

## Rapid Response Fund (RRF)

Section 1: Overview of response													
Indonesia	Emergency Assistance to people affected by the West Sulawesi Earthquake												
<table border="1"> <thead> <tr> <th>Summary</th> <th>PELKESI</th> </tr> </thead> <tbody> <tr> <td>Implementation period</td> <td>18 January 2021 <i>Start date</i> 17 April 2021 <i>End date</i> 3 (months)</td> </tr> <tr> <td>Geographical area</td> <td>Mamuju Districts, West Sulawesi Province</td> </tr> <tr> <td>Sectors of response</td> <td> <input checked="" type="checkbox"/> Shelter / NFIs  <input checked="" type="checkbox"/> Health  <input checked="" type="checkbox"/> WASH  <input type="checkbox"/> Protection/ psychosocial  <input checked="" type="checkbox"/> Food Security         </td> </tr> <tr> <td>Targeted beneficiaries (per sector)</td> <td>           Shelter – 300 households            Food – 300 households            Water Supply – 1,500 persons for one month            Feminine kits – 2,000            Mobile Clinics – 5,000 patient visits         </td> </tr> <tr> <td>Requested budget (USD)</td> <td>80,792</td> </tr> </tbody> </table>		Summary	PELKESI	Implementation period	18 January 2021 <i>Start date</i> 17 April 2021 <i>End date</i> 3 (months)	Geographical area	Mamuju Districts, West Sulawesi Province	Sectors of response	<input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Protection/ psychosocial <input checked="" type="checkbox"/> Food Security	Targeted beneficiaries (per sector)	Shelter – 300 households Food – 300 households Water Supply – 1,500 persons for one month Feminine kits – 2,000 Mobile Clinics – 5,000 patient visits	Requested budget (USD)	80,792
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Is there an updated ACT Forum EPRP?	Yes												
Section 2: Narrative Summary													
<p><b>Background</b></p> <p>On the early morning (02:28 AM) of Friday the 15 January 2021, a 6.2 magnitude earthquake hit the districts of Majene, Mamuju, and Polewali Mandar in West Sulawesi Province, Indonesia. It was preceded by a 5.9 magnitude earthquake in the same area a day earlier. Until 16 January 2021, an earthquake with a magnitude of 5.0 was recorded, which is still being followed by numerous smaller aftershocks.</p> <p>Combined reports from UN OCHA and BNPB on 18 January 2021 said the earthquake caused immense damages to 1.150 houses, 1 bridge, 3 hospitals, 2 Community Health Centers, 1 port, 1 hotel, 2 Government offices, landslides on 5 points, 2 mini markets, 12 educational units, and places of worships (mosques, churches). There were 88 casualties, 253 people with serious injuries, 679 people with minor injuries, and around 30,353 directly affected. According to the report of the local authorities, the number of casualties is predicted to increase. The earthquake has also resulted in the disruption of electricity, communication, water supply, transportation access (by air, sea, land), and there is also security issue like road blockage due to landslides and looting of relief aids in some locations.</p> <p>The COVID-19 pandemic has also put the disaster in a dire situation which could leads to a complex emergency. The Indonesian government has started to deploy rescue teams and assistances to the affected areas. Based on the results of a quick assessment from BNPB, the governor of West Sulawesi Province has declared the state of emergency in the province.</p> <p><b>Humanitarian Needs</b></p> <p>The earthquake has put the district in a state of crisis. The damage of buildings in several health facilities (hospitals) prompted the need for field hospitals because some hospital buildings cannot operate. Damages to medical equipment, limited stock of medicines, limited availability of PPEs, rapid</p>													

tests availability for screening patients who are victims of disasters, and limited use of surgical kits and anaesthetic are challenges in conducting health interventions for survivors. Medical personnel limited in providing health services in evacuation camps through mobile clinics because field hospitals are prioritised.

The clusters are being setup in the field and coordination is still chaotic. This condition affects the protection of health workers, those who are in self-isolation and other vulnerable groups in temporary shelters who have comorbidity, especially in the COVID-19 pandemic situation. Until now, there has been no specific strategy from the local authorities to overcome these challenges, including updating information on mental health management for survivors.

The affected population find themselves in a desperate situation, with many unmet vital humanitarian needs. They also experience limited access and supply for sufficient foods, safe shelters, health services, and safe drinking water. The immediate needs identified are ready-to-eat meals, tarpaulins, blankets, hygiene kits, and baby supplies. It is apparent that the earthquake has also disrupted the livelihood of most people.

The humanitarian assistance should also consider the need of those most vulnerable in disaster response, such as older people, pregnant women, people with disabilities, families with babies and children. The team should also consider how the delivery of the interventions can be done in a safe manner to mitigate COVID-19 transmission and reaching out to those who have difficulty in accessing them.

#### **Capacity**

Pelkesi and YAKKUM through YAKKUM Emergency Unit (YEU) have conducted a Joint Need Assessment to map needs and identify gaps from the health sector after the disaster. Previously, Pelkesi and YAKKUM were involved in a joint appeal for the Central Sulawesi Earthquake, which has similar geographical conditions with West Sulawesi. The national member forum (Pelkesi, YAKKUM, and CDRM & CDS-NHU) also has collaborated on the COVID-19 pandemic response's joint assessment. GKSB Synod and GTM Synod contributes information on the affected areas to the joint needs assessment of Jakomkris, a network of churches and faith-based organisations organised by Integral Alliance. This information informs the response plans of Pelkesi and Yakkum.

The action already taken:

1. Joint Need Assessment
2. Mobile clinic
3. Mapping the capacity of the church in disaster response

Pelkesi has started its mobile health clinics and has served 161 patients in Mamuju District.

#### **Proposed response**

In collaboration with relevant stakeholders such as Jakomkris, GKSB Synod, and GTM Synod, the ACT Alliance Indonesia forum has identified a gap in meeting the needs, especially around health, shelter management, food and WASH sectors. The forum is planning to respond in Mamuju District that are mainly damaged by the earthquake.

Pelkesi will lead the response together with YEU providing immediate basic needs for around 5,000 affected people through fulfilling immediate needs for health service and health promotion; prevention of transmission of COVID-19; food and nutrition for vulnerable groups; WASH and hygiene promotion; shelter management and NFIs; protection; and early recovery. The response aims to provide support for strengthening the local churches in filling the gap in church-based humanitarian response.

This proposal contributes to a bigger organizational response of Pelkesi and YAKKUM.

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

<p>Problems</p>	<p>The impact of West Sulawesi earthquake left thousands homeless. They are now living in temporary shelters and evacuation camps as their houses have been damaged or destroyed. The affected population will also need assistance for food and water supply. Access to health services have also been disrupted as hospitals and village health clinics have been damaged.</p> <p>In addition, this emergency increases the risk of the deployed staffs and the affected population to be contracted with the virus. Thus, adherence to health protocol should be key in every intervention and the delivery strategy should consider the safety of all. Another risk about COVID-19 is the uncertainty of protection measures to prevent local transmission in temporary shelters.</p>
<p>Target beneficiaries</p>	<p>Mobile Clinics – 5,000 patient visits          Feminine kits – 2,000          Food – 300 households          Shelter – 300 households          Water Supply – 1,500 persons for one month</p>
<p>Main activities</p>	<p>A. Health          A.1 Mobile clinic.          A.2 Health promotion to prevent COVID-19 transmission in temporary shelters.          A.3 Health reproduction education for women and teenage girls.          A.4 Distribution of feminine kits (sanitary napkins, woman underwears, small towel, sanitary napkin disposal bag).</p> <p>B. Food and Nutrition          B.1 Distribution of food packages for vulnerable groups (rice, cooking oil, sugar, tea packs, eggs, garlic, onion, salt, soy souce, egg noodles).</p> <p>C. Shelter and NFIs          C.1 Distribution of shelter kits (blankets, mattresses, tarpaulins, ropes).</p> <p>D. WASH          D.1 Clean water distribution through water trucking.</p> <p>E. Protection          E.1 Psychosocial support for vulnerable group during COVID-19 pandemic post disaster.</p>
<p>Specific objective(s)/ Outputs</p>	<p>A. People affected by the earthquake will have access to health services through mobile clinics. As part of the services, they will also learn about proper sanitation and hygiene practice, reproductive health education for women and girls, and orientation on how to protect themselves from being infected with Covid-19.</p>

	B. People will have access to food, shelter and household items, and safe drinking water during the period when accessibility to these household needs are still difficult.
Overall objective / Outcome(s)	People affected by the West Sulawesi earthquake will be able to recover faster from the impact of the disaster.

### Reporting Schedule

Type of Report	Due date
Situation report	26 February 2021
Final narrative and financial report (60 days after the ending date)	18 June 2021
Audit report (90 days after the ending date)	19 July 2021

### Monitoring and evaluation

The forum's national members (Pelkesi and YAKKUM) will be responsible for overall monitoring and evaluation. The Project Manager in each organisation will ensure the achievement of outputs and outcomes through monthly supervision and then reported to the Project Director to identify the program's achievements, and to analyze the gap and give recommendations for the next needs. The reports, both narrative and financial, from each organisation will be compiled by Pelkesi to present full ACT Alliance Indonesia Forum Report to the ACT Secretariat.

### *Section 3: ACT Alliance coordination*

#### Coordination

The forum's national members will continue the active participation in the coordination meetings established by the national cluster and local authorities, particularly health cluster, as well as displacement and protection cluster. The national forum members will collaborate with Jakomkris to conducted Joint Need Assessment (JNA) and encourage Synods to be involved in coordination meetings. The progress of information is forwarded to ACT Indonesia Forum.

The project field staffs are responsible for implementing activity coordination with Synods, local stakeholders/authorities, local DPOs, Community Health Center, and religious leaders.

#### Implementation arrangements

Pelkesi and YAKKUM will be the implementing members for this response with Pelkesi as the project holder. The project's implementation involves the synods to strengthen the capacity in the church-based humanitarian response. Pelkesi will focus on comprehensive health intervention towards the complexity of the disaster due to the Covid-19 pandemic. YEU will focus on the provision of clean water, food, and shelter kits. Staff security will be assessed regularly as the region is predominantly practices Islam and the organisations' presence may be perceived as antagonistic.

#### Human resources and administration of funds

Pelkesi is taking responsibility for the management and the distribution of the fund for humanitarian assistance. Pelkesi is also responsible for the implementation, administration control, and monitoring report writing and evaluation project.

The human resources and administrative funds will managed follow the already-procedures. The procedure of bookkeeping will follow the existing Pelkesi's standards. An audited financial report is budgeted and will submit to ACT Alliance Secretariat as per the reporting guidelines.

<b>Human Resources</b>	<b>Number of staff</b>	<b>Period of Work</b>	<b>Notes</b>
Project Manager	1	3 months	Full time
Project Officer	1	3 months	Full time
Information & Communication	1	3 months	Full time
Finance	1	3 months	Full time
Community Organizer	2	3 months	Full time
Medical Doctor	1	3 months	Full-time
Nurse	1	3 months	Part-time
Logistician	1	3 months	Part-time
PME	1	3 months	Part-time

**Communications**

The responding ACT members will communicate internally and remotely monitor through online media, such as Whatsapp group, Zoom/Google Meeting, Email. The forum will assign one communication officer who will be responsible for issuing or releasing monthly sitreps, infographics or other types of communication formats to the forum. However, ACT Alliance visibility in the affected area which is a predominantly muslim region, will be limited as this will affect staff security.

**Section 4: Budget Summary**

See next page

	Type of	No. of	Unit Cost	Appeal	Appeal
	Unit	Units	local currency	Budget	Budget
				local currency	USD
<b>DIRECT COSTS</b>					
<b>1 PROGRAM STAFF</b>					
1.1.	Project Manager (100%)	month	3	10,000,000	2,131
1.2.	Project Officer (100%)	month	3	8,500,000	1,811
1.3.	Community Organizers (2 persons, 100%)	month	3	12,000,000	2,557
1.4.	Finance (100%)	month	3	5,500,000	1,172
1.5.	Logistician (30%)	month	3	1,650,000	352
1.6.	Information and Communication (100%)	month	3	5,500,000	1,172
1.7.	Medical doctor (100%)	month	3	10,000,000	2,131
1.8.	Nurse (100%)	month	3	6,000,000	1,279
1.9.	PME (40%)	month	3	4,000,000	852
1.10.	Insurance	persons	10	900,000	639
				0	0
<b>TOTAL PROGRAM STAFF</b>				<b>198,450,000</b>	<b>14,096</b>
<b>2 PROGRAM ACTIVITIES</b>					
2.1.	Shelter and settlement / Non-food items			240,000,000	17,047
2.1.1.	Shelter kits (blanket, mattresses, tarpaulins, rope) - incl. packaging & transporting	households	300	800,000	17,047
2.2.	Food security			90,000,000	6,393
2.2.1.	Food packages for vulnerable groups (rice, cooking oil, sugar, tea packs, eggs, garlic, onion, salt, soy sauce, egg noodles)	households	300	300,000	6,393
2.3.	Water, sanitation & hygiene (WASH)			21,000,000	1,492
2.3.1.	Water trucking (2 locations per day, incl. fuel for trucks) - one month	Trips	60	350,000	1,492
2.4.	Health / Nutrition			320,000,000	22,729
2.4.1.	Mobile Clinic	patient visits	5,000	30,000	10,654
2.4.2.	Health promotion of Covid-19	lumpsum	3	8,500,000	1,811
2.4.3.	Health reproduction education	lumpsum	3	1,500,000	320
2.4.4.	Distribution of feminine kit	packages	2,000	70,000	9,944
2.4.5.				0	0
2.5.	Protection / Psychosocial support			30,000,000	2,131
2.5.1.	Psychosocial support for vulnerable group	lumpsum	3	10,000,000	2,131
<b>TOTAL PROGRAM ACTIVITIES</b>				<b>701,000,000</b>	<b>49,791</b>
<b>3 PROGRAM IMPLEMENTATION</b>					
3.1.	Needs Assessment	lumpsum	1	20,000,000	1,421
3.2.	Communication / visibility	lumpsum	1	1,000,000	71
3.3.	Complaint mechanisms	lumpsum	1	750,000	53
3.4.	Monitoring & evaluation	lumpsum	1	25,000,000	1,776
3.5.	Audit	lumpsum	1	40,000,000	2,841
<b>TOTAL PROGRAM IMPLEMENTATION</b>				<b>86,750,000</b>	<b>6,162</b>
<b>4 PROGRAM LOGISTICS</b>					
<b>Transport (of relief materials)</b>					
4.1.	Hire/ Rental of Vehicles: 2 cars	month	3	23,500,000	5,008
4.2.	Fuel	month	3	1,500,000	320
4.3.	Transportion	roundtrip	4	8,000,000	2,273
<b>Warehousing</b>					
4.3.	Rental of warehouse	month	3	2,500,000	533
<b>Handling</b>					
4.4.	Salaries / wages for Drivers			0	0
<b>TOTAL PROGRAM LOGISTICS</b>				<b>82,500,000</b>	<b>8,133</b>
<b>TOTAL DIRECT COST</b>				<b>1,068,700,000</b>	<b>78,181</b>
<b>INDIRECT COSTS: PERSONNEL, ADMINISTRATION &amp; SUPPORT</b>					
<b>e.g. Staff salaries</b>					
	Salaries e. g % for Programme Director)	month	3	3,000,000	639
	Salaries e. g % for Finance Director)	month	3	2,500,000	533
	Salaries for accountant and other admin or secretarial staff .....	month	3	2,000,000	426
<b>Office Operations</b>					
	Office Utilities	month	3	1,500,000	320
<b>Communications</b>					
	Telephone and fax	month	3	750,000	160
	Other				
	Insurance	month	3	2,500,000	533
<b>TOTAL INDIRECT COST: PERSONNEL, ADMIN. &amp; SUPPORT</b>				<b>36,750,000</b>	<b>2,610</b>
				<b>3%</b>	<b>3%</b>
<b>TOTAL EXPENDITURE</b>				<b>1,105,450,000</b>	<b>80,792</b>

### Section 5: Annexes (mandatory)

Mandatory Annexes have been submitted:

- I. Annex 1 – Contact and bank details
- II. Annex X – Contract of good faith

**ACTION**

The ACT Secretariat has approved the use of US\$80,792 towards the budget from its Rapid Response Fund and would be grateful to receive contributions to wholly or partially replenish this payment. Should there be an appeal for this emergency, the RRF payment will be considered as an advance.

**For further information please contact:**

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