



Rapid Response Fund Approval

Project Code 14/2026

Project Name Emergency assistance to earthquake affected people in Sigi District

The ACT Secretariat has approved the use of **USD 80,542** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines	
SitRep (<i>one month after approval</i>)	27 Jul 2026
Final Reports (narrative and financial)	25 Nov 2026
Audit Report (<i>for projects >USD50,000</i>)	

For further information please contact:

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Approved By the RRF review Panel
25/06/2026

actalliance

Rapid Response Fund

Project Proposal

Do you have an EPRP	Yes
When was the last update?	1 Mar 2026
Do you have a Needs Assessment for this	yes

Please submit this form to the Humanitarian Coordinators in your region

Date submitted to ACT Secretariat

Section 1 Project Data

Project Information

Project Name	Emergency assistance to earthquake affected people in Sigi District
Project Code	14/2026
Country Forum	Indonesia
ACT Requesting Member <i>(if there are more than one member, please use ALT+<Enter> to add another member)</i>	1. YCWS 2. PELKESI
Name of person leading the project	Dino Satria
Job Title	Executive Director / Chairman
Email	dino.satria@ycws.org
Location(s) of project (city / province)	Sigi district / Central Sulawesi province
Project start date (dd/mm/yyyy)	26/jun/2026
Project end date (dd/mm/yyyy)	25/sept/2026

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	YCWS <i>(please write the name of your organisation)</i>		PELKESI <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	636	564				
Food						
Health			976	1024		
Household items						
Livelihood						
Psychosocial			244	256		
Shelter						
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 (extend rows 43, 44 and 45 if more space is needed)

On 16 June 2026, a magnitude 6.7 earthquake struck Central Sulawesi Province, with the most severe impacts concentrated in Sigi District, particularly Palolo and Nokilalaki sub-districts. As of 18 June, BPBD Sigi reports 7,821 people affected across 2,585 households, with 3 deaths, 124 injuries, and 2,137 damaged houses. Eight clean water networks have been disrupted, and damage to schools, health facilities, and public infrastructure has been recorded.

Field assessments conducted from 19 to 22 June found that the situation, while serious, is operationally stable. The Trans Palu–Palolo–Poso road is functional, markets and shops remain open with stable commodity prices, and banking services including ATMs and banking agents are accessible. Most affected households are self-sheltering near their homes rather than in collective evacuation sites. Humanitarian assistance has concentrated in the most affected villages — particularly Kamarora A, Kamarora B, and Uenuni — while neighboring villages including Tongoa and Lembangtongoa report significantly lower coverage despite comparable needs.

Over the 12-week project period, government-led structural assessments and recovery efforts are expected to continue. BNPB is already providing temporary housing rental assistance (Dana Tunggu Hunian) of IDR 600,000/month to heavily damaged households. However, households' remaining needs are highly diverse — spanning shelter materials, hygiene items, infant and child supplies, and basic household recovery — and are unlikely to be fully addressed through in-kind distributions alone. Functioning markets, accessible financial services, and the diversity of unmet household needs together create conditions for a flexible, household-driven assistance approach.

Although immediate response activities are underway, gaps are likely to remain in shelter, healthcare, MHPSS, and access to basic services, particularly for vulnerable populations and communities with limited access to assistance.

Key gaps requiring urgent attention include:

- 1) Safe and adequate emergency shelter for households with damaged homes;
- 2) Access to healthcare services, essential medicines, referral support, and continuity of care for vulnerable groups and people living with chronic illnesses;
- 3) Mental Health and Psychosocial Support (MHPSS) for communities affected by repeated disasters and ongoing aftershocks;
- 4) Safe drinking water, hygiene support, and restoration of damaged water systems;
- 5) Essential household items for displaced and vulnerable households.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?

YCWS and Yayasan Inanta are targeting 250 households across Lembangtongoa, Tongoa, and Rejeki villages in Palolo sub-district, Sigi District. These villages were selected on the basis of field assessment findings, BPBD data, and preliminary information from Gereja Protestan Indonesia di Donggala (GPID)'s Disaster Management Unit, triangulated through direct community engagement.

Field visits confirmed that while food assistance has reached most areas — through government, TNI/Polri, and faith-based actors — critical gaps remain. Baby kits, hygiene kits, dignity items for women, and shelter materials were rarely observed in these villages. In Tongoa, the village government exhausted contingency funds on basic food distribution, leaving nothing for non-food needs. Community members were using old agricultural tarpaulins as emergency shelter, causing skin irritation. Preliminary village records in Tongoa alone identified 25 infants, 70 children under five, 32 breastfeeding mothers, and 9 pregnant women — all with unmet specific needs.

Target households include those with heavily or moderately damaged homes, households with injured family members, and those caring for children, elderly persons, pregnant and lactating women, and persons with disabilities. These groups face the greatest barriers to self-recovery and the highest risk of exclusion from visible distribution points. Community consultations conducted during the assessment informed both the selection of target villages and the choice of response modality, ensuring that assistance reflects priorities identified by affected people themselves rather than assumed needs.

During a field coordination meeting on 21 June, the Vice Regent of Sigi District acknowledged the insufficiency of current assistance in addressing the full diversity of household needs, and encouraged humanitarian organizations to fill remaining gaps — particularly for non-food items and flexible support that households can direct toward their most urgent priorities. YCWS and Yayasan Inanta will ensure that all target households are informed of their entitlements, selection criteria, and how to raise concerns.

Infrastructure Impacts . The disaster has caused major damage to 2,317 houses, including 134 heavily damaged and 218 moderately damaged houses. Public infrastructure was also affected, including schools, health facilities, places of worship, government buildings, roads, bridges, and clean water systems, disrupting access to essential services and increasing humanitarian needs.

Displacement and Protection Impacts . Many of the 8,586 affected people continue to stay in temporary tents in their house yards or with relatives due to recurring aftershocks and concerns over the safety of damaged homes. Community assessment found that some temporary shelters are accommodating multiple households, including pregnant women and other vulnerable individuals, increasing protection concerns and pressure on limited living space.

WASH Impacts . Damage to at least 8 clean water systems has disrupted access to safe drinking water in affected communities. While emergency water distribution and community managed water systems continue to function in some locations, communities remain vulnerable to service interruptions, particularly during electricity outages. Accessible sanitation facilities for persons with disabilities are also lacking in displacement sites.

Health Impacts . The earthquake resulted in 3 fatalities and 124 injuries (16 severe and 108 minor injuries). Community assessments identified at least 15 pregnant women and 13 lactating mothers in displacement sites in Uenuni Villages. In addition to at-risk groups, such as elderly, persons with disabilities, and people living with chronic diseases. Health services remain constrained by limited skilled personnel, medicines, medical equipment, and referral capacity. The presence of TB patients in affected communities further highlights the need to ensure continuity of treatment and access to essential healthcare services during displacement and recovery.

Psychosocial Impacts . Psychosocial distress is widespread as communities continue to experience recurring aftershocks and prolonged displacement. Many affected households previously experienced the devastating 2018 Central Sulawesi earthquake and liquefaction, while some communities have also been affected by past security-related incidents involving violent extremist groups. These repeated shocks have contributed to heightened fear, anxiety, and uncertainty, particularly among at-risk groups and households whose homes were heavily damaged.

The proposed response prioritizes at-risk groups, including children, older persons, pregnant and lactating women, persons with disabilities, people living with chronic diseases, injured individuals, and households with damaged homes. These groups face the greatest barriers to accessing healthcare, safe shelter, clean water, and other essential services. Their vulnerabilities are further compounded by displacement, dependence on family support, limited livelihood and recovery capacity, and prolonged exposure to disaster-related stress, making targeted humanitarian assistance necessary to prevent further deterioration of their well-being and living conditions.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis.

Given the scale of the earthquake, the number of affected people, and the identified humanitarian needs, the ACT Indonesia Forum (ACTIF) is considering a joint response through two national ACT members, YCWS and PELKESI. Subject to approval, both organisations will access the ACT Alliance Rapid Response Fund (RRF) through a single collaborative proposal and implement complementary interventions in the same geographical area, with YCWS focusing on MPCA, while PELKESI focuses on health and mental health and psychosocial support (MHPSS).

YCWS and Yayasan Inanta are both local civil society organizations without standing emergency reserves or pre-positioned funding for rapid-onset disaster response. Neither organization has access to institutional emergency funds that can be deployed immediately without external support.

YCWS has experience accessing humanitarian funding through ACT Alliance mechanisms, including previous RRF-funded responses, and maintains organizational systems — financial management, procurement, and reporting — that meet ACT Alliance requirements. Yayasan Inanta operates as a local implementing partner with community access and field presence in Sigi District.

For this response, both organizations are dependent on the ACT Rapid Response Fund as the primary funding source. No parallel emergency funding has been confirmed from other institutional donors at this stage. Should the RRF allocation be approved, YCWS will serve as the lead accountable organization and will manage fund disbursement and reporting in coordination with Yayasan Inanta.

To strengthen the health response, PELKESI will coordinate with its member hospitals in Central Sulawesi, including Samaritan Hospital and Woodward-Salvation Army Hospital, to identify available health-related resources support that can complement humanitarian assistance in affected communities.

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 and the length of time needed to respond. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The proposed 12-week emergency response in Sigi District, Central Sulawesi, combines two complementary interventions designed to address priority needs identified through the rapid needs assessment. The response will be jointly implemented by YCWS and PELKESI, with YCWS serving as the lead agency and responsible for overall project management, financial accountability, donor reporting, and coordination. Together, the response aims to support earthquake-affected communities through a combination of Multipurpose Cash Assistance (MPCA), health services, and mental health and psychosocial support (MHPSS) during the critical early recovery phase.

YCWS, in partnership with Yayasan Inanta, will focus on the provision of Multipurpose Cash Assistance (MPCA) to **300 earthquake-affected households** in Palolo Sub-district, prioritizing households in Lembangtongoa, Tongoa, and Rejeki villages, with potential expansion to Karunia and Kadidia villages if resources permit. The cash assistance is intended to enable affected households to meet their most urgent recovery needs, including shelter repair materials, hygiene supplies, household items, baby care products, and other essential non-food needs identified through the assessment. MPCA was selected based on evidence that local markets, transportation routes, banking services, and supply chains remain functional and accessible. The approach allows households to prioritize their own needs while supporting local market recovery and avoiding duplication with food assistance already provided by government and other humanitarian actors.

YCWS & Yayasan Inanta will support community engagement, beneficiary verification, targeting, distribution activities, and accountability mechanisms, drawing on its established presence and relationships within the target communities. The cash assistance component is expected to directly benefit approximately 250 households, particularly those with damaged homes and heightened vulnerabilities, including women-headed households, older persons, persons with disabilities, and families with young children.

PELKESI will lead the health and MHPSS component of the response, supporting earthquake-affected communities in Sigi District through strengthened access to essential health services and psychosocial support. The health intervention will focus on vulnerable groups, including children, older persons, pregnant and lactating women, persons with disabilities,

people living with chronic illnesses, and households facing barriers to healthcare access. Based on assessment findings and identified gaps within the local health system, PELKESI will work with Community Health Centres (Puskesmas) to strengthen service delivery through additional health personnel support, essential medical supplies, outreach services, referral support, and emergency health preparedness measures. These activities are expected to support approximately **2,000 patient** consultations during the project period.

In parallel, PELKESI will implement Mental Health and Psychosocial Support (MHPSS) activities reaching approximately **500 people**, with a particular focus on children, caregivers, and older persons affected by the earthquake and ongoing aftershocks. Activities will help reduce psychological distress, strengthen coping mechanisms, restore a sense of safety, and support emotional recovery. This need is particularly acute during the June–July school holiday period, when many children are spending extended periods in damaged homes, temporary shelters, or disrupted community environments. The proposed 12-week implementation period is considered appropriate to address urgent humanitarian needs, provide timely assistance to affected households, strengthen access to essential health services, and support psychosocial recovery while government-led recovery efforts continue.

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.*

The ACT Indonesia Forum (ACTIF) has activated coordination to ensure all planned response begin promptly. As soon as the RRF is approved, the ACTIF national members who involve in the RRF Implementation (YCWS and PELKESI) will immediately mobilise existing partners, personnel, and local resources already present in Central Sulawesi. YCWS and Yayasan Inanta are already deployed in the field. Rapid needs assessment and household verification are ongoing as of 19 June, with field teams actively visiting Lembangtongoa, Tongoa, Rejeki, Karunia, and Kamarora villages. Community entry has been established, and coordination with BPBD Sigi and village authorities is already underway. Upon RRF approval, YCWS will immediately finalize the verified household list, confirm cash transfer values based on minimum expenditure basket calculations based on government bench mark and activate the payment mechanism. Given that banking services and financial agents are confirmed as accessible in the area, cash transfers can be initiated within two weeks of fund receipt. Yayasan Inanta's existing community relationships will support rapid and inclusive targeting without the delays associated with establishing new community entry. While PELKESI will promptly mobilise its network of member hospitals's health personnel and psychosocial personnel.

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*

Both YCWS/Yayasan Inanta and PELKESI are coordinating primarily through BPBD Sigi, which leads emergency response coordination at the district level. During field assessment on 21 June, the team met with the Vice Regent of Sigi District, Mr. Samuel Yansen Pongi, to seek guidance on overlapping data and response gaps — an exchange that resulted in the Vice Regent's endorsement of MPCA as the appropriate response modality for households not yet reached by government assistance.

At the national level, YCWS coordinates through the Indonesian Humanitarian Coordination Platform (IHCP), which facilitates information sharing and complementarity among government agencies, UN agencies, and humanitarian partners. At the forum level, YCWS is actively participating in ACT Indonesia Forum coordination to ensure the proposed response complements other ACT member activities and avoids duplication.

Coordination with Humanitarian Forum Indonesia (HFI) member organizations actively responding to this crisis — including BAZNAS, Rumah Zakat, Islamic Relief, Wahana Visi Indonesia, and MDMC — is ongoing to map who is responding where and identify remaining gaps, particularly in villages reporting lower assistance coverage such as Tongoa and Lembangtongoa.

YCWS will continue to contribute to Who-What-Where mapping and share response information through BPBD-led coordination forums throughout the project period. Community-level coordination will be managed through village heads and community focal points identified during the assessment phase.

PELKESI also coordinating with local health authorities, Community Health Centres (Puskesmas), member hospitals, village authorities, and affected communities to ensure that health and MHPSS interventions will be complement existing response efforts. Coordination is also being used to verify priority needs, target locations, and referral pathways so that limited resources can be directed to vulnerable groups with unmet health and psychosocial needs.

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 income for small businesses.*

Locally or within the affected areas	X	Nationally		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, all requesting member has its own procurement procedure which is linked to the finance SOP. All 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. YCWS has an organizational procurement policy that applies to all project expenditures. The policy sets thresholds for competitive quotations, requires documentation of supplier selection, and includes conflict-of-interest provisions. Yayasan Inanta will follow YCWS procurement guidelines for all field-level purchases under this project. To further expedite procurement and leverage established supplier relationships, YCWS will also seek to reconnect with vendors previously engaged by CWS during the 2018 Central Sulawesi earthquake and liquefaction response, drawing on that network's familiarity with the local humanitarian supply context.

As MPCA is the primary response modality, procurement needs are limited to operational supplies, and project support items. All goods and services will be procured locally, prioritizing suppliers in Palu City and Sigi District.

Local procurement was chosen for three reasons. First, field assessment confirmed that markets in the area are functional, commodity prices are stable, and supply chains are intact, making local sourcing both feasible and efficient. Second, local procurement shortens delivery timelines and reduces logistics costs compared to sourcing from outside the region. Third, purchasing from local vendors and small businesses directly supports the economic recovery of earthquake-affected communities, consistent with CHS Commitment 3.

2.3 Description of Target Population

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

Based on the statistic, each families has 3-4 members, the total number of beneficiaries is estimated. The project aims to reach 300 households (HHs), equivalent to 3,200 individuals , distributed as follows:

- YCWS: **300 House Holds** or equal to **1,200** individual across Lembangtongoa, Tongoa, and Rejeki villages in Palolo sub-district, Sigi District. This figure is drawn from the ongoing YCWS-Inanta rapid assessment and triangulated with BPBD Sigi data and preliminary information from Gereja Protestan Indonesia Donggala (GPDI)'s Disaster Management Unit. Vulnerable individuals within target households — including 25 infants, 70 children under five, 32 breastfeeding mothers, and 9 pregnant women identified in Tongoa village alone — will be tracked separately to ensure targeted assistance and monitoring. If funding permits and response is expanded to Karunia and Kadidia villages, the household and individual totals will be revised accordingly and reported transparently.
- PELKESI: **500 HHs** (equal to approximately 2,000 project participants, of which 2,000 participants in the health intervention can also become YCWS beneficiaries) in Palolo Sub-district and Nokilalaki Sub-district.

Household selection prioritizes those with heavily or moderately damaged homes, households sleeping outside or in temporary shelter arrangements, households with injured family members, and households with vulnerable members including children under five, infants, pregnant and lactating women, elderly persons, and persons with disabilities — and who have not been reached by government assistance or other humanitarian actors.

Coordination with the affected communities will guide the determination of specific needs, including the type and quality of items, as well as appropriate intervention strategies such as distribution mechanisms, do/no-harm considerations, and identification of key actors to be involved. All decisions will be made in consultation with affected communities and relevant stakeholders, ensuring that interventions remain accountable, inclusive, and responsive to the actual needs on the ground.

3. CHS Commitment 4. Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?

The project places affected communities at the centre of all stages of the response, community involvement began during the initial assessment phase. Field teams conducted direct discussions with affected households, village authorities, community leaders, and local focal points in Lembangtongoa, Tongoa, Rejeki, and neighboring villages between 19 and 22 June. These consultations informed village selection, confirmed unmet needs, and validated a flexible assistance approach as the preferred modality from the community's perspective. In the health and MHPSS sector coordinating carry out with local health authorities, Community Health Centres (Puskesmas) and affected communities in Nokilalaki Sub-district (Kamarora A and Kamarora B) and Palolo Sub-district (Lembangtongoa, Eununi) to ensure that health and MHPSS interventions complement existing response efforts.

During implementation, target households will be involved through a community-based verification process, where village heads and community focal points participate in household identification and list validation to ensure transparency and reduce exclusion errors. Cash transfer values will be communicated clearly to all recipients prior to distribution, including selection criteria and entitlement amounts. MPCA recipient criteria will be discussed with local government, but referring to 2018 earthquake response, **selection prioritizes those with heavily or moderately damaged homes, households sleeping outside or in temporary shelter arrangements, households with injured family members, and households with vulnerable members including children under five, infants, pregnant and lactating women, elderly persons, and persons with disabilities — and who have not been reached by government assistance or other humanitarian actors.**

In the Health and MHPSS sector, project participants will primarily consist of at-risk groups, including children, elderly, pregnant and lactating women, persons with disabilities, people living with chronic diseases, injured individuals, and earthquake-affected community members experiencing health and psychosocial challenges following the disaster. Throughout the project cycle, affected communities will have access to a complaint and feedback mechanism using multiple accessible channels — including community focal points, phone and WhatsApp contacts, and in-person feedback opportunities during distribution and monitoring visits. Feedback received will be reviewed, documented, and used to adjust implementation where needed. End-of-project community feedback will contribute to lessons learned and reporting.

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: Providing immediate relief to support the recovery of earthquake-affected communities in Sigi District, Central Sulawesi, by addressing priority humanitarian needs in an accountable and inclusive manner.

Output:

1. Priority basic needs of earthquake-affected households are met through multi-purpose cash assistance.
2. People affected by earthquake get comprehensive healthcare services while recovering from the disaster, especially at-risk groups.
3. People affected by the earthquake can carry out positive coping mechanism through psychosocial support activities

Activity Milestone:

1st Month

- Inception meeting
- Socialization and coordination related to the intervention plan with affected communities and relevant stakeholders
- Data collection and finalization
- First round of cash transfers distributed to verified households; community orientation conducted on entitlements, intended use, and feedback mechanism.
- Capacity building on health crisis management for local health facilities
- Training of facilitator for psychosocial support helper skill for communities/volunteers
- Community outreach health services
- PSS activities
- Situation report

2nd Month

- Second round of transfers if multi-installment modality is used; monitoring visits conducted; PFA sessions initiated for children and vulnerable groups where funded; feedback reviewed and any targeting adjustments made
- Community outreach health services
- PSS activities

3rd Month

- Final cash transfers completed; post-distribution monitoring conducted; community feedback sessions held; PFA sessions concluded.
- Community outreach health services
- PSS activities

2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?

Aftershocks and secondary hazards. Continued seismic activity and the risk of landslides and flash floods — particularly in Palolo and Nokilalaki sub-districts during afternoon and evening rainfall — may temporarily disrupt field access. Field teams will schedule visits in the morning, monitor BMKG and BPBD advisories daily, and adjust movement plans accordingly.

Targeting errors and exclusion. Household lists based on preliminary data may contain errors or miss the most vulnerable. YCWS and Yayasan Inanta will conduct community-based verification with village authorities and apply an inclusive targeting process, with a complaint mechanism available from the start of implementation to identify and correct exclusion errors promptly.

Overlap with other assistance. Other actors may begin responding in target villages during implementation. YCWS will maintain active coordination through BPBD and HFI member networks to detect overlap early and adjust targeting if needed.

Access to financial services. Some households — particularly elderly persons and persons with disabilities — may face barriers accessing cash transfer points. YCWS and Yayasan Inanta will map available banking agents and ATMs, and consider assisted withdrawal arrangements for households with mobility constraints.

Community expectations may exceed available project resources. Conduct clear beneficiary communication, establish transparent selection criteria, and coordinate with other humanitarian actors to manage expectations and referrals.

Delayed RRF approval. Any delay in fund release may compress the implementation window. YCWS will use the approval

period to complete verification and pre-position operational arrangements so distributions can begin immediately upon fund receipt.

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?

All monitoring processes will adhere to the Core Humanitarian Standard (CHS), particularly commitments 7.1, 7.2, and 7.5, ensuring inclusivity, gender sensitivity, accountability, and responsiveness to community feedback and complaints. Lessons learned will be documented throughout the project cycle and compiled into formal reports following the overall project evaluation.

Each implementing organization will monitor its own activities using the joint work plan and implementation matrix, which details progress and achievement indicators. YCWS will lead project monitoring with support from Yayasan Inanta's field team. Monitoring will track targeting accuracy, timeliness of cash transfers, household-level utilization, and inclusion of vulnerable groups across the project cycle. While PELKESI will ensure the project achievement through both online and onsite project's supervision, to analyse the gap and give recommendation for the next needs.

Tools and processes will include: a verified beneficiary registration list with disaggregated data by sex, age, and vulnerability category; distribution records and payment confirmation documentation; post-distribution monitoring (PDM) questionnaires administered to a sample of recipient households after each transfer round; monitoring visit reports from YCWS and Yayasan Inanta field staff; and a complaint and feedback register reviewed at regular intervals. A mid-point review will be conducted at week five to assess progress against milestones, identify implementation bottlenecks, and make adjustments where needed. Findings will be shared with ACT Indonesia Forum as part of ongoing coordination.

Lessons will be gathered through structured staff debriefs after each distribution round, PDM findings analysis, community feedback sessions at project close, and a lessons-learned documentation exercise during the reporting phase in weeks 11–12. Lessons will be shared with ACT Indonesia Forum and incorporated into YCWS's organizational learning and emergency preparedness planning.

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. Anybody engaged at the project site will sign the Code of Conduct and will abide by it. The new staff if recruited for this particular project, will be oriented on it and made to sign. Forum members also abide by the zero-tolerance policy, child and vulnerable adult safeguarding, and gender mainstreaming.

Yayasan Inanta staff and volunteers engaged under this project will be required to sign YCWS's Code of Conduct prior to deployment, consistent with YCWS's partnership management practice. Signed copies are maintained by YCWS and are available for submission to ACT Alliance upon request.

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

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Each ACTIF implementing member will apply its own accountability system in alignment with the CHS. Orientation sessions will be conducted with all relevant stakeholders, including government departments, local authorities, and community members, to explain the project's objectives, targets, and expected outcomes. Information sharing will be conducted through community orientations at the start of each distribution round, covering selection criteria, entitlement amounts, intended use of cash assistance, and project timeline. Information will be communicated verbally in Bahasa Indonesia, with village focal points available to answer questions. Written information will be posted at village offices and distribution points.

As ACTIF's accountability commitment, a Complaint and Feedback Mechanism (CFM) will be set up to enable participants and stakeholders to safely and easily share concerns, feedback, or complaints by each of the implementing members. The CFM will provide multiple access channels, including direct communication with staff, complaint boxes, email, and a dedicated phone number/whatsapp number. The project team will explain the purpose of the CFM, the types of complaints that can be submitted, and how feedback will be managed and responded to. To enhance accessibility and awareness, banners in local languages containing CFM information will be displayed at all intervention sites. All feedback and complaints will be logged in a register, reviewed within five working days, and responded to through the most appropriate channel. Where complaints relate to targeting or exclusion, cases will be investigated and resolved within the same distribution cycle where possible.

The implementing members will ensure that all complaints are reviewed and, where appropriate, responded to in a timely manner to maintain a complete feedback loop. To uphold the Do No Harm principle in accordance with CHS Commitment 4, all staff and community participants will be guided to ensure safe, respectful, and conflict-sensitive engagement throughout the project.

The implementing member will utilize established communication platforms to share situational updates and identified gaps with key networks, including the Health Cluster, IHCP, HFI, and Jakomkris. Where gaps in service provision are identified, referrals will be made to organisations with the relevant expertise.



Rapid Response Fund Consolidated Budget and Financial Report

Project Code 14/2026

Project Name Emergency Assistance to earthquake affected people in Sigi District

Budget Exchange rate (local currency to 1 USD) 0.000055979

Exchange rate for revised budget (local currency to 1 USD)

Please use exchange rate from this site: <http://www.floatrates.com/historical-exchange->

		Approved Budget			
		YCWS	PELKESI	Member 3	Total Budget
1	Total Project Staff Costs	6,127	3,191	-	9,317
2	Project Activities	32,384	17,773	-	50,157
2.1	Cash/Vouchers	32,384	-	-	32,384
2.2	Food/Nutrition	-	-	-	-
2.3	Household items	-	-	-	-
2.4	Water, Sanitation, and Hygiene (WASH)	-	-	-	-
2.5	Shelter	-	-	-	-
2.6	Disaster Risk Reduction (Max 10% of the budget)	-	-	-	-
2.7	Mental Health and Psychosocial Support	-	8,453	-	8,453
2.8	local health system	-	9,320	-	9,320
2.9		-	-	-	-
2.10		-	-	-	-
3	Project Implementation	1,629	2,491	-	4,120
4	Quality and Accountability	1,772	616	-	2,387
5	Logistics	3,543	3,695	-	7,238
6	Assets and Equipment	-	-	-	-
Direct Costs		45,454	27,765	-	73,220
Overhead Costs		4,545	2,777	-	7,322
Total Budget		50,000	30,542	-	80,542



Rapid Response Fund Requesting Member Bank Details

ACT member organisation	Yayasan Cita Wadah Swadaya
Office Address	GoWork Pondok Indah, Pondok Indah Office Tower 2, Lantai 15, Jalan Sultan Iskandar Muda Kaveling V-TA, Pondok Indah, Kecamatan Kebayoran Lama, Kota Jakarta Selatan, Daerah Khusus Ibukota Jakarta, Indonesia 12310

	Name	Email	Contact Number
Finance Contact	Dahlia Nur	dahlia.nur@gmail.com	0812-9900-593

Bank details	
Registered name of the organisation	Yayasan Cita Wadah Swadaya
Office Address (as registered in the bank account)	GoWork Pondok Indah, Pondok Indah Office Tower 2, Lantai 15, Jalan Sultan Iskandar Muda Kaveling V-TA, Pondok Indah, Kecamatan
Bank Name	Bank Rakyat Indonesia
Bank address	Jl. Kemang Raya No.24A Kel. Bangka, Kec. Mampang Prapatan Jak
Account number or IBAN	113001000653308
Bank BIC/Swift Code	BRINIDJAXXX

Please explain if the name registered in the bank is not the same as the name of your organisation

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Requesting Member Bank Details

ACT member organisation	PELKESI		
Office Address	d/a YAMUGER Jl. Wisma Jaya No.11 Rawamangun, Pulo Gadung, East Jakarta 13220		
	Name	Email	Contact Number
Finance Contact	Vanda Ria	pelkesi83@gmail.com	62818877781

Bank details	
Registered name of the organisation	PELKESI
Office Address (as registered in the bank account)	d/a Dirkesmas PGI Cikini, Jl. Nangka I no. 1, Tanjung Barat, Jakarta Selatan 12530
Bank Name	BRI (Bank Rakyat Indonesia)
Bank address	Jl. Cikini Raya No. 58R, Jakarta Pusat, Indonesia
Account number or IBAN	0502-01-000-328-305
Bank BIC/Swift Code	BRI NIDJA

Please explain if the name registered in the bank is not the same as the name of your organisation

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