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Disaster relief emergency fund (DREF) Indonesia: Floods

 International Federation
of Red Cross and Red Crescent Societies

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The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 339,096 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 25,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: Indonesia is currently in the middle of the wettest period of the rainy season. A ten day emergency period was announced for Jakarta starting 17 January 2013 as flooding inundated thousands of homes and brought traffic to a standstill in the city of 9.6 million people.

At its peak the floods immersed more than 97,000 homes and affected almost 250,000 people. Businesses were disrupted; travellers stranded and more than 15,000 people had to be evacuated from low-lying areas of the capital. A total of 34 people have been reported killed while the displaced and affected families have required and are still requiring emergency relief, medical care, drinking water, temporary shelter, cooked meals and many other basic essentials.

Currently, flood water remains only in some parts of Jakarta, but the government remains on high alert as extreme weather conditions are still expected on the island of Java until mid-February 2013. High tide occurred on 27 January and will occur again on 7 and 24 February. High tide has the potential to cause new flooding in many locations around Jakarta depending on the continuation and intensity of rainfall and the ability of the waterways to drain out to sea.

The Indonesian Red Cross (Palang Merah Indonesia or PMI) responded immediately to the emergency by providing rescue boats to evacuate stranded people and mobile kitchens for distributing ready cooked meals. Coordinating closely with the local authorities, PMI also mobilized additional volunteers and staff to transport and distribute drinking water, hygiene supplies, mobile medical services and other essential services. As the water has begun to subside, PMI remains engaged in the flood response operation by providing families with basic relief items, drinking water as well as hygiene kits, complemented by hygiene promotion and equipment for environmental sanitation to reduce the risk of water-borne and poor hygiene related diseases.



Indonesian Red Cross volunteers evacuating residents in a flood affected village in Cawang, East Jakarta, 17 January 2013. Thousands had to abandon their homes as flood waters inundated wide areas of Jakarta. (Photo: Indonesian Red Cross)

This flood operation is expected to be implemented over two months and will therefore be completed by 30 March 2013. A final report will be issued three months after the end of the operation i.e. 30 June 2013.

[<click here for the DREF budget; contact details; and a map of the affected area>](#)

The situation

Jakarta sits in a low-lying area with 13 rivers and more than 1,400 kilometres (870 miles) of man-made waterways winding through the metropolitan area, making it prone to flooding. About 40 per cent of Jakarta's land area is below sea level. Heavy downpours in the latter half of January across and around Jakarta resulted in excessively high water levels in rivers and dams. Several of the main rivers flowing through Jakarta broke their banks following continued heavy rain in the neighbouring city of Bogor. Bogor is located at a higher elevation than Jakarta at between 190 and 330 meters above sea level.

Fearing further river collapse and potential damage to the dams, the local administration was forced to release some of the water from the dams. Some 14 sluice gates were opened including Katulampa in Bogor, upstream of Jakarta. Unfortunately the opening of the city's main floodgate caused a 50-meter section of a canal to collapse, further inundating the city already swamped by the rains and resulting in extremely high water levels to flow down into the central business district of Jakarta.

As a result, thousands of houses, buildings and roads were inundated by flood waters. The Provincial Agency for Disaster Management (BPBD) DKI Jakarta reported on 16 January that 50 areas in Jakarta were totally or partially flooded, with East Jakarta the worst affected. Flood waters blocked many major roads and paralyzed transportation in some parts of the city.

On 17 January, the governor of DKI Jakarta declared an emergency response phase of ten days ending on 27 January, followed by a month long transitional period ending on 26 February, unless there is a re-occurrence of flooding. Flood water levels rapidly increased up until 21 January and reached more than two meters deep in some areas. In other locations in the outer areas of Jakarta, including Banten, Tangerang and Bogor, floods caused landslides with a number of casualties recorded.

On 21 January, the number of internally displaced persons (IDP) in Jakarta reached its highest level at 40,000 out of a total of about 250,000 people directly affected by the flood. While the number of displaced persons fell in the following days, East and South Jakarta remained the worst affected areas.

By 23 January some of the flood waters had begun to recede and many of the IDPs were able to return to their mud-filled homes. Many community activities also resumed thus enabling access to commercial and livelihood activities. Many telephone lines and electricity networks that were damaged or shut off (to avoid electric shock) in some areas during the high peak of the flood were being repaired and services resumed in safe areas. However, some parts of Jakarta still remain inaccessible by road as flood water levels exceeded 50 centimetres.

As of 26 January, 3,916 persons remained displaced according to the DKI Jakarta Disaster Management Agency (BPBD). Most of the displacement centres particularly in Central Jakarta, West Jakarta, and East Jakarta housed a limited number of people. In North and West Jakarta there were still many shelters near locations where the flood water levels remain too high for a safe return home.

The government and PMI remain on alert for a reoccurrence of floods, as extreme weather conditions are still expected in the coming weeks. For the island of Java, the month of February brings on average only slightly less rainfall than in January, that is the wettest month of the monsoon season.

Coordination and partnerships

During the early stages of the flood the provincial government of DKI Jakarta set up an operational system to coordinate and mobilize emergency response teams and supplies. Many supplies had already been stockpiled in local warehouses and villages prior to the rainy season and were dispatched quickly into the

flood-affected areas. Search and rescue teams - already prepared for potential flooding of Jakarta last year - were also quickly mobilized to the flooded areas. The local government coordinated the dispatch of public kitchens, mobile toilets, boats, food packages, clean water, clothing, medical services and other essential services. The emergency operation included elements of the military, police, search and rescue (SAR) teams, technical government ministries, NGOs, UN agencies, PMI and other humanitarian agencies and service providers. The relationship between the PMI Jakarta chapter and branches is very good and PMI was quickly asked to mobilize its water rescue teams, mobile kitchens and water trucks, and to distribute relief packages in designated areas. In a few instances PMI was also asked to dispatch its mobile health clinic as an interim service until additional support would become available. Other needs including sanitation services, shelter, general health services etc., were covered by the respective ministries, the military or other aid providers.

By 19 January the government of Indonesia had set up an incident command system which focused on six groups. These groups included Search and Rescue; Shelter, Food and Nutrition; Health, Hygiene and Psychosocial; Water and Sanitation; Education, and Emergency/Early Recovery and all were located in command posts at both provincial and national levels. BNPB also convened its first coordination meeting with line ministries to formulate strategic actions for flood response. In addition, a Humanitarian Country Team (HCT) meeting was led by the UN Office for the Coordination of Humanitarian Affairs (OCHA) to bring together bi-lateral donors, representatives from the private sector, the Humanitarian Forum-Indonesia to represent national stakeholders, and OXFAM to represent international NGOs, UN agencies and the Red Cross. In this meeting it was agreed to adjust the international cluster set-up to better align with the government's incident command system.

Following the HCT meeting, the humanitarian coordinator met with the head of BNPB to discuss coordination of potential international assistance to the Government of Indonesia. It was explained during the meeting that while the Government of Indonesia is mobilizing its resources and is capable of dealing with this disaster, BNPB would not be making an official request for assistance. However, any support by national and international agencies would be welcomed. The head of BNPB also highlighted the need for ensuring emergency readiness in other affected parts of Indonesia, particularly the remote or inaccessible parts of the country and that this present flood in Jakarta was diminishing contingency stockpiles which would soon need to be replenished. He also encouraged the private sector to contribute towards the relief effort for Jakarta as well as in other high risk locations.

The local government is also planning to conduct a post disaster needs assessment (PDNA) in the coming weeks to determine best options for quickly getting the city and its residents back to relatively normal conditions.

On 22 January, IFRC convened a movement coordination meeting to discuss the flood situation and to gauge interest from partner national societies (PNS). To date, the only PNS with an interest in potentially supporting PMI in this response is the American Red Cross. At this time they have not identified any resources or specific activity that they may be able to support. IFRC will continue to coordinate closely with American Red Cross and any other PNS or partner who may wish to engage in this response action to prevent any overlap or duplication of support to PMI activities.

Red Cross and Red Crescent action

PMI has been responding to the needs of the affected communities by evacuating residents from flooded areas, opening field kitchens, distributing hygiene, infant and other emergency kits. They have also mobilized a number of their water trucks and specialist water filtration equipment to provide safe drinking water in the relief operation.

Presently, more than 300 volunteers have been deployed across most of the flooded districts in Jakarta. PMI also has a number of rubber boats, trucks and other vehicles that were used in the city to assist in the many local needs.

In addition to the evacuation of flooded residents, distribution of clean water from water trucks and the provision of hygiene kits, baby kits and blankets to the displaced families, PMI is also providing relief and care. Examples of the PMI actions to date include but are not limited to provision of:

- 1,000 hygiene kits
- 700 family kits
- Ready- to- eat meals for m o r e t h a n 50,000 people, three times a day in five districts
- Bread loaves for 21,000 people per day
- 68,758 boxes of mineral water
- 5,000 blankets
- 1,500 plastic tarpaulin sheets
- 2,896 sarongs
- Evacuation of displaced personnel to 34 locations
- Health services to 1,461 patients
- Trucking of water (with total of 19 water tankers providing 150,000 litres per day)

PMI's immediate ongoing plan is to continue to provide emergency services, including the provision of relief items and drinking water as well as hygiene kits, complemented by hygiene promotion and environmental sanitation to reduce the risk of health problems associated with water borne diseases and poor hygiene. The emergency services for the continued operation will include:

- Relief distribution of up to 5,000 blankets and 5,000 hygiene kits
- Hygiene promotion and awareness to 2,000 people daily for two weeks
- Environmental sanitation, including distribution of 5,000 domestic environmental kits for household sanitation
- Clean water distribution for 3,500 families, daily for two weeks

The needs

As of 20 January 2013, BNP identified that the following relief items will be required to assist the displaced, host families and those still remaining in flooded homes:

- Daily relief needs of 11,249 kg rice, 210,915 litres clean water and 70,305 litres drinking water
- 10,000 family kits including hygiene items
- 500 mobile toilet units
- 40 field kitchens for cooking and serving ready-made meals
- 1,000 garbage disposal trucks
- 3,500 health staff (team = 1 doctor, 2 nurses, 1 nutritionist)
- 350 platoon tents
- 20,000 blankets

In addition BNP has also requested support for:

- Water distribution and storage,
- Clothing and sleeping sarongs,
- Environmental sanitation tools

While some of these needs have now been met, PMI is closely coordinating with the relevant authorities and partners to ensure that all of the affected population is being reached.

Health

As many residents have been displaced for more than a week, health issues have been a major focus. Incidents of skin diseases, upper respiratory tract infections and diarrhoea have been increasing. The Centre for Health Crisis (CHC) at the Ministry of Health reported that as of 24 January 2013, there had been a total of 42 inpatients and 31,579 outpatients recorded by ministry health care workers. Health data indicated an increased number of diarrhoea cases, upper respiratory tract infections, skin rashes and fever symptoms.

The Ministry of Health has conducted a rapid health assessment and set up a joint post comprised of related cross-cutting programmes to oversee the main public health concerns of communicable disease control, maternal and child health, nutrition, medical logistics and general health resource mobilization. Up to 140 health personnel (including Red Cross staff) have been deployed as mobile

health teams to back up and ensure continuous health service delivery at 128 health posts. Further preparedness is focused on mobilizing mental health teams for psychosocial support, strengthening health promotion and disease surveillance, planning for immunisation programmes to avoid the outbreak of infectious disease, and coordination regarding water and sanitation in IDP locations.

Several organizations have provided and continue to provide support in the health sector. UNFPA is providing assistance through the Ministry of Health's Directorate for Maternal Health, including the distribution of hygiene kits for women, 150 pregnant mother kits, 150 post-delivery kits and 150 baby kits. HOPE Worldwide is providing mobile medical services in Kampung Melayu of East Jakarta targeting 1,000 beneficiaries.

UNICEF is currently conducting measles needs assessment in coordination with the Extended Programme of Immunization of the Ministry of Health. It is distributing 2,500 copies of emergency tools handbook to train volunteers and health workers and 2,500 posters for the community. It is also developing public service announcements and messages through a radio station in support of a health and sanitation programme. Muhammadiyah Disaster Management Centre (MDMC) has conducted search and rescue (SAR) missions, given logistic support, and mobilized 41 mobile health posts in eight districts. National Humanitarian Foundation (PKPU) provided free medical treatment and supplementary feeding.

WHO has developed a 4W mapping for the health cluster coordination and collaborated with OCHA to develop a map of health posts to enable monitoring of the flood situation and identifying needs and gaps. Assistance has also been provided to the Ministry of Health to strengthen disease surveillance, deliver medical services and transport health resources and medical supplies to the affected communities.

Water, Sanitation & Hygiene (WASH)

Government authorities are leading the effort to coordinate the provision of safe drinking water to the affected population. Urgent relief materials have been distributed to many of the displaced and host families. The Ministry of Public Works has set up mobile latrines across the flooded areas to help provide temporary services while the flood waters remain high.

To date relief items including 15,559 hygiene kits, 1,000 jerry cans and 1,240 life straw family water filters have been distributed to the affected families covering 77,795 affected people in different areas of Jakarta. UNICEF is also supporting the government in the provision of basic emergency posters to highlight good health and hygiene, and promote continued breastfeeding. The use of safe water and other hygiene messages are being communicated through social media.

The local government has requested support from the PMI to assist with the delivery of safe water by tanker trucks due to contamination of many of the city's water systems and wells. Also, one of the main water sources in Kalimalang had been contaminated by diesel fuel. To date the local water utility (PDAM) has been able to deliver no more than 80 per cent of the city's water supply and until they are able to restore the remaining services, organizations providing alternate arrangements (water trucking, local filtration units, etc.) have been requested to keep these arrangements in operation. Based on this request, PMI has mobilized 19 of its water trucks and has been delivering approximately 150,000 litres of fresh drinking water a day.

UNICEF has also provided 20 school sanitation kits for the promotion of sanitation and hygiene (hand washing with soap) as well as drinking water (life straw filters are included in the kit) in the flood affected schools which will cover approximately 800 children.

Food and Nutrition

The Ministry of Health has distributed emergency response supplies, including shelter, food and non-food items and water supplies which include ten tons of fortified biscuits, blankets and clothing. UNICEF provided information to BNPB to ensure that there is no distribution of breast milk substitutes and breastfeeding information has also been distributed to cluster members to be used in the field. The general assessments show that there is a lack of space for pregnant women and nursing mothers and there is no special food being prepared for young children aged six to 12 months at public kitchens. The nutrition cluster is providing training to public kitchen staff on how to prepare food for infants aged six to 12 months starting from 22 January in four different locations. Tents to provide safe space for pregnant women and nursing mothers are available with UNICEF and are provided based on needs assessments.

Up to 10,000 zinc tablets were donated by a micronutrient initiative to the Jakarta Provincial Health Office for diarrhoea treatment along with oral rehydration salts (ORS). In addition, UNICEF will provide 40,000 zinc tablets along with 170,000 ORS sachets.

Education

UNICEF and Save the Children are currently liaising with BPBD and Jakarta Provincial Education Office regarding the establishment of safe child friendly spaces to provide temporary learning activities for early childhood and basic education for young children. Available supplies include school tents, school-in-a-box, early childhood development kits and school hygiene kits for targeted areas and will be released if needed, following the ongoing assessments.

BNPB has agreed to mobilize volunteers and army personnel to assess the condition of school buildings and learning opportunities. The education cluster is to provide them with training for the schools' assessment process. UNICEF has also supported the establishment of nine temporary early childhood development (ECD) centres (school tents, ECD kits and school sanitation kits) in different areas of Jakarta benefitting around 1,000 children aged six years and below.

Child protection

The child protection cluster is working in close coordination with the Ministry of Social Affairs to analyze the risks of abuse, exploitation and violence in the affected areas and in the evacuation centres. As of 22 January, the Ministry facilitated activities for children benefiting 1,200 children by creating safe learning spaces and facilitated recreational activities for them. The Ministry of Social Affairs will continue facilitating activities for children until 27 January. The cluster has initiated child friendly spaces and has planned to extend these in more areas. The cluster members will be advocating the use of inter-agency guidelines on child friendly spaces. Recreational kits for children are available with UNICEF and will be released if needed.

Early Recovery

BNPB plans for post disaster needs assessment, which can be supported by the cluster. The cluster also met with Ministry of Public Works to offer assistance with early recovery works. The cluster sees the need of strengthened information and data management and coordination between command posts.

Logistics

Upon request from BNPB, a logistics coordination meeting was held on 21 January to agree on setting up logistical data compilation in each municipality in coordination with Jakarta BPBD. The members who provided support are WFP, Dompot Dhuafa, Plan International and Indonesian Society for Disaster Management.

The proposed operation

PMI remains heavily involved in the flood response operation in order to assist the population still displaced, those who have recently been able to return home and current and recent host families. Among the most immediate needs that the PMI is best positioned to respond to are the provision of relief items and interventions in hygiene promotion, including the distribution of hygiene kits and domestic environmental sanitation as well as the provision of drinking water. Past experience has shown that the risk of skin diseases, respiratory infections and other health related problems is extremely high after these kinds of floods and unless the communities are provided items for environmental sanitation to quickly clean up their homes and neighbourhoods, store safe potable/drinking water and improve hygiene and basic living conditions, they will be highly vulnerable to these potential risks. The provision of drinking water and hygiene kits linked to hygiene promotion activities and domestic environmental kits (includes buckets, mops, brooms and cleaning products) will reduce these immediate risks.

Overall, these interventions, which are based on the needs and the current response and commitments of other organizations and will, as part of the wider emergency operation, make the affected population better prepared in the event of a reoccurrence of flooding in the coming weeks. At the same time, PMI remains ready to expand the operation as needed, particularly if there is a reoccurrence of flooding in the coming weeks.

Goal of PMI's involvement in this emergency

To assist in the flood relief operation and to help people quickly recover from the flood

Objectives

1. To provide relief materials to those most affected by the flood.
2. To reduce the risk of health and hygiene related problems.
3. To ensure timely and dignified access to sufficient and safe water

Relief distributions (food and basic non-food items)

Outcome: The status of 12,500 beneficiaries are improved through timely provision of appropriate relief items within two months.

Outputs (expected results)	Activities planned:
Emergency relief items (5,000 blankets) are distributed to 2,500 families, according to assessment and selection criteria that identify actual needs and vulnerable groups.	<ul style="list-style-type: none"> • Conduct rapid emergency needs assessment. • Identify beneficiaries to ensure effective distribution of assistance. • Distribute relief supplies and control supply movements from point of dispatch to end user. • Distribute clean up supplies control supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions.

Water distribution and hygiene promotion

Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, hygiene kits and tools for household environmental sanitation together with hygiene promotion across the five floods districts of Jakarta.

Outputs (expected results)	Activities planned:
Provision of safe water to 3,500 families (or 17,500 beneficiaries)	<ul style="list-style-type: none"> • Assess the existing coverage with a view of ensuring availability of an adequate water supply • Provide potable water for 3,500 families for two weeks.
Provision of hygiene kits and tools for household environmental sanitation for 5,000 families	<ul style="list-style-type: none"> • Purchase and distribution of hygiene kits • Purchase and distribution of domestic environmental kits tools for household sanitation
Hygiene promotion and demonstrations on use of hygiene kits and domestic environmental kits to the beneficiaries	<ul style="list-style-type: none"> • Conduct training/information programmes for Red Cross volunteers and beneficiaries, in particular hygiene promotion for 2,000 people per day over a two week period. • Reproduce and distribute Hygiene promotion IEC material

Selection of Beneficiaries

PMI has a long relationship with the local communities in the districts of Jakarta and the BPBD have requested that it targets 5,000 families across five districts of Jakarta. Specific villages were selected for PMI to deliver services to. These locations included Petamburan, Penjaringan, Rawa Buaya, Bukit Duri and Melayu.

Selection of beneficiaries included the following considerations:

- The beneficiaries are in areas where the PMI has been active for many years and are clearly not being serviced by other agencies.
- Target groups include those with a low income requiring more support with materials and food rather than the locations where the more wealthy families and businesses are located.
- Provision of support extends to host families as well as flood-affected families.
- Community volunteers and leaders have been consulted and are involved in the relief process.
- Priority is provided to:
 - Households head by women
 - Elderly and infants
 - Those included in the government's Gakin (poor family) data criteria
 - Those in highly vulnerable locations near the canals and in low lying locations with poor hygienic conditions such as open drains, accumulated rubbish, exposed mud banks and stagnant water.

Monitoring, evaluation and reporting

Monitoring of the PMI activities will help to ensure the impact and appropriateness of services provided. An evaluation will be done at the end of the operation to measure success and identify challenges. The monitoring and evaluation system is a combination of top down and bottom up processes, through daily progress reports, weekly updates and a final report. The evaluation team will consist of representatives from the PM branch, chapter, national headquarters and IFRC personnel.

Constraints and potential issues

PMI has almost emptied its central warehouse and is busy trying to ship additional relief items from other locations outside of Jakarta. More blankets, baby kits, hygiene items, dry materials and other personal items are needed. Depending on how the operation proceeds, availability of relief items might be constrained until new items can be procured locally.

The coming weeks might bring more extreme rainfall and coupled with high tide, there is a risk of new floods in Jakarta. This can potentially change the nature and scope of the operation and there is a need to remain flexible and react to changes on the ground. Floods in an urban context are particularly challenging as the situation can shift very quickly.

Contact information

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 \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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DREF OPERATION

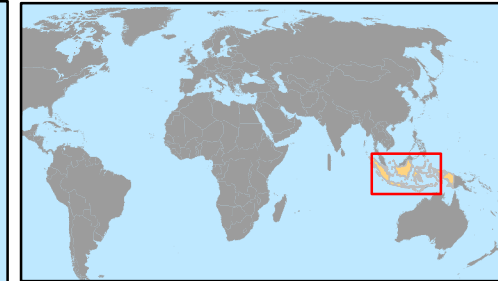
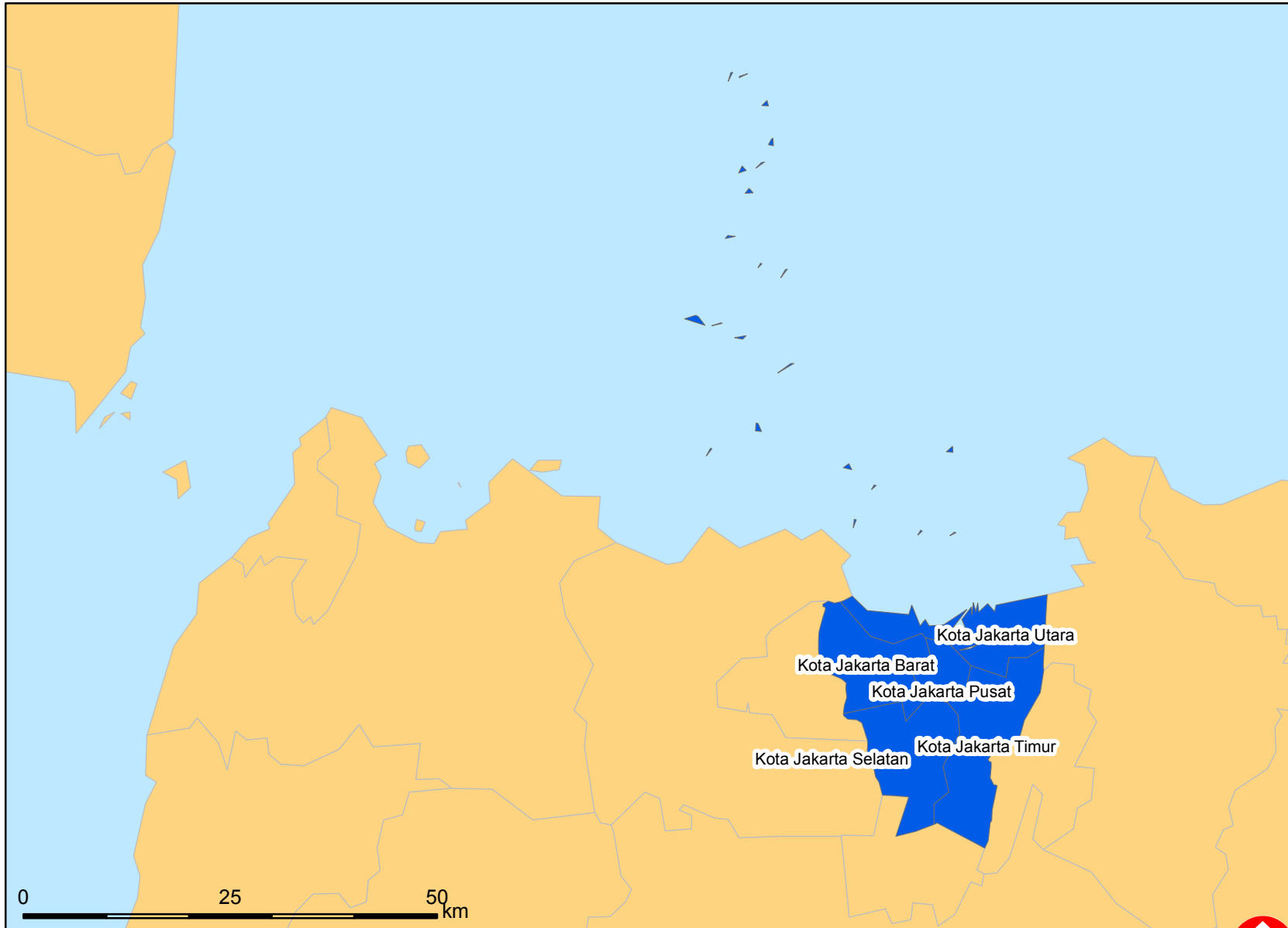
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MDRID007 INDONESIA URBAN FLOOD

Budget Group	DREF Grant Budget CHF
Clothing & Textiles	72,289
Water, Sanitation & Hygiene	151,653
Utensils & Tools	74,699
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIE	298,641
Distribution & Monitoring	1,566
Transport & Vehicle Costs	7,229
Total LOGISTICS, TRANSPORT AND STORAGE	8,795
Volunteers	6,265
Total PERSONNEL	6,265
Information & Public Relations	4,699
Total GENERAL EXPENDITURES	4,699
Programme and Services Support Recovery	20,696
Total INDIRECT COSTS	20,696
TOTAL BUDGET	339,096



Indonesia: Floods



 Affected areas

