian Red Cross Society – Palang Merah Indonesia (PMI) – works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (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 were 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.	

## 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) coordinated the response and reported that 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 was also damage to roads, hampering access to some of the affected areas. Water sources were damaged and people had to depend on water distribution for some time. Health institutions were not spared. According to the US Geological Survey (USGS), the quake was centred 17 kilometres northeast of Pidie Jaya – around 121 km southeast of Banda Aceh – with a depth of 10 km.

### Summary of response

#### Overview of Host National Society

PMI was on the ground from the onset, with its base units mobilizing volunteers, many of whom are members of the affected communities. In total, PMI mobilized 382 personnel (39 staff and 343 volunteers) for the response, of whom 250 were men and 132 women. At least 232 volunteers supported evacuation, assessment, information centre, public kitchen and distribution activities, 47 volunteers supported health activities, 65 supported WASH activities, 17

<sup>1</sup> This report is updated and republished on 8 December 2017 to include clarification on the budget variances in Section D – Financial summary.

<sup>2</sup> Inclusive of response beyond the DREF allocation.

volunteers supported disaster risk reduction (DRR) activities, and 21 volunteers supported cash transfer programming (CTP) as well as related community engagement and accountability (CEA) activities.

In terms of emergency response, the National Society mobilized seven ambulances and medical crew from Aceh, North Sumatra and Binjai, to provide mobile clinic services, which finished in March 2017. PMI also provided mobility aids, including 51 wheelchairs and 400 crutches. PMI provided psychosocial support, which started after the earthquake up until the end of recovery phase.

The National Society mobilized ten water trucks to affected areas to meet immediate water needs – reaching at least 72,627 people with 5 million litres of safe water – and distributed 200 water tanks in affected villages where PMI was trucking safe water. Prior to distributing the water, PMI cleaned water sources and ensured access for water trucks, this work was supported by other donors. During the operation, 2,000 hygiene kits were distributed to affected families to complement hygiene promotion in communities. The table below sets out the number of people who benefited from PMI services during the operation.

Table 1. Number of beneficiaries per sector

	Women	Men	Girls	Boys	Total
<b>Mobile clinic</b>	3,633	2,116	-	-	5,749
<b>First aid</b>	886	254	413	212	1,765
<b>PSS</b>	2,657	1,458	1,477	1,425	7,017
<b>Water distribution</b>	69,913	45,857	-	-	115,770
<b>Hygiene promotion</b>	750	532	3,490		4,772
<b>DRR in schools and communities</b>	757	233	212	413	1,615
<b>Build Back Safer workshop</b>	14	106			120

In the emergency phase, PMI distributed shelter materials and non-food items (NFI) including 3,700 tarpaulins, 2,400 family kits, 500 baby kits<sup>3</sup>, 9,000 mattresses, 100 family tents, 5 emergency tents and 1,100 blankets. In total, more than 2,400 families from three districts (Pidie Jaya, Pidie and Bireun Districts) got these services. In addition, 1,500 families received conditional cash grants across three sectors: WASH (supported by DREF), and shelter and livelihoods (supported by a DFAT grant). One month after cash distribution, post distribution monitoring was done using Open Data Kit (ODK).

Table 2. Number of people reached with CTP including breakdown by vulnerability

	Shelter	WASH	Livelihoods
Women	1,142	991	1,028
Men	951	934	961
Girls	410	420	368
Boys	596	564	418
<b>Number of people reached</b>	<b>3,099</b>	<b>2,909</b>	<b>2,775</b>
Elderly	141	118	152
Disable	2	1	15
Under 5 years	142	230	201
Sick	71	3	111
Pregnant woman	13	25	18
Breastfeeding mothers	21	54	56

Disaster risk reduction (DRR) activities – covered by a DFAT grant outside this DREF operation – started in early April, with training for volunteers on facilitating DRR in the community and in schools. In total, 33 villages and 17 schools were reached with DRR activities, including first aid training, that lasted for five days for each village and school. They consisted of one day socialization, two day DRR training and two days DRR simulation.

Also utilizing the DFAT grant, PMI held a one-day workshop on building safer house attended by 120 people from nine villages. PMI also produced 2,000 leaflets on the principles of build back safer. These leaflets were distributed

<sup>3</sup> The baby kit consists of diapers, blanket and baby oil. It does not contain baby food.

to shelter beneficiaries, DRR beneficiary families, and the remaining leaflets were shared district disaster management office (BPBD) and the Department of Public Works, who are responsible for undertaking the government's shelter assistance programme, targeting 6,400 families.

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 provided financial, technical and coordination support to PMI both at national and provincial/district levels.

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

PMI coordinated with in country participating National Societies such as American Red Cross, Australian Red Cross, Japanese Red Cross and Canadian Red Cross (whose office is now closed) 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 Indonesia including Oxfam, CARE International and Save the Children.

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

Four national clusters were informally activated, including Health, Education, Logistics and Displacement and Protection Cluster. 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 was 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. The operation then refocused on the gap of build back safer support for the community and advocated with beneficiary families and the local government to ensure that families are safe in their new homes.

## **Needs analysis and scenario planning**

PMI reviewed assessment reports and analysed the needs with considerations of information from national disaster management authority (BNPB) and the district disaster management authority (BPBD), situation reports by AHA Centre and media reports and based the intervention based on the following needs:

### **Psychosocial support**

Some survivors displayed signs of trauma, with some apprehensive of indoors for fear of aftershocks, while other survivors lost close family members, friends or neighbours. Even months after the earthquake, psychosocial needs were evident and PMI continued to provide psychosocial support, including psychosocial first aid for adults and children as well as play therapy for children 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 provided 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, namely upper respiratory disease, dermatitis and diarrhoea.

### **Non-food relief**

Given the displacement and disruption of day-to-day activities, there was a need for non-food relief, especially in 60 most affected villages identified as most vulnerable. In response, PMI provided essential relief items including family kits, blankets, baby kits and mattresses from existing stocks. These stocks were replenished as part of this operation.

## **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 stock distributed has now been replenished under this operation.

An IFRC shelter scoping study, undertaken in January 2017, found that houses built during the tsunami recovery were still standing. However, houses built using the communities' own resources, were severely damaged, highlighting that the communities chose not to incorporate build back safer principles. This was an important need, as communities looked to rebuild their shelters again, making them safer 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 needed 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, needed access to clean water.

## **Hygiene**

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

## **Sanitation**

The Indonesia Army demolished damaged houses and community buildings and then cleared rubble from quake-affected areas. PMI has developed IEC materials and messages which were translated into Acehnese (local language), which were distributed to the targeted areas and complemented hygiene promotion activities.

## **Livelihoods**

Following the earthquake, vulnerable families such as subsistence farmers and fisher folk 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, fisher folk and farmers did not have sufficient resources to replace lost tools and missed out on profits from the latest harvest.

## **Beneficiary selection**

PMI ensured that its interventions were 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 and nursing mothers. Selection criteria took into account people made vulnerable by the disaster, families that had not received any or sufficient assistance from the government or other organizations, those belonging to the socially vulnerable households, and those who lacked resources to cope with basic humanitarian needs on their own. These groups were considered according to level of impact. For cash transfers, the beneficiary criteria were defined in PMI's standard operating procedures.

## **Feasibility and delivery capacity**

The PMI had technical capacity and experience to deliver in this response. The disaster was localized and fell under 'Category A' of the three disaster categories portrayed in the Indonesia Humanitarian Country Team 2016 emergency response preparedness report – which meant it could be handled by the authorities and national organizations such as PMI. However, PMI requested financial and coordination support from IFRC to scale up its response and PMI has also raised funds at the national level.

# **B. Operational strategy and plan**

## **Overall Objective**

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

## Strategy utilized

The operation consisted 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 focused on 60 villages in the districts of Bireuen, Pidie and Pidie Jaya. PMI also undertook interventions using resources mobilized bilaterally and/or from non-Movement sources.

## Crosscutting matters

PMI considered gender and diversity while selecting beneficiaries. To ensure community engagement and accountability, the branch appointed a three-person team as the focal point for community engagement. This team was trained by the Regional Disaster Response Team (RDRT) member deployed to support the cash transfer programme. The team used ODK (a mobile application) to collect feedback from beneficiaries. Awareness campaigns were organized by PMI's trained volunteers on secondary risks such as dengue, malaria as well as other diseases related to poor sanitation and drinking of contaminated water. PMI also worked to build culture of safety, targeting schools and communities.

## Operational support services

PMI mobilized equipment from the Provincial Chapter in Aceh to renovate, repair and construct the community water sources. In this response, PMI mobilized water trucks and ambulances to meet immediate needs. PMI also mobilized human resources, particularly health and water and sanitation staff and volunteers, from neighbouring areas and headquarters.

## Human resources

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

The IFRC deployed an Operations Manager (on temporary surge basis) to support PMI for the first three months of the operation. Subsequently, IFRC recruited a Senior Operations Officer to provide technical support to PMI. The funding for these positions was covered by Australia's DFAT.

A peer to peer Cash Transfer Programme (CTP) specialist (RDRT) was deployed from Pakistan Red Crescent. The RDRT started in end of 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.

The Asia Pacific Livelihood Coordinator, based in Bangkok, provided remote support for the duration of the operation. The Coordinator conducted a review of the CTP process in May, including a field visit to Pidie Jaya and the Provincial Chapter in Aceh and culminated in a one day lessons learned workshop for Branch, Provincial and Headquarters staff and volunteers.

## Logistics and supply chain

Logistics activities aimed 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. Relief items, including tarpaulins, family kits and hygiene kits have been replenished. IFRC regional logistics unit (RLU) in Kuala Lumpur was remotely available to provide technical support as per operational needs for National Society and IFRC CCST.

### **Information technologies (IT)**

Mobile phones worked well as the key means of communication. PMI ensured that staff and volunteers involved in the operation could be contactable via mobile phones.

PMI developed data collection tools using Open Data Kit or ODK (a mobile application). In total, 30 mobile devices and 30 volunteers were utilised to support data collection from the stage of selecting beneficiary, registering, validating needs to the post distribution monitoring. This tool was also used to collect the feedback from the beneficiaries as well.

### **Communications**

IFRC and PMI communications teams worked closely together according to the communications plan developed in order to build public awareness around the humanitarian needs. Existing IEC materials were revised and updated. Key messages, talking points and news stories were 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. The latest news story on the operation was published on the IFRC website on 18 July: <https://media.ifrc.org/ifrc/2017/07/18/overcoming-fear-trauma-aceh-indonesia-earthquake/>

### **Security**

Throughout the duration of the operation, the National Society's security framework applied. For IFRC personnel, including surge support, the IFRC security framework applied; however, since no IFRC staff is based in permanently in Aceh or Pidie Jaya, no additional specific security regulations were required.

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

As decided by PMI NHQ, Pidie Jaya District Red Cross Chapter and Aceh Province Red Cross Chapter managed the operation, including PMER responsibilities. PMI NHQ – particularly Health and Disaster Management Divisions along with Communication Division – provided support to the chapters. The standard PMI reporting template was used for monitoring and reporting to the IFRC, whereas the DREF and extended EPoA and related budget were considered planning documents. Post distribution monitoring was undertaken a month after the cash distributions for shelter, WASH and livelihoods, with 15% of recipients surveyed.

## **C. Detailed Operational Implementation**

### **Health**

**Needs analysis:** Following the earthquake, the hospital in Pidie Jaya was evacuated and patients moved to hospitals in Bireuen and Pidie. The capacity of these hospitals was stretched, especially because of the significant number of earthquake-related recovering patients. Health rapid surveys and secondary data immediately after the earthquake showed substantial impact on health facilities, including the Pidie Jaya Hospital, resulting in the disruption of health services. There was a shortage of mobility aids, such as crutches and wheelchairs, given the large number of injured. There was also significant psychosocial support required by affected communities.

**Population targeted:** Up to 1,000 households in five communities were 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 were to 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		100%		
<b>Activities</b>	<b>Was implementation on time?</b>		<b>% of achievement (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		100%		
1.1.3 Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers	x		100%		
<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 1.2</b> Target population is provided with rapid medical management of injuries and diseases		100%		
<b>Activities</b>	<b>Was implementation on time?</b>		<b>% of achievement (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>Achievements against Outcome</b>					
During the emergency phase, health assistance included first aid and mobile clinic services, provision of mobility aids such as crutches and wheelchairs, and psychosocial support. Services extending into the recovery phase were first aid in communities and psychosocial support activities.					
PMI deployed 29 medical staff consist of 13 specialist doctors, 5 general practitioners, 7 nurses, one midwife, one pharmacist and two volunteers for administration. Medical assistance continued in the recovery phase supported by three medical teams (12 men and 5 women); who worked in close coordination with the existing hospitals, district health office and health cluster team. Medical services finished at the end of February, with PMI reaching 5,749 patients (3,633 women and 2,116 men) with general medical support including first aid, general check-up, referral for severe injuries to the health facilities. The major health issues treated were upper respiratory disease, dermatitis and diarrhoea. In response to a request form 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. Below is the number of people who benefited from mobile clinic services during emergency and recovery phase.					
Table 3. Number of people benefiting for mobile clinic services					
	<b>&lt; 5 years</b>	<b>&gt;5 years</b>	<b>Adult</b>	<b>Elderly</b>	<b>Total</b>
Emergency Phase	200	318	1,124	432	2,074
Recovery Phase	411	503	1,900	861	3,675
First aid training was conducted on April 2017. Initially, ten volunteers (6 women and 4 men) from PMI Pidie Jaya were trained as trainers by PMI Province. The first aid training in communities was held over four days with 150 participants trained (129 women and 21 men) from five villages; the participants included community leaders, members of women groups, youth groups, religious groups and community health workers. The training empowered community members to provide first aid in response to a disaster and also in day to day accidents.					

Psychosocial support activities were two pronged, one package for community members and a second package targeted PMI staff and volunteers. PMI Province conducted psychosocial support training of trainers (ToT) for 20 PMI staff and volunteers (12 women and 8 men). Psychosocial support in communities was implemented since emergency until end of recovery phase, delivering psychosocial first aid (PFA) for adults and play therapy for children. The initial plan was to cover five communities for two months, however due to the high rates of trauma, it was increased to 44 villages for six months.

Table 4. Number of beneficiary for psychosocial support

	Women	Men	Girls	Boys	Total
Emergency Phase	852	578	653	627	2,710
Recovery Phase	1,805	880	824	798	4,307
Total	2,657	1,458	1,477	1,425	7,017

### Challenges

Pidie Jaya District is geographically dispersed, with eight sub district spread at 1,162.84 km<sup>2</sup>. PMI mobile clinic served community in the area where health facilities were hard to reach. The longer these services are provided, the more communities become reliant on these services, which may create dependency to PMI medical assistance.

### Lessons Learned

Given the above challenges, PMI needs to better prepare an exit strategy for health services in an operation and to improve coordination with external partners, especially the health department in Pidie Jaya as well as the health facilities in community level. Provision of first aid training empowers communities to be more resilient in the absence of immediate health facilities

## 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 needed to access safe water in areas where they had temporarily settled. PMI undertook water trucking up until the end of February. Acceptance of water purification tablet was 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 used bilateral funds for this purpose.

Disease prevention and health promotion activities continued in order to prevent disease outbreaks, including water and vector-borne diseases such as dengue. There was also a need to promote safe water handling, and provide hygiene items to reinforce practice.

The Indonesia Army demolished damaged houses and community building and cleared rubble. The army considered aspects of environmental sanitation so debris did not accumulate, which combined with stagnant water as a result of rains during the season, posed public health risks. To control vector borne outbreaks, PMI focused on raising awareness about the importance of clearing debris and ensure that community members managed areas that could potentially collect stagnant water, given 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 long term stays in displacement camps, so to encourage families to return to their homes, prioritised refurbishment of household latrines instead of emergency latrines. Thus, the operation chose to give cash grants (CHF 70) for WASH materials to allow families to construct latrines or repair damaged household water infrastructure, as needed. This approach was endorsed by the WASH Sub-Cluster.

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

Water, Sanitation and Hygiene			
<b>Outcome 2. The immediate reduction in risk of waterborne and water-related diseases in targeted communities</b>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 2.1.</b> Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		100%
Activities	<b>Was implementation on time?</b>		<b>% of achievement (estimate)</b>
	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		100%
2.1.3 Conduct sessions on household water treatment alongside distribution ceramic water filters	x		100%
<b>Outcome 2. The immediate reduction in risk of waterborne and water-related diseases in targeted communities</b>	<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%
Activities	<b>Was implementation on time?</b>		<b>% of achievement (estimate)</b>
	Yes (x)	No (x)	
2.2.1 Replenishment of hygiene kits for 2,000 households	x		100%
<b>Outcome 2. The immediate reduction in risk of waterborne and water-related diseases in targeted communities</b>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 2.3.</b> Access to adequate sanitation facilities in displacement sites increased		Removed
Activities	<b>Was implementation on time?</b>		<b>% of achievement (estimate)</b>
	Yes (x)	No (x)	
2.3.1 Provide emergency latrines in displacement sites			Removed
<b>Outcome 2. The immediate reduction in risk of waterborne and water-related diseases in targeted communities</b>	<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%
Activities	<b>Is implementation on time?</b>		<b>% of achievement (estimate)</b>
	Yes (x)	No (x)	
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>Achievement against Outcome</b>			
The WASH assistance during emergency phase distributed hygiene kits, water tanks and distributed safe water, while water distribution continued into the recovery phase. Other recovery activities included distribution of ceramic water filter, cash transfer programming (CTP) and hygiene promotion. PMI also cleaned 120 points water sources in communities and repaired damaged water sources; however, these activities were supported by another donor.			

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. Only PMI, and BPBD (district disaster management authority) and Department of Public Works had trucks for transporting water, PMI had the biggest fleet. The Government, however, 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. In total, PMI deployed 10 water trucks for a period of three months, providing 5 million litres to at least 72,627 people.

Table 5. Water volume distributed and number of people reached

	<b>Water Volume (L)</b>	<b>Women</b>	<b>Men</b>	<b>Total</b>
<b>Emergency Phase</b>	942,950	25,573	17,570	43,143
<b>Recovery Phase</b>	4,111,100	44,340	28,287	72,627
<b>Total</b>	<b>5,054,050</b>			

IDPs 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. As a result, PMI decided to provide Cash for WASH. Families could use this support to build or rehabilitate household latrines.

Considering the culture of the community and geographical situation, PMI has decided for conditional cash grants of CHF 70 for WASH (water and sanitation products). The selection of target families was made based on the water and sanitation assessment, undertaken in January. In total 500 families living in coastal areas benefited from WASH assistance, supported by the DREF. PMI has focused its support to 40 villages of six sub-districts in Pidie Jaya. The beneficiaries could choose items/materials which related with water and sanitation, such water tank, taps, water pump and pipes, etc. The result of post distribution monitoring of 76 respondents shows that 99% families were satisfied with the WASH items distributed by PMI and 1% not satisfied because they expected a labour fee of water and sanitation installation.

Early on, it was established that local communities did not like water purification tablets due to the smell of chlorine. As a result, PMI opted to procure ceramic filters, which were distributed to the WASH CTP beneficiary families and schools that participated in the disaster risk reduction activities.

To complement distributions, PMI mobilized 20 volunteers to undertake hygiene promotion, reaching 4,772 people (750 women and 532 men and 3,490 children) in six sub-districts. Topics covered included hand washing, diarrhoea prevention, safe water handling, and environmental sanitation. In addition, hygiene promotion sessions were conducted during the CTP distribution at vendor's shop, while families were waiting their turn to select their WASH items. Hygiene promotion was also done through other services, such as mobile medical clinic, and as part of the distribution of hygiene kits and during water trucking.

#### **Challenges**

The lack of capacity of WASH volunteers in PMI Pidie Jaya demanded full support from PMI Province and NHQ during the implementation phase.

#### **Lessons Learned**

Based on the capacity of the leading branch, PMI need to assess the current capacity and then provide training and mentoring to improve volunteers' capacity on water and sanitation. This should be done continuously throughout the operation.

## **Livelihoods**

**Needs analysis:** Vulnerable families – such as subsistence farmers and fisher folk – diverted their savings for emergency live saving needs. Furthermore, productive assets were lost, crops destroyed and production halted. Thus, there was a need to support such in obtaining cash for meeting immediate needs.

**Population targeted:** Up to 500 households in five communities were to receive livelihoods support (conditional cash grant). The modality would be bank transfers 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	Was implementation on time?		% of achievement (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	100%
<b>Achievement against Outcome</b>			
<p>The livelihood support implemented through cash transfer programme (CTP) was funded via the Australia's DFAT grant, complementary to DREF. PMI reached 500 families, including 496 farmers and 4 fishers (316 men and 184 women directly received assistance) from 54 villages of five sub districts in Pidie Jaya. Based on consultation with target communities and government departments for fisheries and agriculture, PMI provided a shopping list for seeds and fertilizer and tools such as fishing lines, nets and rods. The beneficiaries could choose the items that best suit their needs. Two local vendors were selected to provide the items demand, once beneficiaries have purchased the items, the vendors then transported them to each village, which made it easy for people to collect their items.</p> <p>The livelihood cash distribution took place exactly one month before Ramadhan month, when the farmers started planting fruit to sell during Ramadhan. The result of post distribution monitoring for 75 respondents shows that 99% families satisfied with the livelihood assistance which distributed by PMI and 1% not satisfied because they expected to get shelter support.</p>			
<b>Challenges</b>			
<p>During implementation of CTP, beneficiaries needed to visit vendor's shops, located in Pidie Jaya Town, to choose their items and redeem their Brizzy cards. However, some villages are a long way from Pidie Jaya Town, meant that it was challenging for vulnerable groups such as elderly, sick, pregnant women and nursing mothers to travel significant distances. The community leaders rented a shared vehicle to transport beneficiaries from the same village to the town.</p> <p>When the initial market survey was carried out on December 2016, farmers in Pidie Jaya District at that time were planting rice. At the time of drafting the Emergency Plan of Action, rice was chosen as a livelihood option for affected communities. However, the rice planting season finished in March, and the CTP didn't take place till May, which farmers had moved on to planting fruit in advance of the Ramadhan month. Based on consultation with target communities and government departments for fisheries and agriculture, the plan was changed and the assistance package was revised, based on revised market survey, in time for CTP. On the other hand, there is no such specific pattern of fishing season for the fishers.</p>			
<b>Lessons Learned</b>			
<p>PMI will consider either bringing markets closer to remote villages, or will include some resources to cover travel costs in further operations.</p> <p>Information on patterns such as local livelihoods, seasonal calendars and culture must be taken into consideration during market assessment and planning livelihood interventions. Should delays on implementation take place, the operation needs to revisit the assistance package offered and adjust the package in consultation with community members.</p>			

## Shelter (including household non-food items)

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

**Population targeted:** Up to 1,000 households in five communities were targeted with non-food items and emergency shelter materials.

Shelter (including household non-food items)			
<b>Outcome 4: The immediate household, shelter and settlement needs of the target population are met</b>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 4.1</b> Target populations are provided with essential household non-food items		100%
<b>Activities</b>	<b>Was implementation on time?</b>		<b>% of achievement (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
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%
<b>Outcome 4: The immediate household, shelter and settlement needs of the target population are met</b>	<b>Outputs</b>		<b>% of achievement (estimate)</b>
	<b>Output 4.2</b> Target populations are provided with emergency shelter materials		100%
<b>Activities</b>	<b>Was implementation on time?</b>		<b>% of achievement (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
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%
<b>Achievement against Outcome</b>			
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>4</sup> , 9,000 mattresses, 100 family tents, 5 emergency tents and 1,000 blankets.			
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 was redirected to support the increase in volunteer costs for health and WASH activities.			
In the recovery phase, with support from DFAT, intervention for shelter sector was carried through cash transfer program. PMI has provided support for 500 families from 26 villages in five sub-districts within the Pidie Jaya District with criteria family of collapsed/heavy damaged houses. Based on the result of Pidie Jaya shelter scoping			

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

study, PMI modified their beneficiary criteria to include, multi-headed households of collapsed/heavy damaged houses and tenants of collapsed multipurpose building such as mall and shops.

Beneficiaries chose items they needed to repair their homes or build transitional shelter while waiting for rehabilitation and reconstruction support from government. The shopping list included zinc roof, wood and plywood. PMI carried out post distribution monitoring to 76 respondents. Overall, 99% families satisfied with shelter items which distributed by PMI, only 1% not satisfied because they expected to receive labour fee to build their house.

Four volunteers have been trained on build back safer principles and will visit beneficiary families, promoting safe construction and monitoring progress. These volunteers explained build back safer principles to families while they waited at the vendor's shop to select their shelter materials.

The build back safer campaign continued when the shelter materials were delivered and families started to rebuild or repair their homes. Volunteers visited families and gave advice on how to build back safer. A one day workshop on build back safer was held, together with BPBD and public work department as facilitator, reaching 120 people (106 men and 14 women). PMI held quizzes at the end of each session to check that participants understood the principles. PMI produced 2,000 leaflets on the principles of build back safer. Half of these leaflets have been distributed with the shelter material delivered from the vendors to the 500 beneficiary families, 900 leaflets were distributed during DRR community training and 120 leaflets distributed on one day build back safer workshop. This makes a total of 1,610 families provided with technical guidance on building back safer. The remaining 390 leaflets were distributed to BPBD and the Department of Public Works, who are responsible for undertaking the government's shelter assistance programme, targeting 6,400 families.

#### Challenges

Needs in Pidie Jaya district after earthquake were very high, and the need for shelter became acute during the month of Ramadan and Eid Al-Fitr, when people needed shelter to celebrate holy month. According to the government, some 11,385 houses were heavily damaged. However, PMI only provided 500 households with shelter assistance. The challenges were explained to communities about the limited capacity of PMI's shelter assistance. Volunteers struggled with beneficiary selection given the prevailing level of need in the three districts.

#### Lessons Learned

The communication skill of volunteers need to be improved so that CEA can be implemented better.

## Quality programming

**Needs analysis:** Although PMI districts and provincial offices had sufficient trained volunteers prior to the quake, they had a limited number of staff members. Furthermore, this was the first medium-scale operation – with some international support – to be entirely managed by a chapter of PMI, with minimal involvement of the national headquarters. As such, there was a need to support PMI with the reporting and documentation of the operation.

**Target population:** Around 250 volunteers and staff members of affected districts and Aceh at large.

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	
Activities	Was implementation on time?		% of achievement (estimate)
	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%

Outcome 5. Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	<b>Output 5.2.</b> Additional assistance is considered where appropriate and incorporated into the plan		100%
Activities	Was implementation on time?		% of achievement (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		100%
<b>Achievement against Outcome</b>			
<p>PMI mobilized 382 people (39 staff and 343 volunteers), on rotation basis, to support various activities of the response. Some 232 volunteers supported evacuation, assessment, information centre, public kitchen and distribution, 47 volunteers worked on health activities, 65 volunteers supported WASH, 17 volunteers worked on DRR and 21 volunteers were involved in CTP and beneficiary communication. All volunteers were covered by the IFRC insurance.</p> <p>Relevant staff from the PMI NHQ, particularly from PMI Disaster Management Division and Health Division, provided overall management support to the PMI branch. These staff conducted regular monitoring field visits to ensure interventions were implemented according to the operational plan.</p> <p>At the end of April 2017, PMI NHQ conducted a monitoring visit to Pidie Jaya operation to see how far the operation had mainstreamed cross cutting issues (SPHERE, Safer Access Framework, Safe Environment, Child protection, Gender and Diversity) in PMI services and to identify the challenges encountered in Pidie Jaya operation. The monitoring team consisted of staff from the Planning Bureau, Intuitional Bureau and DM Division and gathered data and information at district and province level, observing, reviewing documents, interviewing stakeholders and PMI staff and volunteers contributing to this operation, and focus group discussions with beneficiaries from four villages in four sub-district. The recommendations coming out of this monitoring visit was to improve reporting documentation, complaints and feedback mechanisms, internal coordination, and to actively engage with external stakeholders.</p> <p>The post distribution monitoring (PDM) was conducted one month after cash distribution activity and using Open Data Kit (ODK). The PDM area on five sub-districts with participated by 227 respondents which reach 15% of 1,500 families of three sectors.</p> <p>The post distribution survey shows that beneficiaries were satisfied with the items they received from PMI. Nevertheless, only 70% beneficiaries understood the information desk service. PMI has noted this feedback and will ensure that future operation have a comprehensive complaints and feedback mechanisms.</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>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>In mid-June 2017, the IFRC livelihood Coordinator visited Indonesia to review the CTP process. The mission included a visit to Pidie Jaya District and Aceh Province. After the field visit, a lessons learned workshop consolidated the review process. The lessons learned workshop involved staff and volunteers from the Branch, Province and Headquarters.</p>			

Challenges
This is the first response operation lead by PMI's Pidie Jaya District. The lack of experience, capacity and trained personnel in PMI district level were big challenges for this operation. PMI and IFRC worked together to support PMI Pidie Jaya District to accomplish the operation. Despite challenges, the operation was successfully completed because of persistence and hard work of all parties, particularly local staff and volunteers.
Lessons Learned
The capacity building of human resources in PMI especially in district level can't wait the disaster happen. In the preparedness phase, its good time to prepare and train volunteers and staff to face it disaster in the future.
The review recommends considering multipurpose cash grants for emergency relief. This is currently the main trend in CTP globally and many donors push for their implementation in major emergency responses. A country like Indonesia may have a large-scale emergency that requires the distribution of multi-purpose unconditional cash grants to thousands of beneficiaries using ATM cards, e-vouchers or mobile money in e-wallets.

## D. Financial summary

CHF 374,880 was allocated to respond to the humanitarian needs of households affected by the earthquake. In all, the operation utilized CHF 329,240 or 87.8 per cent of the allocation. The balance of CHF 45,640 will be returned to DREF.

Partners and donors who contributed to the replenishment of this Disaster Relief Emergency Fund (DREF) allocation are the European Civil Protection and Humanitarian Aid Operations (ECHO) and the Government of Canada. Australia's Department of Foreign Affairs and Trade (DFAT) provided an additional contribution of AUD 700,000 (approximately CHF 528,320), which allowed for the implementation of scaled-up interventions complementary to those supported by DREF. On behalf of PMI, the IFRC would like to thank all partners who replenished the DREF and the Australia's DFAT for their generous support.

Clarification on budget variances related to incurred expenditure in categories where no budget is planned or with overspending:

- **Construction:** Overspent by CHF 2,361 for cement, pipes and sand related to the rehabilitation of community health centre and village meeting hall which been used as location of mobile clinic.
- **Storage:** Overspent by CHF 4,782 for loading and unloading of equipment related to provision of health service, to set up field clinic and mobile clinic and any medical equipment from Regional Warehouse in West Java to Aceh.
- **Transport and Vehicle:** Overspent by CHF 16,858 due to financial coding issue that included distribution and monitoring as part of transport and vehicles. The documents submitted by PMI didn't identify these differences.
- **Water and sanitation:** Underspent by CHF 37,350 as PMI budget did not separate out the HR expenses in a consistent way with the IFRC budget. The extended water trucking in terms of geographical and duration had cost implications for HR, on all levels, except the international staff. Staff and volunteers who supported the water trucking were charged to the costs of delivering the trucked water instead of personnel.
- **Personnel:** Overspent by CHF 24,240 due to extended operational needs across all interventions. For instance, the RDRT deployed to Pidie Jaya extended to seven weeks.
- **Information & Public Relations:** Underspent by CHF 10,061 due to IEC materials charged to DFAT contribution. These were the Build Back Safer pamphlets which were distributed to recipients of conditional cash grants for shelter and also local authorities responsible for the government rebuilding scheme.
- **Travel:** Overspent by CHF 3,104 due to more trips taken to Pidie Jaya by the PMI NHQ team to follow up and support the Branch. Pidie Jaya is a relative new and inexperienced branch, and this is the first operation that PMI has done as a decentralised response. This includes technical support and monitoring visits.

See [attached](#) for financial report.



Click for:

- [DREF EPoA](#)
- [Final financial report](#)

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## How we work

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

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



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



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



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

## Disaster Response Financial Report

## MDRID011 - Indonesia - Aceh Earthquake

Timeframe: 10 Dec 16 to 31 May 17

Appeal Launch Date: 10 Dec 16

Final Report

## Selected Parameters

Reporting Timeframe	2016/12-2017/7	Programme	MDRID011
Budget Timeframe	2016/12-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

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

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		374,880				374,880	
<b>E. Expenditure</b>		-329,240				-329,240	
<b>F. Closing Balance = (B + C + E)</b>		45,640				45,640	

## Disaster Response Financial Report

## MDRID011 - Indonesia - Aceh Earthquake

Timeframe: 10 Dec 16 to 31 May 17

Appeal Launch Date: 10 Dec 16

Final Report

## Selected Parameters

Reporting Timeframe	2016/12-2017/7	Programme	MDRID011
Budget Timeframe	2016/12-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>374,880</b>			<b>374,880</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	31,379		32,375			32,375	-996	
Construction - Facilities			2,361			2,361	-2,361	
Water, Sanitation & Hygiene	86,800		49,450			49,450	37,350	
Medical & First Aid	34,250		16,710			16,710	17,540	
Utensils & Tools			29			29	-29	
Other Supplies & Services	41,500		42,878			42,878	-1,378	
Cash Disbursement	37,500		34,972			34,972	2,528	
<b>Total Relief items, Construction, Sup</b>	<b>231,429</b>		<b>178,775</b>			<b>178,775</b>	<b>52,654</b>	
<b>Land, vehicles &amp; equipment</b>								
Medical Equipment			351			351	-351	
<b>Total Land, vehicles &amp; equipment</b>			<b>351</b>			<b>351</b>	<b>-351</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	0		4,782			4,782	-4,782	
Distribution & Monitoring	18,700		2,486			2,486	16,214	
Transport & Vehicles Costs	18,000		34,858			34,858	-16,858	
<b>Total Logistics, Transport &amp; Storage</b>	<b>36,700</b>		<b>42,125</b>			<b>42,125</b>	<b>-5,425</b>	
<b>Personnel</b>								
International Staff	3,761		7,778			7,778	-4,017	
National Staff	860		1,156			1,156	-296	
National Society Staff	14,000		29,940			29,940	-15,940	
Volunteers	22,900		25,845			25,845	-2,945	
Other Staff Benefits			1,043			1,043	-1,043	
<b>Total Personnel</b>	<b>41,521</b>		<b>65,761</b>			<b>65,761</b>	<b>-24,240</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	3,000		1,541			1,541	1,459	
<b>Total Consultants &amp; Professional Fees</b>	<b>3,000</b>		<b>1,541</b>			<b>1,541</b>	<b>1,459</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	9,750		6,190			6,190	3,560	
<b>Total Workshops &amp; Training</b>	<b>9,750</b>		<b>6,190</b>			<b>6,190</b>	<b>3,560</b>	
<b>General Expenditure</b>								
Travel	7,750		10,854			10,854	-3,104	
Information & Public Relations	10,250		189			189	10,061	
Office Costs	6,600		1,449			1,449	5,151	
Communications	5,000		1,895			1,895	3,105	
Financial Charges			-3			-3	3	
Shared Office and Services Costs			19			19	-19	
<b>Total General Expenditure</b>	<b>29,600</b>		<b>14,403</b>			<b>14,403</b>	<b>15,197</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	22,880		20,094			20,094	2,786	
<b>Total Indirect Costs</b>	<b>22,880</b>		<b>20,094</b>			<b>20,094</b>	<b>2,786</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>374,880</b>		<b>329,240</b>			<b>329,240</b>	<b>45,640</b>	
<b>VARIANCE (C - D)</b>			<b>45,640</b>			<b>45,640</b>		