



Rapid Response Fund

ACT Secretariat Approval

Project Code 04/2024

Emergency assistance for Population Affected by Mount Ruang Eruption, Sitaro

Project Name District - North Sulawesi, Indonesia

The ACT Secretariat has approved the use of **USD 195,213** from its Global Rapid Response Fund (GRRF24) and would be grateful to receive contributions to wholly or partially replenish this payment.

For further information please contact:

National Forum Convenor

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ACT Regional Representative

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A handwritten signature in black ink, appearing to read "Cyra".

Cyra Michelle Bullecer

Global Humanitarian Operations Manager

ACT Alliance Secretariat



Rapid Response Fund

Project Proposal

Emergency Prepared and Response Plan

Do you have an EPRP	Yes
When was the last update?	November 2023
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

30-May-24

Section 1 Project Data

Project Information

Project Name	Emergency assistance for Population Affected by Mount Ruang Eruption, Sitaro District - North Sulawesi, Indonesia
Project Code	04/2024
Country Forum	ACT Indonesia Forum
ACT Requesting Member <i>(if there are more than one member, please use ALT+<Enter> to add another member)</i>	PELKESI YAKKUM Emergency Unit (YEU)
Name of person leading the project	Irawaty Manullang
Job Title	Executive Director of PELKESI
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Location(s) of project (city / province)	Tagulandang Island, North Sulawesi, Indonesia
Project start date (dd/mm/yyyy)	03/Jun/24
Project end date (dd/mm/yyyy)	02/Oct/24

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 <i>(please write the name of your organisation)</i>		YEU <i>(please write the name of your organisation)</i>		Member 3 <i>(please write the name of your organisation)</i>	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers						
Camp Management						
Education						
Food/Nutrition	170	180				
Health	680	1820				
Household items			352	377		
Livelihood						
Psychosocial	100	200				
Shelter			949	906		
Wash						

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)

- **Disaster Condition.** On Tuesday, April 30, 2024, at 02:35 GMT+8, Mount Ruang in Sitaro Regency, North Sulawesi erupted with a maximum amplitude of 55 mm and a temporary duration of \pm 10 minutes. The eruption of Mount Ruang's activity developed into explosive eruptions alternating with effusive eruptions (lava flows), which began with an intense earthquake starting at 00:15 GMT+8, as well as quite loud rumbling sounds from Tagulandang Island. The visual appearance is that there is a discharge of incandescent lava accompanied by volcanic material, and it makes the sky bright red accompanied by lightning that strikes and is part of the volcanological symptoms. The Center for Volcanology and Geological Disaster Mitigation (PVMBG) of the Ministry of Energy and Mineral Resources raised the status of Mount Ruang again on Tuesday 30 April 2024 to Level IV (AWARE) where before it was lowered on April 22 to Level III (ALERT). Sitaro Islands Regency Government had determined the status emergency response for at least 14 days from 16 - 29 April 2024 and extended from 30 April - 14 May 2024.

- **Impacts.** The first eruption of Mt Ruang on 17 April 2024 emitted ashfall, rocks and gravel which also had an impact on the coastal area of Tagulandang Island, causing 6,045 people from 9 villages in Tagulandang District has to be evacuated. Of the 9 villages, 2 villages (Pumpente and Laingpatehi) are located on the same island as Mount Ruang, so the entire communities have been evacuated to the neighbouring islands. The second big eruption occurred on 30 April 2024 affecting 15,210 people and 9,083 people from 15 villages in Tagulandang island and 2 villages from Ruang Island need to be evacuated to Sitaro and North Minahasa district. Limited access to sea transportation due to the eruption and limited flat land to be used as an evacuation site have made the local government evacuate the Tagulandang community to other islands using navy ships so that the communities would be safer. As of 4 May 2024, the total of affected people from Tagulandang Island who have been successfully evacuated to Manado City, Bitung City, North Minahasa and Siau Island is about 5,255 people (BNPB). In Manado city, at least 350 internally displaced people, mostly at risk (older people, pregnant women, people with disabilities) stay in the evacuation sites provided by the government, other IDPs chose to stay in their relative's houses. Besides that, many from Tagulandang's communities chose to stay in their home despite damaged houses due to volcanic ash and gravel fall. According to the government, about 301 families from Pumpete and Laingpatehi village will be permanently relocated to Bolaang Mongondow that is located 200 km as the island is considered not safe to live in. Volcanic ash covered the roads and houses by 2-5 cm, hampering the activities of the community. It also covered several airports around the North Sulawesi region including: Sam Ratulangi Manado Airport, Djalaludin Gorontalo Airport, Melonguane Airport, Siau Airport, and Naha Airport, causing access to the North Sulawesi region to be impassable by air for the next couple of days. Access to sea transportation especially private ships both from Manado and from other islands also closed, the only ship transportation is warships. Most market activities were stopped and only some convenience stores still operated with limited materials and heavily relied on shipments of goods from the city of Manado.

- **Intermediate Response and Coordination.** BPBD of Sitaro Regency has coordinated with BPBD of North Sulawesi Province to conduct rapid assessment, evacuation, and initial response by preparing evacuation facilities. A total of 301 HHs living on Ruang Island have to relocate to Bolaang Mongondow Regency upon instruction from the President of the Republic of Indonesia. BPBD of Sitaro Regency has prepared two ferry boats (KMP Lokong Banua and KMP Lohoraung) and residents' independent ferry boats to evacuate. Food and NFI logistics assistance has been distributed to IDPs in Tagulandang District. Currently, there is no information about the UN cluster system, including the working groups activated.

- **Gaps in the Response.** There has been an increase in the number of IDPs in various areas of North Sulawesi province due to independent migration or evacuation by BPBD. Despite the disaster affecting

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)

• **Infrastructure Impacts.** The eruption has caused material losses such as 3331 houses affected, 31 worship facilities affected, 11 office buildings and 21 educational facilities affected, 363 houses damaged as well as 5 health facilities were affected. The roads and buildings on Tagulandang were blanketed in a thick layer of volcanic ash, and the roofs of some homes had collapsed. The volcanic ash poses health danger with respiratory issues became problem especially for the older people and children.

• **Health Impacts.** Currently, volcanic ash and dust are still clearly visible and spread to various points, including in evacuation camps. Masks are an urgent need for displaced persons including humanitarian volunteers due to volcanic ash and dust. After the eruption of Mt. Ruang, the IDPs began to complain of illnesses such as hypertension, coughs, headaches, fever, and indigestion. The most common cases experienced by IDPs were upper respiratory tract infection (ISPA), hypertension, dyspepsia, dermatitis, and myalgia. It is imperative to note that on Tagulandang Island, only one health facility is operational due to damage caused by volcanic ash (from 11 health facilities). Minanga's Community Health Center is being used as an emergency hospital. Hospitalization was necessary for 69 individuals/injured patients, while 1,717 people sustained minor injuries. Inpatients are treated in the 3 health facilities on Tagulandang Island, 2 on Siau Island (North Minahasa), and 3 referral hospitals in Manado City. It is concerning to note the limitation of attention to the specific needs of at-risk groups, including children under five years old, children, pregnant women, people with disabilities, and elderly individuals among the IDPs who are very vulnerable to the impact of volcanic ash and dust. It's crucial to take immediate action and prioritize the needs of these at-risk groups. The situation demands urgent attention, and it cannot afford to delay any longer. It's time to act swiftly to prevent further harm and ensure the safety and well-being of all those affected by this disaster. In short-term disaster response, it can prevent and reduce excess morbidity, malnutrition and mortality.

• **Psychosocial Impacts.** The community affected by the eruption of Mount Ruang is facing a desperate situation as the volcano's activity continues to increase daily. The affected community, particularly at-risk groups and children, require psychosocial support as they have to leave their homes and take shelter for an indefinite period due to the unpredictable nature of the eruption. There is also a potential for a large eruption, for the third time, that affects the mental well-being of the community. Providing short-term disaster response can help to prevent and reduce high levels of stress, trauma, and gender-based violence.

• **Displacement and Protection impacts.** As many IDPs live in their relative's houses and spread across the region, there is no clear data on where they are staying and has caused the assistance targeted to those stay in the evacuation sites. Evacuation and shelter management was managed by each of the district government, however there is lack of coordination between government's agencies at district and provincial level which located in different islands so that there is unclear information regarding the needs and capacities of each of the shelter. Family members are separated in different islands during evacuation process as it depends on the quota of the ships. In the shelter management, the immediate effort is to ensure accessible, healthy and safe shelters, especially during rainy season. Two villages located in the same island as Mt. Ruang; Pumpete and Laingpatehi is considered unsafe for residence so that its population will be relocated to Bolaang Mongondow, however there's no clear timeline when they will be moved. Currently, the communities from Pumpete and Laingpatehi along with other IDPs from Tagulandang island are staying in the evacuation sites provided by the government, while many of

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

- The national members of the ACT Indonesia Forum possess limited emergency funds, but they can use them for assessment purposes. YEU has been actively responding to the eruption since April 22, 2024, using its funding. They have been collaborating effectively with the local church, GMIST Resort Tagulandang, and have focused their response on distributing 45 food packages for each village in Apengsala Village and Lesah Rende Village evacuation camps. Most of YEU annual emergency funding has been used for the previous small-scale responses across Indonesia. PELKESI also has its own limited disaster emergency fund to conduct a general assessment obtained from the donations of PELKESI's members, according to the disaster scale in the organization EPRP. PELKESI (through PELKESI Region IV) has been actively responding to the eruption since May 4, 2024, by distributing ready-to-eat food packages for the affected community in evacuation camps in Tagulandang Island. Meanwhile, MBM and CDRM&CDS will provide unwavering support to the national members who take part as direct responders in the affected area.
- ACT Indonesia Forum's national members are open up the opportunities for cooperation with ACTIF international members to provide support in the response, both in the form of cash and in-kind contributions. Based on our experience from the last RRF (Cianjur Earthquake RRF), YEU received support from CWS to increase the scope of shelter kit distribution for at-risk groups affected by the Cianjur earthquake in 2022.
- Considering the impact of the disaster, total population affected, and the immediate need to provide emergency response, PELKESI and YEU are applying the RRF which will allow for a longer intervention

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 response aims to provide support for at least 1,000 households of the affected population in Tagulandang island. They will receive different sectoral interventions such as Health, Psychosocial, Food and Nutrition, and Shelter. The forum members who propose the funding support through RRF are PELKESI and YEU, while MBM and CDRM&CDS will participate as ACT Indonesia Forum's monitoring and evaluation representative from national members.

PELKESI will be focusing on Health, Food and Nutrition, and Psychosocial support. In the health sector, PELKESI will carry out specific intervention for at-risk groups (pregnant mother, infants and toddlers, older people, people with disability, and people with chronic disease). PELKESI will directly contribute to the fulfillment of health reserve personnel for Puskesmas. The health intervention will target around 1,400 patients during the project implementation. For around 1,050 IDPs, specifically women and girls, will receive menstrual hygiene kits to support their menstrual hygiene management, which consist of sanitary napkins, underwear, small towel, sanitary napkin disposal bag, and pouch. For food and nutrition, PELKESI will provide supplementary nutrition food for 350 IDPs in the evacuation camps from at-risk groups. As many as 50 packages of maternity kit will be provided for pregnant mother in the evacuation camps, consist of maternal sanitary napkins, maternity panties, corset, sarong, baby swaddle, etc. PELKESI also provided psychosocial support for children at the evacuation camps. Meanwhile, the project will also assist evacuation camps located outside Tagulandang Island, such as those in Manado, Bitung, North Minahasa. These areas are the regional bases where PELKESI member hospitals are located.

YEU will be focusing on Shelter (including household item) and Psychosocial to at least 1,000 households of the affected population in Tagulandang island. YEU is planning to distribute shelter kits, consist of blanket and mattresses. The availability of shelter kits in the camp is adequate as the government and other organizations have distribute them. In the other hand, YEU also planning to distribute kitchen equipment, provision carpentry tools, and distribution of emergency household items (mask, goggle, raincoat, hat, light). YEU will coordinate with the government and community staying at camp to conduct

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.*

As YEU has built good relationship with the local churches and volunteers in North Sulawesi through Disaster Resilient Churches program, to start this project it will continue by collaborate and coordinate with the church as well as the local government. Meanwhile, PELKESI through PELKESI Region IV built a coordination with relevant stakeholder in health sector, both government and church-owned hospitals in North Sulawesi. The following are the steps that will be carried out:

- Coordination with churches and command posts, government at district and local level, Humanitarian Forum Indonesia, Disaster management clusters and community-based organizations to ensure targets are based on updated information and current needs.
- Promote at risk group organizations or involve representatives of at-risk groups to obtain detailed information regarding the region or place where the risk group is located and also their specific needs, including completing disaggregated data.
- Calls for mobilizing local church partners both on the island (GMIST) and in the city of Manado (GMIM) to identify potential vendors, while empower local resource partners, especially churches, by involving at-risk groups.

PELKESI and YEU will set up a four-month project to support communities facing critical events after a disaster strikes and to improve their living conditions post-disaster, due to limited access in the relief distribution process. 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 to organize the community in the target location and build coordination with the local government and local church. ACT Indonesia Forum 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 complaint 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 has been coordinating closely with local churches (GMIST and GMIM synods), government, and relevant stakeholders. YEU receives regular reports regarding the situation which is complemented by what the government has done to meet the needs of survivors so that this can be a reference for filling gaps as well as coordinating with churches and other partners to update conditions and what support the church has provided. Until now the clusters have not been active due to difficulties in access. YEU is also always involved in routine coordination at the command post to find out which parties have responded and specific areas and needs are also informed. From this coordination, YEU will become the main reference for determining targets so that there is no overlap in assistance.

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*

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, quality, availability of goods, speed of time, service facilities such as on-site transportation and other procurement arrangement.

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.*

Coordination - coordination also involves affected residents so that in determining interventions such as specific needs including the type of items and quality of goods, they will be consulted and decided together, including on intervention strategies such as distribution mechanisms, things that can and cannot be done during the intervention and who the important actors are who needs to be involved. All of these things will be directly involved with the affected communities at the village, sub-district and district levels as well as churches and other inter-faith levels.

Both PELKESI and YEU will set-up for four-month intervention for at least 1,000 household of the affected population in Tagulandang island. Based on the statistic, the number of beneficiaries estimated that each family will consist of around 3-5 persons. The selection of target beneficiaries is defined on the basis of need and also the commitment to addressing gender equality and social inclusion in emergency. PELKESI will also provide assistance to evacuation camps located outside Tagulandang Island, such as those in Manado and Bitung. These areas are the regional bases where PELKESI member hospitals are located. YEU is planning to distribute 500 packages of kitchen utensil, 500 packages of emergency household item, 500 packages shelter kit, and 500 packages cleaning tools. PELKESI is target to serve 1400 patient visit with health services, distribute 1050 packages of menstrual hygiene kit, 50 packages of maternity kit for pregnant mother in the evacuation camps, and provide supplementary nutrition food for 350 IDPs from at-risk groups.

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

The most at-risk groups to be addressed are those who had less reactional when the time of disaster or when actions are needed to be take, compared to men and people without any disability. People living in affected areas are people who are at risk, but those who are at higher risk because of the environment and lack of access that need special attention such as:

- Children, especially kindergarden, primary and secondary school
- Women, specifically pregnant mother and family-head women
- Older people and people with disabilities, 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 their medication is stopped (HIV, TB, DM, Cancer, Hypertension, 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 person from the affected communities at camp will involve in the data collection for the inclusive need assessment. They will also inform the team the target families especially when disaggregated data is not in place and the response team want to target families with at-risk groups, such as older people, people with disability, people with chronic diseases and female-headed families.

- Community members are welcomed to share their feedback and complaints on services or goods that they need and how to deliver them both in camp management as well as in the relief distribution.

~~Working with the local congregation in the traumatic healing approach - Working with local~~

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: Increasing recovery of the people affected by the Mt. Ruang eruption by fulfilling basic needs in an accountable and inclusive manner as well as formulating emergency plan that is connected to the surrounding islands

Outputs:

1. People affected by the volcano eruption get a comprehensive health service while evacuating, especially for at-risk groups, and they will educate about healthy living properly during the emergency in camp. (PELKESI)
2. The nutrition of at-risk groups affected by the volcanic eruption fulfilled, to prevent the risk of decreasing nutritional status during the emergency. (PELKESI)
3. People affected by the volcanic eruption can carry out a self-coping mechanism after experiencing psychosocial activity. (YEU)
4. Basic needs for shelter for IDPs and the host families are fulfilled. (YEU, PELKESI)
5. Emergency plan between islands is formulated for clear coordination, communication, and evacuation mechanism between islands during emergency. (YEU)

Main Activities:

1. Health

- 1.1. Complementary health care, especially for at-risk groups (June - September 2024)
- 1.2. Menstrual hygiene kit distribution and Menstrual Hygiene Management (MHM) promotion (June – October 2024)
- 1.3. Maternity kit support for pregnant mother in the camp (June - september 2024)
- 1.4. Healthy living properly education during the emergency to prevent post-disaster potential disease in camp (June – October 2024)

2. Food and Nutrition

- 2.1. Supplementary nutrition food for at-risk groups (June – August 2024)

3. Psychosocial

- 3.1. Conduct Psychosocial support activities for children (June – August 2024)

4. Shelter

7. DRR

- 4.1. Distribution of shelter Kits (June – September 2024)
- 4.2 Distribution of kitchen equipment (June – September 2024)
- 4.3 Provision of carpentry tools (June - September 2024)
- 4.4 Distribution of Emergency household items (mask, goggle, raincoat, hat, light) (June – September 2024)

5. DRR

- 5.1 Workshop on formulating emergency plan (coordination and evacuation mechanism) between islands (August – September 2024)

Activities Milestone:

Month 1

- Coordination of socialization with the IDPs post community and parties related to the intervention plan
- Joint discussions and agreeing on a complaint mechanism
- Identify existing potential vendors and also initiate MoUs
- Preparation of distribution strategies related to involvement of parties, appropriate accommodation and other accommodations
- Conduct complementary health care for at-risk groups
- Provide supplementary nutrition food for at-risk groups
- Healthy living properly education
- Psychosocial support for children

Month 2

- Preparation of distribution strategies related to involvement of parties, appropriate accommodation and other accommodations
- Initial process of shipping goods
- Conduct complementary health care for at-risk groups
- Provide supplementary nutrition food for at-risk groups
- Healthy living properly education
- Psychosocial support for children

Month 3

- Distribution of packages: Shelter Kits, Kitchen equipment, carpentry tools and emergency household items
- The meeting builds a chain of coordination and evacuation between islands
- Provide supplementary nutrition food for at-risk groups
- Conduct complementary health care for at-risk groups
- Provide supplementary nutrition food for at-risk groups

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:

- Risk: Big explosive eruption which led to people panicking and overcrowded camps. Mitigation: Maintain communication and update information from credible government sources
- Risk: People fast mobilization to different evacuation centers due to uncertain volcano activities. Mitigation: Working closely with the local communities including community leaders, health cadres, and local church volunteer for data collection and adaptive response
- Risk: Lack of data on most at risk groups. Mitigation: Snowball approach through community leaders and/or working together with the Organization of People with Disabilities
- Risk: People refuse to be relocated. Mitigation: Providing assistance directly to the communities based on the identified needs
- Risk: The eruption of Mount Ruang had a wider impact, resulting in the closure of various transportation access areas. Mitigation: Identify local resources such as shops which are currently still operating at the location, ensuring stock of goods is available, then build a communication chain with the surrounding islands to build the closest access to the location.

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 Project Manager based on the monitoring framework built 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 PMEAL 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 a 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.

Feedback and Complaint mechanism will be socialized to the communities and related stakeholder. Data collected will be analyzed and followed up by the project team and close coordination with the management team. Weekly check-in will be done for project team to share finding and address challenges faced during the implementation.

ACT Indonesia Forum will prepare PME team who will design, implement, and analyze the information in the field by each of the institutions. The PME team consist of national and international member who are not involved as implementers. The monitoring process will implement through the members' meetings, needs and capacity assessment with beneficiaries, and field visits. The monitoring will follow 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

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.

3. How do you ensure accountability in this project?

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 Indonesia Forum will ensure the accountability in this project 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. The forum will also use communication platform to share existing condition and identified gaps to the different networks such as Sub-Cluster LDR, Jakomkris, and HFI. In case there is a gap in provision of certain services, it will be referred to the organization who having expertise needed. Report will be shared with the government.

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Rapid Response Fund

Consolidated Financial Report

Project Code 04/2024
Emergency assistance for Population Affected by Mount Ruang
Project Name Eruption, Sitaro District - North Sulawesi, Indonesia

Budget Exchange rate (local currency to 1 USD)

Please use exchange rate from this site:

		Total Budget	Budget	
			PELKESI	Member 2
1	Total Project Staff Costs	28,599	17,794	10,805
2	Project Activities	117,986	52,080	65,906
2.1	Cash/Vouchers	-	-	-
2.2	Camp Management	-	-	-
2.3	Education	-	-	-
2.4	Food/Nutrition	29,295	29,295	-
2.5	Health	20,925	20,925	-
2.6	Household items	44,950	-	44,950
2.7	Livelihood	-	-	-
2.8	Psychosocial	1,860	1,860	-
2.9	Shelter	20,956	-	20,956
2.10	WASH	-	-	-
3	Project Implementation	11,036	4,154	6,882
3.1.	Forum Coordination	10,106	4,154	5,952
3.2.	Capacity Development	930	-	930
4	Quality and Accountability	12,243	5,981	6,262
5	Logistics	13,506	5,084	8,422
6	Assets and Equipment	3,286	1,116	2,170
Direct Costs		186,657	86,209	100,448
Staff Salaries		4,216	1,922	2,294
Office Operations		4,340	1,736	2,604
Indirect Costs		8,556	3,658	4,898
Total Budget		195,213	89,867	105,346