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DREF operation update Indonesia: Central Aceh earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRID008
GLIDE n° EQ-2013-000073-IDN
Update no. 1: 13 September 2013

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 International 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.

Period covered by this update:
15 July to 31 August 2013

Summary: CHF 192,990 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 16 July 2013 to support Indonesian Red Cross (Palang Merah Indonesia - PMI) in delivering assistance to 5,000 beneficiaries (1,000 households) over a period of two months.

This allocation is in response to a 6.2 magnitude earthquake which occurred in Indonesia's Aceh province on the island of Sumatra on 2 July 2013. The epicentre was located at the western end of Aceh Tengah (Central Aceh) district close to the boundary of Bener Meriah in central Aceh.



PMI volunteers conduct psychosocial assessments in Kuta Panang, Aceh Tengah (Photo: Palang Merah Indonesia)

According to the United States Geological Survey (USGS), the earthquake, having a Modified Mercalli Intensity rating of 6 to 7 would cause significant damage to poorly designed structures, with partial to total collapse likely. This is consistent with the damage caused by the earthquake which also resulted in landslides. Most areas close to the epicentre were cut off from access to power and telecommunications.

The local government disaster management agency (Badan Nasional Penanggulangan Bencana - BNPB) reported that the earthquake resulted in 42 deaths and displaced 53,403 people. Six people remain missing, buried in a landslide which swept away most of their village. It is unlikely they will be recovered. In total, the earthquake is reported to have damaged some 20,400 buildings, including houses, schools, health centres, religious structures and community facilities.

Since the first day of the earthquake, PMI has been actively providing relief and medical support for some 5,000 affected people. This operation is expected to be implemented over a two-month timeframe, from mid-July through mid-September. In line with Federation reporting standards, the final narrative and financial reports will be published by mid-December 2013, 90 days after the operation ends.

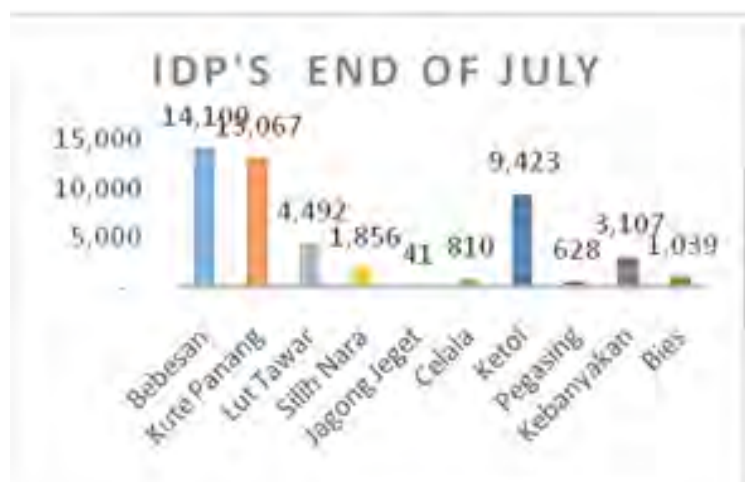
Donors to this DREF operation are Canadian Red Cross/Canadian government, European Commission Humanitarian Aid and Civil Protection (DG ECHO), the Coca-Cola Foundation, and Tsunami Residual Funds..

On behalf of the Indonesian Red Cross, IFRC acknowledges with much gratitude, the contributions from each donor.

[<click here for contact details, or a map of the areas of intervention under this DREF>](#)

The situation

Since the beginning of the disaster, the numbers of internally displaced persons (IDPs) have fluctuated between 53,000 to 38,000. This is mainly due to many people wishing to return to their damaged homes, salvage their possessions and usable materials, and commence rebuilding their living spaces. The adjacent table is representative of the number of IDPs at each sub-district level at the end of July 2013.



Among these numbers, the most vulnerable include:

- 3,870 infant children
- 2,185 elderly people
- 552 pregnant women

On 17 July, the Government of Indonesia announced the end of the overall emergency response phase and a transition period into the early recovery phase from 18 July until 10 August 2013. In conjunction with this, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) reported that people in the worst-affected areas, as well as those who have been difficult to access, will continue to receive emergency relief assistance beyond this date while focus on more accessible locations will transition towards early recovery. During this transition period, the BNPB planned to conduct an early recovery assessment focusing on damaged housing and public buildings as well as early recovery needs, such as livelihoods and local economic recovery, environmental impacts, disaster risk reduction and the need for on-going psychosocial support.

The focus of the transition to early recovery phase will be led by the BNPB with the support of the United Nations Development Programme (UNDP) and the World Bank. These agencies will facilitate a post disaster needs assessment (PDNA) which consists of a damage and loss assessment (DALA) of houses and public buildings (including schools, community health facilities, utilities infrastructure and government offices) to determine which ones need to be demolished and rebuilt, and which can be repaired. Other sectors will also be included in the assessment to enable the prioritization of early recovery needs. The DALA results will help determine the specific amounts to be provided to each beneficiary under the cash stimulus housing programme recently announced by the President of Indonesia. A government-led task force consisting of the Ministry of Public Works, the Ministry of Social Welfare, and several construction consultants have been set up to assist BNPB in undertaking this process. This is planned for completion within three months to allow remaining IDPs to return more quickly to normal living conditions.

Compensation packages being proposed by the government to those families whose homes had been

damaged are as follows:

1. IDR 40,000,000¹ will be provided where houses have collapsed or been heavily damaged.
2. IDR 20,000,000 for medium-scale damage.
3. IDR 10,000,000 for comparatively light damage.

The government has also announced a plan to implement a Cash-For-Work programme during the coming months. The programme is focused on cleaning up the remaining debris caused by the earthquake. Individuals will receive IDR 50,000 for each day of work. Families who have completely lost their homes due to landslides as well as those in other high risk locations, will be moved to safer areas and provided land.

During the holy month of Ramadan in July, many local mosques and schools provided shelter and food services to the displaced, helped to occupy and entertain children, and provided counseling services. These efforts contributed to reducing and mitigating the number of psychosocial cases through various community support services and activities.

Damaged roads and communications have also affected the livelihoods of most of the affected families who work in the coffee plantations. In addition, many of the buyers of the coffee have also been hit badly by the earthquake and have been unable to buy coffee from the farmers as they needed to direct money into repairs to their homes, storage facilities and businesses.

The following table shows the extent of the damage in Aceh Tengah and Bener Meriah which were the two hardest hit districts:

Damage	Aceh Tengah			Bener Meriah			Total
	Heavy	Medium	Light	Heavy	Medium	Light	
Houses	5,450	2,420	6,101	1,132	1,270	2,638	19,011
Hospitals	-	-	1	-	-	-	1
Public health centres	4	3	2	-	-	1	10
Sub-health centres	16	3	2	1	-	-	22
Village health posts	-	-	-	-	1	-	1
Main Village health centres	88	20	-	12	1	2	123
Offices	21	29	34	6	4	8	102
Mosques	81	6	28	38	12	35	200
High schools	79	51	2	24	31	-	187
Junior high schools	127	40	6	19	43	-	235
Elementary schools	429	137	2	85	59	13	725
Pre-schools	67	31	-	11	9	1	119
Village pre-schools	75	63	0	1	2	0	141

Coordination and partnerships

Since 10 July, additional funding allocations have been made by local, provincial and national governments for the provision of basic needs including shelter, food and health services. The National Disaster Management Agency (BNPB) has disbursed IDR800 million for emergency response in Aceh Tengah and IDR400 million in Bener Meriah districts which is in addition to the IDR 40 billion that was announced on 3 July. BNPB also has access to a rapid on-call emergency fund of IDR1.6 trillion for use where there are funding shortfalls. The Nanggroe Aceh Darussalam provincial government has provided IDR64 billion for emergency response in the two districts. The Aceh Tengah District Government has contributed IDR 300 million.

The BNPB also deployed additional personnel to reinforce the Aceh staff responding. These personnel consisted of 1,003 military, 676 police, 25 from the Provincial Disaster Management Body

¹ CHF1.00 approximately equivalent to IDR12,215 as of 13 Sept 2013.

(BPBA), 30 BNPB, 60 National Search and Rescue Agency (BASARNAS) and official staff from local government.

Early in the relief effort, the military commander had requested that all humanitarian assistance be delivered to the military command center and warehouses. However, after considerable lobbying from the humanitarian actors, this instruction was rescinded and humanitarian agencies were permitted to work directly with the affected communities to ensure appropriate targeting and distribution.

As a way of ensuring PMI support was appropriate and well-coordinated, the PMI Aceh chapter established liaison officers within the government's Incident Command Post.

During the emergency phase, the BNPB reported that more than 30 international and national organizations and agencies were active in the affected areas. PMI support consisted of evacuation assistance, distribution of emergency relief items, assistance with emergency health issues, and the distribution of school kits in Aceh Tengah and Bener Meriah. Other organizations and agencies are listed below:

Agency	Type of Assistance	Location
Palang Merah Indonesia (PMI)	Evacuation, emergency relief distribution, emergency health, school kits	Aceh Tengah, Bener Meriah
AHA Centre	250 family tents, 500 shelter boxes	
AIFDR	Support staff	
AusAID	2,200 tarpaulins	
CARITAS PSE Medan	315 sleeping mats, blankets, towels	Ketol, Aceh Tengah
Cipta Fondasi Komunitas	Health services	
Disaster Response Partnership	Structure assessment for health service infrastructure	Aceh Tengah
Dompot Dhuafa	Search and rescue (SAR), health services, water and sanitation, public kitchen, emergency mosque	Aceh Tengah, Bener Meriah
First Response Indonesia	Information/beneficiary communication	
Habitat for Humanity Indonesia	DANA	
Himpunan Mahasiswa Indonesia	Food	Aceh Tengah
Hope Worldwide	100 blankets	
International Organization for Migration (IOM)	2,000 shelter boxes 750 hygiene kits	Ketol (Desa Jerata and Jaluk Timur), Bebesan and Kuta Panang (Desa Pantan Sile and Pantan Jerik)
Lambung Yusuf Jakarta	DANA	Aceh Tengah, Bener Meriah
Lutheran World Relief	DANA	
Maltezer International	DANA	
Muhammadiyah	Health services, training for hospital staff, psychosocial, emergency mosque	Aceh Tengah: Kec. Ketol (PondokBalik, Buter, Rejewali, Jalan Tengah and Kalaketol), Kec. Silih Nara (AlurKumer), Kec. Rusip Antara (Pantan Pertik) and Bener Meriah
Mercy Corps	Jerry can 20L	Aceh Tengah: (Desa Cang Duri, Panten Jeri, Jerata, Simpang Juli and Jaluk)
Muslim Aid	Water tank	Desa Timang Rasa and Pantang Jeri, Kec. Kute Penang: Desa Selunand Blang Mancung, Kec. Ketol: Desa Cekal, Kec. Timang Gajah.

Malaysian Government	1,000 blankets, 1,000 tarpaulins 1,000 family tents	Aceh Tengah, Bener Meriah
Pencinta Alam Aceh	Psychosocial support	Desa Dedingin, Kec. Kuta Panang, Aceh Tengah
Plan International	Psychosocial support and protection	Aceh Tengah, Bener Meriah
Pusaka Indonesia	700 tarpaulins, 700 sarongs	Bah, Serempah, Kute Gelime, Buteh, We Nangka, Dedingin, Tapak Manggo, Kuta Panang, Kec. Aceh Tengah
Save the Children	550 tarpaulins, 1,100 sleeping mats 2000 sarongs, 750 mukena ² 7000 zinc sheets, 4 school tents 200 teacher kits.	Aceh Tengah, Bener Meriah
UNDP	Coordination	
UNDSS	Security and protection	
UNFPA	On-site operations coordination centre (OSOCC)	
UNICEF	35 school tents and school packages	
UN OCHA	OSOCC	
UN WFP	Warehouse and logistics management	
USAID	Support through IOM	
YAKKUM Emergency Unit	400 hygiene kits	

The following is a list of the various sector areas that were under the coordination of the BBNP³ to which PMI also contributed its services.

Shelter and Non-food Items.

Most IDPs were living in emergency tents set up outside their damaged houses. The Ministry of Social Affairs provided clothing, tents, electricity generators, mattresses, sarongs and family kits. The Indonesian military reinforced its troops to dispatch relief assistance and tents. PMI, Save the Children, IOM, ASEAN Coordination centre, AusAID and several local agencies complemented the work of the local government and military through provision of non-food items including additional tents, zinc sheeting and tarpaulins.

Logistics

The Ministry of Social Affairs doubled the number of youth volunteers operating in Aceh Tengah and Bener Meriah. These youth volunteers worked with PMI volunteers in the evacuation and relief distribution as well as operating public kitchens in Aceh Tengah and Bener Meriah. WFP mobilized two mobile storage units to serve as temporary warehouses. A prefabricated office was also provided to serve as a warehouse/distribution centre.

Water, sanitation and hygiene promotion

Natural water sources in affected districts were sufficient to meet basic washing and hygienic services. In most areas, safe drinking water was available. In other locations where drinking water was considered contaminated, the Ministry of Public Works deployed 10 water tanker trucks to distribute clean water until local facilities were cleaned and treated. The Government of Aceh also provided mobile toilets.

Other agencies that provided water services, supplies, hygiene kits and school sanitation kits included PMI, MuslimAid, Save the Children, UNICEF and several locally managed NGOs.

² Muslim prayer garment

³ Source UN OCHA

Food and nutrition

Under the leadership of the local government and the Ministry of Social Welfare, PMI, Muhammadiyah and Lumbung Yusuf Jakarta have been providing cooked meals and uncooked food items to displaced families depending on need and capacity. UNICEF and Save the Children have been specifically monitoring food requirements for children. Based on government figures of IDPs in the two worst affected locations, rice needs were on average six tonnes per day, or 84 tonnes in the first two weeks of the emergency.

Health

Approximately 20 per cent of the health facilities in the area were damaged by the earthquake. In these affected locations, the Ministry of Health, through its North Sumatra Regional Crisis Centre, mobilized six health post tents which were equipped with surgical capacity. There were 24 health personnel mobilized from neighbouring villages to reinforce local health centres as there was a high influx of trauma and medical cases. The Ministry of Health also worked with PT KimiaFarma and PT Indofarma, multinational and national pharmaceutical companies respectively, to deliver medicine and health supplies along with anti-rabies vaccines, emergency kits and environmental sanitation items.

Child protection

UNICEF facilitated the dispatch of a rapid response team from the Ministry of Social Welfare for Child Protection to conduct issue-specific assessments (covering people with disability, the elderly and children). The Ministry of Social Affairs provided trauma counselling and special needs of children, the disabled, and the elderly. PMI and Yayasan Pusaka Indonesia offered psychosocial support services.

Education

More than 841 educational facilities in Bener Meriah and Aceh Tengah districts were heavily damaged by the earthquake. Schools were closed until 15 July. UNICEF provided school tents, recreation kits and School-In-A-Box kits for use as temporary learning spaces and early childhood centres in Aceh Tengah and Bener Meriah districts to serve the needs of about 5,000 school children.

Red Cross and Red Crescent action

The goal of PMI's overall involvement in this emergency operation is to reduce the impact of disaster on communities affected by disasters. This DREF operation is a component of a larger response of PMI.

Objectives

The specific objectives of this DREF include, to:

1. Improve living conditions through the provision of emergency shelter materials
2. Increase access to basic health services through mobile health clinics

Emergency shelter and non-food items (NFIs)

Outcome: Living conditions are improved for 5,000 people (1,000 families) affected by the earthquake through distribution of blankets, sleeping mats, tarpaulins and zinc sheeting to repair damaged houses

Outputs (expected results) and activities planned:

- Conduct further assessments to identify/confirm beneficiaries
- Distribute shelter and non-food items to selected beneficiaries in a fair and transparent process
- Monitoring and evaluation of the distribution operations

Progress

The PMI Aceh chapter established liaison officers within the Incident Command Post set up by the government. Several government-appointed ministries and related agencies coordinated specific sectors during the response phase.

From the first day, PMI volunteers were actively involved in providing emergency services to the earthquake-affected families mostly in Aceh Tengah and Bener Meriah districts. Priority was given specifically to Aceh Tengah as this was the worst-affected area and in need of urgent emergency services

PMI participated in a rapid assessment led by the local government. Based on this initial assessment, PMI identified the activities stated in this DREF as their priority areas of support. The National Society quickly mobilized the distribution of relief items in Aceh Tengah, and Bener Meriah. Additional discussions with the community leaders and representative groups helped to ensure that the distribution of items reached those most vulnerable.

To date, PMI has distributed all items under the support of the DREF, except for the zinc sheeting. Distribution of the zinc sheeting will be done after completion of the damage assessment led by the government. Once this has been completed, the zinc sheeting will be distributed to specific locations in accordance with local government guidance.

To accelerate the distribution of the emergency items, PMI utilized pre-positioned items on-site as well as items shipped to the Aceh district from other warehouses across the country. These items are listed below, followed by relief items not covered by this DREF funding.

Item	Total no. of units	Distributed to	
		Aceh Tengah	Bener Meriah
Under this DREF operation			
Zinc roof sheeting	20,000	15,000	5,000
Tarpaulins	859	853	6
Mats	758	599	159
Blankets	2,638	2,399	239
External to this DREF			
Family tents	862	862	
Masks	7,000		
Family kits	1201	1039	162
Mosquito nets	42		42
Baby kits	378	245	133
Jerry cans	239	176	63
Sarong	1,416	1,416	
Mukena	543	543	

Items that were initially drawn from the local warehouse in Banda Aceh are to be replenished by stocks issued from the regional warehouses based in Padang, North Sumatra and Serang, Banten.

Emergency health
Outcome: Immediate health risks of 5,000 earthquake-affected people in Central Aceh and Bener Meriah districts are reduced.
Outputs (expected results) and activities planned: <ul style="list-style-type: none"> • Confirm IDP concentrations where health services are limited and assess needs and gaps • Deploy seven mobile clinics for two months to provide first aid, curative and preventive health services, as well as referrals for severe cases.

Progress:

Medical/basic health care

Two medical action teams (MAT), each consisting of an orthopaedic specialist and two general practitioners, have been deployed to assist in the delivery of health services through mobile health

clinics. Each clinic consists of two doctors specialized in orthopaedic services assisted by two nurses. In the early stages of the emergency, two mobile clinics were stationed in the disaster locations where many houses and public buildings had collapsed.

Injuries related to fractures, cuts and abrasions were addressed by services from three mobile clinics which performed minor operations and provided post-operative care such as re-dressing, blood donor services and referrals to the district hospital in Takengon. The mobile clinics also provided general/basic health care services and attended to people who presented respiratory infections, eye infections, dysentery/stomach infections, hypertension and fever. In total, the clinics reached 272 persons.

In addition to emergency services, PMI remained in these locations providing auxiliary health and hygiene services until the local government recommenced its normal health facility services. For the longer term, PMI has developed an early recovery plan to be implemented until October 2013.

One recurring challenge is related to local culture and knowledge. Many of the local population believe in and seek traditional methods of health care services. This required PMI to conduct extensive socialization about the importance and effectiveness of using modern health care services that would be made available to the local communities before any treatment by PMI or other health and care providers could go ahead.

Psychosocial support

Based on early assessment findings, most children in displaced camps were contracting fever and rashes due to cold sleeping conditions and poor bathing practices. The earthquake had damaged many schools and mosques causing disruptions in local education and religious practices. In addition, with the loss of livelihoods, the financial status of many families had been drastically reduced. These factors are a few of many stressors that created considerable trauma and distress among the affected groups.

As a way of helping to reduce some of these stressors, PMI implemented psychosocial support services in parallel with its non-food item distribution and health promotion activities such as improved hygiene and safe usage of water. Ten volunteers worked on a daily basis to assist these groups in addressing some of these issues. In total, 964 people were reached consisting of 418 children, 331 women (including mothers accompanying children) and 215 men.

Bilateral support

In addition to the DREF support, PMI received bilateral assistance from both American and Australian Red Cross societies. PMI has been closely coordinating this support to ensure that all the activities are complementary and there is no duplication of effort.

Bilaterally, PMI received support for this operation from American Red Cross and Australian Red Cross as follows:

Support from	Items
American Red Cross	Jerry cans, 1,000 sleeping mats, 1,000 tarpaulins, psychosocial support, and repair services for water pipes
Australian Red Cross	900 school kits and 750 hygiene kits.

In addition to the combined support of the Red Cross Red Crescent Movement partners, PMI also worked together with the local government to distribute ready cooked meals and clean drinking water to both displaced and host families. Five water trucks were used to transport a total of 814,900 litres of drinking water from eight water sources to the following locations in Central Aceh district:

District	Sub-district	Village	Distribution trips	Water sources	Capacity (litre)
Central Aceh	Kute Panang	7	46	Redines, PDAM and Alur Nege	373,000
	Ketol	3	15	Simpang Juli	88,000
	Silih Nara	3	22	MAS and Pelang	205,900
	Kebayakan	3	19	PDAM and Redines	148,000
Total					814,900

The Ministries of Social Welfare and Public Works were responsible for the provision of public sanitation including latrines. As the IDPs are scattered across the districts and housed in host family homes, public facilities and public community centres, it has been difficult for PMI and the local government to cover all the areas adequately. Hilly terrain and damaged roads has also made access problematic. As such, PMI focused its distribution plan where trucking services could be best utilized.

Monitoring, evaluation and reporting

PMI continues to meet regularly with the government to enhance transparency and to ensure that beneficiaries are appropriately targeted. In support of this endeavour, the chapter and branches involved in this operation are being encouraged to provide more regular reports with clear data.

PMI has been closely working with IFRC on the implementation of this activity. Other partner national societies that have also been involved in providing assistance to the PMI in this response include American Red Cross and Australian Red Cross. Close coordination with these partners as well as the national, provincial and local government and United Nations agencies has helped to avoid any duplication of activities as well and ensure targeting and relief assistance is best optimized.

In order to reach a wider audience with information on its work in this operation, PMI has also been providing press releases to share its progress and actions in connection to this disaster.

The Secretary General has formed a special team to help supervise the chapters and branches in implementing the various activities. In the relief operation the team members were all actively involved in the distribution and roll-out of the emergency programme and now, provide technical guidance on early recovery as well.

Each activity has representation from the community being assisted, the PMI national headquarters, chapter and branches to ensure the support is delivered in a well-coordinated manner.

An overall evaluation is to be conducted at the end of this operation to identify areas for further development and improved preparedness and response.

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3. **Contact information below**

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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.

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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.



Indonesia: Central Aceh Earthquake

