

Rapid Response Fund (RRF)

	Section 1: Overview of response			
Indonesia	Immediate relief support to restore essential normality in the			
	lives of flash flood affected community in East Nusa Tenggara			
Summary	PELKESI			
Implementation				
period	7 April 2021 Start date			
	6 July 2021 End date			
	3 (months)			
Geographical area	East Sumba District (and surrounding), Sabu District, and			
	Kupang District			
Sectors of	⊠ Shelter/household items			
response	N Health			
	☐ WASH ☑ Food Security			
Targeted beneficiaries	1 ° INDONIE CIDIC – 3 DOU PALIEDI VICIC			
(per sector)	Healthy Food Packages – 500 households			
	Shelter kits – 200 households			
	Psychosocial support for vulnerable groups			

Is there an updated ACT	Yes
Forum EPRP?	

Section 2: Narrative Summary

Background

Requested budget

60,966

Tropical cyclone Seroja carried heavy rains and strong winds that triggered flash floods and landslides in Nusa Tenggara Timur (NTT) on Sunday, 4th April 2021. The Indonesian National Board for Disaster Management (BNPB)reported 138 people died, 61 missing, and up to 1,114 destroyed or damaged houses. Residents lost their homes due to being submerged by water, mud, and soil as well as public facilities and infrastructure damaged by the disaster, such as bridges, roads, and airports being submerged by water. Areas affected were East Flores, Malacca, Lembata, Ngada, Alor, East Sumba, Sabu Raijua, Rote Ndao, Timor Tengah Selatan, Ende, and Kupang City. Access and communication to affected areas have been difficult as roads and communication facilities were damaged.

Humanitarian Needs

Access to food has become difficult as roads are impassable and local produce were also destroyed by the floods. Houses have been destroyed or damage so there is a need for shelter materials and temporary shelters beyond what is offered in evacuation camps. People often prefer to stay in their homes or close to their homes, even if damaged to protect their assets. Also, evacuation camps do not assure people of protection against Covid-19 as these tend to be overcrowded and without privacy.

There is a need for mobile clinics also as public health facilities have been damaged or overwhelmed with the need to provide services to the affected population.

Capacity

PELKESI and YAKKUM Emergency Unit (YEU) have implemented several humanitarian responses in Indonesia in the past which have been funded and supported by different organisations including ACT Alliance. Both organisations collaborate with Jakomkris members, a network of faith-based organisations in Indonesia, of which PELKESI and YEU are



also members.

Proposed response

The response will target around 3,500 affected people (700 households) providing health services, food, shelter materials, and household items. The forum is planning to respond in East Sumba District (and surrounding), Kupang City and Malaka District that were directly affected by the disaster. It aims to build the capacities of two local churches for humanitarian response.

Local partners, GKS Synod and GMIT Synod, provided information on the affected areas to the joint need assessment of Jakomkris, which informed the response plans of Pelkesi and YEU.

PELKESI will partner with CD Bethesda YAKKUM at Waingapu-East Sumba and through Lindimara Hospital, a local PELKESI member hospital, which will deploy its medical team to the affected communities in East Sumba (Rindi, Kambera, Pandawai, and Letis sub-districts). YEU, on the other hand, has already started a public kitchen for the affected communities in Malaka and Kupang City in collaboration with GMIT Synod and CD Bethesda YAKKUM.

In addition, this emergency increases the risk Covid-19 infection of the deployed staffs and the affected population. PELKESI and YEU will make sure that proper health protocol will be applied.

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

Does the proposed response honour ACT's commitment to Child Safeguarding?

☐ No

Problem	People affected by the flash floods and landslides in East Nusa Tenggara need assistance while they are living in evacuation camps, as their houses have been damaged or destroyed. The affected population will also need assistance for health services, psychosocial support, food, and Shelter and settlement / Non-food items.
Target	Mobile Clinics – 3,000 patient visits
beneficiaries	Healthy Food Packages - 500 HH
	Shelter and settlement / Non-food items - 200 HH
	Psychosocial support for vulnerable groups
Main activities	A. Health
	A.1. Health services through mobile clinics.
	A.2. Health and hygiene promotion campaign
	B. Food and Nutrition
	B.1. Distribution of food packages for vulnerable groups (rice, cooking
	oil, sugar, tea packs, salt, soy sauce, mung beans) in East Sumba,
	Malaka District and Kupang City
	B.2. Soup kitchens provided by Synods
	C. Shelter and settlement / Non-food items





	C.1. Distribution of shelter kits (blankets, mattresses, tarpaulins).
	D. Protection/Psychosocial Support D.1. Psychosocial support for vulnerable groups
Specific objective(s)/ Outputs	A. People affected by the flash floods will have access to health services through mobile clinics. As part of the services, they will also learn about proper sanitation and hygiene practice, and orientation on how to protect themselves from being infected with Covid-19.
	B. People will have access to food, shelter materials and household items, during the period when accessibility to these household needs is still difficult.
Overall objective Outcome(s)	People affected by the East Nusa Tenggara flash floods will be able to recover faster from the impact of the disaster.

Reporting Schedule

Type of Report	Due date
Situation report	7 May 2021
Final narrative and financial report	6 September 2021
(60 days after the ending date)	
Audit report (90 days after the ending	6 October 2021
date)	

Monitoring and evaluation

PELKESI and YEU 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 reporting to the Project Director. 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.

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

Implementation arrangements

PELKESI and YEU will be the implementing members for this response. Project implementation strengthening the capacity of the synods for humanitarian response. PELKESI will focus on comprehensive health intervention, including health promotion, in East Sumba and Kupang District. YEU will focus on distribution of healthy food and shelter





kits. Staff security will be assessed regularly as the region predominantly practices Islam and the organisations' presence may be perceived as antagonistic.

Human resources and administration of funds

PELKESI acts as the project manager, including fund management, and will be responsible for implementation, administration control, and submission of reports, using PELKESI's systems and standards.

An audited financial report is budgeted and will submit to ACT Alliance Secretariat as per the reporting schedule.

Human Resources	Number of staff	Period of Work	Notes
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	2	3 months	Full-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, and 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.

Section 4: Budget Summary





		_		Unit Cost	Appeal	Appeal
		Type of	No. of		Budget	Budget
DIDEO		Unit	Units	local currency	local currency	USD
	T COSTS					
1	PROGRAM STAFF	us a with	2	10 000 000	20,000,000	2.0
1.1.	Project Manager (100%)	month	3	10,000,000 8,500,000		2,0 1,7
1.2.	Project Officer (100%)	month				
1.3.	Community Organizers (2 persons, 100%)	month	3		36,000,000	2,4
1.4.	Finance (100%)	month	3		16,950,000	1,1
1.5.	Information and Communication (100%)	month	3		16,950,000	1,1
1.6.	Logistician (30%)	month	3		4,950,000	3
1.7.	Medical doctor (100%)	month	3		30,000,000	2,0
1.8.	Nurse (100%)	month	3		27,000,000	1,8
1.9.	PME (40%)	month	3		12,000,000	8:
1.10.	Insurance PELKESI (BPJS)	persons	8	-	4,000,000	2
1.11.	Insurance YEU (30%)	month	3	1,500,000	4,500,000	3
	TOTAL PROGRAM STAFF				207,850,000	14,3
	Description	Type of	No. of	Unit Cost	Appeal	Appeal
		Unit	Units	local currency	Budget local currency	Budget USD
2	PROGRAM ACTIVITIES					
2.1.	Shelter and settlement / Non-food items				160,000,000	11,02
2.1.1.	Shelter kits (blanket, mattresses, tarpaulins - incl. packaging & transporting	household	200	800,000	160,000,000	11,02
2.2.	Food security				111,500,000	7,68
2.2.1.	Food packages for vulnerable groups (rice, cooking oil, sugar, tea packs, salt, soy souce,	households	500	213,000	106,500,000	7,33
	mung beans)					
2.2.2.	Support of the kitchen by GKS Synod	lumpsum	1	5,000,000	5,000,000	34
2.3.	Water, sanitation & hygiene (WASH)				0	
2.4.	Health / Nutrition				129,000,000	8,8
2.4.1.	Mobile Clinic	patient visits	3,000	25,000	75,000,000	5,1
2.4.2.	Health promotion campaign	lumpsum	3	18,000,000	54,000,000	3,7
2.5.	Protection / Psychosocial support				60,000,000	4,13
2.5.1.	Psychosocial support for vulnerable group	lumpsum	3	20,000,000	60,000,000	4,1
	TOTAL PROGRAM ACTIVITIES				460,500,000	31,7
3	PROGRAM IMPLEMENTATION					
3.1.	Needs Assessment	lumpsum	1	20,000,000	20,000,000	1,3
3.2.	Communication / visibility	lumpsum	1	10,000,000	10,000,000	6
3.3.	Complaint mechanisms	lumpsum	1	750,000	750,000	
3.4.	Monitoring & evaluation	· ·	1	39,000,000	39,000,000	2,6
	-	lumpsum	1	-		-
3.5.	Audit	lumpsum	1	40,000,000	40,000,000	2,7
	TOTAL PROGRAM IMPLEMENTATION				109,750,000	7,50
4	PROGRAM LOGISTICS					
	port (of relief materials)			45		
4.1.	Hire/ Rental of Vehicles: 2 cars	month	3	15,000,000	45,000,000	3,10
	Fuel	month	3			51
	Transportation	roundtrip	2	6,000,000	12,000,000	82
	ousing					
4.3.	Rental of warehouse: 2 house	month	3	3,500,000	10,500,000	72
Handlii 4.4.	ng Salaries / wages for Drivers				0	
	TOTAL PROGRAM LOGISTICS				75,000,000	E 41
						5,16
	TOTAL DIRECT COST				853,100,000	58,77
	CT COSTS: PERSONNEL, ADMINISTRATIO	N & SUPPOR	RT			
e.g.	Staff salaries					
	Salaries e. g % for Programme Director)	month	3	2,800,000	8,400,000	5
	Salaries e. g % for Finance Director)	month	3	2,800,000	8,400,000	5
	Salaries for accountant and other admin or	month	3	2,000,000	6,000,000	4
	secretarial staff)	monul	3	2,000,000	0,000,000	4
	Office Operations					
	Office Utilities	month	3	1,300,000	3,900,000	20
	Communications					
	Telephone and fax	month	3	1,500,000	4,500,000	3
	Other		- 3	1,500,000	1,000,000	
	Insurance	month	3	200,000	600,000	
			3	200,000	555,000	
	TOTAL INDIRECT COST: PERSONNEL, AD	MIN. & SUPP	ORT		31,800,000	2,1
					4%	4
	TOTAL EXPENDITURE				884,900,000	60,90

Section 5: Annexes (mandatory)





Mandatory annexes have been submitted

ACTION

The ACT Secretariat has approved the use of US\$60,966 towards the budget from its Rapid Response Fund and would be grateful to receive contributions to replenish this payment wholly or partially. 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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