Rapid Response Fund

Approval

Project Code	**RRF 24/2026**
Project Name	**Immediate Emergency Assistance for Earthquake-Affected Communities in East Nusa Tenggara Province**

The ACT Secretariat has approved the use of **USD148,650** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines	
SitRep *(one month after approval)*	25 Jan 2027
Final Reports (narrative and financial)	23 Feb 2027
Audit Report *(for projects >USD50,000)*	23 Mar 2027

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Approved By the RRF review Panel
on 24 August 2026

actalliance
Rapid Response Fund
Project Proposal

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

Please submit this form to the Humanitarian Coordinators in your region	Date submitted to ACT Secretariat
	21/08/2026

Section 1 Project Data

Project Information

Project Name	**Immediate Emergency Assistance for Earthquake-Affected Communities in East Nusa Tenggara Province**
Project Code	RRF 24/2026
Country Forum	Indonesia
ACT Requesting Member *(if there are more than one member, please use ALT+<Enter> to add another member)*	1. YEU 2. PELKESI
Name of person leading the project	Debora Utami
Job Title	Director of YAKKUM Emergency Unit
Email	deborautami@yeu.or.id; sekretariat@yeu.or.id
Location(s) of project (city / province)	Manggarai and East Manggarai Regencies in East Nusa Tenggara (NTT) Province
Project start date (dd/mm/yyyy)	24/Aug/2026
Project end date (dd/mm/yyyy)	23/Dec/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	YEU *(please write the name of your organisation)*		PELKESI *(please write the name of your organisation)*		Member 3 *(please write the name of your organisation)*	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers						
Food						
Health			1240	1260		
Household items						
Livelihood						
Psychosocial			446	454		
Shelter	980	1020				
WASH	885	883				

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)*

A magnitude 7.7 tectonic earthquake struck the Flores region of East Nusa Tenggara (NTT) on Saturday, 15 August 2026, at 5:58 a.m. WITA (Central Indonesian Time), affecting nine regencies in 3 provinces (NTT, NTB, and South Sulawesi). According to the Meteorology, Climatology, and Geophysics Agency (BMKG), the earthquake's epicenter was located offshore, approximately 30 km northeast of Mbay, Nagekeo Regency, at a depth of 15 km. Tidal station observations confirmed that the earthquake triggered a tsunami at 16 locations across four provinces: East Nusa Tenggara (NTT), West Nusa Tenggara (NTB), South Sulawesi, and Southeast Sulawesi.

As of 20 August 2026, 4,258 aftershocks ranging from magnitude 1.1 to 6.2 have been recorded across nine regencies in NTT, with aftershocks expected to continue over the next three to four weeks (BMKG.go.id). According to the National Disaster Management Agency (BNPB), as of 5:00 PM on 20 August, 78 people had died, 953 people were injured, 95,871 people were displaced, and at least 23,750 families were affected. A total of 38,898 houses were damaged, including 14,735 that were severely damaged. BNPB also reported damage to 244 health facilities and 502 education facilities. At the regency level, Manggarai Regency has declared an emergency response period until 13 November 2026, while East Manggarai Regency has declared an emergency response period until 4 September 2026 (PUSDATINKOM BNPB).

The earthquake has significantly disrupted access to primary public services, including health and logistics in several affected areas, whereas several other routes have been affected by severe landslides. The MoH Crisis Center reported that 21 hospitals and 190 community health centres (Puskesmas) across the affected areas have been impacted by the disaster. Some health services are being delivered outside damaged buildings, while several facilities are operating only partially or remain temporarily non-operational. In Manggarai Regency, the Manggarai Regional General Hospital sustained damage affecting both clinical and administrative services, with patients temporarily being treated on the hospital grounds. In Manggarai, 5 of the 25 Puskesmas are heavily damaged and 9 are moderately damaged. In East Manggarai, 12 of the 29 Puskesmas are heavily damaged and 5 are moderately damaged. Many of these affected Puskesmas are either non-operational or operating only partially, significantly reducing access to essential health services for affected and displaced communities. The Health Emergency Operations Center (HEOC) is coordinating the health response across the nine affected regencies and conducting detailed assessments of health facilities, medical equipment, medicines, and other priority needs. The Health Cluster continues to request support from Emergency Medical Teams (EMTs), both from within and outside East Nusa Tenggara Province, to address ongoing gaps in emergency medical care, referral services, essential medicines, staffing, and continuity of treatment. East Manggarai has the highest damaged houses among other regencies. About 966 people were evacuated to the temporary shelter managed by the Regional Disaster Management Agency (BPBD), but around 14,000 others were self-evacuating--make their own shelters near their houses, yard, garden or other safe location. Several areas in East Manggarai such in South Lamba Leda Subdistrict, still use murky river water for daily needs.

Key gaps requiring urgent attention include:
a) Safe and accessible temporary shelters;
b) Emergency medical care and continuity health services due to local health facilities damaged;
c) clean water supplies, water tanks, and water treatment or purification units
d) Adequate food assistance;
e) Nutrition-sensitive public kitchens tailored for at-risk groups
f) Protection measures to ensure most at risk groups' rights are upheld during the disaster

In response to these need, ACT Forum in Indonesia (ACTIF) intends to provide an integrated emergency interventions in Manggarai and East Manggarai Regencies for a period of **four months**, starting from 24 August 2026 until 23 December 2026.

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?

The earthquake in East Nusa Tenggara has severely affected communities across several regencies, disrupting housing, health services, infrastructure, livelihoods, and access to essential assistance. The impacts are particularly severe in Manggarai and East Manggarai Regency, identified by the ACT Indonesia Forum as priority locations for the proposed response.

Infrastructure and Access. Houses and critical infrastructure, including hospitals, Puskesmas, schools, roads, bridges, and water facilities, have been damaged. Landslides, rockfalls, damaged roads, power outages, and communication disruptions continue to restrict access and delay humanitarian assistance. Many households remain unable to safely return home due to structural damage and continuing aftershocks.
Health. Damage to health facilities, combined with shortages of health personnel, has reduced access to emergency care, referrals, medicines, routine treatment, and maternal and child health services. The Health Cluster continues to require additional Emergency Medical Teams (EMTs) to address service gaps.
Psychosocial and Protection. Deaths, injuries, displacement, damaged homes, and continuing aftershocks have contributed to fear, grief, anxiety, and psychological distress. Children, older people, persons with disabilities, displaced families, injured people, and health workers may require psychological first aid, psychosocial support, and referral services. Displacement also increases protection risks, including inadequate privacy, family separation, child protection concerns, gender-based violence, and exclusion from assistance.
Food, Shelter, and NFIs. Displaced households may require food, safe drinking water, and support to prepare meals, with particular attention to children, pregnant and breastfeeding women, older people, persons with disabilities, and households with reduced income or market access. Shelter and NFI needs include temporary shelter materials, tarpaulins, mattresses or veldbeds, blankets, mats, kitchen sets, lighting, and hygiene items.
WASH. Displaced households are experiencing difficulties in accessing safe, clean water sources in the temporary shelters or their own shelters. Urgent needs include clean water supplies, water tanks, and water treatment or purification units. Some of water tanks from the natural springs were cracked due the earthquake.

The proposed response prioritizes earthquake-affected households in Manggarai and East Manggarai, particularly those with damaged homes, disrupted livelihoods, limited access to health and other essential services, or heightened protection risks. The project plans to target 1520 earthquake-affected households in at least 5 sub-districts, with final locations and beneficiaries confirmed through community consultation, and coordination with authorities and humanitarian actors.

Manggarai reports 27 deaths, 140 injured, and approximately 10,083 displaced people, with a total affected population of 340,153. East Manggarai reports 24 deaths, 567 injured, and approximately 19,330 displaced people, with a total affected population of 313,876. Combined, the two regencies account for 51 deaths, 707 injured, approximately 29,413 displaced people, and 654,029 affected people. Priority will be given to children, older people, pregnant and breastfeeding women, persons with disabilities, people requiring regular treatment, female-headed households, and those living in isolated or hazard-prone areas. Affected population in isolated area facedcompounding delay of essential basic needs such as shelter, water, and health services. Children is high risk of malnutrition, waterborne ilnessess due to lack of clean water, psychological impacts. While pregnant & breastfeeding women needs maternal services, older people and people with disabilities faced mobility barriers during evacuation, disrupted regular medical treatment and difficulties to access assistance in centralized locations. Female headed households potentially marginalized during resource distribution.

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

The Forum continues to monitor the evolving situation in coordination with government and humanitarian actors and is considering the ACT Alliance Rapid Response Fund (RRF) as the most relevant mechanism to support time-critical activities addressing critical unmet needs among earthquake-affected communities.

ACTIF national members have limited emergency funds, mainly available for initial assessments and response mobilization. To address this gap, implementing members have initiated internal resource mobilization to the affected areas in Manggarai and East Manggarai regencies. PELKESI is mobilizing support from its member institutions, including financial contributions and in-kind assistance such as medical personnel, medical supplies, and other health-related resources. YEU is using institutional funds and church-network donations to deploy response teams, conduct further assessments, coordinate with relevant stakeholders, and provide essential relief items. YCWS and MBM are also mobilizing available organizational resources and networks to support assessment, coordination, and initial response activities.

Given the scale and geographic spread of the disaster, ACTIF plans a joint response through four national members YEU and PELKESI and the other two local members YCWS and MBM will be engaged in the overall implementation of the project. The organizations plan to divide interventions across the two priority regencies and sectors to minimize overlap and ensure complementary coverage. ACTIF members are also open to partnering with non-ACT Alliance actors to mobilize additional cash and in-kind resources and strengthen the overall response.

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 response is implemented jointly by four ACTIF national members—YEU, PELKESI, YCWS, and MBM—with members sharing resources and coordinating their interventions by geographic area and sector. Implementing member requests are submitted through YEU and PELKESI, in line with the agreed response arrangement.

The proposed 4-month emergency response in Manggarai and East Manggarai Regencies, East Nusa Tenggara, combines complementary interventions addressing priority needs identified through the rapid needs assessment. The response aims to support at least 1,620 earthquake-affected households through key sectors including Health, MHPSS, Shelter, and WASH. In the Health and MHPSS sectors, the response will directly reach approximately 3,400 individuals, representing an estimated 720 households, including 1,850 individuals (382 households) in Manggarai and 1,550 individuals (338 households) in East Manggarai. The Health component will provide an estimated 2,500 patient consultations, while MHPSS interventions will provide support to approximately 900 individuals. Targeting will prioritize earthquake-affected and vulnerable individuals with limited access to essential health and psychosocial services. While for Shelter and WASH sector, the response will target approximately 3,768 persons or at least 900 households.

YEU, leads Shelter intervention while WASH interventions will be implemented in collaboration with YCWS in East Manggarai, while PELKESI, in collaboration with MBM, leads Health and MHPSS interventions, complementing the Shelter and WASH assistance in the same geographic areas. PELKESI covers East Manggarai, while MBM covers Manggarai. This arrangement enables the four national members to pool resources, coordinate closely and regularly at field level, and provide complementary assistance across sectors while minimizing duplication. The 4-month timeframe allows sufficient time to deliver immediate assistance, strengthen access to essential services, and address the most critical unmet needs of earthquake-affected communities.

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) activated its coordination mechanisms immediately following the initial assessment phase to ensure that planned response activities can commence without delay. Upon approval of the RRF, the ACTIF national members involved in the implementation will promptly mobilize their existing networks, personnel, and locally available resources identified during the assessment and through ongoing rapid response efforts.

YEU, as the lead agency, will coordinate overall response planning and facilitate joint operational collaboration among the implementing members. PELKESI will rapidly mobilize its network of member hospitals and health personnel and deploy mobile clinics and medical teams to priority areas. All implementing members will immediately engage local partners, churches, community networks, and volunteers to support rapid mobilization and ensure the timely implementation of RRF activities.

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*

The ACT Indonesia Forum coordinates closely with local churches, including the GMIT Synod, PGI, Jakomkris, the Indonesia Humanitarian Coordination Platform (IHCP), and other relevant stakeholders. Regular information sharing through these networks helps monitor the evolving situation, map humanitarian actors and interventions, prevent duplication, and ensure complementarity. ACTIF also coordinates with government agencies to collect and verify information on damages, needs, and response coverage. At present, information from some local authorities remains limited and is not yet consistently consolidated or systematically shared, reflecting the ongoing development of local emergency response and coordination mechanisms. Government-led cluster coordination is in place but remains at an early stage, with coordination arrangements and information flows still being strengthened at district level, particularly where additional support from national authorities is limited.

All implementing members will contribute to Who-What-Where mapping and share response information through BPBD-led coordination mechanisms throughout the project period. At community level, coordination will be maintained through village heads and community focal points identified during the assessment. For Health and MHPSS interventions, PELKESI and MBM will coordinate with District Health Office, Puskesmas, village authorities, and affected communities to complement existing services. For WASH and Shelter interventions, YEU and YCWS will coordinate with District Social Affairs Offices, as well as village authorities and affected communities, to ensure appropriate targeting and complementarity with government assistance. Coordination will also support verification of priority needs, target locations, referral pathways, and remaining gaps, ensuring limited resources are directed to vulnerable groups with unmet 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	

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 participants of this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

The project participant numbers are calculated based on findings from the rapid needs assessment, including sex, age, and disability-disaggregated data (SADDD). Based on the available demographic data, an average household size of 4–5 members is used to estimate the total number of individuals reached. The project aims to reach 1,620 households (HHs), equivalent to approximately 7,168 individuals, distributed across the two priority regencies as follows:

• YEU : 500 HHs (approx. 2,000 participants) in Lamba Leda Timur Subdistrict of East Manggarai, while YCWS will reach 400 HHs (1,768 participants) in Lamba Leda Selatan Subdistrict of East Manggarai.

• PELKESI: 338 HHs (1,550 participants) in East Manggarai, while MBM will reach 382 HHs (1,850 participants) in Manggarai.

Target selection is based on identified needs and the principles of gender equality and disability and social inclusion (GEDSI) in emergencies. Specific needs, preferred assistance modalities, and appropriate delivery mechanisms will be further validated through consultation with affected communities and relevant stakeholders, including consideration of protection and do-no-harm principles.

Implementing members will coordinate closely with each other and with local authorities to ensure transparent targeting, avoid duplication, and prevent households from receiving the same assistance from multiple implementing members, particularly within the same regency. Participant lists will be cross-checked and updated throughout implementation to ensure that assistance reaches households with the greatest unmet needs.

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 the response and involves them throughout the project cycle. Community participation begins during the initial assessment, where community representatives, village authorities, and local volunteers contribute to identifying priority needs, vulnerable households, and barriers to accessing assistance. Particular attention is given to older people, persons with disabilities, people with chronic illnesses, female-headed households, and other at-risk groups. For WASH, communities will also help identify barriers to accessing safe water, sanitation and hygiene facilities and prioritize the most critical gaps.

During implementation, village authorities, community representatives, and volunteers will support the identification and verification of eligible households through transparent and inclusive beneficiary-selection processes. Project participants will be informed about the type, timing, eligibility criteria, and limitations of assistance to ensure that support is delivered safely, accessibly, and with dignity. For WASH, Health and MHPSS activities, communities will also contribute to identifying priority health and psychosocial needs, referral pathways, and barriers to accessing services.

Community participation will continue through monitoring, feedback, and evaluation. Post-Distribution Monitoring (PDM) will be conducted within an agreed timeframe to assess the relevance, adequacy, quality, and efficiency of assistance, with an expected participation of 30% of targeted households. Feedback and complaints will be collected through accessible channels and regularly reviewed to inform adjustments to targeting, delivery methods, referral pathways, and activities. Community representatives and local volunteers will also support psychosocial activities, information dissemination, and monitoring, strengthening community ownership and accountability.

Coordination with BPBD, District Health Offices, Hospitals, Puskesmas, Social Affairs Offices, Village authorities, PGI–GMIT Synod, Jakomkris, local churches, and humanitarian partners will support information sharing, joint assessments, referral coordination, 4W mapping, and identification of remaining gaps. These stakeholders will contribute according to their respective roles while ensuring that the response remains complementary to government and other humanitarian interventions. A final review with affected communities and relevant stakeholders will capture feedback, assess coverage and quality, and document lessons learned to inform future response and preparedness.

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 Objectives: Providing immediate and integrated assistance to address priority humanitarian needs and support the recovery of earthquake-affected communities in Manggarai and East Manggarai Regencies in East Nusa Tenggara in an accountable and inclusive manner.

Outputs:

1. Basic needs for clean water for 1,768 affected population (400 HHs) are provided
2. Shelter kits for 2,000 affected population (500 HHs) are provided
3. People affected by earthquake get comprehensive healthcare services while recovering from the disaster, especially at-risk groups.
4. People affected by the earthquake can carry out positive coping mechanism through psychosocial support activities

Main Activities:

1. WASH

1.1) Rapid assessment and identification of priority WASH needs and gaps

1.2) Provide water trucking/distribution, minor rehabilitation of damaged water-pipe systems, and equipment in affected location, based on assessment findings

1.3) Provision of 300 packages of essential hygiene supplies to affected households

2. Shelter

2.1) Disaggregated data collection on targeted families and project participants

2.2) Provision of 500 shelter kit packages to families whose houses are severely damaged

3. Health

3.1) Local Health System Strengthening and Community Health Outreach

4. MHPSS

4.1) Community-Based Psychosocial Support & Child Protection to 900 individuals

4.2) Risk Communication for Community Preparedness

Activity Milestone:

1st Month

- Inception meeting
- Coordination of socialization with afffected communities and relevant stakeholders related to the intervention plan
- Identify existing potential vendors and also initiate MoUs
- Data collection on the targeted families and project participants
- Starting the implementation in the target communities
- Situation report

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

Forum members have identified the following key risks that may affect the achievement of project targets and agreed mitigation measures:

Aftershocks, landslides, and other secondary hazards. Field activities may be delayed or suspended, while staff and participants may face safety risks.

Mitigation : Conduct regular safety assessments, follow BMKG and BPBD guidance, prepare contingency plans, use safe locations for activities and distributions, and adjust or suspend activities when necessary.

Damaged roads, bridges, and limited access. Teams may be unable to reach isolated communities and assistance may be delayed.

Mitigation : Coordinate with BPBD and local authorities, engage local volunteers and partners, pre-position essential supplies where feasible, and use alternative routes or delivery methods.

Damage to health facilities and limited medical capacity. Disruption to health facilities and shortages of health personnel may reduce the coverage and continuity of essential services.
Mitigation : Coordinate with Health Offices, Hospitals, Puskesmas, other relevant health and humanitarian actors; strengthen referral pathways; and deploy mobile or temporary services to underserved locations.
Inaccurate or changing beneficiary data. Changing displacement patterns and household conditions may affect targeting and increase the risk of exclusion or duplication.
Mitigation : Conduct rapid needs assessments, verify and regularly update household data using SADDD, and coordinate beneficiary lists among implementing members and local authorities.
Duplication of assistance. Some households may receive repeated assistance while others remain underserved.
Mitigation : Maintain shared assistance tracking, participate in BPBD-led coordination and 4W mapping, and conduct regular coverage and gap analysis with humanitarian partners and local networks.
Limited community participation or misinformation. Communities may have insufficient information about assistance, eligibility, or feedback mechanisms.
Mitigation : Provide clear, timely, and accessible information; involve community representatives and volunteers; use local languages where appropriate; and maintain accessible and confidential feedback and complaints mechanisms.
Market disruption and limited stock of goods available at the local markets. Cash or voucher assistance may be less feasible where markets or financial services are disrupted.
Mitigation : Conduct market and feasibility assessments before implementation, consult communities and service providers, select appropriate delivery mechanisms, identify potential vendors from nearby regencies, and adapt the modality with in-kind support.

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 follow the Core Humanitarian Standard (CHS), particularly Commitments 7.1, 7.2, and 7.5, promoting inclusion, gender sensitivity, accountability, protection, and responsiveness to community feedback and complaints.
YEU and PELKESI, as implementing members, will monitor activities through the joint work plan and implementation matrix, covering responsibilities, targets, indicators, timelines, and reporting requirements. YEU will monitor Shelter, including WASH activities implemented by YCWS, while PELKESI will monitor Health and MHPSS activities, including those implemented by MBM. The RRF leader will consolidate progress and monitoring updates and coordinate monthly meetings among implementing members at field level. Monitoring will include activity and distribution reports, beneficiary data, field monitoring, community feedback and organizations' followup/responses, and post distribution monitoring (PDM). These processes will assess progress against targets, coverage, timeliness, relevance, quality, accessibility, participant satisfaction, protection risks, inclusion, and potential duplication.
PDM will be conducted within an agreed timeframe following relevant distributions to assess whether assistance is appropriate, sufficient, safely delivered, accessible, and reaches the intended households. Findings will be disaggregated by sex, age, disability, location, and other relevant vulnerability characteristics where feasible, and used to adjust ongoing activities and improve future interventions. Due to limited funding, ACTIF will not conduct a separate joint monitoring mission under this RRF. However, monitoring and evaluation findings will be shared through regular Forum coordination and reporting processes and discussed with the ACTIF PMEAL Core Team for quality assurance, accountability, and learning.
Lessons learned will be captured throughout the project cycle through monitoring reports, PDM findings, community feedback, coordination meetings, partner reflections, and the final review. The process will identify good practices, challenges, underserved groups or locations, and necessary adaptations. Key lessons and recommendations will be consolidated in the final project report and shared with ACTIF members, the PMEAL Core Team, relevant partners, and other stakeholders as appropriate.

Field coordination with the local government and all relevant stakeholders who have the same interest will be carried out together by the implementing members working in the same regency. As improvement of previous RRF, field coordination among implementing members will be organized face-to-face once a month where each organization will track the progress of each sector's achievements, strategies to overcome challenges/field dynamics that arise, and share/follow up on feedback.

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 sing 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.

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

Each ACTIF implementing member will apply its accountability system in line with the Core Humanitarian Standard (CHS). At the start of the intervention, orientation sessions will inform government authorities, partners, volunteers, and affected communities about project objectives, eligibility criteria, assistance, timelines, staff conduct, safeguarding, and available feedback and complaints channels.

Information will be shared through community meetings, village authorities, community leaders, volunteers, local-language banners, telephone, and WhatsApp. Each implementing member will maintain safe and confidential Complaint and Feedback Mechanisms (CFM) through project staff, community focal points, complaint boxes, email, telephone, and WhatsApp. Complaints may relate to assistance, targeting, exclusion, staff conduct, protection, or safeguarding concerns. Feedback and complaints will be documented, reviewed, referred, and responded to within an agreed timeframe. Sensitive cases will be handled confidentially through appropriate referral pathways. Feedback trends and key concerns will be discussed during coordination meetings and used to improve targeting, assistance delivery, communication, referrals, and overall implementation. ACTIF Implementing members will develop joint dashboard for complaint & feedback log and each organization will be responsible to followup complaint & feedback based on the each organization's policy.

Sensitive complaints (e.g., abuse, violence, sexual harassment, fraud, or misconduct, including complaints about staff behavior that may be too sensitive to report to the project manager of the implementing members) that received from the communities assisted or local stakeholders will be handled confidentially through each of ACTIF implementing members' whistleblowing mechanism. This will be accessible via separate channels, including email, mobile phone (text message or call) or postal mail and will be directed specifically to the whistleblowing team (whose three members are independent of the project team). It will be followed up with impartial investigation by non-conflicted personnel--ensuring confidentiality and survivor-centered approach. Where complaints are confirmed, appropriate corrective and disciplinary actions will be taken in accordance with organizational policies. Complainants will be informed of the outcome to the extent possible, while ensuring confidentiality is maintained throughout the process.

The Forum will share relevant non-sensitive information, response updates, and identified gaps with government authorities, Health Cluster, relevant PSS and LDR Subcluster coordination mechanisms, Jakomkris, HFI, IHCP, and other humanitarian partners. All implementation will uphold Do No Harm, GEDSI, data protection, safeguarding, and non-discrimination principles to ensure that affected people can access assistance safely, equally, and with dignity.

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Rapid Response Fund

Consolidated Budget and Financial Report

Project Code RRF 24/2026

Project Name Immediate Emergency Assistance for Earthquake-Affected Communities in East Nusa Tenggara Province

Budget Exchange rate (local currency to 1 USD) 0.000056276

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				Reported Expenses				Unspent Amount	Burn Rate	
		YEU	PELKESI	Member 3	Total Budget	YEU	PELKESI	Member 3	Total Expenditure			
1	**Total Project Staff Costs**	**6'866**	**6'303**	**-**	**13'169**	**-**	**-**	**-**	-	13'169	0%	9%
2	**Project Activities**	**55'151**	**49'000**	**-**	**104'151**	**-**	**-**	**-**	-	104'151	0%	70%
2.1	Cash/Vouchers	-	-	-	**-**	-	-	-	-	-	0%	
2.2	Food/Nutrition	-	-	-	**-**	-	-	-	-	-	0%	
2.3	Household items	-	-	-	**-**	-	-	-	-	-	0%	
2.4	Water, Sanitation, and Hygiene (WASH)	27'013	-	-	**27'013**	-	-	-	-	27'013	0%	
2.5	Shelter	28'138	-	-	**28'138**	-	-	-	-	28'138	0%	
2.6	Disaster Risk Reduction (Max 10% of the budget)	-	-	-	**-**	-	-	-	-	-	0%	
2.7	Mental Health and Psychosocial Support	-	19'483	-	**19'483**	-	-	-	-	19'483	0%	
2.8	Health	-	29'517	-	**29'517**	-	-	-	-	29'517	0%	
2.9		-	-	-	**-**	-	-	-	-	-	0%	
2.10		-	-	-	**-**	-	-	-	-	-	0%	
3	**Project Implementation**	**1'069**	**703**	**-**	**1'773**	**-**	**-**	**-**	-	1'773	0%	1%
4	**Quality and Accountability**	**3'461**	**2'904**	**-**	**6'365**	**-**	**-**	**-**	-	6'365	0%	4%
5	**Logistics**	**4'952**	**4'727**	**-**	**9'680**	**-**	**-**	**-**	-	9'680	0%	7%
6	**Assets and Equipment**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	-	-	0%	0%
Direct Costs		**71'499**	**63'637**	**-**	**135'137**	**-**	**-**	**-**	**-**	**135'137**	0%	91%
Overhead Costs		**7'150**	**6'364**	**-**	**13'514**	**-**	**-**	**-**	-	13'514	0%	9%
Total Budget		**78'649**	**70'001**	**-**	**148'650**	**-**	**-**	**-**	**-**	**148'650**	0%	

Rapid Response Fund

Requesting Member Bank Details

ACT member organisation	YAKKUM Emergency Unit (YEU)
Office Address	Jl. Kaliurang KM 12.5, Dusun Candi 3 No. 34, Sardonoharjo, Ngaglik, Sleman, Yogyakarta 55581

	Name	**Email**	**Contact Number**
Finance Contact	Chatarina Niken	chatarinaniken@yeu.or.id	+62 821-3736-2005

Bank details	
Registered name of the organisation	YAKKUM
Office Address (as registered in the bank account)	Jl. Kaliurang KM 12.5, Dusun Candi 3 No. 34, Sardonoharjo, Ngaglik, Sleman, Yogyakarta 55581
Bank Name	Bank Mandiri
Bank address	Jl. Slamet Riyadi No.546, RT 002 RW 006, Kerten
Account number or IBAN	137-00-22498-68-3
Bank BIC/Swift Code	BMRIIDJA

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

Rapid Response Fund

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