



<b>DREF operation n°</b> MDRID023	<b>Operation n°</b> MDRID023
<b>Date of Issue:</b> 21 December 2022	<b>Glide number:</b> <a href="#">VO-2021-000194-IDN</a>
<b>Operation start date:</b> 17 December 2021	<b>Operation end date:</b> 30 June 2022
<b>Host National Society:</b> Palang Merah Indonesia	<b>Operation budget:</b> CHF 325,368
<b>Number of people affected:</b> 10,965	<b>Number of people assisted:</b> 30,334
<p><b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> The Indonesian Red Cross Society (<i>Palang Merah Indonesia</i> – PMI) is Indonesia’s largest humanitarian organization. PMI works through 34 provincial chapters and 474 district branches covering all major cities and administrative districts across the country. PMI has approximately 1.5 million volunteers and supporters nationwide.</p>	
<p><b>Other partner organizations actively involved in the operation:</b> At the national level, government response was coordinated by the National Board for Disaster Management (<i>Badan Nasional Penanggulangan Bencana</i> – BNPB). On the field, the response is led by the Regional Disaster Management Agency (<i>Badan Penanggulangan Bencana Daerah</i> – BPBD) of East Java Province, Lumajang District and Malang District. Other government agencies involved include the National Search and Rescue Agency (<i>Badan SAR Nasional</i> – BASARNAS), the National Armed Forces (<i>Tentara Nasional Indonesia</i> – TNI), Regional Office of Social Affairs (<i>Dinas Sosial</i> – DINSOS), and the National Police (<i>Kepolisian Republik Indonesia</i> – POLRI). Besides government agencies, 448 non-government and community-based organization were also present on the field.</p>	

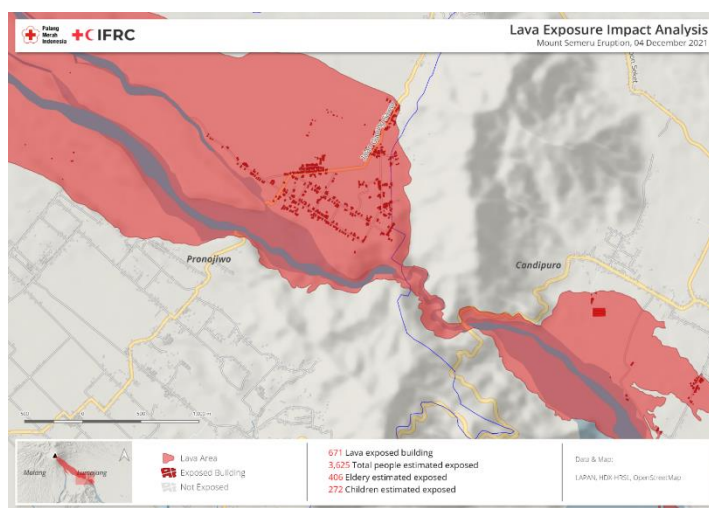
## A. SITUATION ANALYSIS

### Description of the disaster

On 4 December 2021, at 14.50 Western Indonesia Time (*Waktu Indonesia Barat* – WIB (GMT+7)), Mount Semeru Observation Post at Gunung Sawur Post reported flood lava vibrations or hot cloud avalanches of Mount Semeru, located on the border of Lumajang and Malang districts in East Java province.

The Indonesian Disaster Management Authority (BNPB) reported 27 people injured (18 severely and 9 mildly), 9 people missing, 62 fatalities and 9,417 people displaced to 125 evacuation locations. To cope with the situation, the regent of Lumajang declared emergency phase for the area from 4 to 18 December 2021, and later extended to 25 December 2021.

By 21 December 2021, a total of 125 evacuation centres had been identified in Lumajang district<sup>1</sup> that hosted flood-affected displaced households. Most of the evacuation centres were established in open spaces, but some public authorities’ offices and community centres also served as evacuation centres. BPBD managed all the evacuation centres.



Map of Mount Semeru lava flow and the affected communities in Pronojiwo Sub-district (Source: IFRC)

<sup>1</sup> Detailed organization can be accessed through the following link: <https://docs.google.com/spreadsheets/d/1AGFa0V59hsdSd0SeFqs80v-9-ofLHLPv/edit#gid=1830322517>

Most of the displaced households were from Pronojiwo and Candipuro sub-districts, which were in the path of the avalanche/cold lava flow. As the two sub-districts are in a disaster-prone area, the government did not allow communities of seven villages in the two districts to return to their houses. Instead, it was decided to provide them with permanent shelters along with supporting infrastructures as government compensation. A total of 1,951 permanent shelter units were constructed and occupied by the community.

## Summary of response

### Overview of Operating National Society

PMI headquarters (HQ) dispatched the following logistical support in response to the situation:

- 300 hygiene kits (bath soap, washing soap, shampoo, toothpaste and toothbrush, tampons, towel and a container box).
- 300 family kits (bath soap, washing soap, shampoo, toothpaste and toothbrush, towel, dish soap, water dipper, plastic plate and cup, stainless eating utensil, candles, table mop, flip flop, sarong, garbage bag and a container).
- 20,000 pieces of cloth face masks, 50,000 pieces of surgical masks, 9,600 face masks for children, and 200 face shields.
- 100 mattresses and 300 blankets.
- 300 tarpaulins, 6 emergency tents, and 350 clothes.
- 10 portable latrines and 11 water trucks.
- 2 Hagglands All-Terrain Vehicles (ATV) to support search and rescue efforts.
- Emergency response operational funds in the amount of IDR 100,000,000 and procuring 100 units of water tank locally and mobilized 1 technical staff to support PMI Lumajang district.



PMI mobilized Hagglands to support search and evacuation activities. (Photo: PMI NHQ)

### PMI East Java Province and Branches response

PMI Lumajang, Malang and Blitar district response teams were on the ground since the day of the eruption to conduct assessments, support evacuation efforts and deploy field kitchens. In the first few weeks, PMI focussed all their activities and services at the evacuation centres. As there were more than 125 evacuation centres identified on the field, PMI had to divide their response teams into smaller teams so they could reach and provide extensive support. In total, PMI mobilized 191 personnel (including 165 volunteers and 26 staff) along with 32 operational equipment, 1 pickup truck, 4 logistical trucks, 10 water trucks, 5 field kitchens, 4 ambulances, 1 emergency warehouse and 1 command post to respond to the situation.

Services provided to the affected communities included, needs assessment, household and food items distribution, first-aid and basic health services (including distribution of facemasks), psychosocial support, provision of water (water trucking activity) and distribution of 1,272,434 litres of safe water, distribution of water containers, distribution

of hygiene kits, hygiene promotion, provision of meal packages (field kitchen) and construction of emergency shelters.

### Overview of Red Cross Red Crescent Movement in country

IFRC Country Cluster Delegation (CCD) for Indonesia and Timor-Leste consists of a head of CCD and technical capacities in disaster management, shelter, health, water, sanitation, and hygiene (WASH), national society development, communication, community engagement and accountability (CEA), support services in finance, human resources, administration and security.

The Participating National Societies (PNS) present in country include the American Red Cross, Japanese Red Cross Society, Turkish Red Crescent, and Qatari Red Crescent. The International Committee of the Red Cross (ICRC) is also present in the country to offer its services where required.

For implementing the activities planned under this DREF operation, IFRC provided project management and technical assistance to PMI teams. IFRC in-country technical teams (disaster risk management; protection, gender, and inclusion (PGI); CEA; health; WASH; and shelter) also participated with PMI teams in monitoring visits to the fields to provide technical assistance (where needed) and to monitor field implementation.

### Overview of non-RCRC actors in country

Led by BNPB, the public departments provided relief and early recovery assistance to the affected populations. Some of the relief assistance included 1,347 food and side dishes package, 2,000 blankets, 900 mattresses, 20,000 facemasks (type KF 94) and 2 emergency tents<sup>2</sup>. Around 1,951 households, whose houses were completely damaged, were relocated and provided with shelter construction supports by Ministry of Public Work and Housing. The rest (with houses partially damaged) was provided with shelter repair assistance.

## Needs analysis and scenario planning

Needs analysis findings/situation		
Sector	Initial assessment	Post-emergency assessment
Shelter and displacement	<ul style="list-style-type: none"> <li>Volcanic ash and cold lava swept houses in Pronojiwo and Candipuro districts. In total, more than 2,000 unit houses were destroyed and heavily damaged by the volcanic ash and cold lava</li> <li>Displaced households moved directly to safer evacuation centres such as sports arenas and community centres and to temporary tent sites set up by Government and on public lands (schools).</li> <li>Immediate needs identified at evacuation centres such as:               <ul style="list-style-type: none"> <li>Family kits</li> <li>Blankets</li> <li>Sleeping mats</li> <li>Baby kits</li> </ul> </li> <li>After an in-depth review, BNPB considered Pronojiwo and Candipuro as red zone areas or highly prone disaster areas. This was based from that the two districts were located in the direction of volcanic ash blown and cold lava flow. Therefore, the community in Pronojiwo and Candipuro will be reallocated to safer areas.</li> <li>No temporary shelter planned by the government created a shelter gap as displaced households had to remain at emergency shelters for an uncertain period</li> <li>The government planned to provide IDR 600,000 or CHF 40 as shelter compensation.</li> </ul>	<ul style="list-style-type: none"> <li>PMI Lumajang with the support of neighbouring PMI branches constructed 69 temporary shelters at the reallocation location. However, the government's instruction was to stop any temporary shelter as the temporary shelter does not serve as a sustainable solution for the affected household. Therefore, PMI stopped the activity and did not continue providing temporary shelter to the community.</li> <li>In total, 1,951 households were reallocated to safer locations. Each of the households will receive permanent shelter constructed by the government.</li> <li>The government took responsibility to construct all of the permanent shelters and supporting facilities such as praying houses, roads, electricity, etc. However, other non-government organizations were welcomed to fill any gap identified in the field</li> <li>At a later stage, shelter compensation funds were shifted to income-generation activities. The funds were distributed to Lumajang regent from the central government to ensure the support can be used as locally as possible. This will be elaborated in the Livelihood section.</li> <li>As of reporting date, construction for the reallocation area is still in progress.</li> </ul>

<sup>2</sup> BNPB official twitter page: [https://twitter.com/BNPB\\_Indonesia/status/1467326609233354754](https://twitter.com/BNPB_Indonesia/status/1467326609233354754). Published: 10 December 2021.

<b>WASH</b>	<ul style="list-style-type: none"> <li>• Water supply lines have been disrupted and wells are contaminated and cannot be used, so the communities need a temporary solution to access clean water.</li> <li>• Almost all the evacuation centres are not equipped with sufficient shelter facilities, adequate water or latrines. Temporary water supply is required at transitional settlements where families have been relocated as well as sanitation facilities as the number that is there is insufficient (meeting Sphere standards).</li> <li>• A temporary solution for water supplies and sanitation is required for the families living in transitional shelters waiting for the construction of permanent homes.</li> <li>• Lost hygiene items have increased the risk of illness, and reminders of good hygiene practices could ensure the health conditions of affected households. PMI provided and distributed Hygiene kits to the affected household.</li> </ul>	<ul style="list-style-type: none"> <li>• Along with the reallocation plan, Lumajang regent identified that there was a gap in the WASH sector, especially in Wonorenggo and Wonoagung sub-village in Sumbermujur village, Candipuro district as no organization or government authority has the capacity to provide water to the location.</li> <li>• After coordinating with PMI representatives (PMI NHQ, PMI East Java Province and PMI Lumajang), the Regent of Lumajang requested PMI to fill the gap by constructing a pipeline construction to Wonorenggo and Wonoagung sub-village</li> <li>• All permits and land clearing were done by the Lumajang regent office. PMI with the support from volunteers, CBAT and active community engagement constructed the water reservoir and pipeline.</li> <li>• PMI finished the construction of a 7.5 km long water pipeline and water reservoir linking the two sub-village with new water resources.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• People are anxious and scared as the eruption happened suddenly (Semeru was at level-2 prior to the eruption). PSS is essential.</li> <li>• Affected families had access to essential health services as various governmental and non-governmental organizations provided health services in the evacuation area.</li> <li>• PMI capacity to respond with immediate evacuation and first aid was very appreciated, but not available throughout the affected area due to limited capacity and to avoid any duplication.</li> <li>• Respiratory diseases are a serious concern as volcanic ashes covered a lot of ground and can be inhaled by the affected community. Facemasks are essential to reduce the risk of respiratory disease.</li> </ul>	<ul style="list-style-type: none"> <li>• As the situation kept improving, the community who are displaced were advised to go to neighboring available health facilities as Candipuro and Pronojiwo are not operating due to the risk of follow-up eruption or cold lava flows.</li> <li>• PSS sessions continued provided in the evacuation centre. Various local organizations especially academics or university organizations actively provided services to children and adults</li> <li>• PMI continued distributing facemasks at the evacuation centre as a prevention measure for respiratory disease</li> </ul>
<b>Livelihood and basic needs</b>	<ul style="list-style-type: none"> <li>• Affected households lost or had their assets destroyed and damaged by the volcanic ashes and cold lava flow.</li> <li>• Farmers saw crops which failed due to contamination, debris or wiped, as volcanic ashes covered their fields.</li> <li>• Displaced households in evacuation centres need assistance to meet basic needs due to limited facilities provided or available within the evacuation centre</li> <li>• PMI planned to distribute the multi-cash grant to address immediate livelihood needs at the evacuation centre or at the reallocation zone</li> </ul>	<ul style="list-style-type: none"> <li>• Government support for shelter compensation was transferred to Lumajang regent as technical lead to distribute the funds.</li> <li>• After a series of coordination with the regent, PMI has broadened their cash intervention to address multi-purpose needs as livelihood support will be provided by the government.</li> <li>• Along with the plan, PMI also targeted more beneficiaries from 500 households to 2,000 households by adjusting the total budget with the MEB. By the end of the programme, PMI has reached 1,650 households with multi-purpose cash grants.</li> </ul>
<b>PGI</b>	<ul style="list-style-type: none"> <li>• Opportunities to strengthen the integration of PGI into all aspects of programming and the within the PMI structure.</li> </ul>	<ul style="list-style-type: none"> <li>• PMI ensured PGI aspect was implemented throughout the operation, especially in the livelihood sector. PMI consulted with the government and the communities about the purpose of the activity was to target the most vulnerable household including when beneficiaries list finalized</li> </ul>

### Risk Analysis

The operation experienced no major risks or challenges that could have hampered field implementation. All activities were carried out as planned.

## B. OPERATIONAL STRATEGY

### Proposed strategy


In the initial phase of the operation, PMI focused on the immediate health and protection needs of displaced households in evacuation centres. This included **a)** deployment of mobile clinics to provide first aid and basic medical services, **b)** distribution of emergency shelters and essential household items (587 family kits, 542 mattresses, 623 blankets, and 349 tarpaulins), and **c)** providing hygiene kits.

At the community level, PMI provided additional trained and qualified health personnel to community health centres. Health awareness sessions were conducted, whilst ensuring all the participants practised COVID-19 prevention measures. Psychosocial support was also provided to children, elderly people, and the broader community members. CEA was fully considered and integrated across the sectors ensuring all community groups (women, men, children, and displaced households) were consulted and engaged in a quality manner during the entire implementation period and that they could share their thoughts, questions, and suggestions with PMI response teams meaningfully.

To ensure the affected communities had access to water, the local public departments through its water-supply agency (PDAM) continued their water trucking activities. At the evacuation centres, PMI distributed hygiene kits to ensure appropriate hygiene levels with complementary hygiene promotion on how to utilize the hygiene kit. At the relocation area, PMI constructed a 7.5 km pipeline along with water reservoir facilities at Wonorengo and Wonoagung villages. Pipeline construction activities were based on the needs identified via coordination meetings held with local public departments.

Considering the needs of affected communities (informed by detailed needs assessment) and the request received from local public departments, PMI increased the target for distributing multipurpose cash assistance from 500 households to 1,650 households who received one-off cash assistance. During implementation, no significant commodity price fluctuation was noticed in the local markets and the supply chains were not disrupted. In addition, the financial service providers such as banks and postal service providers also remained available in target locations. The most common service providers being used by community members are *Bank Rakyat Indonesia* and Indonesia Postal Service (mentioned by 70 per cent sample interviewed in the assessment).

## C. DETAILED OPERATIONAL PLAN

	<p><b>Shelter</b></p> <p><b>People reached: 2,935</b></p> <p>Male: 1,497</p> <p>Female: 1,438</p>	
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
<i># of people reached with safe and adequate shelter and settlement assistance</i>	2,500	2,935
<b>Narrative description of achievements</b>		
<p>At the evacuation centres, PMI continued addressing the needs by establishing a field kitchen to provide ready-meal packages to the evacuated community. Initially, this DREF operation did not cover food material procurement as various donors donated a lot of food items and materials. However, as ready meal packages remain needed in the emergency phase, PMI continued their field kitchen operations to cater for these needs and food items were charged to the DREF operation. All these donations were then cooked at the field kitchen provided by PMI and BPBD. PMI kept the field kitchens that operated at the evacuation centres located in Candipuro and Pronojiwo districts. By the end of the emergency phase, PMI had produced 100,822 meal packages (which did not include ready-to-eat packages) at the evacuation centres and served 20,164 people.</p> <p>As well as food donations, PMI also received various in-kind donations from local donors or from neighbouring PMI branches. PMI actually reached and distributed more household items than planned. This was due to the number of donations received from local and neighbouring donors. All household items were distributed at the evacuation centres in Pronojiwo and Candipuro districts. By the end of the emergency phase, PMI managed to reach 587 households or 2,935 people (male - 1,497 and female - 1,438). Please refer below for detailed household items distributed to the affected household.</p>		

Items	East Java	
	Target	Actual
Family Kits	300	587
Sleeping Mat	100	542
Blankets	300	623
Tarpaulins	300	349

PMI branches also constructed 50 temporary shelters using their resource of funding and material. The provided temporary shelters were occupied by 50 households while permanent shelters were being constructed by the government. As mentioned previously, the government of Indonesia instructed all organizations that will provide temporary shelter to stop the activity as all shelter efforts should be focused on the long-term solution or permanent shelter. Thus, even though temporary shelter needs remain in the field, PMI did not continue constructing more temporary shelters for the affected community. As a result, the displaced community had to remain at the evacuation centres or had to move in with their relatives or neighbour.



Construction of a temporary shelter in progress. (Photo: PMI East Java)

In total 1,951 permanent shelters were constructed by the Ministry of Public Works and Housing. Even though all permanent shelters were constructed, only 300 units have been occupied by affected households. This is because not all of the permanent shelters are equipped with electricity and/or water management system yet (as per July report, 88.7 per cent are equipped with adequate electricity and water management system) and works are still ongoing. Each of the permanent shelters is built on a 10x14 metre plot of land and has a 6x6 metre building. The design was decided upon after extensive coordination between the community, National Shelter Cluster, and PUPR.

### Challenges

- Access to the affected area was a major challenge in the emergency phase since volcanic ash, debris or mud covered all main roads and bridges were unsafe to cross. As search and rescue efforts concluded, no further activities were carried out at Candipuro and Pronojiwo as the areas were considered disaster-prone. However, eruption, heavy rainfall and the risk of flash floods were the main safety concern on the field. To access Candipuro and Pronojiwo, Hagglands ATV was one of the effective means of transportation.
- Due to the amount of in-kind and food donations at the evacuation centres, PMI had to rely on BPBD data and closely coordinate to avoid any duplication and overlapping of support. Bi-weekly meetings were scheduled with BPBD to ensure updated data or information on the field.
- Amount of people staying at evacuation centres kept on fluctuating since, during the day, evacuees would go to their neighbours or relatives' houses to carry out their daily routine (cooking, taking a bath, or washing clothes) and by night they would return to the evacuation centre.
- The government stopped all temporary shelter construction and did not recommend other stakeholders provide temporary shelter. This impacted PMI intervention as it started to construct and provide temporary shelter by the time the decision was made.

## Lessons Learned

- Shortly after the eruption was reported and the emergency phase was declared, neighbouring PMI chapters mobilized their resources to support PMI Lumajang to cope with the situation and needs. Trained volunteers in shelter construction were mobilized to Lumajang to construct temporary shelters, and additional volunteers supported the field kitchens, etc. PMI coordinated within the organizations to help the affected branch to cope with the situations and needs. Furthermore, with additional resources, the affected areas can be reached as quickly as possible.
- Ensure good communication and coordination with the government, especially for temporary shelter construction activities. This is to ensure the planned intervention is aligned with the government plan for the community.



## Livelihoods and basic needs

People reached: 8,250

Male: 4,208

Female: 4,042

### Indicators:

Target

Actual

# of households received multipurpose cash assistance.

500

1,650

### Narrative description of achievements

Initially, a multi-purpose cash grant was planned to address the immediate needs of the displaced households at the evacuation centres. Based on the initial assessment, PMI targeted 500 households with IDR 1,335,000 or CHF 89 that could cover 44 per cent of the MEB that was planned to happen in three tranches. However, at a later stage, after coordinating with Lumajang regent, PMI shifted their plan to complement the Lumajang support plan for the affected community.

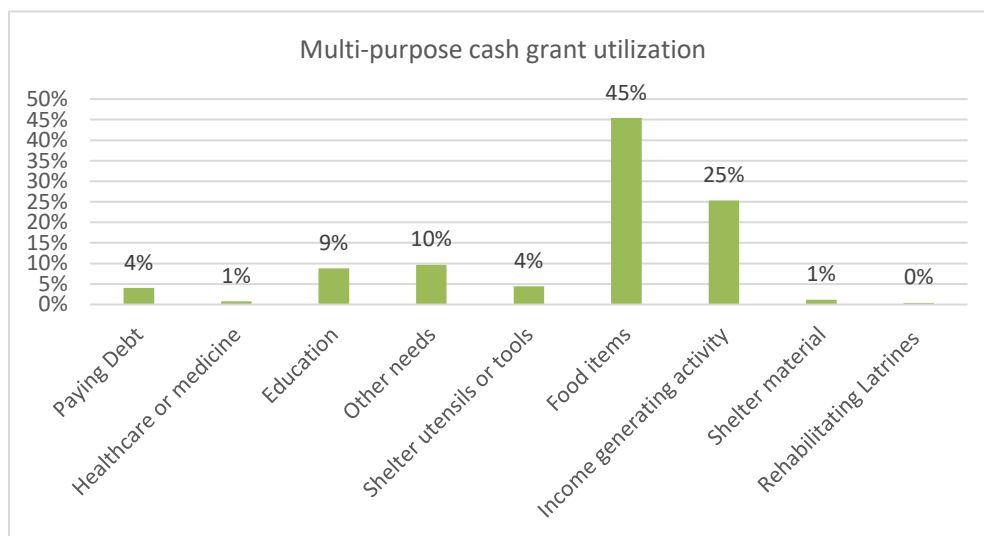
Following the rapid assessments in the initial days after the disaster, PMI with technical support from IFRC CCD teams carried out more detailed needs assessments. The findings informed a greater need for multipurpose cash assistance. In addition, the local public departments also requested PMI to distribute cash assistance to a greater number of households than 500. To this end, PMI, in consultation with the IFRC DREF team, revised the target for multipurpose cash assistance to 1,951 households. Hence, under this DREF operation, in total, 1,650 households received multipurpose cash assistance from PMI.

The following bullet points provide a summary of activities implemented under this Area of Intervention:

- **Socialization:** PMI conducted four socialization events in five sub-villages namely Kamar Kajang, North Kebondeli, Curahbobokan, Kajarkuning and Summersari. Material or topics discussed in the session were the purpose of the support, beneficiaries' criteria, implementation timeline and flows and hotline for feedback mechanism
- **Registration:** Secondary data was provided by the Lumajang authority. Initially, there were 1,650 households registered as beneficiaries. The figures were the same figures of households that will be reallocated or receive permanent shelter. PMI re-registered the beneficiaries and collected additional information such as family members, occupation, income and expenditure per month etc. Registration took place at the sub-village authority office involving community representatives. The CEA team was mobilized to ensure any issues or complaints were addressed accordingly through face-to-face discussions or phone calls.
- **Verification:** Based on the registration and beneficiary list analysis, PMI managed to verify and identify 1,650 households that correspond with PMI beneficiary vulnerability selection criteria. Again, PMI published the final beneficiaries to maintain transparency of the beneficiary selection process to the community. As soon as the beneficiary list was approved by the community, PMI consulted the final list to the Lumajang district for their final endorsement before all the data was registered into the PMI CBI ranger application (PMI beneficiary data management system).
- **Distribution** of cash grant was done through the Indonesia Pos money order service. By the time distribution took place, PMI has signed a 2-year framework agreement with the Indonesian Postal Service especially for cash disbursement through the money order mechanism. The distribution process took place in June, with the distribution kick-off being opened by the Lumajang secretary, Pos Indonesia director, IFRC CCD Head of Delegation and PMI Secretary General at Lumajang office building. The encashment process took

place at three encashment points in parallel supported by Pos Indonesia. To ensure crowd control and to adhere to Covid-19 social-distancing policy, distribution and encashment were done in a scheduled manner.

- **Evaluation:** Post distribution monitoring (PDM) activity was conducted targeting 25 per cent of total beneficiaries or 414 samples (male - 248 and female-166). Out of the 166 female samples, 54 of the samples (13 per cent) were female-headed households. Based on the PDM report, CVA support was mainly used for the following:
  - Food items such as rice, eggs, cooking oil and any other kitchen supplies
  - Income-generating activities such as seeds, livestock, supporting tools and supplies
  - Education such as education fees, utensils and uniform
  - Other needs (please refer below for detailed information)
  - About 89 per cent of the samples were satisfied by the form of support and also the amount of cash provided. While 11 per cent of the sample would rather have support in the form of in-kind items and training or skill development session



The encashment period was concluded in June or six months after the eruption. As reflected in the graph, 45 per cent of the responder used support for food items, which falls under short-medium needs. On the other hand, 25 per cent of the responders utilized the support for income-generating activities, which falls under medium-long term needs. Aligning with the plan of Lumajang authority, they will continue strengthening the capacity of affected people, especially for their livelihood activity so they could recover from disaster in more sustainable manner.

### Challenges

- Limited trained and experienced staff available in Lumajang hampered the assessment at the beginning of the operations. PMI NHQ had to support by deploying their staff to provide orientation to the volunteers with the implementation plan. This includes IT/IM resource mobilizations such as phone or tablet from the PMI NHQ office.

### Lessons Learned

- Pre-disaster MoU between PMI and Pos Indonesia fasten the implementation as it shortened the lead time, especially for distribution and coordination.
- Even though the plan got changed, with close coordination, communication and active engagement with authority, community and other stakeholders, friction and overlapping can be minimized at the field level.
- Continuous PMI CVA capacity building especially at the branch and provincial level to maintain the knowledge, especially, to support localization.



### Health

**People reached:30,334**

Male:15,470

Female:14,864

Indicators:

Target

Actual

# of people who are directly reached to lessen immediate risk to the health.	2,500	30,334
# of people reached with health promotion activities.	2,500	3,357
# of personnel and targeted communities who supported to reduce immediate health risk.	5,000	26,987
# of PSS sessions held.	15	13
# of affected people reached with PSS services.	2,500	336
# of PMI staff and volunteers provided with PSS.	30	20

### Narrative description of achievements

In addition to assessment, distribution and evacuation, PMI also deployed a mobile clinic team to the Penanggal evacuation centre. The mobile clinic continued operating at the evacuation centre for a whole month. However, as more and more organizations provided health support at the evacuation centre, PMI shifted their mobile clinic to address the needs by conducting home visits. By the end of January, PMI provided basic health services through mobile clinic activity for 3,357 people (male-1,645 and female-1,712).

Along with the mobile clinic, PMI identified that the volume of volcanic ashes around the evacuation centre could trigger respiratory issues or disease. In addition, displaced households lived in cramped environments without any social distancing to reduce the risk of Covid-19 transmission. As a prevention measure, PMI distributed 26,987 pieces of facemasks to evacuated households. To complement the activity, PMI also reminded the community to always practice Covid-19 prevention protocols at the evacuation centre.

At the evacuation centre, PMI also conducted PSS sessions with the affected population. The focus of interventions was on children as identified as the most affected by the disaster. The eruption forced them to live in a communal area with limited space available to play and do their day-to-day activities. In addition, they also lost their belongings such as books, toys or contact with their friends. Therefore, PMI conducted 13 PSS sessions and reached 336 children at the evacuation centre. Activities such as interactive games, storytelling and religious activities like praying were facilitated by the trained volunteers. Aside from PMI, other organizations<sup>3</sup> also provided PSS sessions at the evacuation centre. Therefore PMI decided to shift its focus to other emergency response activities to avoid duplication of efforts in the community.


To support search and rescue activities, PMI deployed 10 personnel and 1 Hagglunds ATV to the affected area. PMI managed to evacuate 13 dead bodies from Candipuro sub-district. Related to health services, almost all health services were conducted only in the emergency response phase.

### Challenges

- Due to the number of organizations that were present and providing health services at the evacuation centre, PMI had to coordinate closely with BPBD as the coordinator at the evacuation centre to avoid any overlapping or duplicating services provided to the community. As a result, several implementations had to be postponed or shifted to different locations.

### Lessons Learned

- In order to get standardized and permitted medicine, PMI collaborated with the community health centre or health authority in the area. While they could get access to medicine, PMI could focus on providing services in the field.

	<p><b>Water, sanitation and hygiene</b></p> <p><b>People reached: 12,763</b></p> <p>Male: 6,509</p> <p>Female: 6,254</p>		
<b>Indicators:</b>		<b>Target</b>	<b>Actual</b>

<sup>3</sup> Organizations provided PSS session such as ARC teams, AQL peduli, Integritas Relawan Mojokerto, JAUSAN rescue, KORGAD, Koperasi Relawan Mandiri, Laznas Baitul Maal Muamalat, Laznas Wahdah Inspirasi Zakat dan Wahdah Peduli, Laznas Yatim Mandiri, Mahasiswa Transport Pencinta Alam ( Matrapa ) ITL TRISAKTI and 7 more organizations

# of households provided with safe water services that meet agreed standards according to specific operational and programmatic context	1,965	3,229
# of people have access to safe water	2,500	12,763
# of litres of safe water distributed	Nil	1,272,434
# of households provided with hygiene kits	300	529
# of people reached by hygiene promotion activities	2,500	686

### Narrative description of achievements

Throughout the operation, PMI distributed 1,272,434 litres of clean water supply to the community which benefited 12,763 (male-6,509 and female-6,254) people who were displaced at Sumbermujur, Penanggal and Sumberwuluh evacuation centres. To address immediate needs for household hygiene items, PMI distributed 529 hygiene kits to 529 households or 2,645 people (male-1,349 and female-1,296). Along with the distribution activities, PMI also provided hygiene promotion material and education to 686 people at the evacuation centres. Key messages that were provided included maintaining environment hygiene especially in the evacuation centres, personal hygiene, how to properly use items of the provided hygiene kits and how to properly maintain the pipeline and its supporting facilities. This DREF operation replenished 300 hygiene kits mobilized from PMI regional warehouse located in Gresik, East Java.

An updated needs assessment conducted in January 2022 showed that all efforts should be focused on providing sustainable water resources at permanent shelter locations. After a series of coordination meetings with Lumajang authority, PMI agreed to construct water reservoir and pipeline at Wonorenggo and Wonoagung sub-villages. With the permit and authorization provided by the Lumajang authority, PMI managed to construct a 7.5 km long pipeline equipped with two water reservoirs and one water pump. To reduce the transportation cost, all materials were procured within East Java province. PMI NHQ procurement team along with IFRC procurement team, provided technical inputs while supervising the tender process. By the end of the operation, communities in Wonorenggo and Wonoagung (approximately 2,700 households) could get access to clean water at the water reservoir constructed in the communal area. In addition to the water reservoir, PMI also distributed 64 water tanks to the community so they could link them to the water reservoir.



Pipeline construction process. (Photo: PMI East Java)

### Challenges

- Various organizations distributed hygiene items at the evacuation centre and often without standardized specifications. Items such as soap, shampoo, towels and clothing materials were always available and common in-kind support provided at the evacuation centre. Therefore, to avoid overlapping support, PMI had to distribute hygiene kits, not in their full package.
- Technical issues occurred during the process of constructing the pipeline and water reservoir. Issues faced such as weather and environmental conditions, complaints from the community, permits and material quality.

### Lessons Learned

- With active engagement from the community and volunteers, pipeline and water reservoir construction concluded in 3-months' time.
- Close coordination with Lumajang authority also speed up the construction, especially in the coordination and permit from various government authority (forestry, public works and water company).



## Protection Gender and Inclusion

Indicators:	Target	Actual
<i>The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services.</i>	Yes	Yes
<i>The operation demonstrates evidence of compliance with IFRC minimum standard commitment to gender and diversity in emergency programming.</i>	Yes	Yes
<b>Narrative description of achievements</b>		
<p>PGI orientation to all of the volunteers involved in the operation. The orientation was facilitated by PMI NHQ PGI staff with material provided such as:</p> <ul style="list-style-type: none"> <li>• Introduction to PGI</li> <li>• PGI basic contexts such as Gender, Protection and Implementation</li> <li>• Gender-based violence</li> <li>• PGI minimum standards such as <i>dignity, access, participation and safety.</i></li> </ul> <p>The orientation was attended by 27 volunteers (male-19 and female-8). The PGI component was considered throughout the implementation of all activities. This includes targeting vulnerable households, socialization in communities, the adaptation of distribution plans to accommodate different needs and strict observance of child protection and sexual abuse prevention policies of PMI and IFRC. Overall, the PGI component was ensured through the CEA team through monitoring of feedback from communities which was gathered when volunteers were deployed to the field and through the hotline number.</p> <p>Not limited to PGI, the orientation also discussed CEA (related to multipurpose cash assistance implementation) and PMI programme or financial reporting mechanism. PMI used one hotline number throughout the operation. In total, PMI received 207 feedback from the community, in the form of questions, suggestions, questions, compliments, complaints and rumours. The majority of the feedback was related to multipurpose cash activity (184 feedback received), WASH (21 feedback received) and health service (2 feedback received).</p>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>• To some extent PMI is still struggling to mainstream PGI component, especially to collect sex and age-disaggregated data (SADD) in their reporting. There are still some inconsistencies in the quality of reporting in this regard.</li> </ul>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>• PGI dedicated staff is needed to ensure the PGI component is reflected in every service provided.</li> </ul>		

<b>Strategies for Implementation</b>		
Indicators:	Target	Actual
<i># of volunteers who support the operation.</i>	30	191
<i># of volunteers who are insured through the operation.</i>	200	200
<i># of lessons Learned workshop undertaken at the end of the operation.</i>	1	1
<i># of staff and volunteers participating in lessons learned workshop.</i>	30	23
<i>Complementarity and strengths of the Movement enhanced.</i>	Yes	Yes
<i>% of compliance with IFRC procurement procedures.</i>	100%	100%
<i>% of compliance with IFRC financial procedures</i>	100%	100%
<b>Narrative description of achievements</b>		
<p>In total, PMI deployed 191 volunteers and staff to respond to the disaster in Lumajang district. Five branches actively supported PMI Lumajang to cope with the situation. All deployed staff and volunteers from neighbouring</p>		

branches received training and hold specific specializations prior to mobilizations. Therefore, additional training was not required, and they could go straight to the field and conduct services. PMI NHQ registered 200 volunteers and staff to National Insurance Mechanism or BPJS. National Insurance was selected as the package could also cover for Covid-19 related costs.

In the final month of the operation, a (virtual) lesson learnt workshop was conducted. A summary of the points and learning discussed and documented in the session is given below:

- Limited prepositioned stocks at PMI Province..
- Limited capacity and available resources available at the PMI Lumajang branch.
- Procurement for pipeline construction material had to be done from outside of Lumajang.
- Devices and applications used especially for CVA activities were not available at the beginning of the operations and had to be mobilized from NHQ.
- SADD data were not optimal as affected communities often moved from one area to the other.

Recommendations and suggestions identified are:

- Good coordination and communication between PMI and government, communities and other stakeholders improve activities implementation, especially for CVA and pipeline construction activities.
- Delay in the financial transaction, reporting and reconciliation within organizations required constant monitoring and capacity building for better emergency operations management.
- Continuous branch capacity building is important to ensure effective and efficient emergency response in the future.

PMI invited local authorities, beneficiaries, volunteers, staff and other relevant stakeholders to the workshop. The workshop was conducted to evaluate PMI services for the past six months. In general, PMI received positive feedback from the communities and local authorities. As a result of the operations, communities now understand the role of PMI and why PMI is present in the communities. Because of the active engagement from both of the PMI branches, they received more volunteering applications from the communities than before the disaster happened.

As mentioned earlier, this DREF operation replenished all aid items mobilized from PMI regional warehouse. Procurement for replenished items was led by IFRC. As part of the learning process, PMI Lumajang led the procurement process for all pipelines and water reservoir material with close supervision from PMI and IFRC procurement team. PMI adhered to and followed IFRC procurement and financial regulations throughout the operation including the selection of a Financial Service Provider for the multipurpose cash grant support. IFRC was involved and reviewed the framework agreement between PMI and the Indonesian Postal Service to ensure all the processes were aligned and according to IFRC procurement regulations.

### **Challenges**

It has been proved that even though the affected PMI branch has limited capacity to respond to a disaster, support and resource can be deployed from neighbouring branches. In the first two weeks of the disaster, resources were not only coming from PMI neighbouring districts but also local donors. However, due to the number of organizations and donations at the evacuation centre, to some extent, not all activities or donations were communicated to BPBD as the response coordinator. This caused overlapping support received or dispatched to the affected area, especially for relief items.

### **Lessons Learned**

Close supervision and guidance from PMI NHQ are needed to ensure the quality of implementation and reporting of the operation. In addition, with the experience they received by implementing the operations, further technical training could add more value to the volunteers and increase their portfolio.

## **D. FINANCIAL REPORT**

CHF 325,368 was allocated to respond to the humanitarian needs of households affected by the eruption of Mount Semeru, Lumajang district, East Java Province. By the end of the operation, CHF 290,903 had been spent (89.4 per cent), leaving a balance of CHF34,465 to be returned to the DREF pot.

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 National Society, would like to extend thanks to all for their generous contributions.

Full financial report is attached at the end of this report.

## Contact information

Reference documents

Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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

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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.

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/12-2022/11	Operation	MDRID023
Budget Timeframe	2021/12-2022/6	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 19/Dec/2022

All figures are in Swiss Francs (CHF)

## MDRID023 - Indonesia - Semeru Volcano Eruption

Operating Timeframe: 16 Dec 2021 to 30 Jun 2022

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>325,368</b>
DREF Allocations	325,368
<b>Expenditure</b>	<b>-290,903</b>
<b>Closing Balance</b>	<b>34,465</b>

### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	20,501	19,325	1,176
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	155,256	192,573	-37,317
PO04 - Health	84,795	940	83,855
PO05 - Water, Sanitation & Hygiene	31,162	44,714	-13,552
PO06 - Protection, Gender and Inclusion	1,704		1,704
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	4,260		4,260
PO10 - Community Engagement and Accountability	533	1,046	-514
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>298,211</b>	<b>258,598</b>	<b>39,613</b>
EA01 - Coordination and Partnerships	2,130	1,159	971
EA02 - Secretariat Services	25,028	31,145	-6,117
EA03 - National Society Strengthening			0
<b>Enabling Approaches Total</b>	<b>27,158</b>	<b>32,304</b>	<b>-5,147</b>
<b>Grand Total</b>	<b>325,368</b>	<b>290,903</b>	<b>34,466</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/12-2022/11	Operation	MDRID023
Budget Timeframe	2021/12-2022/6	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 19/Dec/2022

All figures are in Swiss Francs (CHF)

## MDRID023 - Indonesia - Semeru Volcano Eruption

Operating Timeframe: 16 Dec 2021 to 30 Jun 2022

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>262,620</b>	<b>215,769</b>	<b>46,851</b>
Shelter - Relief	5,700	4,005	1,695
Clothing & Textiles	1,550	1,164	386
Food		2,792	-2,792
Water, Sanitation & Hygiene	25,100	25,688	-588
Medical & First Aid	75,200	75	75,125
Teaching Materials	4,500		4,500
Utensils & Tools		514	-514
Other Supplies & Services	12,000	13,335	-1,335
Cash Disbursement	138,570	168,196	-29,626
<b>Logistics, Transport &amp; Storage</b>		<b>8,100</b>	<b>-8,100</b>
Distribution & Monitoring		2,676	-2,676
Transport & Vehicles Costs		5,424	-5,424
<b>Personnel</b>	<b>23,630</b>	<b>37,729</b>	<b>-14,099</b>
National Staff		469	-469
National Society Staff	11,700	23,059	-11,359
Volunteers	11,930	14,201	-2,271
<b>Workshops &amp; Training</b>	<b>6,960</b>	<b>3,872</b>	<b>3,088</b>
Workshops & Training	6,960	3,872	3,088
<b>General Expenditure</b>	<b>12,300</b>	<b>7,678</b>	<b>4,622</b>
Travel	7,700	690	7,010
Information & Public Relations		159	-159
Office Costs	3,500	3,773	-273
Communications	300	853	-553
Financial Charges	800	2,134	-1,334
Other General Expenses		68	-68
<b>Indirect Costs</b>	<b>19,858</b>	<b>17,755</b>	<b>2,104</b>
Programme & Services Support Recover	19,858	17,755	2,104
<b>Grand Total</b>	<b>325,368</b>	<b>290,903</b>	<b>34,466</b>