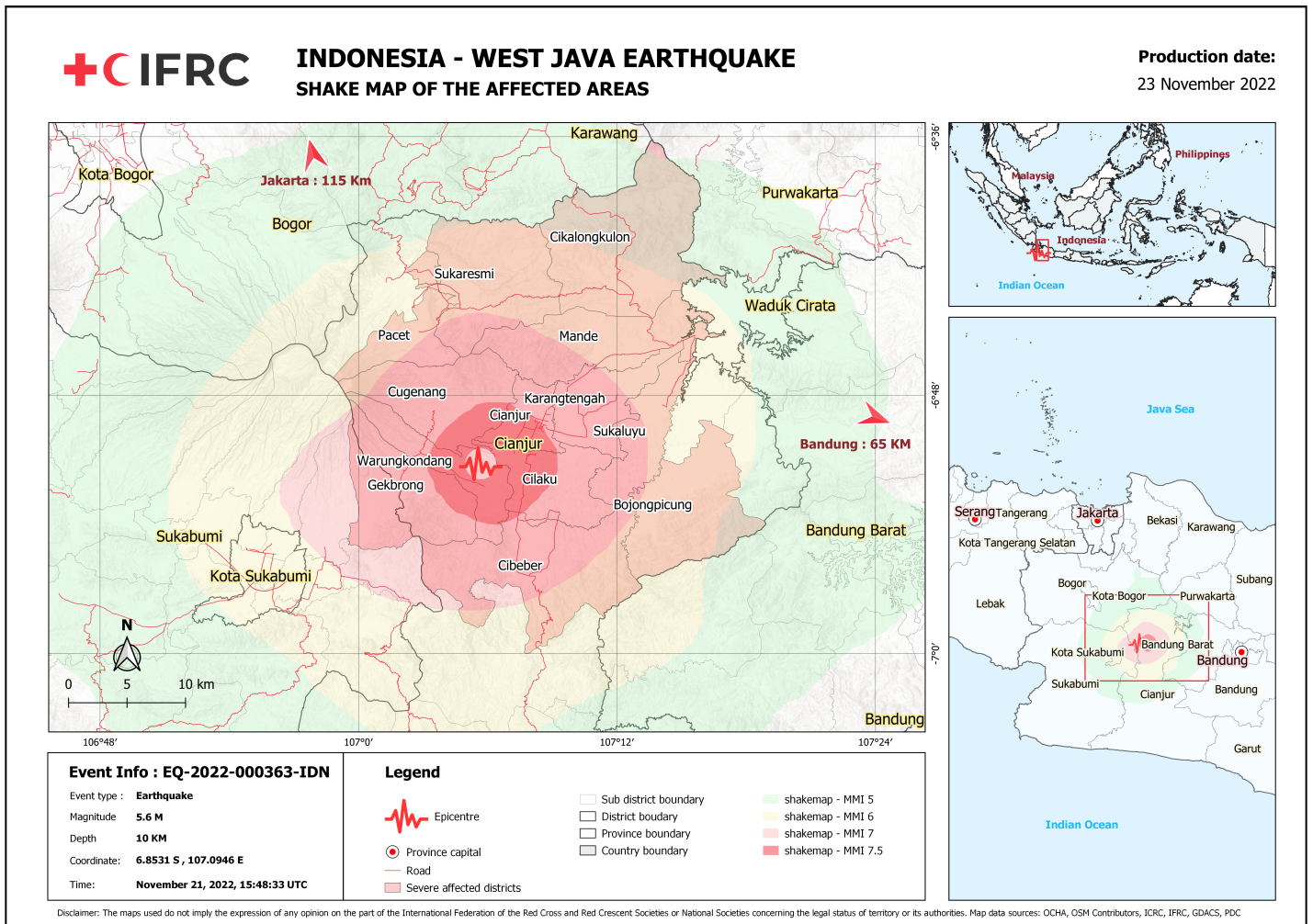




Indonesian Red Cross ('Palang Merah Indonesia' or PMI) teams helping survivors of the earthquake. First aids and ambulance services are also provided to those affected in Cianjur- West Java. (Photo: PMI)

Appeal: <b>MDRID025</b>	DREF Allocated: <b>CHF 794,131</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Earthquake</b>
Glide Number: <b>EQ-2022-000363-IDN</b>	People Affected: <b>2,200,000 people</b>	People Targeted: <b>25,900 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>2022-11-28</b>	Operation End Date: <b>2023-05-31</b>	Operation Timeframe: <b>6 months</b>
	Targeted Areas:	<b>Jawa Barat</b>	

# Description of the Event



## What happened, where and when?

A strong earthquake with a magnitude of 5.6 struck Cianjur district, West Java Province, on Monday 21 November 2022 at 13:21:10 Western Indonesia Time (GMT +7). The epicentre was located at 6.84 South Latitude and 107.05 East Longitude at a depth of 10 km in-land. According to Indonesian Meteorology, Climatology and Geophysics Agency ('Badan Meteorologi, Klimatologi dan Geofisika' or BMKG), the earthquake did not trigger a tsunami warning. As of 22 November, BMKG recorded 145 aftershocks which can be felt in Cianjur V-VI MMI, with the biggest magnitude measuring 4.2 Richter scale and smallest measuring 1.5.

The earthquake, which was felt strongly for about 3-10 seconds across the area of Sukabumi district, Sukabumi city, Bandung district, Cianjur district, Bogor district, Bogor city in West Java Province; Jakarta city in DKI Jakarta Province and Bekasi city in Banten Province, caused panic among the local community. A 30-day state of emergency has been declared by the government from 21 November - 20 December 2022. As of 25 November, 190 evacuation centers, both organized and independent, have been opened in Cianjur district. According to an ongoing survey, a total of 40,202 people live in those evacuation centres, of whom 11 per cent are children under the age of five, 35 per cent are children, 5 per cent are pregnant and lactating mothers, and less than 1 per cent are people with disabilities.



PMI psychosocial support team helping children to cope with their trauma. (Photo: PMI)

## Scope and Scale

The full extent of the damage is still being assessed, but according to BNPB, there have been 310 casualties (298 of whom have been identified) and 24 people are still missing as a result of the earthquake. Furthermore, 73,862 people have been displaced (73,525 in Cianjur district, 333 in Sukabumi district, 4 in Bogor district), and 4,645 people injured.

BNPB reported that Shelter impacts included 12,729 heavily damaged houses, 2,234 moderately damaged houses, and 6,944 slightly damaged houses. One district hospital sustained moderate damage, while four primary health facilities (PUSKESMAS) sustained heavy damages, which hindered health provision of health services for affected communities, including referral activities.

Moreover, 373 educational facilities, 16 government buildings, 162 houses of worship, 2 bridges, were also affected. The earthquake also disrupted Cianjur district's PLN (state-owned electricity company), affecting 358 sub-stations and cutting off electricity services to 17,900 customers as a result.

The extent of the affected areas is still unknown, and there are a number of challenges, including power outage, disrupted communication network, and landslides that have blocked the road to Cianjur. As a response to the situation, the Cianjur regent declared an emergency response period for Cianjur district, starting from 21 November - 22 December 2022.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>No</b>
Did it affect the same population groups?	<b>No</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>No</b>
If yes, please specify which operations	<b>MDRID025</b>

## Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

PMI has successfully managed five DREF operations between 2021 and 2022 and provided the disaster affected populations with multipurpose cash assistance, emergency health, water, sanitation and hygiene (WASH), disaster risk reduction and climate change adaptation messages, as well as the distribution of essential household items. Some of the key lessons learnt from those operations are listed below.

### 1. Management Effectiveness and Efficiency:

PMI has signed an agreement with PT PoS Indonesia, an Indonesian state-owned company, and agreed upon the Cash Transfer mechanism from PMI to targeted people in need. PT PoS Indonesia has a wide and comprehensive network to deliver the financial services and demonstrated fast and effective service during the Mt. Semeru emergency response.

### 2. PMI Capacity Enhancement:

The capacity of PMI's emergency response team has been built as a result of various training/coaching on sectoral services and emergency response management during past DREF operations. PMI intends to improve their financial report for emergency response by developing an online platform for joint verification of financial report. This system is now being piloted in the ongoing Food and Mouth Disease Outbreak DREF operation (MDRID024).

### 3. Community Engagement and Accountability:

PMI Province and district have been actively engaged with local authorities, local leaders, and communities through formal and informal ways to ensure communities participate in the planning, implementation and monitoring of the operation. The feedback and complaint mechanism is activated through community's preferable channel, such as hotline services, social media and community outreach.

## Current National Society Actions

<b>Shelter, Housing And Settlements</b>	PMI headquarters (HQ) has mobilized 3 platoon tents, 100 tarpaulins, 300 mattresses, 200 blankets, 20 flashlights, 1 unit of electricity generator. The household items, as noted, have been distributed to affected households.
<b>Health</b>	PMI health teams have been mobilized to the affected communities who have suffered severe stress reactions and injuries to provide first aid and ambulance services. PMI Hospital in Bogor has also mobilized its personnel to support immediate surgeries and medical rehabilitation to affected communities to ensure access for clinical case management.
<b>Water, Sanitation And Hygiene</b>	PMI has dispatched 11 units of trucks and two water storages have been delivered to support the initial response. As of 26 November 2022, PMI has distributed 5,000 litres of clean water to affected families in Cianjur and Sukabu.
<b>Assessment</b>	Key staff from PMI's national headquarters (NHQ) and in-country IFRC team were immediately deployed to the field to support the initial assessment and response. Additional volunteers and staff members from other PMI branches have also been mobilized and deployed to support the response efforts. The findings of the initial assessment informed the immediate response that PMI has already provided, and they remained to be useful for the development of this DREF application.
<b>Coordination</b>	As soon as the earthquake struck, PMI started coordinating and cooperating with the local government authorities, as well as other available humanitarian and civil society organizations, to support affected communities. Throughout

	the implementation of this DREF operation, PMI will ensure quality coordination and cooperation with all relevant stakeholders in target areas.
<b>National Society EOC</b>	At the HQ, provincial, and district levels, the PMI Emergency Operation Centre (EOC) has remained functional 24 hours. The EOCs monitor the situation and collect information from PMI personnel on the ground, as well as collate information from government agencies like BMKG and the National Disaster Management Agency ('Badan Nasional Penanggulangan Bencana' or BNPB). Information on the response is shared with relevant partners.

## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) has a Country Cluster Delegation (CCD) for Indonesia, Singapore, Brunei Darussalam and Timor-Leste in Jakarta. The CCD includes a head of office and technical capacities in disaster management, shelter, health, water, sanitation and hygiene (WASH), national society development (NSD), communication, protection gender and inclusion (PGI), community engagement and accountability (CEA), as well as support services in finance, human resources and administration.</p> <p>IFRC CCD works closely with the NHQ, provincial chapter and branches in Cianjur district to support the response plan of PMI. The CCD team will provide project management and technical assistance to PMI for the implementation of activities planned under this DREF operation.</p>
<b>ICRC</b>	ICRC has in-country presence, supporting PMI in Restoring Family Link (RFL) and Dead Body Management.
<b>Participating National Societies</b>	<p>Participating National Societies (PNS) who are currently present in-country are the American Red Cross, Japanese Red Cross Society, and Turkish Red Crescent. Besides PNS, the ICRC is also present in-country. The IFRC CCD is in the process of organizing a meeting to update partners and coordinate support for the operation.</p> <p>The Singapore Red Cross has pledged USD 50,000 (SD 69,000) to support PMI's emergency operation. Contribution from the Singapore Red Cross is not included in this DREF operation.</p>

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<p>Responding to the situation and needs, the affected region has declared emergency period for Cianjur district starting from 21 November - 22 December 2022.</p> <p>In order to speed up the emergency response, BNPB has deployed Rapid Reaction Team ('Tim Reaksi Cepat' or TRC) and logistical assistance to the affected locations, including 'Sembako' ('Sembilan Bahan Pokok' or nine basic</p>

food materials) worth IDR 500 million (approximately CHF 32,000).

BNPB is allocating ready-to-use fund for Cianjur District, amounting IDR 1 billion (approximately CHF 64,500) to activate the post-Command Center, while the assessment for the full of extent of damage is still ongoing. At the same time, BNPB will provide assistance to BPBD in setting up public kitchens.

**UN or other actors**

National Cluster of Displacement and Protection (Klasnas PP) chaired by Ministry of Social Affairs and UN-OCHA informed that at least 37 national organizations/civil society organizations are working in the affected area to respond to the disaster.

PMI will ensure close coordination and cooperation with the local government authorities and available humanitarian and civil society organizations in providing relief assistance to affected population, to avoid duplications and improve synergies.

**Are there major coordination mechanisms in place?**

1. Humanitarian Country Coordination: Led by OCHA, and the composition includes representatives from UN agencies, IOM, international NGOs, the Red Cross Red Crescent Movement. IFRC is playing the role as convener for Shelter Coordinator.
2. National Cluster System: Movement of Indonesia has established eight national cluster. PMI is an active member of cluster Health, and Protection and Displacement (sub-cluster of: CVA, Shelter, WASH and PGI).
3. Emergency Response Command Post at district level is led by BPBD Cianjur (Disaster Management Agency of Cianjur district) with close assistance from EOC staff of BNPB. The role of Command Post is to coordinate the emergency response of government partners, including PMI, international NGOs, and Civil Society Organizations (CSOs).

# Needs (Gaps) Identified



## Water, Sanitation And Hygiene

While damage and needs assessments are still ongoing, based on initial reports, it is clear that water supplies, public facilities and houses have been damaged. Considering the intensity of the earthquake, the number of people that have been displaced is 59,061 and the initial reports regarding damage, there are likely to be large scale needs for water and sanitation facilities in the affected areas. Access to clean water will be essential in the coming weeks as the main water supplies are being fixed. Access to sanitation and hygiene materials will also be essential, particularly in evacuation centres where the risk of COVID-19 and spread of other communicable diseases will be high. Hygiene promotion in evacuation centres will also be a key need.

Based on organization mapping provided by the Indonesian Disaster management agency (BNPB), updated on 26 November 2022, 166 organizations are working on the ground covering 14 sectors. There are 14 organizations with 506 personnel, including the central government department of Public Works and housing, working in the Sanitation sector. Thus, the needs in the sanitation sector are covered, and to avoid overlapping, PMI planned to construct or rehabilitate communal latrines for the affected population that is not taking shelter in evacuation centres. PMI will also mobilize the community to conduct environmental sanitation activities like debris cleaning.



## Health

The earthquake produced massive amounts of disaster waste, which included a mixture of soil and sediments, building rubble, fallen trees, fishing boats, municipal waste, hazardous materials, as well as human and animal remains. Water supply remains one of the major needs for the affected people. Skin conditions, diarrhea, fever, influenza-like illnesses (ILI) and injuries are the most common cases seen in health facilities. Acute Flaccid Paralysis (AFP), Measles, diarrheal diseases, including acute watery diarrhea, jaundice, haemorrhagic fever, and malaria are all potential outbreak diseases. Water-borne diseases and vector-borne diseases (malaria, dengue, and chikungunya) are expected to increase, especially as rains are expected in the coming weeks. Mapping the targeted high-risk areas for public health emergency interventions will be critical in the coming days. This activity will be coordinated with actors in the activated local health cluster, including the Provincial Health Office (PHO)/District Health Office (DHO) and community health centre ('Pusat Kesehatan Masyarakat' or Puskesmas).

Earthquakes have a high mortality rate due to severe stress reactions, wounds and injuries, which will be numerous due to the earthquake's initial impact and subsequent rescue and clean-up activities. Surgical needs are critical in the first few days and weeks. The majority of those injured are likely to have minor cuts and bruises, while a smaller percentage will suffer from simple fractures, and a minority (but a significant number) will have serious multiple fractures or internal injuries, as well as crush syndrome, requiring surgery and other intensive treatment. These serious injuries are likely to overwhelm existing treatment capabilities, resulting in further treatment delays. The risk of wound infection and tetanus is high due to the difficulties with immediate access to health facilities and delayed presentation of acute injuries.

Some survivors are displaying signs of severe stress reactions, with several apprehensive of going indoors for fear of aftershocks. The intensity of damage and need for psychosocial support (PSS) is huge, especially given that many people may be displaced for an extended period of time. Generally, people are concerned about basic necessities, such as food, water, and shelter. Health workers have suffered from severe stress reactions and are in need of psychological first aid and PSS. There is a need to provide PSS in affected communities.

For the estimation of COVID-19 new cases and fatalities, the main hypothesis is that the homeless population will be particularly vulnerable to infection due to their inability to comply with safety regulations. Some of the factors could include the inability to maintain proper physical distancing during temporary housing, lack of protective equipment caused by the disruption of supply chains, or the need to use healthcare facilities due to injuries, which

might be overwhelmed and unable to maintain all safety measures. It is noted that during new cases simulation, both the uncertainty in the estimation of the displaced population and the Rt factor are propagated, leading to hundreds of simulations of new COVID-19 cases.



## Shelter Housing And Settlements

Affected community who have lost their houses will have to remain at the evacuation centres for an uncertain period in poor conditions. While assistance is generally provided to them in the centres, those affected still need some specific basic needs, such as special foods for children, basic living and cooking utensils, school/education equipment for their children, family and personal hygiene material, communication, and other PSS that are not always available through the assistance provided. Through multi-purpose cash grant (MPCG), community could maximize the opportunity to prioritize their needs while maintaining their dignity.



## Multi purpose cash grants

For affected people who will have to remain at the evacuation centers for an uncertain period, PMI will provide them with MPCG assistance, which will cover education, health, gender-based violence (GBV) prevention, services, and PSS, shelter, utilities, WASH, transportation, and communications. The MPCG allows the community to prioritize their needs while maintaining their dignity.



## Community Engagement And Accountability

The CEA strategy for the operation, as well as setting up community participation, two-way communication, and establish feedback mechanisms for the affected population are critical. Inclusion and protection in the community feedback will be applied by integrating sensitive feedback referral pathways (including sexual exploitation, abuse, GBV, and child abuse cases), working with PGI focal point and ensuring vulnerable groups have access to the feedback channels throughout the operation, including during assessment.



## Protection, Gender And Inclusion

There is potential increase in GBV as frustrations are amplified as a result of perceptions of insufficient or slow assistance reaching the affected community. In addition, the lack of information available to the population, mainly due to the destruction or disruption of communication and power lines, resulted in the emergence of rumours stoked by fear and uncertainty in the early days following the initial earthquake.

PGI will be mainstreamed in all sectoral intervention for the response. Currently, the PGI needs assessment is still ongoing to determine the needs of accessibility of all services by people with disabilities, the elderly and other target group identified, as well as adequate lighting, privacy, separate bathing areas and latrines for men and women, and safe spaces for children to play at the evacuation centres.

Based on lessons learned from recent operations and global standards, men and women experience disaster differently. Women, the elderly, people with disabilities and children usually stay in camps/evacuation centres longer, and women/girls shoulder more of the responsibility for household clean up. A large proportion of the targeted households are displaced, which puts these families, particularly women and children, at higher risk of sexual and GBV as multiple households live in close proximity and are under pressure from reduced financial resources. The households located in the evacuation centres are at high risk in this respect.

IFRC CCD will support PMI to undertake an assessment of PGI needs with consideration of issues such as accessibility of all services by people with disabilities and the elderly, adequate lighting, privacy, separate bathing areas and latrines for men and women and safe spaces for children to play. In addition, the PGI team will also support the different technical teams to mainstream PGI in their respective responses by taking into consideration Dignity, Access, Participation and Safety (DAPS) in their respective response plans. The operation will be adjusted based on the outcomes of this assessment to address needs, and where appropriate, other agencies will be engaged to help address the identified needs.

## Operational Strategy

### Overall objective of the operation

The main objective of this DREF operation is to provide targeted support to 7,000 households (25,900 people) directly impacted by the earthquake to meet their immediate needs in the areas of Shelter, Health, WASH, and multipurpose cash assistance, while mainstreaming PGI in all sectoral interventions.

### Operation strategy rationale

With implementing this DREF operation, PMI will support families and communities affected by the earthquake to re-establish their lives through coordinated and integrated efforts with government and other key stakeholders in the affected areas. This operation aims to build back more resilient communities and re-establish affected local markets, while taking into account the sustainability of social and environmental context of the areas. While assessments are still ongoing, to start with response, PMI will provide 1,000 most vulnerable and most affected households with shelter repair assistance (cash-based intervention). PMI will also provide additional 1,000 households with multipurpose cash assistance to improve their purchasing power and to enable them to meet their immediate basic needs. Field implementation will continue with emergency health, WASH, and community-based disaster risk reduction (DRR) and climate change adaptation (CCA). PGI and CEA will be fully mainstreamed and integrated to the operation. In total, 7,000 households (25,900 individuals) will directly be reached under this operation.

Emergency shelter: 1,000 households will be supported to protect themselves from danger, suffering, and exploitation. With activities under this sector, PMI will support the community's efforts to build or fix their emergency shelter, most probably through cash and voucher assistance (CVA) approach. Safe shelter information will be disseminated to the community through IEC materials and during community meetings. The transfer value for shelter repair package will be IDR 3,860,532 (approximately CHF 233). This is the Shelter Cluster's recommended amount and validated by the National Cash Working Group (NCWG). In the inception phase of the operation, PMI will cross check the market value and will inform if any change/adjustment is required to the transfer value.

Multipurpose cash assistance: additional 1,000 most vulnerable and most affected households will be selected to receive multipurpose cash assistance. The CVA approach provides flexibility and will enable affected population to purchase the most required items. The transfer value for each family is IDR 1,600,500 (approximately CHF 100), which is 50 percent of minimum expenditure basket (MEB) recommended by the NCWG. PT PoS Indonesia, PMI's main Financial Service Provider (FSP), will be engaged to support cash distribution under this operation.

Health and WASH: implementation of activities under Health and WASH sectors will benefit 7,000 households directly targeted under this operation. The strategy for health and WASH sectors entails the consolidation of preventive, promotive and curative services, based on the IFRC and PMI minimum standards and technical tools, national standards for clinical care, and primary health care services as defined by the Government of Indonesia and in integration with other sectors/areas such as shelter and settlements, PGI, and CEA. The availability, delivery and quality of care through the rehabilitation of health services and continuous capacity building of PMI staff and volunteers and affected MOH health workers are critical to ensure the sustainability of services. At this point of time, detailed information on reproductive health topics is still lacking. As mentioned earlier, needs assessment in affected

communities is still progressing. More information on health needs will be available once the needs assessment is completed.

Overall, PMI will continue to actively participate in cluster coordination meetings with government and other humanitarian actors to synergize their operations and avoid duplication and overlapping of efforts, with the support of IFRC.

## Targeting Strategy

### Who will be targeted through this operation?

The operation aims to support the needs of 7,000 households (25,900 people) directly impacted by the earthquake in Cianjur district, West Java Province, which have been most heavily impacted by the earthquake.

### Explain the selection criteria for the targeted population

The mandatory selection criteria will be households severely affected by the earthquake. PMI with support from the local community elders will conduct rapid beneficiary assessment to identify the target households. In addition, to ensure that interventions are aligned with both PMI and IFRC minimum standards for PGI in emergency programming, PMI will apply the following vulnerability criteria. Each beneficiary household, who will benefit from the services of this operation, must at least meet one of the following vulnerability criteria:

- Families who have been displaced.
- Pregnant or lactating women.
- Female-headed households.
- Elderly people who live by themselves.
- Families caring for people with disabilities.

## Total Targeted Population

Women:	7,770	Rural %	Urban %
Girls (under 18):	5,180	0.00 %	0.00 %
Men:	7,770	People with disabilities (estimated %)	
Boys (under 18):	5,180	8.00 %	
Total targeted population:	25,900		

## Risk and security considerations

### Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
PMI is currently managing the ongoing DREF operation, as well as the COVID-19 operation closure. With limited human resource capacity, there is a risk of difficulty to deploy someone experienced to support branches with the DREF implementation	<ul style="list-style-type: none"> <li>• PMI branches in Cianjur, and Sukabumi districts have already deployed staff and volunteers to the affected areas. These branches have good capacity to implement emergency operations.</li> <li>• Salary for short-term staffing needs for PMI has been factored into the budget and IFRC will be encouraging PMI to either recruit or relocate an experienced operations manager to support the branches with the implementation.</li> </ul>
Increase of COVID-19 cases in the evacuation centres	


	<ul style="list-style-type: none"> <li>• Adhere to 3M protocols – wearing masks, maintaining safe distancing, and handwashing in place.</li> <li>• Mask distribution in evacuation centers.</li> </ul>
Staff and volunteer health: risk of contracting COVID-19 through clinical and community-based activities in the response	<ul style="list-style-type: none"> <li>• Information and training for staff and volunteers</li> <li>• Providing personal protective equipment (PPE) and orientation on the proper use and disposal of PPE for all frontline volunteers and staff in high-risk affected areas.</li> <li>• Training on COVID-safe implementation for PMI staff and volunteers.</li> <li>• Minimize non-essential travel as written in the PMI and IFRC Business Continuity Plan (BCP).</li> </ul>
More weather disturbances will impact the same geographical areas causing increased flooding and landslides.	<ul style="list-style-type: none"> <li>• Continuous monitoring of weather systems and contingency planning with PMI branches in the affected areas so that activities can be initiated as quickly as possible to lessen the impact possible flood conditions.</li> <li>• Expand the operation under a response plan, with the inclusion of additional emergency response activities.</li> </ul>
Access restriction.	<ul style="list-style-type: none"> <li>• Keep donors and the stakeholders informed on the challenges and potential operational delays.</li> </ul>
Reputation damage that may be incurred through misinformation or other means.	<ul style="list-style-type: none"> <li>• PMI activity planning to involve greater collaboration with communities.</li> <li>• PMI to monitor community perceptions of its operation and address any issues accordingly.</li> <li>• PMI remains vigilant for any activity, including communication, that may breach operational protocols.</li> <li>• Ensure all volunteers and staff understand Red Cross principles, values and guidelines and operationalize them through their activities.</li> </ul>

**Please indicate any security and safety concerns for this operation**

There's a risk of volunteers and vehicles carrying logistical assistance being intercepted by the community in disaster affected locations, which is due to uneven distribution of humanitarian aid. In addition, communities who have left their houses in fear of aftershocks and evacuated to safer places are at risks of burglary and housebreaking. The Cianjur Regional Police conduct regular patrols to prevent such potential criminal acts. The identified safety and security threats are not likely to significantly affect the ability of Red Cross personnel to implement planned activities. The risk of disease transmission is higher with the mobilization of people. The key potential risks to Red Cross Personnel are road safety incidents, earthquakes, petty crime, and health risks. There is always a latent threat of incidents occurring due to recipient dissatisfaction. Proactive security measures are in place and team leaders are aware of the mitigating measures to be taken to avoid such risks.

Ongoing risk mitigation measures such as safety and protection equipment, field movement tracking and communication tools will be updated as required to reduce potential incidents. Volunteers and staff engaged in the operation will be required to adhere to the appropriate security measures. The National Society's security framework will be applied throughout the duration of the operation to their staff and volunteers. For personnel under IFRC security's responsibility, including surge support and integrated PNS deployed to the area, the existing IFRC country security framework will apply. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses. It is noted that when military and/or other security actors are present in the same humanitarian space, the guidance in the Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance 2013 Section 6 – Relations with Public Authorities: Civil-Military Coordination and the IFRC Stay Safe – Guide to a Safer Mission will be applied. Operations and programme managers/coordinators will adhere to the IFRC Stay Safe – Guide to Managers in Chapter 5 – Working with the military to ensure principled humanitarian action.

# Planned Intervention

	<b>Shelter Housing And Settlements</b>	<b>Budget</b>	CHF 267,351
		<b>Targeted Persons</b>	3700
<b>Indicators</b>		<b>Target</b>	
# of households provided with CVA assistance for shelter repairs or construction		1000	
<b>Priority Actions:</b>		<ol style="list-style-type: none"> <li>1. Assessment of shelter needs, capacities and gaps.</li> <li>2. Identification and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response.</li> <li>3. Identification of the appropriate modality of support for each caseload.</li> <li>4. Identification of community participation modalities in programme design and implementation.</li> <li>5. Coordination with other relevant sectors for integrated programming.</li> <li>6. Coordination with government and other stakeholders.</li> <li>7. Analysis of the local market to identify availability/access to shelter tools and materials.</li> <li>8. Distribution of the shelter tool and materials items to the affected population using CVA approach.</li> <li>9. Design and implementation of CVA (cash, vouchers, etc.) to meet the emergency shelter needs of the affected population.</li> <li>10. Monitoring of the use of distributed shelter tools and materials.</li> <li>11. Provision of support to the affected population on housing, land, and property (HLP) issues.</li> <li>12. Evaluation of the shelter support provided.</li> </ol>	

	<b>Multi-purpose Cash</b>	<b>Budget</b>	CHF 137,918
		<b>Targeted Persons</b>	3700
<b>Indicators</b>		<b>Target</b>	
# of households who successfully received cash for basic needs.		1000	
		<ol style="list-style-type: none"> <li>1. Identification and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response.</li> <li>2. Coordination with CVA national working group and other relevant sectors for integrated programming.</li> </ol>	


<b>Priority Actions:</b>	<ol style="list-style-type: none"> <li>3. Analysis of the local market to identify availability/access basic items.</li> <li>4. Design and implementation of CVA (cash, vouchers, etc.) to meet basic needs to the affected population.</li> <li>5. Coordination with PT Pos Indonesia to ensure their operational capacity in the affected areas.</li> <li>6. Distribution of CVA through PT Pos Indonesia.</li> <li>7. Monitoring of the use of assistance delivered using MPCG.</li> </ol>
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	<b>Health</b>	<b>Budget</b>	CHF 177,323
		<b>Targeted Persons</b>	18500

<b>Indicators</b>	<b>Target</b>
# of people reached with Health and hygiene promotion campaigns	18500
# of people reached by other NS health service delivery in emergencies	2000
# of people who receive mental health and psychosocial services in emergency situations from RCRC	3000
# of people reached with epidemic-related health promotion activities	3000


<b>Priority Actions:</b>	<ol style="list-style-type: none"> <li>1. Undertake detailed assessments to identify health needs, number/type/location of damaged health facilities and/or medical service gaps in target communities, in coordination with health authorities.</li> <li>2. Procurement and distribution of first aid kits.</li> <li>3. Provide first aid and medical service training to volunteers.</li> <li>4. Rapid deployment of mobile clinic, first aid and ambulance referral system, together with PMI Hospital in Bogor.</li> <li>5. Replenishment of medicines and consumables for medical services.</li> <li>6. Provide home-based care services at community as follow up medical rehabilitation,</li> <li>7. Rapid rollout of orientation in Epidemic Control for Volunteers (ECV),</li> <li>8. Identification and mobilize epidemic volunteers for integration into emergency response.</li> <li>9. CEA activities to promote community-based disease control and health promotion</li> <li>10. Identify and activate Community-based Health and First Aid (CBHFA) volunteers for emergency response.</li> <li>11. Health and hygiene promotion campaigns on prevention and control of common communicable diseases and other outbreaks.</li> <li>12. Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health promo-</li> </ol>
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tion.  
 13. Support Malaria prevention and/or treatment throughout the emergency phase.  
 14. Identification of and training for volunteers in PSS.  
 15. Provide PSS to people affected by the crisis/disaster, as well as PMI staff and volunteers.

	<b>Water, Sanitation And Hygiene</b>	<b>Budget</b>	CHF 132,731
		<b>Targeted Persons</b>	25900
<b>Indicators</b>		<b>Target</b>	
# of households received comprehensive hygiene kits		1000	
# of litres of safe water distributed through RCRC emergency water supply (cumulative).		1000000	
# of constructed communal/shared sanitation facilities by male/female		10	
# of people provided with sanitation facilities (this is more than excreta disposal)		200	
# of people reached by hygiene promotion		25900	
# of people provided with handwashing facilities		500	
# of water sources rehabilitated (wells with pumps, spring protection, community ponds with filtration)		2	
		<ol style="list-style-type: none"> <li>1. Conduct initial assessment of the water, sanitation, and hygiene situation in targeted communities</li> <li>2. Continuously monitor the water, sanitation, and hygiene situation in targeted communities</li> <li>3. Coordinate with other actors on target group needs and appropriate response.</li> <li>4. Provide safe water to 5,000 households in targeted communities through water trucking.</li> <li>5. Monitor use of water through household surveys and household water quality tests.</li> <li>6. Select design for toilets based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability.</li> <li>7. Construct or rehabilitate 10 toilets in 10 public facilities for 200 people</li> <li>8. Ensure toilets are clean and maintained through community</li> </ol>	


**Priority Actions:**

- mobilization
9. Equip toilets with handwashing facilities, anal cleansing material or water and menstrual hygiene disposals and ensure they remain functional.
  10. Carry out environmental sanitation activities in targeted communities.
  11. Conduct needs assessment: define hygiene issues and assess capacity to address the problem.
  12. Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).
  13. Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.
  14. Design/Print IEC materials
  15. Engage community on design and acceptability of water and sanitation facilities.
  16. Determine the needs for hygiene items, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.
  17. Distribute 500 hygiene kits, sufficient for 1 month to 2,000 people and them on the use.
  18. Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.
  19. Provide safe water to 2,000 people in targeted communities through pipeline rehabilitation.
  20. Train water committees in management of water supplies and operation and maintenance of infrastructure.

	<b>Environmental Sustainability</b>	<b>Budget</b>	CHF 6,923
		<b>Targeted Persons</b>	25900
<b>Indicators</b>		<b>Target</b>	
# of people reached with DRR messages		29500	
<b>Priority Actions:</b>		1. Development and implementation of community-based awareness rising activities (meetings, trainings, campaigns, IEC material, etc.).	


	<b>Protection, Gender And Inclusion</b>	<b>Budget</b>	CHF 17,040
		<b>Targeted Persons</b>	25900
<b>Indicators</b>		<b>Target</b>	
# of people reached by PGI services.		25900	
		300	

# of people trained on implementing the PGI Minimum Standards	
# of sectoral or PGI assessments conducted using the PGI Minimum Standards	4
<b>Priority Actions:</b>	<ol style="list-style-type: none"> <li>1. Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.</li> <li>2. Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning.</li> <li>3. Hold basic ½ day training with IFRC and NS staff and volunteers on the Minimum Standards (or integrate a session on Minimum Standards in standard/sectoral trainings).</li> <li>4. Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards).</li> <li>5. Use Minimum Standards as a guide to support sectoral teams to include child protection and measures to mitigate the risk of SGBV.</li> <li>6. Include messages on preventing and responding to SGBV in all community outreach activities.</li> <li>7. Ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard.</li> <li>8. Map and make accessible information on local referral systems for any child protection concerns.</li> <li>9. Volunteers, staff and contractors sign, are screened for, and are briefed on child protection policy/guidelines.</li> <li>10. Conduct Child Safeguarding Risk Analysis which will be followed by action plans.</li> </ol>

	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 6,390
		<b>Targeted Persons</b>	25900
<b>Indicators</b>		<b>Target</b>	
# of staff, volunteers and leadership trained on CEA (disaggregated by staff / volunteers / sex).		75	
% of complaints or feedback about the RCRC operation which receive a response		75	
<b>Priority Actions:</b>		<ol style="list-style-type: none"> <li>1. Conduct training or orientation on CEA to PMI Cianjur staff and volunteers in sectoral.</li> <li>2. Establish relationship with local radio station to conduct call-in radio talk show.</li> <li>3. Strengthen PMI Cianjur Hotline to receive and handling feedback from communities.</li> <li>4. Conduct CEA rapid assessment to affected people and ensure</li> </ol>	

the inclusion of vulnerable group.  
5. Recruit volunteers to manage feedback mechanism.

	<b>National Society Strengthening</b>	<b>Budget</b>	CHF 37,808
		<b>Targeted Persons</b>	300
<b>Indicators</b>		<b>Target</b>	
# of lessons learned workshop conducted		1	
# of volunteers provided with equipment for protection, safety and support (e.g. PSS).		300	
# of established in-country Movement Co-ordination mechanism		1	
<b>Priority Actions:</b>		<ol style="list-style-type: none"> <li>1. Provide volunteers with insurance.</li> <li>2. Provide volunteers with training/briefing on their roles and the risks they face; this is to include on the risk of COVID-19 and mitigation for personnel of PMI and community.</li> <li>3. Provide volunteers with PSS.</li> <li>4. Conduct activities on strengthening organizational capacities of the National Society (not related to any of Areas of Focus).</li> <li>5. Movement coordination, including Strengthening Movement Coordination and Cooperation (SMCC).</li> <li>6. Work on assessments, monitoring and evaluation activities, learning opportunities and reporting.</li> <li>7. Work on capacity building in resource mobilization.</li> </ol>	

	<b>Secretariat Services</b>	<b>Budget</b>	CHF 10,650
		<b>Targeted Persons</b>	
<b>Indicators</b>		<b>Target</b>	
% of financial reporting respecting IFRC procedures		100	
<b>Priority Actions:</b>		<ol style="list-style-type: none"> <li>1. Provide technical assistance to PMI team in implementation of Health, WASH, Shelter, Multipurpose Cash Assistance, PGI, and CEA activities.</li> <li>2. Conduct monitoring visits to implementation areas.</li> <li>3. Provide technical assistance to PMI team in development and implementation of post distribution monitoring activities.</li> <li>4. Provide technical assistance to PMI team in development and implementation of lessons learned events.</li> </ol>	

## About Support Services

### **How many staff and volunteers will be involved in this operation. Briefly describe their role.**

In total 300 volunteer and staffs will actively be supporting the operation. At the NHQ level, five dedicated staff will support the operation as Operation Manager, PMER, Finance and communications. While at the Provincial and branch level, there will be six volunteers acting as field coordinator, PMER and finance.

Currently, neighboring branch and chapter are mobilizing their volunteer to help Cianjur district to cope with the needs. In total, PMI has mobilized 280 volunteer and staff on the field.

### **If there is procurement, will it be done by National Society or IFRC?**

Yes. Procurement under the DREF operations will be shared between IFRC and PMI. Pipeline, water tanks, and other supporting items such as IEC material will be procured/produced locally by PMI. While medical equipment procurement will be led by IFRC. All procurement under the DREF operation will adhere to IFRC Procurement regulation.

### **How will this operation be monitored?**

This DREF operation will be led by PMI Cianjur with technical support from PMI West Java at the field level. PMI NHQ will maintain supervision and provide technical resources as needed monthly. IFRC in Jakarta, will also provide technical level (programmatic and support service) when requested. Monthly field visit will be arranged between PMI NHQ and IFRC to ensure proper monitoring is in place.

### **Please briefly explain the National Societies communication strategy for this operation.**

Bi-weekly coordination meeting and establishment of technical group (whatsapp group) will be set up to ensure constant communication between field and national level.

# Budget Overview



## DREF OPERATION

### MDRID025 - Indonesian Red Cross Society Cianjur Earthquake

#### Operating Budget

<b>Planned Operations</b>	<b>745,674</b>
Shelter and Basic Household Items	267,351
Livelihoods	0
Multi-purpose Cash	137,918
Health	177,323
Water, Sanitation & Hygiene	132,731
Protection, Gender and Inclusion	17,040
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6,390
Environmental Sustainability	6,923
<b>Enabling Approaches</b>	<b>48,458</b>
Coordination and Partnerships	0
Secretariat Services	10,650
National Society Strengthening	37,808
<b>TOTAL BUDGET</b>	<b>794,131</b>

*all amounts in Swiss Francs (CHF)*

# Contact Information

For further information, specifically related to this operation please contact:

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[Click here for the reference](#)