



## Rapid Response Fund

### ACT Secretariat Approval

**Project Code** 20/2022  
**Project Name** Emergency assistance for earthquake affected population in Cianjur District, Indonesia

The ACT Secretariat has approved the use of **USD150,359** from its Global Rapid Response Fund (GRRF22) and would be grateful to receive contributions to wholly or partially replenish this payment.

**For further information please contact:**

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**Cyra Michelle Bullecer**  
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ACT Alliance Secretariat



## Rapid Response Fund

### Project Proposal

#### Emergency Prepared and Response Plan

Do you have an EPRP	Yes
When was the last update?	June 2022
Do you have a Contingency Plan for this response?	
EPRP link on the online platform	Yes

Please submit this form to the Regional Humanitarian Programme Officer of your region with a copy to the Regional Representative

Date submitted to ACT Secretariat

28-Nov-22

### Section 1 Project Data

#### Project Information

Project Name	Emergency assistance for earthquake affected population in Cianjur District, Indonesia
Project Code	20/2022
Country Forum	ACT Indonesia Forum
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	PELKESI YAKKUM Emergency Unit (YEU)
Name of person leading the project	Irawaty Manullang
Job Title	Forum Convener
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Location(s) of project (city / province)	Cianjur District in West Java Province, Indonesia
Project start date (dd/mm/yyyy)	22/Nov/22
Project end date (dd/mm/yyyy)	22/May/23

#### Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	PELKESI		YEU			
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers						
Camp Management						
Education						
Food/Nutrition	909	1150				
Health	2255	2174				
Household items						
Livelihood						
Psychosocial	418	594				
Shelter			1292	1208		
Wash			1292	1208		

### Section 2 Project Description

#### 2.1 Context

**1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (maximum 5 bullet points)**

On 21 November 2022, at 13:21 local time, an earthquake with a magnitude of 5.6 struck southwest of Cianjur District – West Java, Indonesia, as reported by Indonesia’s Meteorology, Climatology, and Geophysical Agency (BMKG). The National Disaster Management Agency (BNPB) reported aftershocks in Cianjur and its neighbouring districts, ranging from weak to strong earthquakes. The Regional Disaster Management Agency (BPBD) of West Java recorded that there are 15 sub-districts are affected by the earthquake. There are two sub-districts suffered the most, i.e. Cugenang and Warung Kondang with severe damages. The earthquake also caused landslides that blocked roads in Cianjur District.

BPBD of Cianjur District on Thursday (24/11) reported the death toll had risen to 310 casualties, of which 37% were children and mostly because they were hit by collapsed building materials when the quake happened. As many as 24 persons are declared missing and the search effort is still ongoing, while as many as 4,630 persons are injured. The total affected population in Cianjur District are 169,124 persons while around 73,545 are displaced. Casualties in Cianjur Earthquake is due to collapsed buildings as they could not withstand the shaking and landslides. The earthquake has caused infrastructure damages in Cianjur District which is recorded as 22,090 minor damaged houses, 11,641 moderate damaged houses, 22,241 heavily damaged houses, 13 government buildings, 31 school buildings, 3 regional public hospitals and 15 Public Health Centers.

The earthquake has forced 73,545 people to displacement and they need for accessible, healthy and safe shelter management, especially during rainy season and when COVID-19 procedures are almost neglected. The soup kitchen management is still lacking the suitable food and nutrition for at-risk groups, such as children, elderly, pregnant women, and people with certain chronic diseases.

**2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help (maximum 5 bullet points)**

More than 73.545 have been displaced, some stay in dedicated temporary shelters, while many stay with their relatives or set-up makeshift tents near their collapsed houses. In the shelter management, the immediate effort is to ensure accesible, healthy and safe shelters. The needs identified in relation to shelter management are shelter kits such as tents, tarpaulin, mattresses, blankets, lightning in shelters, latrines (separate between male and female occupants), and ready-to-eat food which consider the nutrition for at-risk groups, such as children, older people, expecting mothers and people with chronic diseases.

Basic health services for non-trauma or wound for those still staying at their houses are yet to be maximized. Health cluster predicted 5 major diseases which will get worse when not properly addressed, such as upper respiratory system infection, gastritic, hypertention, diarehea, and diabetes mellitus. Limited medical personnel hampers the health services in temporary shelters (mobile clinics) because the prority is to fill the gap in hospitals. The rainy season due to prolonged La Nina throughout Java Island certainly increases the health risks of the affected communities, especially those staying in temporary shelters, when the majority of people, including those responding to the disaster are not adhering to health protocols such as wearing masks, keeping distance, and washing the hands.

Psychosocial support becomes one of the main needs for the affected community, especially for the vulnerable groups and more specifically for childrens, since the earthquake happen at the time when children are going home from school, where some children are still at school when the quake occured.

**3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. (maximum 3 bullet points)**

PELKESI has disaster funds but only enough for rapid needs assessment. YEU has its own emergency funds designed for early intervention and for a short-period of time (less than 7 days), this includes from the individual donation for Cianjur response. Most of YEU annual emergency funding has been used for the previous small-scale responses across Indonesia.

Considering the impact of the disaster, total population affected, and the immediate need to provide emergency response, PELKESI together with MBM as an implementing partner, and YEU are applying the RRF which will allow for a longer intervention and to target more affected population, especially the at-risk groups.

## 2.2 Activity Summary

**1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis.** *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The projects aims to targeting on **around 10,000 people** where a number of them will receive multiple interventions in Cianjur District who will receive different sector interventions, such as health, food and nutrition, psychosocial, shelter, and WASH. PELKESI and MBM as its implementing partner, will collaborate in the implementation of response in the same sector, namely health, nutrition, and psychosocial.

Due to numerous displaced population, YEU will focus on shelter and WASH sectors. In shelter, YEU will provide **500 shelter kits**, which consist of tarpaulins, mattresses, and blankets, to displaced families. In addition, YEU will distribute carpentry utensils to help retrofitting the houses or constructing simple shelters. The carpentry utensils consist of shovel, hoe, saw, hammer, crowbar, bucket, nails, pliers, and tape measure. In the WASH intervention, YEU will distribute **500 hygiene kits** (bath soap, shampoo, laundry soap, tooth brush, tooth paste, towel, insect repellent, nail cutter, comb, bucket, pail, sanitary napkins, underpants, etc.) to affected families, especially displaced families and families with at-risk groups such as children, elderly, persons with disability, women and girls. Prior to distributing the relief items, YEU will consult with the community members on the suitability of the items in the packages and may adjust when needed. After the distribution intervention, YEU will carry out Post Distribution Monitoring (PDM). IEC material on the earthquake preparedness will be ensured and distributed in order to equip the communities with relevant information and to raise their awareness on the issue.

PELKESI will focus on the Health, Food & Nutrition, and Psychosocial sectors. **Mobile clinics and home care will target 4,429 patients** of the displaced population and areas where Community Health Centers (Puskesmas) are damaged and cannot operate optimally. Home services aim to wound/injury care for post-traumatic physical trauma patients. The displaced persons, specifically women & girls, will be **distributed feminine kits to around 2,000 people** to support their menstrual hygiene management which consist of sanitary napkins, women underwears, small towel, sanitary napkin disposal bag, and pouch. In the food and nutrition sector, PELKESI will provide **supplementary nutrition food for 2,059 at-risk groups** namely infants, toddlers, expectant mothers, and elderly. The provision of nutritious food is carried out in coordination and collaboration with the Puskesmas through Posyandu activation after the emergency response period ends. While in this current emergency response phase, the nutrition support are conducted by GKP Synod. The psychosocial intervention will focus on two aspects: **psychosocial support activity and Psychological First Aid (PFA) for 1,242 people** targeting at-risk groups, specifically children, elderly, women/mother, and persons with disability. Psychosocial support activities are conducted through playing and learning activities, sports, psychoeducation for parents of children who have experienced post-disaster trauma, and clinical counseling services.

**2. CHS Commitment 2. Explain how you will start your activities promptly.** *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

YEU response team is deployed within 24 hours and the project activities are designed based on the initial assessment within 48 hours after the disaster. Market analysis, price list analysis and other logistical issues have been accessed immediately to check the availability of relief items in Cianjur and neighbouring cities. The project implementation period for **YEU will be kept for three months** which is critical for the affected communities to improve their living condition post disaster.

PELKESI Disaster Response Unit (PeDRU) has been actively involved in the disaster response within 24 hours by deploying a Disaster Medical Team (DMT) from Immanuel Bandung Hospitals, a hospital member of PELKESI. The disaster response aims to minimize the fatality rate of casualties in the golden period after the main earthquake. RNA and RHA were done in less than 24 hours after the earthquakes to dig primary data on the gap in the basic need of the affected community, based on direct observation in the community. Data and information were taken directly from the affected locations by coordinating with BNPN's Central Posts, Health Office and Health Cluster, local government (sub-district and village), and the affected community in the temporary shelters. Psychosocial support assistance was conducted on the seventh-day post-disaster and focused on two aspects psychosocial support activity and psychological first aid (PFA). **PELKESI will set-up up for six-month** project implementation. This period is determined to ensure the local healthcare system normalization (Puskesmas and Posyandu) until they are ready to perform health services regularly.

Recruitment process to fulfil the key positions for project team will be done immediately upon approval of the RRF. At the moment, field volunteers are ready and can be mobilized for necessary distribution in the target locations. PELKESI and YEU is currently providing assistances in two villages in Cugenang sub-district of Cianjur District, and by having RRF approved, additional locations can be included. Cugenang sub-district of Cianjur District, and by having RRF approved, additional locations can be included. The ACT Forum Indonesia will ensure that the do-no-harm principle is applied during the project implementation. All the project's personnel will sign the acceptance of the code of conduct and will be made aware of the complaints mechanism.

**3. CHS Commitment 6. How are you co-ordinating and with whom?** *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

As the forum convenor, PELKESI will act as the project holder which will be coordinating the members and ensuring the program and financial implementation and accountability processes follow the standard of the ACT Alliance.

PELKESI and YEU have been and will be continue coordinating with churches and faith-based organizations networking such as Jakomkris, Muhammadiyah Disaster Management Center (MDMC) and Humanitarian Forum Indonesia (HFI). For the government, coordination is carried out with the Minister of Health's Crisis Centre and District Health Office.

PELKESI is part of health clusters and psychosocial support cluster in the country and regularly coordinating with relevant forums. The identified target areas and target beneficiaries are decided based on the rapid need assessment, rapid health assessment and coordination with relevant stakeholders.

In its engagement with other humanitarian actors, YEU is active in the cluster coordination mechanism such as displacement and protection cluster, and within its sub-cluster for elderly, persons with disability and other at-risk groups, YEU is taking a co-lead in the coordination. As a member of Humanitarian Forum Indonesia, YEU is conducting Joint Need Assessment (JNA) where the results will be shared to broader stakeholders, including the forum members.

**4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply.** *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or*

Locally or within the affected areas	x	Nationally	x	Regionally or neighbouring countries		Internationally	
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Do you have a procurement policy? What factors did you consider when you made this decision?

Yes, each requesting member has its own procurement procedure which is linked to the finance SoP. Requesting members will strictly follow the policy and procedures in all purchases under the project. The relief items will be procured after the procurement team/logistician conducted vendor analysis, price analysis and other procurement arrangement. The items within the relief packages such as shelter kits, carpentry kits and hygiene kits have been selected for this particular response.

All requesting members adhere to the financial management and procurement procedure of goods and services in the project implementation.

## 2.3 Description of Target Population

### 1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project? For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.

YEU is planning to distribute 500 family packages of shelter kits, carpentry utensils, hygiene kits and feminine kits to reach around 2,500 individuals during the three-month intervention. Based on the statistic, it is estimated that each family will consist of around 4-5 persons. YEU will provide the intervention to the affected communities in Cugenang sub-district with the primary target beneficiaries are families with at-risk people, such as children, elderly, persons with disability, people with chronic diseases and female-headed families.

PELKESI will target the displaced person primarily in three sub-districts, namely Cugenang Sub-district, Pacet Sub-district, and Warungkondang Sub-district. These sub-districts are badly affected by the earthquake. But is still possible to reach out other sub-district or village, if there is a need from the community, especially in the health sector, based on the Health Office recommendation/inputs.

The target set-ups were 4,429 patients for mobile clinic and home care, distribution of feminine kits for 2,000 women and girls, supplementary nutrition food for 2,059 vulnerable groups, and psychosocial support for 1,242 people. The selection of target beneficiaries should be defined on the basis of need and also the commitment to addressing gender equality and social inclusion in emergency.

### 2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? Please explain.

Children and women are the most vulnerable segments of society specially in times of emergencies. The proposed intervention will specifically address the needs of these vulnerable groups. Expected and lactating mothers, women headed households, people with disabilities, old age and people with chronic diseases will be targeted.

- Children, specifically toddler and elementary schooler.
- Women, specifically expectant mother and lactating mother.
- Women, specifically traumatized mothers who lost their children
- women-headed families
- Elderly and persons with disability, as they have difficulty in resuming their lives to the potential challenges of recovery and/or rehabilitation.
- People with chronic disease who have regular medication and is vulnerable if the the medication is stopped (HIV, TBC, Diabetic, Cancer, Hipertention, etc).

Gender and inclusion will be the cross-cutting issue of the overall project.

### 3. CHS Commitment 4. Explain how the target population has been/is involved in your proposed intervention (maximum 5 bullet points)

- Key persons from the communities will involve directly in deciding the target location as well as the target beneficiaries. Their role is crucial especially when disaggregated data is not in place and the response team want to target families with at-risk groups, such as children, elderly, persons with disability, people with chronic diseases and female-headed families.
- Community members are welcomed to share their thoughts on services or goods that they need and how to deliver them.
- Some of the target beneficiaries will be invited to participate in the Post Distribution Monitoring (PDM).

## 2.4 Expected Results

### 1. What will this project's success look like based on your time frame? Please write your activities milestones including dates.

**Overall objective:** Accelerate the resumption of normal condition of people affected by Cianjur Earthquake through the fulfilment of basic needs and interventions.

#### Outputs:

1. 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 practices, reproductive health education for women and girls, and orientation to protect themselves from being infected with COVID-19 in the temporary shelter. (PELKESI)
2. The vulnerable people affected by the earthquake have access to nutritious food according to their needs to prevent the risk of decreasing nutritional status in vulnerable groups.(PELKESI)
3. People affected by the earthquake can carry out a self-coping mechanism for the impact of post-disaster traumatic events and speed up the recovery process based on their resilience ability. (PELKESI)
4. Families affected by the Cianjur Earthquake are able to improve their living condition through the distribution of shelter kits, carpentry kits and hygiene kits. (YEU)

#### Main Activities:

##### 1. Health

- 1.1. Mobile clinic and home care for 4,429 patients (November 2022 - March 2023) (PELKESI)
- 1.2. Health education and hygiene promotion to prevent post-disaster potential disease, COVID-19 transmission in temporary shelter, and clean and healthy living behavior/PHBS (December 2022 - May 2023) (PELKESI)
- 1.3. Menstrual hygiene management (MHM) promotion (December 2022 - January 2023) (PELKESI)
- 1.4. Distribution of 2,000 packages of feminine kits for women and girls (December 2022 - January 2023) (PELKESI)
- 1.5. Local healthcare system normalization for 3 Community Health Center/Puskesmas and Integrated Health Post/Posyandu (January - May 2023) (PELKESI)

##### 2. Food and Nutrition

- 2.1. Supplementary nutrition support for 2,059 people of at-risk group through churches and Posyandu (November 2022 - April 2023) (PELKESI)

##### 3. Psychosocial

- 3.1. Conduct psychosocial support activities for 1242 people of at-risk groups (December 2022 - May 2023) (PELKESI)
- 3.2. Psychological First Aid (PFA) (November 2022 - May 2023) (PELKESI)

##### 4. Shelter

- Distribution of 500 packages of shelter kits and carpentry kits (December 2022 - January 2023) (YEU)
- Distribution of IEC materials to raise the awareness of the community on retrofitting and building code (YEU)

##### 5. WASH

- Distribution of 500 packages of hygiene kits (December 2022 - January 2023) (YEU)

### 2. Describe the risks to a successful project and how you are managing them.

Forum members have identified risk factors that may hamper the successful implementation of the project:

- Aftershocks are still frequent in the active earthquake fault in Cianjur. A strong aftershock is potential to trigger landslides or damage more buildings which will intensify the impacts of the current situation.
- increase of COVID-19 cases due to poor measures in the communities, where health protocol is neglected, which resulted in health problem of the affected communities and may reach to project team.

In those cases, requesting members may adjust the project implementation and strategy in close consultation with ACT Regional Representative and ACT Humanitarian Programme Officer.

## 2.5 Monitoring, Accountability & Learning

### 1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

Each implementing organization will monitor its program's implementation through the Program Manager based on the monitoring framework developed for this program daily. The monitoring refers to the overall work plan and implementation matrixes that lay-out progress and achievement indicators. Monthly field monitoring will be carried out by the Program Manager, under the supervision of the PME officer, then will be analyzed and cross-checked the program's achievements based on the outputs and the outcomes, gap analysis, and recommend the next needs to be delivered to the relevant stakeholder. An evaluation will be done at the end of the program.

After the distribution intervention, YEU will carry out Post Distribution Monitoring (PDM). The PDM was intended to assess the appropriateness, effectiveness and coverage of the relief items distributed under the emergency response and make recommendations to the humanitarian partners through careful analysis and evaluation of information obtained from the assessment.

The ACT Forum Indonesia will prepare PME team who will design, implement, and analyze the information in the field by each of the institutions. The monitoring process will implement through the members' meetings, needs and capacity assessment with beneficiaries, and field visits. The monitoring will follows the CHS as a regular practice in monitoring and evaluations of its projects, in line with commitments 7 particularly in the points 7.1, 7.2 and 7.5. The PME team will ensure achievement inclusivity, gender-perspective, accountability, dan addressing the feedback and complaints highlighted by the communities in the program implementation, with a view to record of the experiences and lessons learned during the implementation of project cycle in the form of reports.

**2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct?** *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

Each forum member has their own Code of Conduct where all staffs and volunteers should sign it. Forum members also abide by the zero tolerance policy, child and vulnerable adult safeguarding, and gender mainstreaming. As for YEU, it has developed anti fraud, conflict of interest, anti terrorism policies.

**3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5**

Information session to explain about the response intervention and targets will be carried out to the local government, local stakeholders and communities. The session will allow for any inputs and recommendations from them to ensure efficient interventions in the field. Feedback mechanism is developed and informed to the local stakeholders and communities where they may use different ways to deliver the feedbacks, such as through direct communication with the field staffs, feedback box, telephone, whatsapp number or email. Any feedback will be recorded and will be given response.

ACT Forum Indonesia will ensure the accountability in this projects by following the Commitment 9 of the CHS, which states that resources will be used responsibly for their intended purposes, legally and ethically. In line with CHS 9.1, 9.4, dan 9.6 for the community level. To ensure the principle of do no harm under the CHS, each implementing members staff and community beneficiaries will refers to commitment 4. The complaints mechanism will be used based on the commitment 5, to provide feedback on the actions to be implemented under the projects, and result of the evaluation of the lesson learned from both the project and the complaints mechanism will be returned.

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## Rapid Response Fund

### Consolidated Financial Report

Project Code 20/2022

Project Name Emergency assistance for earthquake affected population in Cianjur District, Indonesia

Budget Exchange rate (local currency to 1 USD)

Please use exchange rate from this site:

		Budget		
		Total Budget	Pelkesi	YEU
<b>1</b>	<b>Total Project Staff Costs</b>	<b>34,810</b>	<b>28,683</b>	<b>6,127</b>
<b>2</b>	<b>Project Activities</b>	<b>76,537</b>	<b>36,008</b>	<b>40,529</b>
2.1	Cash/Vouchers	-	-	-
2.2	Camp Management	-	-	-
2.3	Education	-	-	-
2.4	Food/Nutrition	9,856	9,856	-
2.5	Health	20,662	20,662	-
2.6	Household items	-	-	-
2.7	Livelihood	-	-	-
2.8	Psychosocial	5,490	5,490	-
2.9	Shelter	27,764	-	27,764
2.10	WASH	12,765	-	12,765
<b>3</b>	<b>Project Implementation</b>	<b>9,104</b>	<b>7,340</b>	<b>1,764</b>
3.1.	Forum Coordination	5,138	3,510	1,628
3.2.	Capacity Development	3,966	3,829	137
<b>4</b>	<b>Quality and Accountability</b>	<b>9,357</b>	<b>6,319</b>	<b>3,038</b>
<b>5</b>	<b>Logistics</b>	<b>11,067</b>	<b>4,078</b>	<b>6,989</b>
<b>6</b>	<b>Assets and Equipment</b>	<b>2,234</b>	<b>1,276</b>	<b>957</b>
<b>Direct Costs</b>		<b>143,109</b>	<b>83,704</b>	<b>59,405</b>
Staff Salaries		3,255	1,915	1,340
Office Operations		3,995	2,240	1,755
<b>Indirect Costs</b>		<b>7,250</b>	<b>4,155</b>	<b>3,095</b>
<b>Total Budget</b>		<b>150,359</b>	<b>87,859</b>	<b>62,500</b>