

Concept Note

Section 1: Overview of response							
Project Title	Indonesia: Emergency Response to Earthquake-affected vulnerable people in North Lombok – IDN181						
Location	Indonesia: Pendua Village, Kayangan Sub District, North Lombok District, West Nusa Tenggara Province						
Project start date	14 August 2018						
Duration of project	12 (months)						
Budget (USD)	224,525 (USD)						
Sector(s)	<div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Health / Nutrition <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Early recovery / Livelihoods </div> <div style="width: 45%;"> <input type="checkbox"/> Food Security <input checked="" type="checkbox"/> Protection/Psychosocial <input checked="" type="checkbox"/> Education <input type="checkbox"/> Unconditional Cash </div> </div> <input checked="" type="checkbox"/> Other sector Emergency preparedness, Camp management						
Forum	ACT Indonesia Forum						
Requesting members	1. PELKESI/ICAHS (Indonesian Christian Association for Health Services) 2. YAKKUM Emergency Unit (YEU)						
Impact (overall objective)	To promote the well-being of the most vulnerable people in Pendua villages affected by the earthquake through fulfilment of basic needs and basic rights.						
Target beneficiaries	2.700 affected communities in Pendua Village, Kayangan Sub District North Lombok District, West Nusa Tenggara. Among of them are vulnerable groups i.e. children under five, pregnant women, nursing women, elderly and people living with disabilities.						
	Sub village	HH	Person	Children under five	Pregnant women	Elderly	People with disability
	Lokok Bata	119	315	40			3
	Sentul	125	436	38			6
	Senggol	130	500	55			3
	Pendua Daya	170	563	33			1
	Sentul Asli	62	225	21		9	1
	Pendua Lauk	146	500	102	2		1
	Lokok Sanggi	66	192	19		17	1
	Total	818	2,731	308	2	26	16

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Expected outcomes	<p>A. Improved community capacity in safe and healthy housing construction to rebuild their houses properly</p> <p>B.1 Health and hygiene of affected communities are monitored and well maintained</p> <p>B.2 People with disabilities are empowered and supported by their families and communities to be able to function well in their daily activities.</p> <p>C. Affected communities regain a sense of normalcy, stability and hope through psychosocial interventions.</p> <p>D. Increased awareness of affected communities on disaster preparedness</p>
Expected outputs	<p>A. Community knows the basic principles and techniques in construction using building codes and standards</p> <p>B.1.1</p> <p>a. Further injuries to patients and spread of diseases including infectious diseases is prevented</p> <p>b. Patients suffering from high-risk diseases are referred to health facilities</p> <p>B.1.2</p> <p>a. Elimination of the primary disease's causative factors</p> <p>b. Infected patients are quarantined to prevent an outbreak</p> <p>c. Health information is applied</p> <p>d. Community has access to clean water</p> <p>e. Community has access to emergency latrines</p> <p>B.1.3</p> <p>a. Restoration of health care system in 2 village health centres in Pendua village.</p> <p>b. Restoration of healthcare system in 6 integrated health centres in Pendua village.</p> <p>c. Supplementary feeding for vulnerable groups (children under five, pregnant women, nursing women and elderly) conducted</p> <p>B.1.4 Capacity of village health cadres is strengthened.</p> <p>B.2.1 People with disability have improved knowledge about their health and are able to actively participate in the project.</p> <p>B.2.2 Family and community members have increased awareness about disability.</p> <p>B.2.3 Physical barriers for people with disability are reduced.</p> <p>C.1 Family and community members are trained on psychosocial care and support</p> <p>C.2 Children have safe space and protected environment to develop, learn, play and build resilience after emergency.</p> <p>C.3 Community social protection mechanism is in place</p> <p>D.1. Community based disaster preparedness system is in place</p> <p>D.2. Communities develop capacity in disaster preparedness and response</p>
Main activities	A.1 Training on construction, building code and standards, and introduction on earthquake-friendly shelters

	<p>A.2 Provision of construction equipment</p> <p>A.3 Awareness raising on “healthy house,” including production of brochures/posters.</p> <p>B.1.1 Mobile clinic</p> <ol style="list-style-type: none"> 1. Medical treatment for patients including injured patients. 2. Mobile clinic and home visits 3. Health care outreach for susceptible and high-risk disease groups on primary diseases. <p>B.1.2 Primary health care</p> <ol style="list-style-type: none"> 1. Healthy living habit promotion for community 2. Health education for early-age and school-age children. 3. Hygiene kits distribution 4. Water source installation 5. Construct emergency latrines <p>B.1.3 Healthcare system normalization - revitalization of the integrated health centres</p> <ol style="list-style-type: none"> 1. Assessment on integrated health center data. 2. Monitoring on routine visitation to integrated health centers (D/S). 3. Mothers class 4. Supplementary nutrition support. <p>B.1.4. Strengthening of local capacity on disaster risk reduction in health sector.</p> <ol style="list-style-type: none"> 1. Training on PPGD. 2. Asset-based community development for health cadres. 3. Training on feeding for infants and children. <p>B.2.1. Physiotherapy for potential disability conditions</p> <p>B.2.2. Provide assistive device</p> <p>B.2.3. Disability handling training for the community</p> <p>C1.1 Training on Psychosocial care and support</p> <p>C.2.1 Facilitating learn and play activities for children</p> <p>C.3.1 Session on self-protection and essential information to access basic services</p> <p>D.1.1 Facilitating the development of disaster preparedness plan</p> <p>D.2.1 Training on emergency preparedness and response skills</p>
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Section 2: Narrative Summary

Background

Exactly one week after a 6.4 earthquake struck off the northern shore of Lombok island, another 7.0 magnitude earthquake struck inland on Sunday, August 5, 2018 at 19:46 local time. Based on direct observation, damage is widespread over all of Lombok, especially in North Lombok where more than 90% of buildings were rendered uninhabitable.

Aftershocks still often occur with small intensity. As of August 24, 2018, there have been 1,089 recorded aftershocks. Because of the duration and severity of the aftershocks, most people are in a state of heightened sensitivity and are experiencing some level of distress. The most recent biggest aftershock occurred on August 9, 2018 (6.2 magnitude), and August 19, 2018 (6.9 magnitude). There are 555 casualties recorded so far according to the National Disaster Management Bureau (BNPB), with 14,033 reported injuries. 431,416 people were displaced (72,582 infants, 213,724 children under five, 59,603 pregnant women, and 31,724 elderly). 67,857 houses, 184 health facilities, and 458 school units were damaged.

Humanitarian Needs	Capacity to Respond
<ol style="list-style-type: none"> 1. Clean water for consumption, bathing, washing and toileting 2. Portable toilets in shelters 3. Food supply, especially for babies and elderly 4. Non-food items such as shelter kits (tarpaulin, mattress, etc.), hygiene kits (blanket, toiletries, specific needs for babies, children under-5, pregnant women, women, elderly and persons with disability), proper lighting in shelters, equipment for clean-up, and carpentry tools for constructing temporary shelters. 5. Continue mobile health service 6. Psychosocial support for children and adults 7. Shelter management to prepare for the rainy season 	<p>PELKESI and YEU were in North Lombok since July 31, 2018. Previous experience was a joint response in the Pidie Jaya Earthquake, Nanggroe Aceh Darussalam, December 2016.</p> <p>Actions already taken :</p> <ol style="list-style-type: none"> 1. Assessment focused on health, WASH, and psychosocial support. 2. YEU and PELKESI have treated a total 1.450 patients and 8 patients with physiotherapy. 3. Supplementary food distribution for babies, expectants, nursing mothers and elderly in conjunction with the health visit. 4. Distribution of water tanks, water bottles and water trucking 5. Distribution of Non Food item: generator, blanket and tarpaulins 6. Psychosocial support 7. Assistance in inclusive shelter management

Proposed response

Does the proposed response honour ACT's commitment to Child Safeguarding? Yes No

In collaboration with relevant stakeholders, YEU have identified huge gaps in the assistance provided in temporary shelter facilities. YEU will therefore provide assistance to 2,700 people to address needs in shelter and settlements, Non-food items; WASH and hygiene promotion; health/nutrition; protection/psychosocial support; emergency preparedness/resilience, and camp management.

PELKESI program will be providing health services to at least 80% of the population in Pendua village (around 2,185 individuals). Government health care facilities have collapsed as a result of the earthquake, and complaints on health disorders in the IDP camps have started to rise, specifically around non-communicable diseases. Based on the results of the mobile clinic conducted by the medical team in 4 sub-district of North Lombok (Bayan, Kayangan, Gangga and Tanjung sub-district), there were top 5 such diseases : upper respiratory tract infection, myalgia, cephalgia, dyspepsia and allergic contact dermatitis.

Coordination

YEU and PELKESI will continue their active participation in coordination meetings established by national cluster and local authorities. YEU and PELKESI will also encourage local churches, Jakomkris TBI and local partners to be involved in coordination meetings. Information is also shared within the ACT Indonesia Forum. PELKESI implementation will be supported under YEU coordination. The health activities will be implemented by a medical team in coordination with local stakeholders, health cadres, village midwives, women's groups, elderly groups and local authorities.

Basic implementation pla

Activities	1	2	3	4	5	6	7	8	9	10	11	12
Shelter management sessions												
Provision of tarpaulins, mattresses and plywood to practice inclusive shelter management for vulnerable groups												
Provision of carpenter kits												
Coordination meetings with local authorities												
Water, sanitation & hygiene (WASH)												
Distribution of clean and potable water by temporary water trucking												
Hygiene kits distribution.												
Construction of 8 emergency latrines in the temporary shelters.												
Lead monthly hygiene promotion campaign every 2 weeks in collaboration with local government												
Health / Nutrition												
Medical services in the camp for three months												
Health promotion campaign												
Physiotherapy for potential disability conditions												
Provide assisted Device												
Disability handling training for the community												
Provision of supplementary food every month taking into account specific needs of vulnerable groups												
Food processing practices of infants and children												
Integrated health centers activation												
Protection / Psychosocial support												
Training on Psychosocial care and support for cadres												
Session on self-protection and essential information to access basic services												
Facilitating learn and play activities for vulnerable groups												
Establish community based child protection mechanism												
Emergency Preparedness / Resilience												
Emergency Preparedness Training												
Camp Management												
Training on safe & healthy housing construction												
Monitoring & evaluation												
Kick-start workshop												
Mid-review workshop												
Target beneficiaries												

Monitoring and evaluation

YEU will be responsible for overall monitoring and evaluation. The overall monitoring plan includes the following components : The project manager will supervise the implementation of activities to ensure achievement of outputs and outcomes that will be reported to the emergency coordinator. The

emergency coordinators will carry out close monitoring and cross-checking in the field for the progress reported, analysing any gaps and identifying further humanitarian needs.

PELKESI/ICAHS will be responsible with the monitoring and evaluation of health and nutrition activities. The health coordinator will ensure the achievement of outputs and outcomes through regular supervision, including monthly reporting to the project manager and PHC-Advocacy program manager. The reports will be analysed and cross-checked with the situation in the field to track achievements, analyze gaps, and identify further needs. The recommendation from the program evaluation will be delivered to the village government and community health centers. These monitoring and evaluation activities will be conducted one time during the project period.

Section 3: Budget Summary

EXPENDITURE			Appeal Budget IDR	Appeal Budget USD
DIRECT COSTS				
PROGRAM STAFF				
Total national program staff			915,900,000	65,421
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PROGRAM ACTIVITIES				
Shelter and settlement / Non-food items			134,500,000	9,607
Water, sanitation & hygiene (WASH)			224,000,000	16,000
Health / Nutrition			466,250,000	33,304
Protection / Psychosocial support			129,000,000	9,429
Emergency Preparedness / Resilience			20,000,000	1,429
Camp Management			105,000,000	7,500
TOTAL PROGRAM ACTIVITIES			1,078,750,000	77,268
PROGRAM IMPLEMENTATION				
TOTAL PROGRAM IMPLEMENTATION			188,000,000	13,429
PROGRAM LOGISTICS				
Transport (of relief materials)			383,400,000	27,386
Warehousing			27,000,000	1,929
Handling			36,500,000	2,607
TOTAL PROGRAM LOGISTICS			446,900,000	31,921
PROGRAM ASSETS & EQUIPMENT				
TOTAL PROGRAM ASSETS & EQUIPMENT			55,000,000	3,929
FORUM COORDINATION				
TOTAL FORUM COORDINATION			20,000,000	1,429
STRENGTHENING CAPACITIES				
TOTAL STRENGTHENING CAPACITIES			90,000,000	6,429
TOTAL DIRECT COST			2,794,550,000	199,825
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT				
Staff salaries				
Salaries for Programme Director			48,000,000	3,429
Salaries for Finance Director			36,000,000	2,571
Salaries for accountant and other admin or secretarial staff			48,000,000	3,429
Office Operations				
Office rent			84,000,000	6,000
Office Utilities			3,000,000	214
Office stationery			15,000,000	1,071
Communications				
Telephone and fax			18,000,000	1,286
Other				-
Insurance			2,250,000	161
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT			254,250,000	18,181
			8%	8%
TOTAL EXPENDITURE exclusive International Coordination Fee			3,048,800,000	217,986
INTERNATIONAL COORDINATION FEE (ICF) - 3%			91,464,000	6,540
TOTAL EXPENDITURE inclusive International Coordination Fee			3,140,264,000	224,525
BALANCE REQUESTED (minus available income)			3,140,264,000	224,525

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Summary Table

Summary	PELKESI/ICAHS	YAKKUM Emergency Unit
Implementation period	From 14 August 2018 to 13 August 2018 12 (months)	From 14 August 2018 to 13 August 2019 12 (months)
Geographical area	Pendua Village, Kayangan Sub-district, North Lombok, West Nusa Tenggara	Pendua Village, Kayangan Sub-district, North Lombok, West Nusa Tenggara
Sectors of response	<input type="checkbox"/> Shelter/NFIs <input type="checkbox"/> Unconditional CASH <input type="checkbox"/> ER/Livelihoods <input type="checkbox"/> Protection/Psychosocial <input type="checkbox"/> WASH <input type="checkbox"/> Food Security <input checked="" type="checkbox"/> Health <input type="checkbox"/> Community resilience <input type="checkbox"/> Education <input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Shelter/NFIs <input type="checkbox"/> Unconditional CASH <input type="checkbox"/> ER/Livelihoods <input checked="" type="checkbox"/> Protection/Psychosocial <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Food Security <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Community resilience <input type="checkbox"/> Education <input type="checkbox"/> Nutrition
Targeted beneficiaries (per sector)	2.700 person in Pendua Village	2.700 person in Pendua Village
Requested budget (USD)	59,390.54 (USD)	165,134.75 (USD)

<i>Applicant Information</i>	
Name of Organisation	YAKKUM Emergency Unit
Address	Jl. Kaliurang km 12, Dusun Candi 3 no 34 RT 03/RW 06, Sardonoarjo, Ngaglik, Sleman, Yogyakarta, Indonesia 55581
Phone	+62 274 882477
E-mail	yeu@yeu.or.id
Web site	www.yeu.or.id

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

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P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the national forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, and detailed budgets per member are available upon request from the ACT Secretariat. For pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Head of Finance and Administration, Line Hempel (Line.Hempel@actalliance.org) and Senior Finance Officer, Lorenzo Correa (Lorenzo.Correa@actalliance.org) with a copy to the Regional Programme Officer (James.Munpa@actalliance.org) of all pledges/contributions and transfers, including funds sent direct to the requesting members.

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT Regional Representative, Anoop Sukumaran (ask@actalliance.org)

ACT Website: <http://www.actalliance.org>

Alwynn Javier

Global Humanitarian Coordinator
ACT Alliance Secretariat