

Disaster relief emergency fund (DREF) Indonesia: Central Aceh earthquake

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GLIDE n° EQ-2013-000073-IDN
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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 192,990 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support Indonesian Red Cross (PMI) in delivering immediate assistance to 5,000 beneficiaries (1,000 households) over a period of two months.

Summary: A 6.2 magnitude earthquake occurred in Aceh province on 2 July 2013. The epicentre was located in the western end of Central Aceh district proximate to the boundary of Bener Meriah in central Aceh. 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.



A family member is registered as a beneficiary for PMI distribution of relief items at a Bener Meriah distribution point on 6 July 2013 following the earthquake in Central Aceh on 2 July. Photo: PMI

The areas most affected were the Bener Meriah and Central Aceh districts. In Bener Meriah district two sub districts were affected while in Central Aceh district eight sub districts were affected. As of 10 July 2013, 39 fatalities had been reported with a further 2,532 people injured. A total of 52,113 people were displaced by the earthquake, while 16,560 houses were damaged, many seriously. These numbers are likely to increase as information is still coming in from remote areas that so far have not been reached. Access to the affected regions is difficult, due to very narrow roads and a significant risk of landslides.

Some groups of people displaced by the earthquake are scattered throughout the affected area and in need of assistance; others have chosen to stay in the ruins of their homes and are managing with household items salvaged from the wreckage. Many affected by the earthquake that have been living in the open are now affected by respiratory illness and there are reports of a sharp increase in cases of skin disease and hypertension. Victims who suffered broken bones and crush injuries have been evacuated to hospitals in Takengon and Bener Meriah for definitive treatment.

PMI branches in the two affected districts responded immediately and additional support from the provincial chapter and other neighbouring branches followed. A PMI rapid response team was dispatched from Jakarta on 6 July to collect data to support needs and damage assessments. Data consolidated by the National Disaster Management Agency (Badan Nasional Penanggulangan Bencana – BNPB) has been provided by heads of sub-district and heads of village. The government has established an Incident Command System (ICS) structure and appointed the local Military Commander as incident commander. The government has also declared that this event is a provincial level disaster within the capacity of the province to manage. The governor of Aceh has declared the emergency phase to be in place until 17 July. However, relief efforts will continue to the more remote and worst affected areas for as long as necessary. The provincial government has set aside about USD 8 million to cover the disaster recovery process in the affected districts while BNPB has contributed a further USD 4 million for emergency response. Meanwhile, the central government has sent 40 tonnes of aid consisting of food and non-food items for disaster victims in Aceh. The government initially established its operations and logistics centers in Bener Meriah.

The president of the Republic of Indonesia paid a visit to the disaster site on 9 July 2013 to meet the affected communities and see the extent of the damage first hand. He announced that there would be a system of grants paid to the owners of damaged houses ranging from USD 1,000 for slightly damaged houses through to USD 4,000 for seriously damaged houses. Assessment and verification is expected to be completed by the middle of July.

While the Government of Indonesia is leading the emergency response, PMI has made a commitment to support this response in Aceh by working in the more remote areas. PMI has agreed to address the needs of the particularly vulnerable groups with a 60/40 split between Central Aceh and Bener Meriah based on damage caused and casualties suffered.

Under this DREF operation, PMI is targeting 5,000 affected people (1,000 families) with an emphasis on the provision of relief and medical support. This will enable PMI's emergency response operation which commenced immediately after the earthquake, to continue until the needs of those most vulnerable in targeted communities are met.

The distribution of emergency shelter and other non-food items included in this DREF operation is part of a larger response being carried out by PMI with support from American Red Cross. The relief items have already been mobilized or are being transported close to the affected areas for distribution. Therefore, the DREF funds will cover replenishment of these items and will be procured locally. IFRC is coordinating with PMI and American Red Cross to ensure the distributions are complementary and there is no duplication of efforts.

This operation is expected to be implemented over two months, and will therefore be completed by 15 September 2013; a final report will be made available three months after the end of the operation (by 15 December 2013).

[< click here for the DREF budget; and contact details >](#)

The situation

The governor of Nanggroe Aceh Darussalam declared a state of emergency from 3 to 17 July 2013. At this stage of the emergency the government and other stakeholders are working effectively to meet the needs of the affected population. The effort now is geared to consolidation and mobilization of available resources and effective coordination of stakeholders to continue to meet the needs of those affected by the earthquake both directly and indirectly. The relocation of the Incident Command Post (ICP) to Takengon and the setting up of a supporting On-Site Operational Coordination Centre (OSOCC) operated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and partner agencies has concentrated the available effort to achieve this objective¹.

Joint assessments have been carried out under the direction of the ICP. PMI staff seconded from the chapter office in Banda Aceh have been involved with the ongoing assessments and contributed to the data collection process. The team dispatched from Jakarta confirmed the situation on the ground and supported the draft plan of action developed by the PMI Aceh chapter. The results of this PMI assessment have led to

¹ See UN OCHA Indonesia: Central Aceh Earthquake Situation Report – 10 July 2013
<http://indonesia.humanitarianresponse.info/>

a commitment from PMI to essentially support relief efforts and the deployment of mobile clinics. Due to ongoing commitments to disaster events in Nusa Tenggara Barat (NTB), East Java and other parts of the country, PMI is in need of assistance to meet the commitment to the Central Aceh earthquake operation.

Coordination and partnerships

According to UNOCHA, the Government of Indonesia is leading the emergency response and continues to provide relief to affected people. In addition to the support provided by government and PMI, the civil society, humanitarian organizations and private sector have been active in providing support. On 10 July, the government moved the Incident Command Post to Takengon, Central Aceh to be closer to the worst affected areas. All activities must be cleared and coordinated through this facility. Coordination meetings are conducted three times a day led by the military commander. Some international organizations such as CARE and Mercy Corps which are working in Aceh proximate to the affected areas have conducted emergency response activities. Other international organizations that have no presence in Aceh are not able to carry out activities unilaterally because the government has not declared a national emergency.

The PMI Aceh chapter has established liaison officers within the Incident Command Post. Several government appointed ministries and related agencies have been directed to coordinate specific sectors during the response phase. The Ministry of Health is to coordinate health response, the Ministry of Social Affairs is to coordinate food and shelter assistance, the military has been given responsibility for logistics and relief distribution and the Ministry of Public Works is responsible for infrastructure, water and sanitation. PMI has been exempted from working through these arrangements and can provide assistance directly to beneficiaries. They are only required to report the planning and execution of the distribution to the relevant local command post.

Red Cross and Red Crescent action

PMI has been involved in emergency response since the earthquake occurred. PMI has volunteer groups in many affected villages known as community based action teams (CBAT), referred to locally as *sibat*, and 60 additional volunteers including volunteer rapid response teams (Satgana) have been involved in emergency response activities. More than 100 volunteers have been engaged in providing support to activities in the field and this number is growing as many volunteers converge to the affected areas on rotation.

Initial PMI commitments included search and rescue operations in conjunction with other first response organizations including BASARNAS, the police and the Indonesian military, TNI. PMI also joined the joint assessment team led by BNPB and including representation from the Ministries of Health, Social Services and other stakeholders.

PMI activities were also carried out at evacuation centres where concentrations of displaced people required immediate support. PMI distributed clean water, undertook health promotion, provided psychosocial services and emergency sanitation requirements including fogging at these locations.

PMI national headquarters and PMI Aceh province have mobilized the following non-food aid:

1. Tents (family type)	75 units
2. Zinc (corrugated roofing sheets)	20,000 sheets
3. Tarpaulins	650 sheets
4. Family kit	700 units
5. Baby kit	60 units
6. Blankets	550 pieces
7. Mats	1,000 pieces
8. Jerry cans	700 units
9. Masks	700 units

An amount of Rp 100,000,000 (about USD 10,000) in operational funds was released for use in the emergency response. PMI national headquarters also commissioned a health team which consisted of two nurses, one doctor (general practitioner) and one surgeon (orthopaedic). Both nurses and the doctor have been performing mobile health services while the specialist orthopaedic surgeon has been performing surgery in the Takengon hospital.

American Red Cross is supporting an ongoing joint integrated community based risk reduction programme with the PMI chapter in Bener Meriah and have released staff to assist the branch to manage the local emergency response. American Red Cross has also contributed relief items and personnel from their Aceh field office to assist both affected branches. A plan of action is being developed to further assist with relief distributions of non-food items and emergency shelter materials, water trucking, repair and set-up of communal water facilities and hygiene promotion.

American Red Cross will support PMI in setting up 150 communal water tanks and tap stands at shared communal sites (i.e. schools, mosques, community centres, market areas, etc.). It is not necessary to deploy water treatment plants to produce potable water as the mountainous areas have plenty of clean water sources, so PMI will rent trucks to deliver safe water to the communities. PMI volunteers will conduct hygiene promotion using information, education and communication (IEC) materials to cover three main messages: hand-washing at critical times, use of latrines, and correct water usage and storage.

Australian Red Cross has been asked to assist with an assessment on the transition process from emergency response to early and more substantial recovery. The IFRC country office has also been involved with technical consideration of the logistics, water and sanitation situations in direct support to the PMI assessment team from Jakarta. Other partner national societies have offered to provide support if requested.

The needs

Selection of people to be reached: Of the 52,133 internally displaced persons (IDPs) in both Central Aceh and Bener Meriah, PMI has undertaken to assist 5,000 individuals (1,000 families). Final locations and aggregated beneficiary data are still being collected. While the needs of the affected population are extensive, after consultation with the government to determine areas of ongoing need supported by their own assessment process, PMI has focused on the relief and health care areas as being consistent with their capacity to manage and sustain for a limited period. Other obvious needs include shelter and clean water. While PMI is involved in supporting these needs, it is doing so in conjunction with other organizations and agencies under the coordination of the government.

Relief

Currently there is still an urgent need for tents, tarpaulins and blankets. The majority of affected people still choose to stay outside their houses, initially because of the fear of aftershocks but now due to the fact that damaged houses are unsafe and at risk from collapse. Community self-help points have been established to provide 'potluck' assistance (such as donated clothing, household items, and non-perishable food) but most people have chosen to set up modest shelter near their damaged homes. Rainfall is high in the affected areas and the temperature in mountainous regions is very cold at night.

BNPB, Save the Children and International Organization for Migration (IOM) have distributed 1,759 tents and 5,000 tarpaulins. PMI has sent 75 family tents and 20,000 sheets of zinc roofing material. Amounts distributed are still well short of the actual needs. Blankets are especially in demand as few agencies have included blankets in their distribution. As mentioned earlier, the weather in the affected districts is very cool at night placing unprotected children, particularly infants, at risk from exposure.

Health

Most of the affected population are finding it difficult to access health care facilities including clinics, health centres and hospitals. In addition to damaged health facilities, access has also been affected by availability of transportation and landslides. Patients requiring surgery are of particular concern because of the limited surgical facilities and specialist equipment required for surgery. Respiratory infections, hypertension, fever and skin diseases have been reported to have increased in the last week.

Several organizations have been providing health care assistance but have not been able to reach all those affected as the focus of health care is still on large concentrations of displaced people or in camps. It is therefore necessary to reach affected population with basic health services through the deployment of mobile clinics.

Water, sanitation and hygiene (WASH)

The region affected by the earthquake has abundant sources of clean water. However, the majority of the infrastructure to distribute the water has been damaged or destroyed by the earthquake. Many wells and cisterns have also been damaged by the earthquake along with much of the equipment required to distribute water from reservoirs to communities. In addition to repairing or replacing water distribution equipment, there is also a need to store water for drinking, washing, sanitation and cooking.

The Ministry of Public Works has deployed ten water tanks with a capacity of 5,000 litres each. The Government of Aceh has provided mobile toilets. PMI is also providing clean drinking water. Muslim Aid plans to distribute water tanks in Ketol Sub District of Central Aceh District, where IDPs are relying on rain water. Save The Children is providing WASH supplies. UNICEF² is coordinating with WASH partners to assess supplies requirements. UNICEF sent a WASH specialist to the affected area to support the local government in planning for additional support as required, such hygiene kits and school sanitation kits.

The proposed operation

Goal of PMI's involvement in this emergency

To reduce the impact of disaster on communities affected by disasters

Objectives

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 assessment 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

Each of the 1,000 families will receive the following relief items: two tarpaulins, two sleeping mats and two blankets. Zinc (corrugated iron) sheets will be distributed based on need according to the level of damage incurred by houses and other structures.

The distribution of emergency shelter and other non-food items included in the DREF are part of a larger response being carried out by PMI with support from the American Red Cross. IFRC is coordinating with PMI and American Red Cross to ensure the activities are complementary and there is no duplication of efforts.

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:

- 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.

² United Nations Children's Fund (UNICEF)

Contact information

For further information specifically related to this submission, 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.

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.

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Saving lives, changing minds.



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.

DREF OPERATION

12-Jul

MDRID008 INDONESIA CENTRAL ACEH EARTHQUAKE

Budget Group	DREF Grant Budget CHF
Shelter - Relief	24,375
Shelter - Transitional	43,875
Clothing & Textiles	30,225
Medical & First Aid	51,675
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	150,150
Volunteers	31,061
Total PERSONNEL	31,061
Programme and Services Support Recovery	11,779
Total INDIRECT COSTS	11,779
TOTAL BUDGET	192,990