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Emergency Plan of Action operation update

Indonesia/Volcanic Eruption

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRID012	Glide n° VO-2017-000141-IDN
DREF update n° 3: 13 February 2018	Timeframe covered by this update: 9 November 2017 to 30 January 2018
Operation start date: 18 September 2017	Operation timeframe: 5 months (26 February 2018)
Overall operation budget: CHF 210,417	N° of people being assisted: 11,000 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: 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	
Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. They include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies.	

Summary of 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 upgraded to Level Four and first mild eruption occurred.

Changes to the emergency plan of action:

- *The operation is extended by one-month to 26 February 2018 to cover extended deployment of PGI RDRT (initially planned for two weeks, extended for another one week), monitoring of the operation and transition into an emergency operation supported by Australian Government Funds*
- *An additional 1,000 hygiene kits, 500 baby kits and 10 units of platoon tent are being procured as preposition stocks in province as fund were saved from the procurement of hygiene kits.*
- *The overall budget remains the same.*

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 and the European Commission - Civil Protection & Humanitarian Aid Operations (ECHO) for replenishing this Disaster Relief Emergency Fund (DREF).

A. Situation analysis

Description of the disaster

On 22 September 2017, 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 29 September 2017, the number of evacuees was over 143,000 people in 471 camps. A month later, the status was downgraded from Level Four to Level Three, reducing the number of evacuees to 133,349 people in 383 camps. The status was again increased to Level Four on 27 November 2017, correspondingly widening the exclusion zone to 10km from the crater. The risk level has remained at Level Four since.

Dozens of mild magmatic and phreatic eruptions have been recorded since then, with the last recorded activity on 26 January 2018. Indonesia's Volcanology and Geological Disaster Mitigation Centre (PVMBG) stated that there is a drastic drop in volcano's activity in January 2018 compared to December 2017. According to seismic data collection, approximately fifty shallow earthquakes were recorded per day in December. This went down to about ten per day towards the beginning of January, and then further reduced to four per day. The last recorded eruption was on 23 January with zero eruptions since. By the last week of January 2018, there were no eruptions on record. There are geographically 22 villages located in the disaster-prone areas with total population is 239,231 people. Given the prolonged duration of the emergency and with the instruction of the head of the district, the exclusion zone was reduced to 6 KM and may likely be reduced even further. The number of evacuees has also declined. By 30 January 2018, official records reports show 23,682 evacuees in 185 evacuation sites across 9 districts.

The risk level remains the same, with a significant risk of eruption. This risk requires preparation by the authorities and PMI for any possible further activities, or for the safe return or evacuees.

Summary of current response

Overview of Host National Society.

The Indonesia Red Cross (PMI) Bali Chapter has been active since 18 September 2017 when the government authorities raised the alert level to the highest status. Between 140 to 170 volunteers are deployed 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 7 water tank trucks, to deliver safe drinking water to people who have been evacuated. As of 30 January 2018, PMI has conducted a total of 631 trips to distribute 2,990,600 litres of safe water at 61 displacement sites.
- Deployed seven ambulances to provide health services and referral to hospital if need be. 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
- Continuous monitoring of developments at community level, known locally as Banjars, and close coordination with BPBD, local authority and the department of public works
- Implementation of the DREF operation as per the detailed operational plan outlined in section C
- Finalization of internal processes between IFRC and PMI to fully rollout the continuous response capacities with the completion of this DREF support through DFAT funds.



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

DFAT funding remains available until the end of March and will support to either gradually phase out the operation if the situation remains stagnant or risk levels decrease, or provide support for an escalation of response in case the volcano erupts again. The DFAT funding is supporting the recruitment and training of community volunteers in Karangasem District. The training focuses on evacuation and ensures information flow on volcano activities from PVMBG to the community through joint call centre, and on principles of the Red Cross. The funding also supports the development of readiness plan of PMI to prepare for a potential major eruption.

Needs analysis and scenario planning

As detailed in the second Operational Update, PMI quickly dispatched assessment teams after the escalation of the risk level from Level Three to Four. The findings at the time were that the highest needs were to support evacuated families inside evacuation centres with access to safe drinking and washing water, access to latrines, handwashing and bathing facilities and hygiene promotion. As of 30 January 2018, there are 23,682 people still evacuated in 185 evacuation sites across 9 districts. The needs WASH and health support for evacuees remains a priority. With prolonged evacuation, there is a need for psychological support for women, men, girls and boys, who have been displaced now for over four months from their homes and their livelihoods and schools. PMI will continue to provide psychosocial support for affected communities, who are feeling increasing stress by the evacuation and imminent disaster. As part of their continuous activities, PMI will also continue on making itself available in case RFL needs arise. PMI will also continue to provide PSS for staff and volunteers who have been working on the frontline, supporting displaced people.

The risk of further livelihood depletion is also increasing with prolonged displacement. Some families are returning to within the exclusion zones during the day to maintain their livestock and tending to their crops. As such, PMI is putting a special importance on engaging with community volunteers to promote awareness in case of further eruptions. PMI has developed CEA material and is now revising them to address some of the feedback received from the communities and to ensure relevance. Through DFAT funding, the operation is developing modalities to support with cash assistance to affected people in response to the decreased livelihoods capacities.

In coordination with BPBD and local government, 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 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 the level of impact.

Risk Assessment

At this stage, the most significant risk remains the risk of a large eruption occurring. The risk of eruption remains the same (level four at time of reporting), while people are returning to locations closer to the crater, which in turn is putting them at greater potential risk in case of an eruption. PMI is establishing a readiness plan in case of an eruption. DFAT funding is available to further support the operation for the coming months with cash assistance and preparedness. PMI with the support of IFRC, continues on monitoring developments and coordinating with the authorities.

B. Operational strategy and plan

Overall Objective

The overall objective remains the same since the launching of this DREF. 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

The strategy remains the same and has been largely implemented. The areas of intervention are this operation are:

1. **Evacuation of at risk communities living on the slopes and surrounding areas of Mount Agung.**
2. **Ongoing assessments.**
3. **Psychosocial support, health promotion and first aid.**
4. **Water, sanitation and hygiene promotion.**
5. **Shelter and settlements.**

Through this operation, PMI has prioritized covering gaps that are not addressed by other stakeholders, acknowledging that their role is not to replace government but to complement it.

Operational support services

Human resources

To date, PMI has deployed nearly 500 volunteers and staff to undertake preparation and response activities. Throughout the operation, PMI Bali has been provided support and direction from PMI NHQ, from neighboring branches and the IFRC (CCST Jakarta and APRO). IFRC Operations Coordinator has supported more closely the operation with the end of mission of the DRM Delegate. Support from IT, Logistics, Community Engagement and Accountability, Communications, Finance and the Policy, Strategy and Knowledge department has been on-going. A Protection, Gender and Inclusion RDRT from the Cook Islands Red Cross supported to operation.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Relief items required for immediate operational needs, including tarpaulins, platoon tents, masks, baby kits, hygiene kits were released from PMI NHQ prepositioned stocks at a regional warehouse in Gresik and transported to PMI Bali Province. Further operational needs can be met by sourcing from local markets as the markets are functional.

PMI's NHQ Infrastructure and Facility Bureau has led on replenishing the stocks according to PMI procurement standard and regulation with the support of procurement staff of IFRC CCST Jakarta and does not currently require additional surge capacity. IFRC Asia Pacific Operational Logistics, Procurement and Supply Chain Management Department extended technical support to PMI and IFRC CCST as per needed.

Information technologies (IT)

PMI Bali Chapter and Branches have all contributed IT and telecoms to a Joint Call Centre (EOC) with local authorities. Funding through DFAT operation has supported with equipment and to ensure that the EOC operates efficiently.

Communications

PMI has a communications focal point, who is responsible 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 and PMI staff and volunteers have been briefed as required. IFRC staff, RDRT and PNS have similarly followed have followed the IFRC country security plan and have been briefed as per IFRC protocols

Planning, monitoring, evaluation, & reporting (PMER)

PMI's Planning Bureau has continuously provided support in terms of planning, monitoring and reporting on this operation. An end of operation, lessons learned workshop was conducted in January to look at the success and challenges of the operation and identify lessons learned for future operations. IFRC and PMI NHQ conducted regular monitoring visits to the operation.

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 has been providing continuous support to the operation.

C. Detailed Operational Plan

Early warning & emergency response preparedness

Needs analysis: As of 30 January 2018, there are 23,682 people still evacuated in 185 evacuation sites across nine districts. While at risk communities are currently evacuated, some people have returned to their homes as the exclusion zone is decreased and some displaced families return to farm in the red zones during the day. PMI need to continuously raise awareness about safety should the volcano erupt.

Population to be assisted: PMI will assist any at risk communities, with appropriate and persuasive messaging to ensure people are safely evacuated before Mount Agung erupts.

Early warning & emergency response preparedness			
Outcome 1 At risk communities are prepared for the eruption of Mount Agung	Outputs		% of achievement
		Output 1.1 PMI supports the timely evacuation of communities, in close collaboration with authorities	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
PMI supports timely and calm evacuation of local communities	X		100%
PMI develops and revises key messages to persuade communities to leave their homes for safety	X		100%
PMI deploys 10 platoon tents which will be used to assist the operation	X		100%
Progress towards outcomes			
<p>PMI has been supporting the evacuation process since day one, working closely with the government and other service providers. PMI has made a serious commitment to follow up on gender and diversity issues. For instance, PMI has adapted a checklist developed by IFRC to ensure protection, gender and inclusion issues are identified and can be addressed accordingly. An RDRT has been deployed to support the mainstreaming of protection, gender and diversity component in all sectors of PMI operation, as well as building the capacity of PMI chapters and branches. The newly adapted Minimum Standard Commitments to gender and diversity was also being familiarized during the refresher training for shelter, WASH and distribution on 31 January 2018.</p> <p>A range of IEC materials had been designed, containing key messages to increase community awareness before, during and after eruption. These IECs have been printed and distributed to communities especially those at PMI-focused evacuation centers and to local authorities as well as to PMI social media channels and PMI website. These IEC materials have now been re-designed to accommodate the coming rainy season to ensure the durability of the material.</p> <p>PMI deployed 10 platoon tents from their warehouse in Gresik. These tents continue to be used for multi purposes – (i) as field offices for registering beneficiaries, (ii) as field warehousing for tarpaulins and NFIs, and (iii) as safe community spaces for health, hygiene promotion and for psychosocial activities.</p>			

Health & care

Needs analysis: PMI volunteers and staff have provided 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

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
		Output 2.1 Psychosocial needs of the affected populations are met	Output 2.2 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		100%
Conduct psychosocial support activities in communities	X		100%
Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers	X		100%
Produce IEC material for health promotion	X		100%
Deploy mobile medical team and provide health services to the displaced communities	X		100%
Mobilize seven ambulances for medical referrals	X		100%
Target population with health promotion	X		100%

Progress towards outcomes

PMI has mobilized in a total of 83 volunteers, some of which are psychosocial-trained volunteers to provide psychosocial service, and the remaining providing health awareness and hygiene promotion. To date 3,572 people have been reached, out of which 1,656 are children (830 girls and 826 boys) and 1,916 adults (1,088 women and 828 men). Psychosocial activities for children include play therapy and drawing. For local women, PMI has instigated craft sessions as a form of psychosocial support. The women groups have diversified their handicraft products, not only producing baskets for religious purpose, but also baskets, handbags, accessories, etc. for commercial purpose. The products were either directly sold around the camp areas or being distributed to retailers in town.

As an addition to its psychosocial support, PMI has newly established a temporary public library in Rendang displacement site under PMI management benefited a total of 1,528 displaced people. The library is located in the main Posko easily accessed from the main entrance. PMI is opening book donation to supplement the book collection, especially books and magazines suitable for children. This initiative is funded by PMI domestic fundraising as a complementary service to the other support of PMI in the camp.

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. In addition, PMI also held a volunteer gathering where there are sessions for volunteers to share their experiences and learnings, and also religious session where they had worship service together as this is common for the locals. To date, a total 530 staff and volunteers from nine PMI districts and PMI Bali Province have been involved.

PMI Bali chapter had 173,050 masks in stock, including 58,000 masks supported by DREF that was transported from the regional warehouse and out of which, 74,617 masks have been distributed as a means of preventing respiratory diseases transmission. The action included socialization of using mask during health awareness session. This has benefited over 14,000 households. PMI has currently 98,433 masks as preparedness stock in PMI Province and PMI districts.



Photo: PMI volunteers assist the children on reading books and magazines at Rendang camp site. (Photo credit: PMI Bali Province)

Procurement for replenishment has been completed, along with the procurement of tarpaulins, baby kits and hygiene kits, led by PMI Infrastructure and Facilities Bureau and supported by IFRC CCST Jakarta. IEC materials to raise awareness on health issues including proper air ventilation inside the evacuation centres, hygiene, food storage and clean water storage have been completed as well and distributed and promoted during hygiene and health promotion. As of 30 Jan 2018, there are a total of 1,424 people being served with health awareness and hygiene promotion in 32 displacement sites in 3 districts of Karangasem, Buleleng and Gianyar.

PMI continues deploying mobile clinic service providing basic medical health care as well as the ambulance service to provide referrals to clinics if need be. The main services provided were to address respiratory cases, general paediatric follow-up and follow-up to noncommunicable diseases. The mobile clinic, staffed by at least 4 staff and volunteers, has provided basic health care to 2,471 people including 228 children under five, 1,885 adults, 358 elderly over 60 years with a composition of 1,137 males and 1,521 females.

Water, sanitation, and hygiene promotion

Needs analysis: Displaced people were dispersed in 185 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.

PMI has distributed safe water, has provided water tanks for storage (the number was reduced to eight tanks as per OU2 as water tanks were provided by other actors), has constructed 35 latrines and refurbished 20 existing latrines. Additionally, PMI has constructed 20 waste water drainage systems in the camps, has provided rubbish bins and bags, and has supported in the collection and disposal of rubbish. PMI NHQ has released 1,000 hygiene kits from their warehouse in Gresik and these kits will be distributed to families based on needs. The operation has supported in restocking some of those kits.

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			
Outcome 3 The immediate reduction in risk of waterborne and water-related diseases in targeted communities	Outputs		% of achievement
		Output 3.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population. Output 3.2 Access to adequate sanitation facilities in displacement sites increased	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
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		100%
Provide access to sanitation including new and refurbished latrines	X		100%
Construct 20 drainage systems in camps, including installing small canals and infiltration, where waste water is an issue.	X		100%
Support solid waste management by provide rubbish bins and bags and disposing of solid waste in five camps in Karangasem.	X		100%
Outcome 4: Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population	Outputs		% of achievement
	Output 4.1 Mobilize existing volunteers to participate in basic hygiene promotion activities		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Mobilize existing volunteers to participate in basic hygiene promotion activities	X		100%
Undertake hygiene promotion activities alongside the provision of latrines	X		100%
Mobilize existing volunteers to participate in basic hygiene promotion activities	X		100%
Undertake hygiene promotion activities alongside the provision of latrines	X		100%
Distribute 1,000 hygiene kits based on need	X		55%

Progress towards outcomes

PMI has deployed seven water trucks to Bali to cover the needs of safe water at displacement sites. To date, PMI has distributed 2,990,600 liters of safe water reaching 9,488 people in 14 displacement sites, including installing 12 public taps in existing water tanks.

PMI has distributed and installed 8 water tanks: six units in Karangasem District and two units in Buleleng District. Some 83 volunteers are mobilized to conduct hygiene promotion along with psychosocial support and health awareness and have reached 3,572 people as of 30 January 2018.

PMI has constructed 45 units of semi-permanent latrines, 35 units are covered by DREF operation and repaired 20 units of existing latrines (permanent public latrines) in 14 displacement sites in three districts of Karangasem, Buleleng and Bangli. The semi-permanent latrines are expected to last for at least six months.

District	Displacement Site	Latrine	
		Newly constructed	Renovate Existing
Karangasem	9	35	13
Bangli	1	0	5
Buleleng	4	10	2
	14	45	20



Photo: Newly constructed semi-permanent latrine in Rendang camp site with washing space (Photo credit: PMI Bali Province)

In addition, some latrines are complemented with washing place and public taps to have space to wash clothes and collecting water. Posters demonstrating hand washing instructions and other hygiene awareness are positioned for easy reading in all latrine units. PMI has also completed the construction of all 20 waste water drainage systems in the camps. PMI is also providing 287 rubbish bins – out of which 100 bins are covered by DREF – in five

locations as well as plastic bags for rubbish removal. PMI is regularly collecting rubbish and disposing of it at the public dumping sites.

To date, PMI has distributed almost 546 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 stored as preposition stock to prepare for potential eruption. The replenishment process for 1,000 hygiene kits have been completed early this year along with baby kits and tarpaulins.

Shelter and settlements

Needs analysis: The local government was initially not in favor of the provision of cash to displaced families to cover their basic needs. However, given the fact that the eruptions have taken place and the biggest one could happen anytime, and as the several organizations, including PMI, have diligently advocated the effective use of cash, PMI is now back to the plan of cash grants to be disbursed by end of February with the support of DFAT contingency funds. In order to meet the immediate needs of displaced families, PMI has also distributed 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, rope and fixings will be provided to people in IDP camps, as well as distributed to individual families, with contribution of bamboo material and manpower from the community. The initial target camps for shelter support are Karangasem (3,173 people), Buleleng (14,063 people) and Gianyar (468 people). The baby kits will be distributed, based on need in displacement camps.

Shelter and settlements			
Outcome 5 The immediate household, shelter and settlement needs of the target population are met	Outputs		% of achievement
	Output 5.1 Target populations are provided with emergency shelter materials	Output 5.2 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		100%
Replenishment of 1550 tarpaulins	X		100%
Distribute 500 baby kits to displaced families based on need	X		66%
Replenish 500 baby kits	X		100%
Progress towards outcomes			
<p>PMI Province has prepositioned stock of tarpaulin in total of 4,246, including 2,500 pcs which have been dispatched from the regional warehouse to Bali, out of which 1,550 are being replenished by this DREF operation and the remaining tarpaulins will be covered by PMI domestic fundraising and DFAT contingency funds. Since the day-1 of the operation to date, PMI has distributed 3,227 tarpaulins, benefited 26,226 people – out of which, 22 are pregnant, 27 lactating mothers, 689 children below 5 years old, 1,7171 senior citizens and 9 disabled people – at 75 camp sites in 8 districts. The procurement process has been completed since early January 2018 and PMI is currently having 1,019 tarpaulins as its prepositioned stock in Bali Province. In the beginning of the emergency phase when most displaced people were located in public banjars, the tarpaulins were mostly being used as walls/partitions using rope and bamboo poles. Nowadays, as the coordination among stakeholders is getting solid, PMI has set up evacuation centers with an integrated approach where all health service, PSP, water and sanitation facilities and health awareness are being established. The tarpaulins, rope and materials provided by PMI are used as temporary shelter for each household where community contribute on providing man power and bamboo as well as having the freedom of their own preferred design with the consultation of Department of Public Works.</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. PMI are also providing blankets based on need, but these are not</p>			

funded by this operation.

PMI has to date distributed a total of 332 baby kits, 546 hygiene kits and 1,002 blankets (these are funded by PMI domestic fundraising). PMI is currently holding preposition stock of 313 baby kits, 604 hygiene kits and 998 blankets in Bali Province. This DREF operation has supported PMI to replenish 500 baby kits, 1,000 hygiene kits and 10 platoon tents and the procurement process have been completed early this year. 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.

Restoring Family Links (RFL)

Needs analysis: As the operation was supporting displaced people with a risk of further displacement due to an eruption, RFL was included in the operation to mitigate against the possible separation of family members. However, there were no reported cases of separation or needs for RFL to date.

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 through the command posts 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 has continuously assessed and adjust the response plan based on needs and resources. Funds from DFAT have been made available to continue the operation outside the DREF contribution. Within the DREF contribution, when saving were found due to lower costs of hygiene kits, PMI procured further kits to ensure sufficient prepositioned stock.

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	
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		100%
Process data and analyse findings	X		100%
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	100%
Conduct an end of action lessons learned workshop	X		100%

Progress towards outcomes

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. The support and coordination also come up in a form of evacuating from the exclusion zone and also returning home for those who are no longer included in the exclusion zone anymore.

Some 18 frontline staff from nine districts and province participated in CEA workshop held in Denpasar to learn CEA in emergencies and establish strategies to communicate with affected population and host-communities. As a result, CEA plan and strategy for Agung volcano response was jointly developed and PMI districts have executed the plan through the support of province, HQ and IFRC.

PMI has actively produced life-saving messages to disseminate to a wider audience across the island. Communications about actions to take before, during and after volcano eruption have been widely shared and distributed on social media and some printed materials in forms of poster and large banners. PMI has also engaged with local radio to continue raising awareness of the volcano.

PMI has established a number of communication channels to allow both affected population and host-communities to feedback and voice their concerns during the operations. Channels set up for feedback loop include social media, help desk, radio, call center, volunteers visit. Community feedbacks have been recorded into a logbook and responded as needed. PMI has been able to respond to immediate needs of the affected population based on their feedback which included health, water and sanitation, basic needs such as food and blankets at camps. PMI has also raised community concerns to other organizations for further support at regular aid agency meetings.

The lessons learned workshop attended by all implementing districts and province, including PMI NHQ and PMI West and East Java, has been conducted on 11 – 12 Jan 2018, along with the development of PMI readiness plan and table top exercise with joint funding support of DREF and DFAT. The main recommendations are as follow:

1. PMI needs to develop a minimum standard of emergency response for disaster with similar characteristics as Mt. Agung eruption, including response mechanism, relief distribution, and human resource mobilization and funding support mechanism.
2. PMI NHQ to prioritize on strengthening PMI capacity at district and provincial level, especially in areas prone to disaster, including establishing cash preparedness.
3. Strengthening preparedness capacity of communities who are prone to recurring disaster events, especially for evacuation and first aid.
4. Developing sustained disaster alert and early warning system connecting PMI operation centre with PVMBG (Centre of Volcanology and Geological Hazard Mitigation) and BNPB (National Disaster Management Agency).

A Protection, Gender and Inclusion RDRT from the Cook Island Red Cross supported the operation for three weeks. The RDRT deployment came towards the end of the operation. This delay in deployment is the main reason for the DREF extension. In ensuring that most appropriate support is provided to the operation, it was identified that the best profile for the RDRT would be a Protection, Gender and Inclusion profile as PMI is operating in running an evacuation centre, a non-traditional form of response. PMI wanted to ensure that PGI components are well addressed and that the organization has capacities to meet the Minimum Standard Commitments to gender and diversity. Her main role was to act as a Protection, Gender, Inclusion technical focal point offering advice on meeting the Minimum Standard Commitments to gender and diversity to each sector team within the humanitarian operation, and to provide technical support to specific protection risks and incidents by identifying risks and referral process. Most of the key outputs were achieved, however given the short duration of the mission (originally two weeks), it was requested for the RDRT to extend for a third week to ensure completion of two trainings. The first was an orientation training with EOC with 11 participants. The second was a one-day training for Bali Chapter with 29 participants to support awareness on gender and diversity standards and tools.

Reference documents



Click here for:

- [DREF](#)
- [DREF OU1](#)
- [DREF OU2](#)
- [Interim Financial](#)

Contact information

For further information related to this operation please contact:

Indonesia Red Cross (Palang Merah Indonesia), Jakarta

- Dr. Ritola Tasmaya, MPH, secretary general; phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id
- Arifin M. Hadi, head of disaster management; mobile: +62 812 9777 7755; fax: +62 217 995 188; email: arifinmuhammadhadi@gmail.com

IFRC Country Cluster Support Team, Jakarta

- Giorgio Ferrario, head of CCST and representative to ASEAN; mobile: +62 (0) 811 824 859, email: giorgio.ferrario@ifrc.org

Asia Pacific Regional Office, Kuala Lumpur

- Martin Faller, deputy director; email: martin.faller@ifrc.org
- Nelson Castano, head of disaster and crisis; email: nelson.castano@ifrc.org
- Maya Helwani, Surge Operations Coordinator; email: maya.helwani@ifrc.org

For communications enquiries:

- Rosemarie North, communications manager; email: rosemarie.north@ifrc.org

For resource mobilization and pledges:

- Sophia Keri, resource mobilization in emergencies coordinator; email: sophia.keri@ifrc.org

For In-Kind donations and Mobilization table support:

- Riku Assamaki, regional logistics coordinator; email: riku.assamaki@ifrc.org

For Planning, Monitoring, Evaluation and Reporting (PMER) queries

- Clarence Sim, PMER manager, email: clarence.sim@ifrc.org

IFRC Geneva

- Susil Perera, senior officer, response and recovery; phone: +41-2-2730-4947; email: susil.perera@ifrc.org
- Ruben Romero, Operations Quality Assurance Senior Officer; email: ruben.romero@ifrc.org

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

MDRID012 - Indonesia - Volcanic Eruption Mt Agung

Timeframe: 26 Sep 17 to 26 Jan 18

Appeal Launch Date: 26 Sep 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/9-2017/12	Programme	MDRID012
Budget Timeframe	2017/9-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		210,417				210,417	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		210,417				210,417	
C4. Other Income		210,417				210,417	
C. Total Income = SUM(C1..C4)		210,417				210,417	
D. Total Funding = B + C		210,417				210,417	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		210,417				210,417	
E. Expenditure		-167,735				-167,735	
F. Closing Balance = (B + C + E)		42,682				42,682	

Disaster Response Financial Report

MDRID012 - Indonesia - Volcanic Eruption Mt Agung

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Appeal Launch Date: 26 Sep 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/9-2017/12	Programme	MDRID012
Budget Timeframe	2017/9-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						210,417	210,417	
Relief items, Construction, Supplies								
Shelter - Relief	39,202						39,202	
Water, Sanitation & Hygiene	64,357						64,357	
Medical & First Aid	11,576						11,576	
Teaching Materials	2,220						2,220	
Other Supplies & Services	2,831						2,831	
Cash Disbursement	0						0	
Total Relief items, Construction, Sup	120,185						120,185	
Logistics, Transport & Storage								
Storage	763						763	
Distribution & Monitoring	1,295						1,295	
Transport & Vehicles Costs	5,380						5,380	
Total Logistics, Transport & Storage	7,438						7,438	
Personnel								
National Staff	1,594		563			563	1,031	
National Society Staff	18,321						18,321	
Volunteers	28,767						28,767	
Total Personnel	48,682		563			563	48,119	
Workshops & Training								
Workshops & Training	8,700						8,700	
Total Workshops & Training	8,700						8,700	
General Expenditure								
Travel	6,248		2,169			2,169	4,079	
Information & Public Relations	2,000						2,000	
Office Costs	2,166						2,166	
Communications	2,080						2,080	
Financial Charges	76						76	
Total General Expenditure	12,570		2,169			2,169	10,401	
Operational Provisions								
Operational Provisions			154,766			154,766	-154,766	
Total Operational Provisions			154,766			154,766	-154,766	
Indirect Costs								
Programme & Services Support Recove	12,842		10,237			10,237	2,605	
Total Indirect Costs	12,842		10,237			10,237	2,605	
TOTAL EXPENDITURE (D)	210,417		167,735			167,735	42,682	
VARIANCE (C - D)			42,682			42,682		