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Final Report

Indonesia: Aceh Migration Operation

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRID016
Date of Issue: 29 May 2021	Glide number: OT-2020-000155-IDN
Operation start date: 03 July 2020	Operation end date: 31 January 2021
Host National Society: Palang Merah Indonesia (PMI)	Operation budget: CHF 207,223
Number of people affected: 387 people	Number of people assisted: 387 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: The IFRC Country Cluster Support Team (CCST) in Jakarta provides technical support to PMI in planning and implementing this DREF operation. The International Committee of the Red Cross (ICRC) provides support especially in psychosocial services and Restoring Family Links.	
Other partner organizations actively involved in the operation: Around 20 international, national organizations and government agencies responded to the emergency situation, including UNHCR, IOM, UNICEF, Jesuit Refugee Services (JRS), Aksi Cepat Tanggap (ACT), Muhammadiyah Disaster Management Center (MDMC), Dompot Dhuafa, Geutanyoe Foundation, Asia Justice and Rights (AJAR), Indonesian National Armed Forces (TNI), Indonesian National Police (POLRI), and Lhokseumawe City government.	

A. SITUATION ANALYSIS

Description of the disaster

Arrival of Two Boats carrying migrants in Aceh, Indonesia

On 24 June 2020, three local fishermen rescued 99 migrants from a damaged boat on Lancok Coast, North Aceh district. The migrants were brought to shore and transferred to a training facility owned by the Lhokseumawe City government. After a headcount, it was disclosed that the group consisted of 31 women, 40 girls, 16 boys, and 12 men. Due to language barrier, it was challenging to establish communication with the migrants. However, a migrant who spoke English and Malay was later identified among the group. It was revealed that the group departed from Cox's Bazar, Bangladesh and may have been at sea for up to four months and that an additional 17 migrants initially aboard the boat, may have died during the journey. With permission from local government, the migrants were permitted to remain in the facility. Needs assessment was conducted jointly through local coordination on the ground involving several organizations, including UNHCR, IOM, PMI, Jesuit Refugee Services (JRS), Getanyoe Foundation, in coordination with the local authorities. Several organizations including PMI, UNHCR, and IOM were granted permission to work in the facility to support the migrants.

On 7 September 2020, a second boat carrying 296 migrants was stranded on the Ujong Blang coast, Lhokseumawe. Initially, some members of the group were seen wandering around villages in the area. Local villagers then alerted authorities and with PMI's support, they located the migrants and took them to the same facility that was already providing shelter to the previous migrant group. The second group consisted of 45 women, 141 girls, 44 boys, and 66 men. The second group was kept separate from the first group due to health concerns until health screening for COVID-19 was completed by IOM. Joint needs assessment through local coordination was carried out further, especially with the increased number of migrants.

In general, migrants from both groups were in concerning health conditions as a result of being at sea for an extended period in overcrowded conditions without adequate access to fresh water, nutrition and sanitation facilities. Many of the newly arrived migrants were showing symptoms of severe dehydration, skin disorders, respiratory illnesses, and nutrient deficiencies. In less than a week after their arrival, three migrants—two women and one man—from the second group died due to health complications. Six more migrants were also hospitalized due to bloating and respiratory distress. Several organizations including PMI, Lhokseumawe City Health Office, IOM, and Doctors Without Borders performed

further medical screening and examinations. Following these examinations, health workers issued recommendations for 31 men and 83 women with serious medical conditions to receive treatment at the Cut Meutia hospital.

Based on information from UNHCR, it was established that the migrants had been forcibly displaced from their home country of Myanmar and had been living in the displacement camps in Cox's Bazar, Bangladesh prior to seeking asylum in Indonesia. UNHCR also found that 117 migrants were carrying UNHCR registration cards with them. It was also suggested that both migrant groups were part of a larger group of 800 migrants who departed Bangladesh in early 2020. They were initially trying to reach Malaysia before being stranded in Aceh. UNHCR conducted two registration processes, for each group. The first registration process was carried out for the first group through individual interview with the migrants for six days from 5 July up to 11 July 2020. The registration process for the second group was completed on 27 September 2020. By the end of this registration process, all the migrants from both groups had UNHCR cards. However, UNHCR have not confirmed whether the migrants have been referred to as refugees.

This DREF was launched based on the initial assessment conducted after the arrival of the first group in June 2020. An Emergency Plan of Action (EPoA) was submitted, and a total amount of CHF 49,395 was requested. The submission to access DREF to fund the operation was approved on 3 July 2020. The initial EPoA was developed for a four-month operation until the end of November 2020. On 10 October 2020, following the arrival of the second group, an Operation Update was released to scale-up the ongoing operation and seek additional funds with a total amount of CHF 157,828. The request was granted, and the operation was extended until 31 January 2021.

With this funding, PMI provided services in various sectors such as shelter, WASH, health, PSS, PGI, and CEA. Prior to closing the operation, PMI Branch in Lhokseumawe reiterated a commitment to continue providing services to the migrants. During February – March 2021, PMI and IFRC conducted an assessment to capture relevant information and identify further needs for a longer-term intervention. The result of the assessment served as the basis for developing a concept note submitted to ECHO, to propose for sources of funding to extend the support to the migrants, and to strengthen the preparedness of the National Societies in Southeast Asia region, including PMI, towards the arrival of displaced people from Rakhine in the future.

By the end of January 2021, the number of migrants had decreased significantly mainly due to spontaneous departures. It is thought that many of the migrants left the shelter to travel illegally by boat to Malaysia seeking to be reunited with family. There were also some migrants who travelled from Malaysia to Lhokseumawe to locate family members, who remained in the camp for a period. At this stage it is not clear how long the migrants will remain in Indonesia. UNHCR still works to find long-term and durable solutions for the migrants. The following is the detailed Sex and Age Disaggregated Data (SADD) of the remaining migrants in the facility:

Category	Data up to January 2021			Data per 10 February 2021		Data per May 2021		Remarks
	F	M	Per Group	F	M	F	M	
Infants	-	-	-				1	No people with disabilities are reported
Children (<10yrs)	5	3	8					
Children (10-17yrs)	8	13	21	16	23	6	3	
Adults (18-49 yrs)	20	44	64	22	47	3	2	
Elderly (>50 yrs)	-	1	1					
TOTAL	33	61	94					

UNHCR and IOM informed that a decision to move 36 migrants of the priority (vulnerable) group from *Balai Latihan kerja* (job training center) in Lhokseumawe to IOM's Community Housing facility in Medan was made, specifically established to accommodate the displaced people from Rakhine that were previously hosted in Lhokseumawe. This decision was based on the recommendation letter from the Coordinating Ministry of Political, Law, and Human Rights (*Kementerian Koordinator Bidang Politik, Hukum, dan HAM – Kemenpolhukham*), and the transfer was expected to commence until the end of the fourth week of March 2021. Eventually, all the migrants will be transferred to Medan; however, this process will be made gradually and based on discussions and agreement with the migrants of concern. UNHCR has been working with IOM and the local government of Lhokseumawe, Provincial Government of Aceh and the Immigration Directorate/Office in Medan, North Sumatera, to facilitate the transfer. There were around 107 migrants left up to 10 February 2021, and up to 4 May 2021, ten people remained from both groups who stayed in the shelter. PMI reported that four new migrants had arrived in the facility and joined those from the previous groups. So, in total, currently 15 migrants stay in the camp in Lhokseumawe.

Summary of response

Overview of host National Society

PMI has a nationwide presence and was in a good position to respond to this situation. In 2018, PMI Aceh Province was involved in the humanitarian response to the arrival of the Rakhine state migrants who run ashore in Bireun district. Meanwhile, in this current operation, PMI's trained staff members and volunteers from Lhokseumawe Branch have been actively responding to the situation since 24 June 2020. During the early phase of the situation, they have conducted needs assessment and supporting the needs of the migrants. At the time, the government's plan for the migrants was still uncertain. As a result, the government trusted PMI to continue attending to the needs of the migrants for the first three months.

PMI Lhokseumawe chapter took the lead in implementing the operation. Meanwhile, PMI Aceh province and PMI NHQ continued to provide support and guidance throughout the operation. PMI NHQ has a team specializing in health in emergencies, an operations center, and a migration focal point. PMI also runs a hospital in North Aceh and its health workers were ready to be mobilized immediately when needed. Furthermore, as an auxiliary to the government, PMI was able to access and coordinate closely with the Ministry of Health. This was important considering the health conditions of the migrants. Moreover, together with Geutanyoe Foundation—an NGO that serves as the coordinator of local NGOs—PMI established a joint coordination system to communicate on plans and assistances.

PMI delivered a range of services to the migrants including **health and hygiene promotion, ambulance and first-aid services, distribution of household items, distribution of hygiene kits, distribution of mosquito nets, distribution of face masks, PSS services, RFL services, water trucking, and provision of sanitation facilities (latrines and bathing cubicles)**. PMI even supported dignified burials to migrants who passed away due to illness.

Challenges due to COVID-19 pandemic

Initially, Aceh province had one of the lowest COVID-19 cases in Indonesia. However, the number of confirmed COVID-19 cases steadily increased throughout the operational period, including in the city of Lhokseumawe. The ongoing COVID-19 pandemic posed significant challenges to the operation. While screening of both groups of migrants early in the operation found no COVID-19 positive cases, in October, four migrants passed away due to illness, with one of the migrants testing positive for COVID-19. Following the confirmed COVID-19 case, the whole shelter was put under lockdown to prevent COVID-19 spread. PMI volunteers and the migrants underwent COVID-19 screening and results indicated that four PMI volunteers and seven migrants were positive for COVID-19. The shelter was put under lockdown for two weeks from 20 October to 2 November 2020. On 19 November 2020, the second lockdown was put in place after 15 more migrants tested positive for COVID-19. This time the lockdown lasted for 18 days until 7 December 2020.

Extended lockdowns on two different occasions caused significant delays in the program implementation. During the lockdowns, water trucking was the only service permitted to operate normally. Other services ceased operations during the lockdowns. PMI was finally allowed to work normally in mid-December 2020. Considering the existing risks of COVID-19 local transmission, and to ensure the protection of PMI personnel working in the operation, additional support for volunteers and staff in the field was provided, including PCR tests and an isolation facility for personnel.

Challenges due to natural disasters

In early December 2020, heavy rainfall occurred in Lhokseumawe along with two other adjacent districts, Langsa and Aceh Utara. The heavy rain caused two rivers Bareughang and Kareung Pase to overflow into the three districts. Around 50,000 people in the area were affected by the flooding, including 2,400 people in the vicinity of the shelter. While the camp was not inundated, the surrounding neighborhood and roads were submerged. As a result, PMI's water truck was unable to reach the shelter for several days, which caused the delay of in supplying water to the shelter. Due to the inaccessible road around the shelter, some other activities, such as hygiene promotion and PSS sessions were suspended. PMI Lhokseumawe also carried out an emergency response to support the affected population.

Delays in finalizing the site planning for shelter and latrine construction

Due to the second unexpected migration influx and the ongoing COVID-19 pandemic—requiring additional space for social distancing—it was deemed necessary to construct a new shelter with essential facilities such as latrines, waste disposal site, communal kitchen, common meeting room and child-friendly space. However, it took longer than expected to complete the site planning. Nevertheless, PMI managed to finish constructing all facilities, including a child-friendly space, the end of January 2021, before the closure of DREF operation. The arrangement in the shelter had ensured the separation between women and men, as well as for children, to maintain the privacy of and the protection for the migrants. In providing latrines, PMI and YKMI (supported by UNHCR) jointly constructed 28 latrines, which overall are segregated proportionally based on gender.

Challenges due the PMI institutional and personnel capacities

PMI Aceh Province has proven experience in implementing response operations to the arrival of migrants from Rakhine state in Bireun in 2018. However, for PMI Lhokseumawe Branch, this was their first medium-scale operation funded by DREF. While the Branch has shown strong engagement and commitment, their capacity in administering the operation

required further support and there is room for improvement. The first area that requires strengthened capacity is in managing reporting, both narrative and financial, to ensure timely submission. An additional area identified for improvement is in conducting and applying adequate processes of local procurement. The additional challenge is that PMI Aceh Province was currently undergoing a restructuring period, so PMI NHq had had to provide direct support to the Branch during the implementation. There were a number of visits from PMI NHq staff to provide direct coaching, including in the areas of PGI monitoring, financial reporting and support to coordinate directly with the City Government.

Overview of Red Cross Red Crescent Movement in country

IFRC's Country Cluster Delegation (CCD) for Indonesia and Timor-Leste has technical capacities in disaster management; health; shelter and shelter coordination; water, sanitation, and hygiene; National Society development; communication; community engagement and accountability (CEA); and support services in finance, human resources, and administration. The CCD liaised closely with PMI's Emergency Operation Center at headquarter level as well as providing direct support to the Chapter implementing the operation. IFRC CCD and ICRC also supported PMI to liaise with external partners, including UN agencies and national NGOs, through coordination meetings hosted by UNHCR at the national level. IFRC was also keeping other Movement and non-Movement actors informed about the situation via informal updates. ICRC has attended coordination meetings at the local level and supported PMI with the provision of PPE for staff and volunteers, as well as Restoring Family Links (RFL) and Psychosocial Support Services (PSS) for the migrants.

Overview of non-RCRC actors in country

In response to the arrival of the migrants, the Lhokseumawe City Government volunteered to host the migrants and facilitated coordination meetings on the ground. Other government institutions including BPBD (*Badan Penanggulangan Bencana Daerah*, Provincial Disaster Management Agency), BASARNAS (*Badan Nasional Pencarian dan Pertolongan*, the National Search and Rescue Agency), TNI (*Tentara Nasional Indonesia*, the National Armed Forces), POLRI (*Polisi Republik Indonesia*, the Indonesian National Police), DINKES (*Dinas kesehatan*, Health Office), and DINSOS (*Dinas Sosial Provinsi*, Provincial Social Affairs Office) actively supported the efforts. The local government also established a Task Force to coordinate the operation, consisting of five working groups: **(1) logistics, transportation and equipment, (2) food and nutrition, (3) education, psychosocial support, protection of women and children, (4) health, water and sanitation, (5) security.**

There were at least 20 Non-government Organizations (NGOs), involved in the response efforts. Yayasan Geutanyoe acted as the focal point to bridge communications between local NGOs. The migrants, especially those from the second influx, had a range of urgent health needs. As a result, several organizations provided health services at the facility. The government and IOM facilitated COVID-19 screening. IOM also provided referral services for migrants with serious health conditions to be treated at hospitals. *Dompot Dhuafa* deployed nurses, assisted in health screening as well as providing ambulance services and medical supplies. Dinas Kesehatan (City Health Office - DINKES), Doctors Without Borders, and *Aksi Cepat Tanggap* also carried out medical screening. UNHCR established a health clinic at the facility while different agencies helped to provide the necessary medical personnel, equipment, and medical supplies.

Several NGOs such as *Aksi Cepat Tanggap* (ACT), Jesuit Refugee Service (JRS), Yayasan Kemanusiaan Muslim Indonesia (YKMI), *Dompot Dhuafa* provided food for the migrants. As of January 2021, Jesuit Refugee Service continuee to provide food for the migrants until May 2021. The food distributed was cooked by the migrants in a communal kitchen that was constructed by Muhammadiyah Disaster Management Center (MDMC) for the initial group of migrants, while PMI provided the cooking utensils and appliances.

In the WASH sector, IOM and *Rumah Zakat* built well upon the arrival of the first group. IOM, together with Human initiatives and *Aksi Cepat Tanggap* also supplied clean water through irregular water trucking in a relatively short period of the initial phase of the operation. *ACT* and *Gusdurian* built several toilets—the later focused on building toilets for women.

Several agencies addressed the protection needs of the migrants. The Ministry of Social Affairs (MoSA) and the Ministry of Women's Empowerment and Child Protection (MoWCEP) took the lead on PSS services and referral mechanisms for child protection and SGBV. Under their coordination, UNICEF and several local organizations set up activities for children at the facility to support their PSS needs. *Program Kesejahteraan Sosial Anak Integratif* (PKSAI) provided counselling services to the migrants, while *Dompot Dhuafa* continued conducting language classes. For the first group, UNHCR, among other things focused on the protection needs of women with support from Asia Justice and Rights (AJAR) who provided a workshop on SGBV for the migrants. UNHCR also conducted best interest assessments and best interest determinations for all children amongst the second group. Several agencies including UNHCR, JRS, Amnesty International, Geutanyoe Foundation, the Indonesian Civil Society Association for Refugee Rights Protection (SUAKA), and the Sandya Institute also advocated for the interests of the migrants with the government and wider population.

Most organizations ended their work at the facility between August and September 2020. Several organisations, including JRS, Geutanyoe Foundation, IOM, and UNHCR continue to work until May 2021 and supports the process of the transfer of the migrants to Medan. Overall, coordination at the local level worked considerably well.

Needs analysis and scenario planning

Needs analysis

At the initial stage of the response, the needs for WASH services including the provision of clean water, emergency latrines, handwashing facilities, and hygiene promotion were in high demand. These services were deemed essential to help the migrants practicing clean and healthy lifestyle.

The migrants also demonstrated the need for better understanding of the ongoing COVID-19 pandemic and the requirement for social distancing. Given that the migrants were living in close proximity to one another in the facility, content on COVID-19 and general hygiene promotion in their mother tongue (with a focus on audio-visual material) was considered essential. ICRC also helped provide PPE for the migrants. ICRC also helped providing services such as PSS and RFL.

In addition to the above-mentioned services, basic household items were also in demand. Items such as sleeping mats, blankets, tarpaulins, mosquito nets, and hygiene kits were especially needed. Moreover, PMI also provided cooking utensils to give the migrants a sense of freedom to cook their own food.

Upon the arrival of the second group—which was about three times larger than the first group— more immediate needs were identified. Based on the assessment, there were several areas where urgent needs were identified with details as follows:

- **Health:** Many migrants were found having multiple health issues (exposure, dehydration, nutritional deficiencies, swollen limbs, bloated abdomens, skin disorders and respiratory distress). A week after their arrival, three migrants from the second group died from illnesses. As a result, health services were paramount for this group.

Qualified and gender-balanced medical personnel, medicines supply, first-aid equipment, referral mechanisms, and ambulance were in demand to ensure that the migrants' health needs could be proactively monitored and treated, and migrants with serious health issues could be referred to hospitals for more intensive medical care.

Referrals to the public hospital were made and, initially, it was indicated that the hospital would continue to accept migrants needing urgent medical attention. However, this changed as more migrants were referred to the hospital and raised concerns from the public hospital regarding the availability of beds in light of rising COVID-19 case numbers in the area. To address this gap, UNHCR established an on-site treatment center to try and treat the migrants at the facility. However, given the high needs, other supporting assistance in health such as first aid and ambulance services were also identified.

A spike in COVID-19 cases in Lhokseumawe placed the migrants, who were already at greater risk of poor health outcomes, in an even more vulnerable position. One migrant died after testing positive for COVID-19, while a dozen others also tested positive for COVID-19. IOM tried but failed to negotiate with the local government to allow migrants to be placed in government isolation facilities. As a result, the migrants had to be isolated at the camp while IOM and UNHCR implemented tighter health protocols for staff and volunteers entering the facility. With COVID-19 posing a great risk, PPEs for migrants, staff members, and volunteers in the facility are essential, as is the dissemination of information on COVID-19 prevention.

In addition, during the rainy season, the increased risk of dengue became a consideration, particularly for those in poor health, as well as young children and pregnant women who are likely to be sleeping or less mobile during the day. Additional mosquito nets and health promotion aimed at dengue prevention were required to reduce this risk.

- **Shelter:** The number of beneficiaries increased to 387 people due to the arrival of the second group caused overcrowding in the accommodation. As a result, there was not enough space to adhere to humanitarian standards in the shelter. Initially a large tent was erected outside the building, however, it was quickly realized that the tent did not provide adequate protection from the weather.

While two semi-permanent buildings were constructed by MDMC as a communal kitchen in addition to a semi-permanent wooden structure to serve as a place to conduct meetings and sessions with the migrants, further shelters are needed within the perimeters of the existing facility to allow physical distancing and to reduce overcrowding. A joint site assessment took place with support from UNHCR, IOM and PMI. Furthermore, a range of household items, such as blankets, clothes, sleeping mats, eating utensils, and cooking utensils, were needed to ensure that the new group of migrants were as comfortable as possible in the facility.

In the later stage of the operation, many migrants decided to leave the shelter voluntarily. This situation eases the overcrowding problem. However, there was still not enough space for effective physical distancing. Based on the camp coordination led by UNHCR and the Task Force, it was decided that areas around the current camp would be incorporated to expand the camp to accommodate the need for additional shelters and space to ensure physical distancing.

- **WASH:** Several emergency latrines that were previously installed in the shelter did not function as intended. Women and girls' latrines were completely out of function. As a result, all migrants had to use facilities that were intended for boys and men constructed by PMI. PMI realized that this situation might lead to protection issues and commenced work to repair and restore the latrines. After the arrival of the second group, the need for additional emergency latrines, private bathing spaces, hand washing stations, hygiene kits and hygiene promotion, including prevention of COVID-19 became even more urgent. The provision of additional water supplies for drinking and bathing, as well as continued health and hygiene promotion, particularly in view of the overcrowded conditions at the facility, were deemed to be essential to support the migrants living a clean and healthy lifestyle.
- **Food and nutrition:** Coordination on the provision of food for the first group of migrants was being managed by different agencies, including *Aksi Cepat Tanggap (ACT)* and Jesuit Refugee Service. The provision of meals was a temporary solution while a kitchen was being constructed. Provision of ready meal was extended due to the arrival of 296 migrants. At the time, it was deemed urgent to provide the migrants with access to a sustainable source of nutrition. Three organizations, including UNHCR, ACT and Jesuit Refugee Service (JRS), agreed to provide meals for the migrants until 31 October 2020 and JRS continues their support until May 2021. Local working groups have been in ongoing discussions on how to address the food needs of the migrants in the long term.
- **Protection:** From both groups, there were 181 girls and 60 boys in total. The second group also included a significant proportion of women under the age of 18. Furthermore, UNHCR advised that several migrants displayed signs of trauma and symptoms of physical abuse. As a result, protection services in the forms of establishing referral systems for counselling and medical assistance were critical.

Moreover, given the overcrowding in the shelter, solutions were needed to ensure that there would be separate and safe spaces made available for unaccompanied women and children. Due to overcrowding, several spaces in the shelter previously used for counselling and RFL services were redesignated as rooms to accommodate additional migrants. As a result, additional specific safe spaces to host those services were needed. The establishment of further psychosocial support services for both adults and children was also required to accommodate the new group. Helping migrants to restore links with their families was considered important to support the recovery and mental well-being of the group.

The long-term prospects of the migrants in Indonesia remains uncertain. Several agencies have been advocating for the group to be allowed to remain in Indonesia until durable solutions for them are identified. UNHCR initiated a dialogue with the Indonesian Government and is currently developing a concept note for the Government on how the migrants can contribute to Indonesian society if they are supported to become self-reliant through various activities to assist them in establishing financial independence.

Operational Risk Analysis

The following risks which impacted the operation were identified:

- The migrants were exposed to COVID-19. One female migrant, who died at the shelter tested positive for COVID-19. Following contact tracing in the camp, several migrants who were in contact with the deceased migrant also tested positive for COVID-19. Further rapid tests carried out by IOM suggested that over 30% of the migrants showed reactive results. More challenging was that migrants had to isolate in the shelter. Self-isolation in tight spaces was not easy since it was difficult to maintain physical distancing. This compromised the health of the migrants and led to two lockdowns, forcing unessential services to be ceased for weeks. In response to this, UNHCR and IOM implemented stricter protocols to restrict movement in the shelter. ICRC contributed to procuring COVID-19 kits such as masks and hand sanitizer to curb the spread of the virus.
- Following the spike of COVID-19 cases in the shelter, IFRC started supporting screening for PMI staff members and volunteers working at the shelter. Through this process, four volunteers were tested positive for COVID-19. They were receiving support throughout their isolation period. All staff members and volunteers who had been at the shelter were also required to self-quarantine. Staff members and volunteers were also given PPEs to protect themselves while working in the shelter.

- In light of alleged people-trafficking activities, the government adopted a more security-focused approach. This situation was triggered by a number of sudden departures by the migrants and many people with no clear record of their identity had been coming and going from the displacement shelter. Due to increased scrutiny of security, the migrants were banned from having personal handphones, as it was deemed possible that they may be used as a means to contact relatives abroad to arrange their transit to Indonesia. With many migrants lacking sufficient legal documentation to travel across borders, they faced heightened risk of falling victim to people trafficking. Government apparatuses monitored the shelter for several days and conducted an investigation in the shelter. The government also deployed military personnel to conduct the investigation and suspended services delivery from humanitarian organizations for a number of days while this took place. This caused delay in the delivery of several services to the migrants. At the same time, the migrants were prevented from leaving the shelter, compromising freedom of movement, which is a fundamental right, and making it challenging to assure adequate protection of the migrants. Following advocacy efforts by agencies led by UNHCR, the government delegated responsibility for the camp management, including its security to UNHCR.
- Although there was initially interest expressed by the host community to assist the migrants, over time, a shift has occurred, with some community members becoming resentful of the migrants and others fearing that they were contributing to the spread of COVID-19. This stigma impacted the well-being of the migrants, with tension between the migrants and the host population. The organizations working in the shelter, including PMI, took a joint initiative to conduct community engagement sessions. Several sessions were conducted in the common room in the shelter, involving the community members and their leaders from the surrounding villages, to share information about the arrival of the migrants, and to facilitate discussions where concerns from the host communities were shared.
- At the beginning of January 2021, flooding impacted the area surrounding the camp. While the facility was not affected, the PMI branch had to respond to the floods which temporarily decreased human resources available to support services at the facility.
- Initially, there were challenges communicating with the first group of migrants due to language barriers, with few of the migrants being proficient in Bahasa Indonesia or English. It was later discovered that several members of the group are proficient in Malay, a language with many similarities to Bahasa Indonesia, and this has Indonesian personnel to communicate with the migrants on day-to-day basis. PMI worked closely with these migrants to support translation and interpreting during PSS and hygiene promotion sessions. UNHCR and IOM also established a roster for translators/interpreters at the shelter which enabled agencies to access translations/interpreting services based on a booking system. Communicating in English an additional challenge and is among the barriers PMI faces on the ground.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

The primary strategy of the operation was to support PMI provincial and district offices to provide targeted support to meet the needs of the 387 migrants that stay at the facility including the first group that arrived in June 2020 and the second group that arrived in September 2020. PMI's operation was specifically seeking to address gaps in assistance already being delivered or planned for both groups of migrants. At this initial stage following the arrival of the first group, a number of agencies committed to support the migrants up to three months. Considering the existing needs, gaps and the capacity of PMI, PMI focused mostly on shelter support, WASH, health, with integration of CEA and PGI components. At the initial plan, shelter support focused on the distribution of relief items, including tarpaulins, blankets, sleeping mats, eating utensils, cooking utensils, clothes, by local procurement. On WASH sector, PMI planned to construct semi-permanent emergency latrines, supply clean water through water trucking, conduct hygiene promotion activities and construct waste disposal facility. On health, PMI was to provide mosquito nets and masks to prevent dengue outbreak in the camp. The initial timeframe of the operation was four months.



Soon after the arrival of the second group, which presented a higher need of support with the additional number of migrants, PMI revised their operational plan, to scale up the intervention, by increasing the target from 99 to 387 people and extending the operational timeframe to six months, ending 31 January 2021. The procurement of additional household items including blankets, mosquito nets, eating utensils, clothes, sleeping mats was incorporated. Health services were also scaled up by incorporating ambulance and first aid services to transport people requiring urgent medical attention. PMI also provided mobile clinics, additional nutrition and mosquito nets. PMI continued supporting dignified burials for people who died. PMI also liaised with the Ministry of Health and their hospital in Aceh to see how to best to ensure that the migrants received the medical attention they needed.

PMI engaged with IOM and UNHCR to conduct a site assessment to determine additional shelter needs in the facility. PMI made an initial provision to contribute materials, including tarpaulins and fixings, and labour to construct some additional temporary shelter within the existing facilities. This was adjusted based on the result of the site assessment and consultation with the government. Separation of shelters for women and men had already been arranged, but construction of addition shelters was projected, to ensure physical distancing. The need for child friendly spaces was also identified and integrated in the shelter provision.

Based on continual needs assessments, taking into consideration gender and diversity needs and risk of the affected population, PMI had already commenced the construction of three latrines for men and rehabilitation of five latrines in the facility for women that were no longer functioning. However, due to rearrangement of the camp area, where more shelter blocks need to be accommodated, the latrines needed to be relocated. With all new adjustment in the camp, where UNHCR committed to provide blocks of shelter including latrines, PMI revised their plan regarding the construction of latrines, by providing latrines, bathing spaces, and setting up handwashing stations. Recognising the increased need for WASH services for the additional migrants, PMI continued supporting the government with water trucking until 31 January 2021. PMI also continued to deliver health and hygiene promotion with a special focus on COVID-19 and dengue prevention to reduce risk to the migrants.

The operational objectives took into account that there were approximately 20 agencies/organizations supporting the new group of migrants with the provision of food, health, psychosocial support and protection services, including services targeted specifically at women and children.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 387 Male: 137 Female: 250</p>		
Indicators:	Target	Actual
# of people reached with safe and adequate shelter and settlement assistance	387	387
# of people provided with emergency shelter and settlement assistance	387	387
Narrative description of achievements		
<p>Early stage During the early stage of the response, shelter and household items were identified as the most pressing needs. Following the disembarkation of the first group of migrants, the Lhokseumawe City government identified a decommissioned training center to serve as a shelter for the migrants. PMI assisted in preparing the temporary shelter, including cleaning and disinfecting the premises. They also helped the migrants to settle into the temporary shelter and distributed sleeping mats and tarpaulins to cover the floors and create partitions for private spaces. In this early stage, PMI distributed clothes for religious activities as needed by the migrants.</p>  <p>PMI Volunteers Laying out Tarpaulins to Cover up Floors. (Photos: PMI)</p>		
<p>Later stage In response to the arrival of the second group of the migrants, PMI initially planned to construct a semi-permanent shelter from timber. However, after an extensive consultation and coordination process with the Task Force, PMI adjust their plan, and followed the agreed design established as a result of the site-planning process led by UNHCR.</p>		

All organizations and institutions involved agreed that there was a need to renovate the temporary shelter to make it more livable for the migrants. UNHCR took the lead by developing the site plan. Following this, the finalized site plan was discussed with all stakeholders, and tasks were divided among the organizations and institutions. PMI was requested to build additional shelters at the facility.

A portion of the site was allocated to PMI based on the assessment results. PMI initially planned to construct rooms and latrines for the migrants as part of the WASH activities, however, as other organizations were also planning to construct latrines, PMI responded by showing some flexibility and revised their initial construction plan. PMI reduced the number of planned latrines and reallocated funds to construct a child-friendly space, which was identified as lacking in the shelter. After receiving approval from the Task Force PMI undertook the construction.

The shelter facilities built by PMI included:

- A shelter consisting of six rooms.
- A child friendly space with playground equipment - swings and slides.
- A Common room, to conduct community/group meetings, such as RFL and PSS sessions.

In addition to providing shelter as part of a joint service provided by a number of organizations, PMI also distributed various shelter items. In this operation, under the shelter sector, PMI provided the following relief items:

Item	Distributed
Sleeping mats	398 units
Blankets	333 units
Mosquito nets	298 units
Water buckets	277 units
Tarpaulins	100 units
Kitchen sets/communal cooking utensils	4 packs
Clothing	387 sets (adjusted to different gender and age)
Eating utensils	387 packs
Baby kit	5 kits
Jerrycans	300 units

All the facilities were constructed and are now fully operational.

Furthermore, a feedback from the migrants who received assistance was conducted by PMI CEA team, with support from IFRC and PMI NHQ. A rapid assessment on communication and feedback mechanism was carried out, through focus group discussions and a survey using a KOBO-based questionnaire to collect inputs and feedbacks from the migrants regarding the operation implemented in January 2021. At least 56 men and 15 women, aged ranging from 15 to 60 years old were directly involved in the interviews with the PMI personnel who conducted the assessment. Prior to the assessment, an online training was conducted to provide a basic induction about CEA and brief the field personnel on the tools developed. Along the assessment process, online coaching was provided continuously by IFRC and PMI NHQ. This rapid assessment was also assisted by the translators arranged by IOM and the migrants who speak Malay.

The result of the rapid assessment showed that foods and nutrition were among the most needed items, along with health services, especially for elderly people, children and lactating women. In terms of communication and feedback mechanism, most respondents admitted that face-to-face sessions are preferable, such as regular sessions on PSS and hygiene promotion involving PMI volunteers. KIE materials with pictures (not narrative) is preferred, as the language barriers remained the challenge. From the results, it was found out that the migrants mentioned that they were comfortable to speak and raise concerns through the direct discussions with PMI volunteers and UNHCR field personnel.

In addition, women-focused discussions were also conducted to listen to women's concerns. In these sessions, occasionally some female migrants raise the inconvenient feelings when official visits and interviews from some journalists took place.



Structure construction of shelter facility by PMI. (Photos: PMI)



Shelter built by PMI and its interior. (Photos: PMI)



Lack of child friendly space in the shelter and child friendly space built by PMI. (Photos: PMI)

Challenges

Distribution of shelter items were disrupted several times due to lockdown measures implemented during COVID-19 outbreaks in the shelter, which eventually created delay in completing the overall distribution process.

Distribution of household items was challenging due to language barrier and because most of the personnel from the organizations working in the operations do not speak the Rakhine state language and unfamiliar with the fonts used for the language. This language barriers due to the different languages spoken by the migrants and the personnel providing services created significant challenge, especially in communicating relevant messages on the services. The approaches to address this gap in terms of reporting is by using thumb-print on the acknowledgement receipt that had to be signed by the groups' representative instead of each recipient.

The provision of shelter support also faced challenges in obtaining accurate needs because the number of migrants kept changing due to spontaneous departures. To address this situation, needs assessment was continuously conducted along with the process of service delivery, and at the same time, feedback from the migrants on the project implementation was collected.

Construction of the facilities got off to a slow start because the final site plan was published late, as the coordination with the Task Force needs longer process including the approval on utilizing the existing areas around the training center. This delayed finalization of site plan impacted to the sudden change in PMI's construction plan, including the changing on the design of the shelter, the location of the shelter and other facilities, including the additionally-proposed child-friendly space to accommodate the need of the children of playing ground.

Lessons Learned

Based on the implementation of this operation, a number of lessons learned were obtained, including:

- The need to improve communication and coordination between stakeholders to avoid delays in service delivery due to miscommunication. While a strong coordination among the organizations working in the shelter had been established, the coordination with the local authorities and the national stakeholders needs to be strengthened.
- The operation has been passing through the Christmas holiday and the transition time to the new year. This kind of transition should be anticipated better in the future, as part of the improvement on time management, so that delay in financial reporting and transactions due to end-of-year break can be minimised, so that all activities are planned well in advance and fit within the timeframe of the project.
- While PMI Aceh had experience in implementing a humanitarian operation to respond to the Rakhine state migrants not only in this operation (but also in Bireun in 2018), a longer term and comprehensive capacity building on migration, including capacity building of PMI personnel related to IFRC Migration and Displacement principles and approach as part of the preparedness efforts, is strongly needed, considering that Indonesia is a transit country for the migrants, before they continue their journey to their main destination.



Health

People reached: 387

Male: 137

Female: 250

Indicators:	Target	Actual
# of people reached through health services	387	387
# of people supported to have medical examinations	387	387
# of people received first-aid services	387	58
# of people transported to hospitals to receive treatment (per day on average)	10	10
# of people reached to lessen immediate health risk	387	387
# of people benefited from health promotion activities	387	387
# of people benefited from mosquito nets distribution	387	387
# of people benefited from additional nutrition support to minimize nutrient deficiencies	387	387
# of people benefited from the mobile clinic services (1 medical doctor & 3 nurses)	387	34

Narrative description of achievements

Health services and promotion

All health-related services listed in the EPoA were fully implemented by PMI with IFRC's support. Some of the initial plans were adjusted to address the needs related to the increasing cases of COVID-19 in the facility and the surrounding communities. This included making provision for COVID-19 tests and kits for the migrants and volunteers, as well as COVID-19 kits for the host community.

PMI had put an ambulance on stand-by operating 24/7 for the operation, to provide emergency transportation for ill migrants to the referral hospital. PMI's health team also visited the shelter and operated ambulance services and first-aid station daily during the operation. Other organizations that provide health services in the shelter were only on standby during the day. PMI tried to bridge this gap by operating ambulance and health teams to provide immediate medical assistance, when necessary, in the evening. Meanwhile, specifically in January 2021, PMI Lhokseumawe also provided additional support by running a mobile clinic once a week, along with other medical teams from other

organisations, including IOM. PMI assigned one medical doctor and three nurses to their mobile clinic team. In addition, PMI also provided additional nutrition to the migrants, given that most migrants experienced nutrient deficiencies. PMI distributed 300 packs of green bean porridge for the migrants on daily basis, between 7 October 2020 - 31 January 2021.

Items distributed by PMI in the health sector for both groups are as follows:

Item	Distributed
Mosquito nets	382 pcs
COVID-19 kit (supported by ICRC)	256 Pcs

Psychosocial services

PMI was one of the first organisations to respond to the reports of people who were displaying distress symptoms. The trauma of being at sea in overcrowded conditions, in addition to inadequate water, food and sanitation, as well as the experience of already being displaced affected all migrants; specifically, women and children were identified as the most affected in this regard. To ease the stress, PMI provided psychological first aid to the migrants, delivering practical information and showing empathy, concern and respect.



PMI's first-aid station at the Shelter and PMI volunteer taking patient to hospital. (Photos: PMI)



PMI's first-aid station at the shelter and PMI volunteer treating patient at the first-aid shelter. (Photos: PMI)



PMI volunteer distributing COVID-19 kit to locals nearby and migrants. (Photos: PMI)



PSS session for migrants. (Photos: PMI)

Challenges

Due to the ongoing COVID-19 pandemic, several methods of implementation needed to be revised in order to fit the health protocols. In addition, the government issued strict protocols to all social activities. Face to face meeting and mass gathering activities were limited or cancelled.

The migrants' awareness regarding COVID-19 was still limited. Awareness to perform 3M (*Memakai masker* (mask wearing), *Mencuci Tangan* (hand washing), *Menjaga Jarak* (maintain social distancing)) needs to be improved.

Lessons Learned

Guidelines for COVID-19 safe access in operations or emergency responses is needed. This COVID-19 information can complement the guidelines, training and sensitization sessions for PMI volunteers and staffs briefing session.

In addition, due to the different languages spoken by the personnel providing support and the migrants, the dissemination of the COVID-19 related messages was introduced through face-to-face meetings involving translators of Rakhine traditional language and producing IEC materials using pictures instead of narrative, as the migrants are mostly unfamiliar with the Roman alphabet. This learning can be applied in the future operation when dealing with the migrants from Rakhine state or any target groups which have different cultural background including related to different linguistics background.



Water, sanitation and hygiene

People reached: 387

Male: 137

Female: 250

Indicators:

	Target	Actual
A report consisting of the result of WASH assessment and monitoring	1	1
# of people provided with safe water access that meets agreed standards according to specific operational context	387	387
# of people provided with adequate sanitation facilities, adjusted to the gender-based need	387	387
# of people reached with key messages to promote personal and community hygiene	387	387
# of people benefited from hygiene kits distribution (with joint support from IFRC and ICRC)	387	387

Narrative description of achievements

In general, all activities listed in the initial Emergency Plan of Action have been successfully implemented by PMI. Several adjustments have been made due to the evolving situation on the field, in which PMI responded by showing agility.

Early stage

During the early stage of the response, PMI conducted assessment in the temporary shelter and managed to identify needs in the WASH sector. It was revealed that WASH facilities in the shelter were non-existent. The temporary facility

did not have useable latrines or clean water facilities. Due to the limited latrines available in the facility, some migrants had practiced open defecation. PMI managed to bridge this gap by providing the following WASH services:

- Construction of three temporary bathing cubicles.
- Construction of three temporary latrines.
- Construction of six units of 1,500-litre water tanks that served as the water storage for the shelter.
- Mobilization of water truck to supply clean water on daily basis.
- Distribution of 100 hygiene kits.
- Distribution of 100 water buckets to assist the migrants to fetch water from the water stations.

PMI had made adjustment to the content of the hygiene kits provided for the migrants, considering the needs of women and COVID-19 pandemic. The adjusted hygiene kits consisted of 770 gram detergent, 4 pieces of reusable face masks, a pair of latex-made gloves, 5 bars of 75 gram body soap, 240 ml disinfectant, a microfibre wiping cloth, 170 ml shampoo, 75 g toothpaste, 5 pieces of tooth brush, 20 pieces of menstrual pads, 2 pieces of towel, hand-sanitizers, several hygiene promotion leaflets (with pictures providing information on how to use the kit content, how to wear masks, and handwashing instruction), and one 15-litre container to pack the kit.



PMI water tanks. (Photo: PMI)



Temporary bathing cubicles constructed by PMI and PMI volunteers setting-up temporary latrines. (Photos: PMI)

Later stage

As stated before, all stakeholders agreed that there was a need to renovate the facility to make it more suitable for the migrants. The WASH facilities required total renovation, especially with the arrival of the second group of migrants. Temporary latrines that were earlier installed by some partners for the first group of migrants were no longer fully functioning, including latrines that were designated for girls and women. As a result, women and girls were sharing the same latrines with men and boys. PMI realized that this could lead to protection issues. To respond to this situation, PMI initially planned to construct 12 units of gender segregated toilets.

A portion of the site was allocated to PMI based on the results of assessments, PMI initially also planned to construct temporary shelter consisting of six rooms and latrines for the migrants as part of the WASH activities. However, as other organizations were also planning to construct latrines, PMI responded by showing some flexibility and revised their initial construction plan. To avoid duplication, PMI reduced the number of its latrines and adjusted some funds to construct other facilities that were also in demand. PMI reallocated the funds to construct a child-friendly space, which was also lacking in the shelter. After receiving approval from the Task Force PMI undertook the construction.

In response to the increased number of migrants that had arrived in the second group, PMI provided these WASH facilities:

- 8 latrines, as part of the joint effort with YKMI (supported by UNHCR) to construct 28 units of latrines in total, the usage of which are proportionally segregated based on gender. Lighting was incorporated in the facilities both using light bulbs installed with the electricity connected from the shelter, and, for the midday using the natural lighting from the upper windows incorporated in the design.
- Two communal waste disposal facilities, sized 3x3 m² and 2.5x4 m². The waste collection was arranged by IOM and UNHCR, to be transported by a waste truck on daily basis, in cooperation with the local authorities.
- Four communal spaces for laundry, for men and women.
- Ten handwashing facilities along with the continuation of water trucking up to January 2021, located around the constructed latrines and the water points.
- Four bathing spaces, two for women and two for men.
- Distribution of 300 jerrycans and 277 water buckets with lids.

Health and hygiene promotion was one of the key interventions during this operation especially after the arrival of the second group consisting of 296 people. Health promotion covers topics such as promotion of clean and healthy lifestyle, which not only done through face-to-face sessions, but also through displaying health promotion posters in the premise. Health and hygiene promotion also covers topics for COVID-19 prevention such as 3M campaign (*Memakai masker* (mask wearing), *Mencuci Tangan* (hand washing), *Menjaga Jarak* (maintain social distancing)).

Hygiene promotion sessions were conducted weekly, through specific sessions conducted for men, women and children. PMI also led cleaning activities every Friday during the operation, which encouraged the participation of migrants to clean the shelter. During this phase, with the support from ICRC, PMI distributed an additional 206 hygiene kits to the migrants to further support them with maintaining a healthy and clean lifestyle. As a borehole has been constructed in the camp by YKMI, a more permanent source of water for the camp became available, which had lessened the need for water trucking by PMI. Since 6 December 2020, PMI water trucking only operated to supply handwashing stations in the camp before they stopped at the end of January 2021. During this operation, PMI successfully supplied 1,856,000 litres of clean water.



Bathing cubicles and latrines constructed by PMI. (Photos: PMI)



Water from the borehole is sometimes unusable and PMI continues supplying clean water. (Photos: PMI)



Distribution of hygiene kits by PMI volunteers. (Photos: PMI)

Challenges

Distribution of household items and hygiene kits were disrupted several times due to lockdown measures implemented during COVID-19 outbreaks in the shelter. Besides, difficulties in capturing accurate needs because the number of migrants kept changing due to spontaneous departures.

Construction of the facilities also got off to a slow start because the final site plan was published late and due to the lockdown measures applied during the COVID-19 outbreaks in the shelter. Sudden change in PMI's construction plan because some organizations did not stick to their initial plan also caused delay in the implementation process, as it required further adjustment, as the operation is a collaborative and joint effort.

In addition, the migrants have been practicing different standards of hygiene and healthy lifestyle, which in most cases are not fully acceptable by the environment where they are transiting or living during their displacement. The efforts to adapt to the clean and healthy lifestyle applied in the host communities they encounter often needs long-time behavioral changes, including in when they entered Aceh.

Lessons Learned

Similar to the challenges in the other sectors, one of the key challenges is related to communication and coordination, especially when it comes to establishing close engagement with the local government and authorities. Insufficient coordination often created miscommunication and misunderstanding.

Furthermore, risk analysis and management should be improved in general, especially the when the operation will go through a potential long break such as Christmas holiday and end-of-year break, which is likely create delay related to formal administration and dealing with official coordination.

In addition, capacity strengthening in qualitative assessment and reporting mechanism is needed, to improve the operation quality management in the future operation, especially in an operation which deals with the most vulnerable groups such as responding to the arrival of Rakhine state migrants. The improvement on assessment method which incorporates socio-cultural components is needed, which is followed with appropriate trainings to NS personnel on how addressing sensitive issues and qualitative information during assessment.



Protection Gender and Inclusion

People reached: 387

Male: 137

Female: 250

Indicators:

Indicators:	Target	Actual
The number of people who benefit from the PGI integration that is considered in the service delivery in all sectors	387	387
SADD data is collected and used as the basis to capture the needs of the groups and design the sector-specific interventions	1	1

Narrative description of achievements

- In October 2020, PMI NHq conducted an online briefing and induction training on Protection, Gender and Inclusion (PGI). A number of PMI personnel assigned to work directly in the shelter received a basic information on the importance to address the issues and needs related to gender and protection, especially in the context of this migrant support operation where PMI volunteers have to deal with the most vulnerable groups. In general, in the operation, IOM, UNICEF and UNHCR led the protection sector, and PMI took a more integrative approach, which adapt the PGI components into their services, such as in WASH, shelter and health. The reporting and feedback mechanism specifically related to sensitive issues, such as SGBV and child safeguarding were directly managed by the three agencies, including the establishment of referral system and case management. Issues, such as SGBV and child safeguarding were directly managed by the three agencies.
- In several sessions where awareness raising on people-trafficking were provided by Getanyoe Foundation and other organizations, through which PMI also supported the activities as part of their PSS activities.
- Sessions on the introduction to English and Bahasa Indonesia language, farming class, and women-focused discussions to listen to their concerns. In these sessions, occasionally some female migrants raise the inconvenient feelings when official visits and interviews from some journalists took place.
- Through group discussions and participation of all the gender and age migrants' groups PMI has been collecting feedback and adjusting services to meet the diverse needs and risk of the migrants, with special focus on the most at risk (women, children (especially those who are unaccompanied), elderly people and people with disabilities).
- At the early stage, right after the arrival of the first group, PMI distributed tarpaulins to support the installation of privacy screens for women and children.
- PMI contributed to the construction of separate and safe toilets (lockable, lightning, distanced from men's toilet) and bathing spaces for men and women and is now fixing the toilets that were constructed for women that are no longer functioning in line with the considerations in the Minimum Standards on Protection, Gender and Inclusion in emergency settings.
- In addition to the induction and online coaching, PMI NHQ has started to apply the minimum standards to integrate PGI components in shelter management, based on their draft of the PMI guideline on PGI integration in emergency shelter. While this guideline still needs further process of finalisation, some components have been implemented in this operation, for example to ensure the gender-based segregation in shelter and latrine facilities.
- In the later stage, with the additional number of migrants, PMI constructed 8 latrines, 4 bathing spaces and 4 communal laundry spaces, which was proportionally separated for women and men. The latrines constructed were part of a joint support with YKMI (supported by UNHCR) who provided another 20 units of latrines. The total 28 latrines were designated differently for women and men, as well as specifically for children/youth.
- PMI provided clothes for all migrants as part of the shelter items, by adjusting to the different needs based on age and gender.

Challenges

The main challenge in related to PGI aspects is the capacity of the personnel of PMI mostly in all levels, to address PGI-related issues. While PMI has started developing the initial draft of their PGI roadmap in disaster management, and the guideline in integrating PGI components in emergency shelter management, there are still large rooms of improvement that needs to be addressed. PMI has experienced to implement an SGBV prevention project in Aceh, which became a good capacity building process for PMI in general, and to some extent, had provided good understanding to the PMI personnel on the importance to pay more attention on the potential of safeguarding and protection issues in this operation that required them to deal with the most vulnerable groups. However, a longer adaptation process is needed, to ensure that all what they learned from the SGBV project can be transferred and practiced in a migration support operation.

Lessons Learned

- PMI also needs to improve their capacity in conducting an adequate PGI analysis, which eventually can inform a better integration of PGI into the services in all sectors.
- PMI needs to improve their capacity in establishing a feedback and reporting mechanism that address sensitive issues, such as sexual misconduct and SGBV, as well as in the process of establishing referral system in the context of emergencies.
- PMI's capacity in addressing the protection issues related to people-trafficking need to be improved, and a longer, comprehensive process is required, which gives a focus on an institutional strengthening where regulation and guidelines need to be developed.



Migration

People reached: 387

Male: 137

Female: 250

Indicators:	Target	Actual
# of migrants that access culturally sensitive social services, disaggregated by migration or residence status, age, gender, sex, and ethnic origin.	387	387
The Operation is monitored and done based of the needs of the assisted population and involved all the stakeholders, including the assisted population	Yes	Yes
Narrative description of achievements		
<ul style="list-style-type: none"> • Since the arrival of the first group of the migrants, PMI has been actively engaged in the coordination with the Task Force, government, and UNHCR are maintained to support the operation. PMI also led the Logistics and Warehouse management working group under the structure of the Migrant Response Task Force led by the local government of Lhokseumawe. • To support the implementation of the operation, a strong support from PMI NHQ was provided. The assistance from PMI NHQ included the deployment of financial staff to conduct close monitoring to the operation in relation to financial management. PMI Migration focal person, PMI Head of DM Division also paid a visit to the field, to support the coordination and hearing with the local government regarding the PMI support in the migrant support operation. • Considering both the existing capacities and limitation they have, through a strong coordination with various organizations who provided assistance on the ground, PMI has been able to adjust their design of services accordingly, so that they can address the needs of the migrants better. For example, to incorporate some sessions on awareness about people-trafficking into their PSS activities, and adjustment in the design of the facilities constructed. Based on a strong collaboration with IOM, PMI also obtained support in providing translators in delivering services. 		
Challenges		
<p>The coordination with the Task Force and other relevant stakeholders sometimes did not work out as planned, so it took longer time to follow up and made adjustment to the design of interventions.</p>		
Lessons Learned		
<p>In the future operation, improvement of communication and coordination with The Task Force, government, and lead organization is needed, to ensure robust implementation of the intervention and smooth delivery of service. In addition, there is a need to provide trainings regarding RCRC Movement principles and approach to Migration and Displacement.</p>		

D. Financial Report

This DREF operation sought CHF 207,223 of which CHF 207,223 was granted (100 percent coverage). The total expenditure recorded was CHF 168,875 (81.4 per cent of the total budget), leaving balance of CHF 37,049 (18 percent of the total budget). The remaining balance will be returned to DREF pool.

A considerable overspending occurred primarily under shelter. This overspending is mainly due to the changing decision regarding the shelter design. As highlighted in the Section C on the updates on Shelter section, initially PMI plan to construct a semi-permanent shelter made of timbers. However, after a process of consultation and coordination with the Task Force and UNHCR, the plan was revised and the design for the shelter was adjusted to the site-planning results issued by UNHCR. This adjustment had led to the increase of the shelter construction cost as shown in the report.

Another consequence resulted from the adjustment to the site-plan suggested by The Task Force and UNHCR was that PMI needed to reduce the number of the latrines they initially planned. As highlighted in the Section C, under the

updates on WASH sector, PMI reduced the number of latrines from initially planned twelve units to eight units. This caused the underspending in the activities under WASH sector.

Under SF11 – Strengthen National Societies, a number of activities initially allocated were intersected with the Health activities. Due to the changing design of intervention in providing medical assistance to the migrants based on the coordination with IOM who led the health sector intervention, PMI decided not to implement several activities as those had been covered by other organizations, including IOM. Several SF11 activities that related to ambulance service briefing and coaching sessions initially planned were implemented online, so that the cost was lower than budgeted, and have been charged under Health sector.

Overspending occurred under National Society Staff cost, caused by the additional cost in mobilizing more staff from NHQ to provide direct support to PMI Lhokseumawe Branch. In a standardised mechanism, PMI Aceh Province is supposed to supervise the Branch in the implementation. However, During the operation, PMI Aceh Province had been under restructuring process, and all the Boards were replaced. The governance of the PMI Province was still under the Transitional Committee. Consequently, PMI NHQ took over the supervision towards the PMI Branch in implementing the operation. While PMI Lhokseumawe had shown strong commitment and engagement, the Branch still needs direct coaching from PMI NHQ, especially in terms of the area of PGI, reporting management and CEA.

Detailed expenditure is outlined in the attached Final Financial Report at the end of this document.

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the IRCS, would like to extend thanks to all for their generous contributions.

Contact information

Reference documents



Click here for:

- [DREF Operation](#)

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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**.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/7-2021/4	Operation	MDRID016
Budget Timeframe	2020/7-2021/1	Budget	APPROVED

Prepared on 24/May/2021

All figures are in Swiss Francs (CHF)

MDRID016 - Indonesia: Aceh Migration Operation

Operating Timeframe: 03 Jul 2020 to 31 Jan 2021

I. Summary

Opening Balance	0
Funds & Other Income	207,223
DREF Allocations	207,223
Expenditure	-168,875
Closing Balance	38,348

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	50,153	69,041	-18,888
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	30,497	28,961	1,536
AOF5 - Water, sanitation and hygiene	56,108	35,333	20,775
AOF6 - Protection, Gender & Inclusion	6,923	666	6,257
AOF7 - Migration			0
Area of focus Total	143,681	134,001	9,680
SFI1 - Strengthen National Societies	25,781	85	25,696
SFI2 - Effective international disaster management	4,580	2,208	2,372
SFI3 - Influence others as leading strategic partners	30,732	32,578	-1,846
SFI4 - Ensure a strong IFRC	2,450	3	2,447
Strategy for implementation Total	63,542	34,874	28,668
Grand Total	207,223	168,875	38,348

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/7-2021/4	Operation	MDRID016
Budget Timeframe	2020/7-2021/1	Budget	APPROVED

Prepared on 24/May/2021

All figures are in Swiss Francs (CHF)

MDRID016 - Indonesia: Aceh Migration Operation

Operating Timeframe: 03 Jul 2020 to 31 Jan 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	115,691	103,729	11,962
Shelter - Relief	3,400	2,352	1,048
Construction - Facilities	22,000	38,412	-16,412
Construction Materials	15,993		15,993
Clothing & Textiles	19,050	14,919	4,131
Food		3,063	-3,063
Water, Sanitation & Hygiene	14,634	19,226	-4,592
Medical & First Aid	24,894	16,755	8,139
Teaching Materials	3,700	2,552	1,148
Utensils & Tools	7,120	6,450	670
Other Supplies & Services	4,900		4,900
Land, vehicles & equipment	3,546		3,546
Others Machinery & Equipment	3,546		3,546
Logistics, Transport & Storage	4,850	4,045	805
Distribution & Monitoring	603	230	372
Transport & Vehicles Costs	4,247	3,814	432
Personnel	50,252	39,147	11,105
National Society Staff	13,080	20,708	-7,628
Volunteers	37,172	18,439	18,733
Consultants & Professional Fees	5,000		5,000
Consultants	2,500		2,500
Professional Fees	2,500		2,500
Workshops & Training	5,000	5,783	-783
Workshops & Training	5,000	5,783	-783
General Expenditure	10,237	5,864	4,373
Travel	3,937	9	3,928
Information & Public Relations	1,000	2,150	-1,150
Office Costs		2,295	-2,295
Communications		1,604	-1,604
Financial Charges	2,300	-210	2,510
Other General Expenses	3,000	15	2,985
Indirect Costs	12,647	10,307	2,340
Programme & Services Support Recover	12,647	10,307	2,340
Grand Total	207,223	168,875	38,348