



<b>DREF Operation no. MDRID012</b>	<b>Glide no. <a href="#">VO-2017-000141-IDN</a></b>
<b>DREF Final Report:</b> 19 July 2018	<b>Timeframe covered by this update:</b> 26 September 2017 to 26 February 2018
<b>Operation start date:</b> 18 September 2017	<b>Operation timeframe:</b> 5 months (26 February 2018)
<b>Overall operation budget:</b> CHF 210,417	<b>No. of people being assisted:</b> 11,000 people
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> PMI works with the IFRC and ICRC as well as American Red Cross, Australian Red Cross and Japanese Red Cross Society in-country. All Movement Partners are supporting longer-term programmes	
<b>Other partner organizations actively involved in the operation:</b> Mainly national agencies are actively involved in the response. They include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies.	

On behalf of the Indonesian Red Cross (PMI), the International Federation of Red Cross and Red Crescent Societies (IFRC) 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 Volcanology and Geological Disaster Mitigation Centre (Pusat Vulkanologi dan Mitigasi Bencana Geologi Indonesia – PVMBG) raised the Alert Level of Mount Agung in Bali from Level III (High Alert: Orange/Ready to Erupt) to the highest: Level IV (Red Alert/Danger). This triggered a mass evacuation of villages living near the volcano. By 29 September 2017, the number of evacuees was over 143,000 people in 471 camps. A month later, the Alert Level was downgraded from Level IV to Level III, reducing the number of evacuees to 133,349 people in 383 camps. The Alert Level was raised again to Level IV on 27 November 2017, correspondingly widening the exclusion zone to 10km from the crater. The Alert Level has been lowered to Level III since 10 February 2018 and remains in place as this report was finalized.

Dozens of mild magmatic and phreatic eruptions have been recorded since then, with the last recorded activity on 26 January 2018. PVMBG stated that there was a drastic drop in volcanic activity in January 2018 compared to December 2017. According to seismic data collection, approximately 50 shallow earthquakes were recorded per day in December. This went down to about 10 per day towards the beginning of January, and then reduced to 4 per day. The last recorded eruption was on 23 January. There were a few low to mild eruptions recorded by the end of February 2018.

Geographically, there are 22 villages located in the disaster-prone areas with a total population of 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 6km and may likely be reduced even further. The number of evacuees has also declined. By 26 February 2018, official records reported a total of 1,791 evacuees in 41 evacuation sites in Karangasem district.

While the Alert Level remains the same at Level III, there is a significant risk of eruption. This risk still requires mitigation by PMI and the authorities through Disaster Risk Reduction (DRR) activities, and/or preparations for the safe return of evacuees.

## Summary of current response

### Overview of Host National Society.



*PMI's volunteer, Wayan Bebas (32 years), works closely with displaced people at the evacuation centres through supporting psychosocial programme, health service and water sanitation and hygiene programme.*

*(Photo credit: Husni/IFRC)*

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. Every day, between 140 to 170 volunteers are deployed to 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 needs.
- Deployed 7 water tank trucks to deliver safe drinking water to evacuees. As of 26 February 2018, PMI has conducted a total of 749 trips and distributed 3,580,600 litres of safe water at 14 displacement sites.
- Deployed 7 ambulances to provide health services and referrals to hospitals when needed. PMI is working closely with the government health department to help people in need.
- Distributed 79,500 masks, 3,254 tarpaulins, 546 hygiene kits, 332 baby kits and 1,002 blankets to the evacuated communities.
- Continuously monitored developments at the community level, and coordinated closely with the Non-Governmental Organization (NGO) Badan Penanggulangan Bencana Daerah (BPBD); local authorities; and the Public Works Department (PWD).
- Implemented the DREF operation as per the detailed operational plan outlined in section C.
- Finalized internal processes between IFRC and PMI to fully rollout the continuous response capacities by completing this DREF support through DFAT funds.

DFAT funding remains available until the end of May 2018 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 (training focuses on evacuation, Principles of the Red Cross, and ensures information flow on volcanic activities from PVMBG to the community through a joint call centre), and is also supporting the development of PMI Readiness Plans for a potential major volcanic eruption.

## Needs analysis and scenario planning

As detailed in the previous operational update, PMI quickly dispatched assessment teams after the escalation of the Alert Level from Level III to Level IV. The prioritization of greatest needs based on the findings 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 26 February 2018, 1,791 IDPs remain in 41 evacuation sites in Karangasem district. The majority of at-risk communities have returned to their homes as the exclusion zone was reduced, and all evacuation sites at the other eight districts have been closed. WASH and healthcare support for evacuees remain as priorities. With an already-prolonged displacement of more than four months, there is a need for psychological support for women, men, girls and boys. PMI will continue to provide Psychosocial Support (PSS) for affected communities who are feeling increasingly stressed by the evacuation, displacement, and imminent disaster. As part of their continuous activities, PMI will also continue making itself available in the event that Restoring Family Links (RFL) needs arise. PMI will also continue to provide PSS for staff and volunteers who have been working on the frontline supporting the IDPs.

The risk of further livelihood depletion is also increasing with prolonged displacement. Some families are returning to exclusion zones during the day to maintain their livestock and to tend 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 Community Engagement and Accountability (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 livelihood capacities.

In coordination with BPBD and the 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 account for gender and diversity. This may be achieved by targeting women-headed households; pregnant women and nursing mothers; men and boys made vulnerable; those belonging to the socially vulnerable households; and those who lack relevant resources to be self-sufficient. Interventions for these groups will be considered in accordance to the level of impact.

### Risk Assessment

At this stage, the most significant risk remains that of a major volcanic eruption. People are returning to locations near the crater, putting them at greater risks should an eruption occur. PMI is establishing a Readiness Plan for this possibility. DFAT funding is available to further support Cash Assistance and Preparedness operations for the coming months. PMI, with the support of IFRC, continues to monitor developments and to coordinate with the authorities.

## B. Operational strategy and plan

### Overall Objective

The overall objective has remained unchanged 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 family) 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 in 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 were not addressed by other stakeholders, while acknowledging that their role is not to replace government, but to complement it.

## **Operational support services**

### **Human resources**

PMI has deployed nearly 500 volunteers and staff to undertake preparation and response activities during the period of operations. Throughout this period, PMI Bali has been provided with support and leadership from PMI NHQ, neighbouring branches, and the IFRC (CCST Jakarta and APRO). IFRC Operations Coordinator has also closely supported the end of mission operations of the DRM Delegate. Support from IT, Logistics, CEA, Communications, Finance and the Policy, Strategy and Knowledge department (PSK) has been on-going. A Protection, Gender and Inclusion (PGI) RDRT from the Cook Islands Red Cross – Matanoanoa Hetland – also supported the operation.

### **Logistics and supply chain**

PMI had existing capacities to respond to this operation, and took the lead on logistics. Logistics activities in support of this DREF operation were aimed at effectively managing the supply chain, and included: procurement; fleet; storage; and the transportation of relief items to distribution sites. These were in accordance with the operation's requirements, and aligned to PMI logistics standards, processes and procedures. Relief items required for immediate operational needs included tarpaulins; platoon tents; masks; baby kits; and hygiene kits. These were released from PMI NHQ prepositioned stocks at a regional warehouse in Gresik, transported to PMI Bali Province, and distributed as per operational needs. Further operational needs were met by sourcing from local markets as the markets are functional.

PMI's NHQ Infrastructure and Facility Bureau has led efforts on replenishing the stocks according to PMI procurement standards and regulations with the technical support of the staff of IFRC CCST Jakarta. IFRC Asia Pacific Operational Logistics, Procurement and Supply Chain Management Department extended technical support to PMI and IFRC CCST as needed.

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

PMI Bali Chapter and Branches have all contributed IT and telecoms to a Joint Call Centre with local authorities. Funding through DFAT operation facilitated the procurement of equipment, and ensured the efficient operations of the EOC.

### **Communications**

PMI has a communications focal point who is responsible for operational outreach. This includes the production of news articles and social media updates. PMI's NHQ communications team has assisted the operation along with the IFRC's Communication Manager, provided CEA support, and are monitoring rumours using a rumour logbook.

### **Security**

The National Society's security framework was applied for the duration of the operation, and PMI staff and volunteers were briefed as required. IFRC staff, RDRT and PNS have similarly 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 to identify lessons learned for future operations. IFRC and PMI NHQ have also conducted regular monitoring visits to the operation sites.

### **Administration and Finance**

IFRC has provided the necessary operational support for the review of plans, 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 teams in CCST Jakarta have been continuously providing support to the operation.

## C. Detailed Operational Plan

### Early warning & emergency response preparedness

**Needs analysis:** As of 26 February 2018, there were 1,791 IDPs remaining at 41 evacuation sites in Karangasem district. Most at-risk communities have returned to their homes as the exclusion zone has been reduced, and all evacuation sites on the other eight districts have been closed. PMI continues to raise awareness about safety in the event of a volcanic eruption.

**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.

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		100%
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%
<b>Progress towards outcomes</b>			
<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 – minimum standard commitments to gender and diversity in emergency programming – to ensure protection, gender and inclusion issues are identified and addressed accordingly. A PGI RDRT was deployed to support the mainstreaming of protection, gender and diversity components in all sectors of PMI operations, as well as building the capacities of PMI chapters and branches. Refresher training conducted on 31 January 2018 for shelter, WASH and distribution operations also included the familiarization for the newly adapted Minimum Standard Commitments to Gender and Diversity</p> <p>Being an international tourist spot, the humanitarian response to Bali's Agung volcanic eruption has attracted global and national media, covering a wide range of topics including political, social, economic, and cultural aspects. During the response period, nearly 200 articles about the Red Cross were covered and published by both international and local media outlets, including leading media agencies such as <i>BBC World TV</i>, <i>BBC World News</i>, <i>The Sydney Morning Herald</i>, <i>Skynews Australia</i>, <i>Channel 9 Australia</i> (global media) (source: PMI's online monitoring report). The stories covered comprised of PMI Bali's efforts in helping thousands of affected people; situation updates; and stories from volunteers.</p> <p>The success of media coverage reflected in this Agung volcano response shows that PMI Bali has the capacity to work with the media, and has the willingness to appoint a dedicated media volunteer. As a result, key messages were regularly updated and disseminated to sector leads and key partners. The key messages played a pivotal role in communicating Red Cross information to the media and to the community at the time of emergency. A range of Information, Education, and Communications (IEC) materials had also been designed, containing key messages to increase community awareness before, during, and after the volcanic eruption. These IECs have been printed and distributed to communities - especially those at PMI-focused evacuation centers, to local authorities, to PMI social media channels, as well as on the PMI website. These IEC materials have now been re-designed to accommodate for the upcoming rainy season to ensure the durability of the material. PMI continues to publish frequent updates on social media - particularly on the microblogging site <i>Twitter</i>, where content is often quoted by the media.</p> <p>PMI had also deployed 10 platoon tents from their warehouse in Gresik. These tents continue to be used for multiple 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 PSS.</p>			

## Health & care

**Needs analysis:** PMI volunteers and staff have provided PSS, health services and referrals, and health promotion to displaced families. PMI has deployed a mobile health clinic with a team of at least four staff and volunteers to provide health screening and checkups for vulnerable people. PMI has 15 ambulances in total and is deploying 7 in the operation for these purposes.

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

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	100%
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 provided psychosocial services along with health awareness and hygiene promotion reaching 4,843 people - out of whom 2,081 are children (1,023 girls and 1,058 boys), and 2,762 are adults (1,457 women and 1,305 men) - across all 9 affected districts in the province. To run the activities, PMI mobilized a total of 164 volunteers working in shift rotation (some of whom are psychosocial-trained volunteers) to provide adequate and standardized services. Other volunteers provided health awareness and hygiene promotion activities. The activities differ according to age and gender based groups. For instance, activities conducted for children included play-therapy and drawing, while for women, PMI initiated craft sessions which may contribute to their livelihood income-generation and recovery. The women groups have diversified their handicraft products: not only producing baskets for religious purpose, but also baskets, handbags, accessories, etc. for commercial purposes. The products were either sold on-site around the camp areas, or were distributed to retailers in town.



*PMI health service reaches the communities in need at the evacuation centres whenever needed.*

**Photo credit: Husni/IFRC**

As part of PSS, PMI has also established a temporary public library in the Rendang displacement site that PMI manages. This has benefited a total of 1,528 displaced people, out of whom 138 are school-going age children. The library was in the main Posko easily accessed from the main entrance of the camp. PMI also welcomed book donations to supplement the existing collection - especially books and magazines suitable for children - and received enormous support from other partners. This initiative is a complementary service funded by PMI domestic fundraising in support of other PMI activities in the camp.

Psychosocial support was given to PMI frontline staff and volunteers who were involved in cross-sectoral support operations. One of the sessions was to provide staff and volunteers with a safe space for confidential debriefs and experience-sharing. In addition, PMI also held a volunteer gathering where experiences and learnings were shared, and a religious session where they had worship service together - a common practice for the locals. This service benefited 530 staff and volunteers from nine PMI districts and the PMI Bali Province. Out of these, 295 were male and 235 were female.

PMI Bali Province had 173,050 masks in stock - including 58,000 masks supported by DREF that was transported from the regional warehouse. Out of these, 79,500 masks have been distributed as a means of preventing the transmission of respiratory diseases. The action included socialization of using mask during health awareness sessions, which has benefited over 14,000 households. Currently, PMI has 96,800 masks stored in PMI provincial and district warehouses as preparedness stocks.

Procurement for mask replenishment has been completed, along with the procurement of tarpaulins, baby kits and hygiene kits. This was led by PMI Infrastructure and Facilities Bureau, and technically 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 during hygiene and health promotion. By the end of DREF support for the operation, a total of 1,870 people was served with health awareness and hygiene promotion in 32 displacement sites in 4 districts: Karangasem; Buleleng; Gianyar; and Bangli.

PMI continues to deploy mobile clinic services. These provide basic medical health care, as well as ambulance services to provide referrals to clinics when needed. The main services provided were for: addressing respiratory cases; general paediatric follow-up; and follow-up for noncommunicable diseases. The mobile clinic, staffed by at least 4 staff and volunteers, has provided basic health care to 2,963 people: 314 children under five years of age; 2,252 adults; and 397 elderly over 60 years of age. This composition is made up of 1,273 males and 1,690 females.

### Challenges

The lowering of Alert Level from Level IV to Level III has resulted in the major movement of displaced people returning to their villages. This has affected the provision of static and mobile health services being delivered to affected communities, leading to the stretching of resources and increased operational costs.

### Lessons learned

PMI has been working closely with local authorities in providing health services to the community. PMI has collaborated with the Department of Health at the district level and community health centers to map out the gaps and needs of the communities, and to collaborate on the support given by each party. Whilst PMI provided the fleet, basic health service equipment and medicines, the Department of Health at the district level deployed its human resource elements, General Practitioners (GPs), and nurses to support mobile clinic services.

## 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*), while others are staying in vacant buildings. Thousands of people are staying in newly created camps, and lack access to safe water, sanitation, and bathing facilities. There are also hygiene risks with limited water and sanitation facilities, and with people living in close proximity.

**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, provide sanitation facilities as well as solid waste management in camps; and hygiene promotion for displaced people.

Outcome 3 The immediate reduction in risk of waterborne and water-related diseases in targeted communities	Outputs		% of achievement
	<b>Output 3.1</b> Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population. <b>Output 3.2</b> Access to adequate sanitation facilities in displacement sites increased		
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 from 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 providing providing rubbish bins and bags and disposing of solid waste in five camps in Karangasem.	X		100%
<b>Outcome 4:</b> Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 4.1</b> Mobilize existing volunteers to participate in basic hygiene promotion activities		100%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
Mobilize existing volunteers to participate in basic hygiene promotion activities	X		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



Children are practising hand wash at the displacement site.  
Photo: Husni/IFRC

PMI has deployed 7 water trucks from neighbouring provinces to Bali to cover the needs of clean water at displacement sites. Total water distribution until the end of DREF support by 26 Feb 2018 was 3,580,600 liters, and benefited 9,488 people (4,934 male and 4,554 female) in 14 displacement sites. This was complemented by the installation of 12 taps in existing water tanks.

PMI has distributed and installed 8 water tanks: 6 units in Karangasem District and 2 units in Buleleng District. A total of 83 volunteers was 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 53 units of semi-permanent latrines - 35 units are covered by DREF operation - and repaired 20 existing latrines (permanent public latrines) at 14 displacement sites in three districts: Karangasem; Buleleng; and Bangli. The semi-permanent latrines are expected to last for more than six months.

Following the establishment of two new sites in Tegeh and Untalan, PMI has constructed 2 additional units of semi-permanent latrines in Tegeh and 6 units of semi-permanent latrines. These have benefited a total of 60 families. These facilities were also connected with water sources owned by the

District	Displacement Site	Latrine	
		Newly constructed	Renovate Existing
Karangasem	9	35	13
Bangli	1	0	5
Buleleng	4	10	2
Untalan	1	2	0
Tegeh	1	6	0
	<b>16</b>	<b>53</b>	<b>20</b>

government water company (PDAM) in Tegeh. In Untalan, PMI installed rain water catchment as water sources. In

addition, some latrines are complemented with hand-washing places, and public taps for women to have space to wash clothes and to collect water. Posters demonstrating proper hand washing techniques and hygiene awareness have been put up 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.

PMI has distributed 546 hygiene kits to families-in-need with standard hygiene kits. Each kit contains: soap; shampoo; laundry soap; towels; dish washing soap; toothbrush; toothpaste; and sanitary pads. The balance will be stored as prepositioned stocks to prepare for potential volcanic eruptions. The replenishment process for 1,000 hygiene kits has been completed early this year, along with baby kits and tarpaulins.

### Challenges

The lack of available land to supplement water and sanitation facilities in several camp sites has posed a risk of transmission from waterborne diseases, as well as other protection issues. The local government, together with PMI and other humanitarian actors, have therefore encouraged host communities to temporarily allow the evacuees to use their private latrines.

### Lessons learned

PMI has also worked with PWD at the provincial level to meet the needs of sanitation facilities in displacement sites. However, there was no agreed standard among the actors on the type and size of the facility. This has resulted in several latrines not being used by community as the specifications were inappropriate to their culture and customs.

## Shelter and settlements

**Needs analysis:** The local government was initially not in favour of Cash Transfer Programs (CTPs) to displaced families to cover their basic needs. However, given the fact that eruptions have already taken place and stronger eruptions could happen anytime (and as the several organizations, including PMI, have diligently advocated for the effective use of cash), PMI is now back to the plan of cash grants to be disbursed by early April 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 in *Healthcare: Outcome 2*) and continue to do so. PMI has distributed tarpaulins to the displacement camps to be used as protection from the weather elements, as well as partitions for privacy.

**Population to be assisted:** Tarpaulins, rope and bindings will be provided to people in IDP camps and distributed to individual families, together with the 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). However, when the operation was ending, there were additional needs to establish two small evacuation centers in Tegeh and Untalan, covering 60 families. The baby kits were distributed based on the immediate needs in displacement camps.

Outcome 5 The immediate household, shelter and settlement needs of the target population are met	Outputs		% of achievement
	<b>Output 5.1</b> Target populations are provided with emergency shelter materials <b>Output 5.2</b> Target populations are provided with cash grants for essential household non-food items		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Procure rope and fixings locally and distribute with tarpaulins	X		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%
<b>Progress towards outcomes</b>			



*PMI distributes tarpaulins for displaced people to build their temporary shelters in safer zones.  
Photo: Husni/IFRC*

PMI Province has a prepositioned stock of tarpaulin numbering a total of 4,246, including 2,500 pcs which have been dispatched from the regional warehouse to Bali. Out of these, 1,550 are being replenished by this DREF operation. The remaining tarpaulins will be covered by PMI domestic fundraising and DFAT contingency funds. PMI has distributed a total of 3,254 tarpaulins and benefited 26,526 people – out of whom 22 are pregnant; 27 are lactating mothers; 689 are children below 5 years old; 1,717 are senior citizens; and 9 are disabled people – at 77 camp sites in 8 districts (Buleleng, Klungkung, Karangasem, Bangli, Tabanan, Gianyar, Badung and Jembrana). The procurement process to replenish the stock has been completed since early January 2018, and PMI is currently having 919 tarpaulins as its prepositioned stock in Bali Province and 3,500 tarpaulins in Gresik regional warehouse.

At the beginning of the emergency phase when most displaced people were located in public banjars, the tarpaulins were mostly being used as walls/partitions and secured using rope and bamboo poles. As the

coordination among stakeholders improved, PMI set up evacuation centers with an integrated approach where all basic health services, referrals, PSS, water and sanitation facilities, hygiene promotion and health awareness programs were provided. The tarpaulins, rope and materials provided by PMI are used to construct temporary shelters for each household. The community contributed manpower and bamboo, and had the freedom to choose their preferred designs upon consultations with PWD.

Selection of beneficiaries for relief items was based on need and distributions made only if people had not received assistance from other agencies. Most of the affected community had received relatively excessive support for baby kits and family kits from private companies and other stakeholders. Thus, PMI has relegated kits as prepositioned stocks. If families had exhausted their supplies, PMI would then replenish them on a case-by-case basis. PMI has also provided blankets based on need, but these are not funded by this operation.

PMI has 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 a prepositioned stock of 313 baby kits, 604 hygiene kits and 998 blankets kept available in the warehouse of Bali Province. This DREF operation has supported PMI to replenish 500 baby kits, 1,000 hygiene kits, and 10 platoon tents which were used in the displacement sites of Buleleng (5 sets), Bangli (2 sets) and Karangasem (3 sets). The procurement process to replenish all the items have been completed early this year. PMI's standard baby kit contains: baby soap; shampoo; talc powder; oil; eucalyptus oil; baby lotion; hand lotion; diapers; towel; blanket; and a container box. PMI's standard family kit contains: kitchen utensils; sarong; slippers; shower gears; a pail; and a mattress.

### **Challenges**

The raising of the alert status to the highest level (Level IV) in November 2017 had created a massive influx of evacuees, and increased the needs for tarpaulins and relief items. It required a rapid response and coordination with the government, as well as internal coordination to access the regional warehouse in Gresik, and to transport relief items to Bali within 24 hours. The situation became more complicated at certain evacuation sites that were under the local governance as there was an absence of land use agreements.

### **Lessons learned**

Following the establishment of several evacuation sites and in anticipation for future eruptions of the volcano, PMI and the local government have developed and signed an agreement to utilize government-owned areas as evacuation sites.

PMI was encouraged to comply to minimum standard commitments to gender and diversity according to sectoral interventions:

1. Community participation at the Rendang evacuation site to contribute raw materials and manpower, as well as in designing temporary shelters based on the specific needs of each household; in consultation with PWD.

2. Facilities to accommodate specific needs have been made available in evacuation sites, for instance: mobility ramps in camp areas; adequate lightning; grips for disabled and elderly; consideration of distances between shelters to water, sanitation, and basic health care facilities.

PMI, through its domestic fundraising, has established a temporary library in Rendang camp site as part of psychosocial support to children. The level of interest was relatively high: 20 – 45 children gather daily to read and to learn.

## Restoring Family Links (RFL)

**Needs analysis:** As the operation was supporting displaced people with a risk of further displacements due to volcanic eruptions, RFL was included in the operation as a contingency 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.

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)			N/A
Receipt and distribution of messages to assist affected people with RFL			N/A
Progress towards outcomes			
During the operation, there has been no requests for RFL.			

## Programming / Areas Common to all Sectors

**Needs analysis:** PMI has continuously assessed and adjusted 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 savings were found due to the lowered costs of hygiene kits, PMI procured more kits to ensure sufficient prepositioned stocks.

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 sets up feedback mechanism via hotline (and also via community visits, helpdesks, radio, social media) during the response to enable communities to voice their concerns and aspiration of the Agung volcano operation.*

*(Photo: Husni/IFRC)*

PMI worked and coordinated closely with the government to support the evacuation – both in evacuations from the exclusion zone, and in returning evacuees home upon the scaling down of the alert status – and established evacuation sites along with the frequent updating of evacuees' data collection.

In regards to communications with affected communities, the operation showcased evidence of amplifying community voices in emergencies through establishing complaint and response mechanisms. During the response, PMI provincial and district teams received a series of three CEA mini-workshops from PMI NHQ and IFRC as part of capacity building, and to develop/tailor CEA strategies for the operation. The mini-workshops were attended by 18 frontline staff from nine districts and province. As a result, several two-way dialogue programs were created and rolled out respectively – all through consultation with the communities.

PMI began with: assessing information needs of the displaced people; community structures; socio-cultural aspects of the province; and preferred and trusted communication channels in the initial assessments. With the awareness that the Internet is ubiquitous across the island, PMI Bali has actively used their social media accounts (including Facebook, Twitter and Instagram) to disseminate a series of life-saving messages. Some 4 types of digital posters were regularly posted on social media to raise awareness on actions to take before, during, and after a volcanic eruption to save people's lives. PMI continued with building dialogues with people online who enquired about safety during the response period. To complement this awareness raising efforts, 7 types of additional IEC materials (posters and banners) highlighting the issues of preparedness to hygiene promotion were produced and distributed in the sites frequently accessed by the communities - especially in the evacuation centers - thus reaching the number of people targeted in the evacuation centers. One interactive radio talk show took place to discuss the preparedness and response of Agung volcano as well.

In ensuring that the displaced communities can voice their concerns during the response, PMI created a complaint and response mechanism via a variety of media, including: helpdesk; volunteer visits; hotline; social media and community radio. These media were used and preferred by the community members. In doing so, PMI promoted these mediums widely and encouraged the affected communities on the island to voice out their views and aspirations. Of these communication channels, helpdesk and volunteer visits (or face-to-face meetings) were the popular mediums among the communities assisted by the Red Cross, followed by the other three mediums respectively. This could be due to the nature of displaced people staying at the evacuation centers, and being able to easily access the Red Cross helpdesk at their centers. PMI received feedback, questions and complaints about: the quality of tarpaulins; lack of blankets; food and water; health services; the request of latrines due to crowding at one evacuation center; CTP selection criteria; among others. PMI was able to respond to most of these community queries using their internal response mechanisms, and helped coordinate the non-Red Cross responses such as: the need for electricity in the camps; provision of latrines; school buses for children to get to school; etc.

The lessons learned workshop attended by all implementing districts and province, including PMI NHQ and PMI West and East Java, was conducted on 11 – 12 Jan 2018. This was in conjunction with the development of the PMI Readiness Plan and table-top exercise with joint funding support from DREF and DFAT. The main recommendations are as follow:

1. PMI needs to develop a minimum standard of emergency response for disasters of volcanic eruption origins, including: response mechanisms; relief distributions; HR mobilizations and funding support mechanisms.
2. PMI NHQ has to prioritize strengthening PMI capacities at the district and provincial levels - especially in areas prone to disaster - and establishing cash preparedness.

3. Strengthening the preparedness capacities of communities that are prone to recurring disaster events; especially in the areas of evacuation and first aid.
4. Developing sustained disaster alert and early warning systems connecting the PMI operations centre with PVMBG (Centre of Volcanology and Geological Hazard Mitigation) and BNPB (National Disaster Management Agency).

A Protection, Gender and Inclusion (PGI) RDRT from the Cook Island Red Cross Society supported the operation for three weeks, but arrived only towards the end of the operation. To ensure ideal support, it was identified that the best profile for the RDRT would be a PGI profile as PMI was running evacuation center operations - a non-traditional form of response. PMI wanted to ensure that PGI components were well-addressed and that the organization had the capacities to meet the Minimum Standard Commitments to protection, gender and inclusion in emergencies. Most of the key outputs were achieved: mainstreaming gender and diversity inclusion into each sectoral intervention; providing technical support to specific protection risks and incidents by identifying risks; referral processes; and capacity building support to 29 PMI staff and volunteers on utilizing gender and diversity standards and tools. However, the following key interventions require follow-up:

- Sexual and Gender Based Violence (SGBV) training at the Bali branch should be conducted in conjunction with the Minimum Standards Commitment (MSC) training.
- Medical consultation areas should be cordoned off to ensure privacy of the patients, and to encourage greater attendance of health clinics. This will also improve referrals made to Bali Health and other external providers.
- Greater confidentiality is required in the implementation of the incident management book. This will encourage better community participation and voicing of concerns or incident occurrences.
- Institutionalizing a child protection policy and understanding its development and purpose.

## Challenges

Throughout the operation, PMI documented 174 feedback/complaints/questions from the affected population in their CEA logbook (information management system). It is postulated that many details from the displaced people were not recorded, but did indeed take place at the evacuation centers due to a lack of human resources at the provincial and district levels. There could have been dedicated support and supervision on this component. It was assessed that the response teams often held a broad responsibility to manage various needs of the response and regular programming, thus overlooking efforts to maximize CEA work. In addition, observations from the socio-cultural and religious aspects of Bali show that local communities are reluctant to express their feedback. This is especially so when done to individuals and aid organizations that have helped them through their hardships and difficult times. Despite the wide promotion of feedback loops in the communities that PMI served during the response, there were less inquiries provided by the community members due to these socio-cultural norms.

The PGI RDRT was deployed too late in the operation and teams on the ground were not adequately trained on protection related issues such as: SGBV prevention and response mechanisms (having referral pathways in place), and the application of the Minimum Standard Commitments on Protection, Gender and Inclusion in Emergencies. Even though this orientation was provided by the RDRT upon her arrival, it is vital that this is done at the beginning of the operation.

Specific preparedness measures can also be implemented **before** operations. These include, but are not limited to:

- Stronger coordination between in-country protection and shelter clusters before the onset of disaster and crisis.
- Integration of GBV prevention and response mechanisms into national disaster law frameworks (use Philippines as an example of best practice) – **in Indonesia operationalise Perka BNPB no.13/2014 on Gender Mainstreaming in Disaster Management.**
- Using the Red Cross/Red Crescent auxiliary role to help identify safe evacuation centres.
- Stockpiling dignity kits for women and adolescent girls.
- Budgeting and preparing for implementation of safe spaces.
- Partnering with other organisations for longer term GBV prevention programming (beyond the emergency phase).

## Lessons learned

It is crucial to have a pool of individuals with PGI competencies who can be deployed early in the operation, and who can be core members of the first assessment team that is on the ground. Both PMI volunteers and programme managerial staff should be trained on how to implement the Minimum Standard Commitments on Protection, Gender

and Inclusion in Emergencies, and what has to be done for SGBV Prevention and Response during emergencies. The minimum that has to be implemented during each operation is:

- Collecting sex, age and disability disaggregated data.
- Using minimum standard commitments for sectoral specific analysis.
- Working together with focal points on how to integrate SGBV in preparedness, response and recovery (including Gender and Diversity focal points in IFRC and/or NS).
- Confidential multi-sectorial referrals of survivors.
- Internal codes of conducts and structures for cases of concern.

Best practices that can be applied include, but are not limited to: the protection incident monitoring guide, the protection field guide; regular on-boarding briefings with incoming staff on the Prevention of Sexual Exploitation and Abuse (PSEA); and child protection. This includes ensuring that each person signs and understands the content and the practical application of the Code of Conduct, Child Protection Policy, Anti-Harassment Guidelines and the Whistleblower Policy.

It is also recommended that one dedicated staff in each operation be appointed for PGI integration.

It is recommended that at least one dedicated staff at the provincial level should be appointed for CEA to help support and supervise: the field team and volunteers; to manage the response and archival of feedback and complaints through coordination with the sector leads; to manage the usage of multi-media platforms; to report the progress regularly; and to address the immediate challenges faced by the sectors. This would ensure the CEA approach is rolled out in a systematic manner.

However, the endeavour to communicate and engage with the affected people in this Mount Agung operation has benchmarked a good pillar/model for PMI to develop an SOP for CEA in emergencies, as well as in long-term programming. For instance, the feedback form, information management system and the overall strategies developed and rolled out during this operation have provoked discussions at the NHQ level to come up with a standardized complaint and response mechanism at PMI for future responses and planning for national programs.

## **D. Budget**

CHF 210,417 was allocated to respond to the volcanic eruption in Indonesia. In all, the operation utilized CHF 184,151 (88 per cent of the allocation). The balance of CHF 26,266 will be returned to the DREF pool.

## Reference documents



Click here for:

- [DREF](#)
- [Operation Update 1](#)
- [Operation Update 2](#)

## Contact information

**For further information related to this operation please contact:**

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- Sophia Keri, resource mobilization in emergencies coordinator; email: [sophia.keri@ifrc.org](mailto:sophia.keri@ifrc.org)

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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

## MDRID012 - Indonesia - Volcanic Eruption Mt Agung

Timeframe: 26 Sep 17 to 26 Feb 18

Appeal Launch Date: 26 Sep 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/9-2018/6	Programme	MDRID012
Budget Timeframe	2017/9-2018/2	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>		210,417				210,417	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		210,417				210,417	
<b>C4. Other Income</b>		210,417				210,417	
<b>C. Total Income = SUM(C1..C4)</b>		210,417				210,417	
<b>D. Total Funding = B +C</b>		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>B. Opening Balance</b>							
<b>C. Income</b>		210,417				210,417	
<b>E. Expenditure</b>		-184,151				-184,151	
<b>F. Closing Balance = (B + C + E)</b>		26,266				26,266	

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Budget Timeframe	2017/9-2018/2	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>210,417</b>			<b>210,417</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	39,202		28,147			28,147	11,055	
Water, Sanitation & Hygiene	64,357		42,200			42,200	22,157	
Medical & First Aid	11,576		12,237			12,237	-661	
Teaching Materials	2,220		1,964			1,964	256	
Other Supplies & Services	2,831		3,366			3,366	-536	
<b>Total Relief items, Construction, Sup</b>	<b>120,185</b>		<b>87,914</b>			<b>87,914</b>	<b>32,272</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	763						763	
Distribution & Monitoring	1,295		938			938	357	
Transport & Vehicles Costs	5,380		5,865			5,865	-486	
<b>Total Logistics, Transport &amp; Storage</b>	<b>7,438</b>		<b>6,804</b>			<b>6,804</b>	<b>634</b>	
<b>Personnel</b>								
National Staff	1,594		869			869	725	
National Society Staff	18,321		13,900			13,900	4,421	
Volunteers	28,767		44,612			44,612	-15,845	
<b>Total Personnel</b>	<b>48,682</b>		<b>59,381</b>			<b>59,381</b>	<b>-10,700</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	8,700		3,634			3,634	5,066	
<b>Total Workshops &amp; Training</b>	<b>8,700</b>		<b>3,634</b>			<b>3,634</b>	<b>5,066</b>	
<b>General Expenditure</b>								
Travel	6,248		9,130			9,130	-2,882	
Information & Public Relations	2,000		2,788			2,788	-788	
Office Costs	2,166		2,138			2,138	28	
Communications	2,080		1,056			1,056	1,024	
Financial Charges	76		67			67	9	
<b>Total General Expenditure</b>	<b>12,570</b>		<b>15,179</b>			<b>15,179</b>	<b>-2,609</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	12,842		11,239			11,239	1,603	
<b>Total Indirect Costs</b>	<b>12,842</b>		<b>11,239</b>			<b>11,239</b>	<b>1,603</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>210,417</b>		<b>184,151</b>			<b>184,151</b>	<b>26,266</b>	
<b>VARIANCE (C - D)</b>			<b>26,266</b>			<b>26,266</b>		