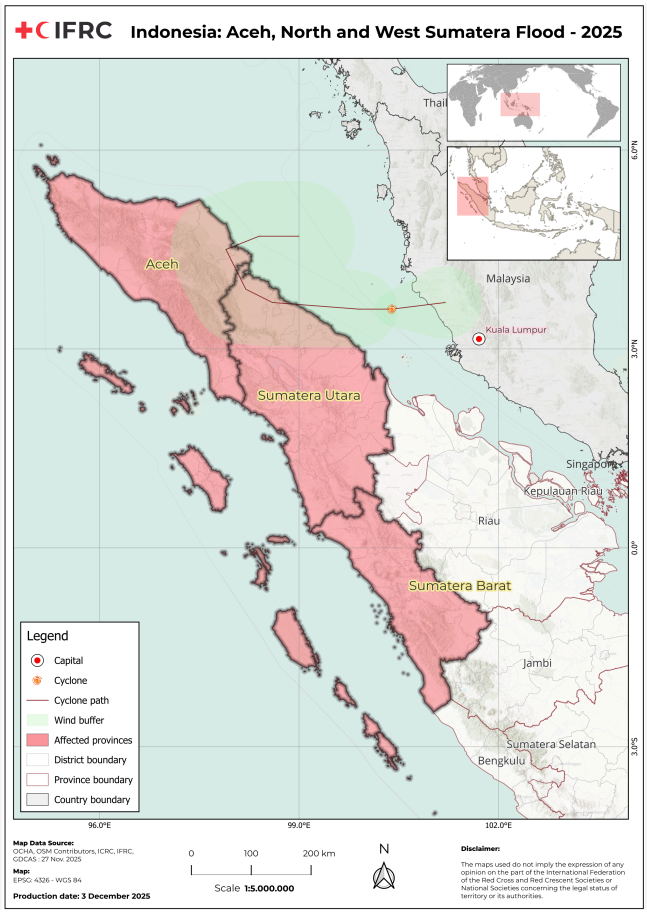
DREF Operational Update

Aceh, North Sumatera and West Sumatera Provinces, Indonesia Flood 2025

School kits supported by the Hong Kong Red Cross in Aceh. (Photo: Putri, PMI)

Appeal: **MDRID028**	Total DREF Allocation: **CHF 1,000,000**	Crisis Category: Orange	Hazard: **Flood**
Glide Number: **FL-2025-000217-IDN**	People Affected: **1,500,000 people**	People Targeted: **62,000 people**	
Event Onset: **Sudden**	Operation Start Date: **07-12-2025**	New Operational End Date: **30-09-2026**	Total Operating Timeframe: **9 months**
Reporting Timeframe Start Date: **26-11-2025**		Reporting Timeframe End Date: **15-06-2026**	
Additional Allocation Requested: -		Targeted Regions: **Nangroe Aceh Darussalam, Sumatera Utara, Sumatera Barat**	

Description of the Event



Map highlighting the affected locations. (Map:IFRC,IM)

Date of event

26-11-2025

What happened, where and when?

Tropical Cyclone Senyar originated as Tropical Disturbance 95B over the Strait of Malacca on 21 November 2025. The system gradually intensified into a tropical depression by 25 November and was officially upgraded to a tropical cyclone by Indonesia's Meteorological, Climatological, and Geophysical Agency (BMKG) on 26 November 2025.

Forming near the equator northwest of Aceh Province, the cyclone tracked across Sumatra, affecting Aceh, North Sumatra, and West Sumatra. It made landfall on 26 November 2025, bringing torrential rainfall, destructive winds, and severe storm surges to multiple provinces.

Heavy rainfall had already intensified from 23 November, but the cyclone's landfall triggered widespread flash floods and landslides. A total of 35 districts and cities across three provinces were directly affected, while many neighbouring areas experienced severe access and logistical disruptions. Emergency response operations were rapidly activated as structural damage and humanitarian needs escalated.

Current Humanitarian Situation and Recovery Needs

As of the reporting date of 15 June 2026, affected communities have not yet fully recovered from the disaster. While humanitarian response activities from agencies have concluded, recovery needs remain significant. Although there are no longer people living in internally displaced person (IDP) centres, many affected families continue to live in temporary houses constructed by the government, stay with relatives, or remain in their own homes despite ongoing challenges related to damaged structures, poor sanitation conditions,

and an uncomfortable living environment.

Large areas of agricultural land remain covered by hardened layers of mud and waste, which are costly and difficult for individual households to remove, preventing communities from restarting agricultural activities. Many households also lost their tools and equipment needed for their businesses and livelihoods. Most affected families expressed the need for capital support to restart their businesses and restore their livelihoods.

The current situation is perceived as more challenging by some affected communities, as assistance received during the two to four months of displacement has ceased, while households now need to cover food and other basic needs despite significantly reduced or lost income sources. Many affected people are seeking temporary employment as daily labourers or selling remaining crops from available trees to meet their immediate needs.

Some village public health clinics have also not yet resumed operations, as health equipment and supplies were damaged or swept away during the disaster.

Government Housing Recovery Assistance

Specific government stimulus assistance has been provided to households affected by the floods in Sumatra that occurred in late November 2025. Housing assistance is provided based on the level of damage: IDR 15 million for houses with minor damage (0–30 per cent damage), IDR 30 million for houses with moderate damage (30–70 per cent damage), and IDR 60 million for houses with severe damage (more than 70 per cent damage) for reconstruction. Housing damage assessments refer to the regulations of the Minister of Public Works and the BNPB Implementation Guidelines.

For disaster-affected households whose homes are severely damaged and no longer habitable, and who choose not to stay in temporary housing (huntara), the government provides Dana Tunggu Hunian (DTH) or Housing Waiting Funds amounting to IDR 600,000 per family per month.

As of June 2026, according to Indonesia's Disaster Geoportal Data Bencana Indonesia, government housing recovery support includes:

(1) Aceh: The government has built 18,738 temporary houses and 260 permanent houses, distributed stimulus assistance to 15,192 houses with minor damage and 11,069 houses with moderate damage, and distributed 13,704 DTH assistance.

(2) North Sumatra: The government has built 1,024 temporary houses and 548 permanent houses, distributed stimulus assistance to 2,332 houses with minor damage and 1,228 houses with moderate damage, and distributed 4,288 DTH assistance.

(3) West Sumatra: The government has built 830 temporary houses and 19 permanent houses, distributed stimulus assistance to 811 houses with minor damage and 375 houses with moderate damage, and distributed 2,992 DTH assistance.

Environmental cleaning of Bethel Church in Central Tapanuli (Photo: PMI)

Evacuation using rubber boat in West Pasaman, West Sumatera (Photo: PMI)

Nurmasyita of Aceh received MPCA before Ied-ul-Fitr (Photo: PMI)

Delivering aid through rice field paths in Sibolga, North Sumatra (Photo: PMI)

Scope and Scale

As of the reporting period in March 2026, the following cumulative impact data has been verified across the affected areas:

(1) Geographical Scope: The disaster directly and indirectly affected 53 districts/cities across Aceh, North Sumatra, and West Sumatra Provinces. Beyond the directly flooded areas, neighbouring regions experienced socio-economic disruptions due to damaged supply routes, power outages, and the isolation of key access roads.

(2) Human Impact and Displacement: Approximately 852,000 households (around 3.3 million people) were affected. This includes 5,420 people still displaced in temporary shelters, 1,207 confirmed fatalities, and 138 people reported missing. An estimated 570,700 people sustained injuries of varying severity.

(3) Housing Damage: A total of 175,249 residential units were damaged, comprising 53,555 houses severely damaged, 45,106 moderately damaged, and 76,588 lightly damaged. Thousands of families remain in need of shelter assistance and housing rehabilitation.

(4) Public Facilities: Widespread damage was recorded across critical public facilities, including 4,922 educational facilities, 1,900 public facilities, 813 places of worship, 270 health facilities (including community health centres/Puskesmas), and 291 office buildings.

(5) Infrastructure and Access: Regional connectivity was severely disrupted, with 866 bridges and extensive road networks damaged or destroyed. This significantly hindered early rescue operations and the delivery of humanitarian assistance.

(6) Provincial Impact: In Aceh, across 21 districts (19 severely affected), Cyclone Senyar caused widespread destruction, displacing 20,216 people, with 564 deaths and 28 people reported missing. In North Sumatra, the disaster resulted in 376 deaths and 40 people reported missing. In West Sumatra, the disaster caused 267 deaths, with 70 people still reported missing.

Source Information

Source Name	Source Link
1. ANTARA	https://en.antaranews.com/news/398212/pmi-prepares-2500-tons-of-educational-equipment-aid-for-sumatra?utm
2. AP NEWS	https://apnews.com/article/indonesia-sumatra-island-floods-landslides-63a2c98e991c036a78f47cee095e812f
3. The Jakarta Post	https://www.thejakartapost.com/opinion/2025/12/08/analysis-prabowos-sluggish-response-to-devastating-sumatra-floods?utm
4. ANTARA	https://en.antaranews.com/news/394505/sumatra-disaster-response-marks-largest-sar-operation-this-year?utm

5. BNPB Dashboard Emergency Response for Flood and Landslide Aceh, Sumatera Utara and Sumatera Barat	https://gis.bnpb.go.id/BANSORSUMATERA2025/

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

This DREF OU serves as part of the mandatory 6-month OU, as this is a 9-month operation ending on 30 September 2026. Following further assessments, implementation progress, and operational reviews, several adjustments have been made to the operation to ensure that assistance remains aligned with the evolving needs of affected communities and operational feasibility.

1. Introduction of Livelihood Assistance

Following the Emergency Needs Assessment and Planning (ENAP) findings, PMI conducted a detailed livelihood assessment in two districts of West Sumatra, Tanah Datar and Pesisir Selatan, focusing on household and community recovery capacity, the level of unmet needs, support already provided by other stakeholders, and PMI's capacity to implement livelihood assistance.

The assessment identified Nagari Guguak Malalo in Tanah Datar District and Nagari Pacung Taba in Pesisir Selatan District as priority locations, where agricultural land and productive trees were severely damaged by Cyclone Senyar, resulting in significant losses in production and income among vulnerable farming households. Targeting criteria were agreed through community discussions and FGDs, prioritizing vulnerable households whose agricultural land was affected by the disaster, farming daily labourers, and households committed to restoring their farmland.

The assistance will support 480 households, approximately 2,400 people, through in-kind livelihood inputs, tools, fertilizer, seedlings, and training. The seedling package will help replace damaged productive trees, including durian, avocado, candlenut, bitter bean, and coffee.

The livelihood component will be financed through the reallocation of remaining funds from MPCA budget lines, based on monitoring of completed MPCA activities and the available balance. A total of CHF 21,300 has been allocated for the livelihood component, divided into 55 per cent for in-kind support, 33 per cent for training, and 11 per cent for monitoring and post-distribution monitoring (PDM) activities. As a result, the total operational target population will increase from 59,600 to approximately 62,000 people.

Before implementation, PMI NHQ deployed a livelihood technical staff member from another province to support early recovery livelihood programme design and implementation in West Sumatra. Together with PMI branches, an action plan was developed, including the establishment of livelihood committees at branch level, coordination with local agriculture departments, livelihood training for staff and volunteers, strengthening of 10 livelihood groups, agreement on land use, and provision of early recovery training.

2. Adjustment of Shelter Implementation Approach

Regarding shelter implementation, progress has been slower than anticipated due to procurement, compliance, and risk management requirements. While shelter support was initially planned through CVA, the implementation timeline was adjusted to ensure that procurement processes met the required standards and that shelter items were delivered safely, accountably, and in line with operational requirements.

3. Procurement Arrangement for Shelter Toolkit Assistance

To facilitate the Shelter Toolkit intervention, PMI and IFRC adopted a joint procurement approach. PMI is managing local procurement through qualified vendors, while IFRC provides technical oversight, quality assurance, and compliance support. This approach helps ensure accountability and quality control while improving operational efficiency and supporting the timely delivery of shelter assistance to affected households.

These operational adjustments reflect PMI and IFRC's adaptive management approach, ensuring that available resources remain aligned with identified needs while maintaining accountability, quality, and feasibility of implementation.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation (CCD) in Jakarta supported PMI throughout the Cyclone Senyar DREF operation through emergency response planning, operational

	strategy development, implementation monitoring, reporting, and coordination with Movement partners and relevant stakeholders. IFRC also provided technical support across CVA, Shelter, Health, WASH, CEA, PGI, and MEAL, including the review of assessments, operational plans, implementation modalities, procurement processes, and reporting to ensure compliance with IFRC standards. In addition, IFRC facilitated the deployment of four peer-to-peer personnel from the Malaysian Red Crescent to support CVA and WASH activities over a two-month period. Further support included early recovery planning, documentation of lessons learned, joint operational reviews, and strengthening accountability to affected communities and donors.
Participating National Societies	Several Participating National Societies (PNS) provided bilateral support to PMI in the implementation of the Cyclone Senyar response operation in Sumatra. This support was provided through funding, technical assistance, operational coordination, and advisory support across various sectors of intervention. (1) Australian Red Cross: Supported Health, Water, Sanitation and Hygiene (WASH), and Shelter interventions, including technical coordination, implementation monitoring, and peer-to-peer deployment from CVTL. (2) The Republic of Korea National Red Cross: Supported the replenishment of relief items, including sarongs, baby kits, hygiene kits, tarpaulins, and blankets. (3) American Red Cross: Supported assessment activities, health services, and WASH interventions, including technical guidance for operational planning and implementation. (4) Canadian Red Cross: Supported WASH interventions, particularly efforts to restore access to safe water and sanitation services for affected communities. (5) Hong Kong Red Cross Branch of the Red Cross Society of China: Supported the education sector through the provision and distribution of school kits to affected children, helping to facilitate the continuation of learning activities following the disaster. All support provided by PNS complemented the assistance delivered through the DREF operation and was implemented in close coordination with PMI and IFRC.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) supported PMI's response to Cyclone Senyar through technical and operational support for Restoring Family Links (RFL) services. This support helped strengthen family tracing, family reunification, and communication services for individuals affected by displacement and by communication disruptions caused by the disaster.

ICRC also provided communication equipment and technical support to enhance connectivity and facilitate the delivery of RFL services in affected areas. The support enabled PMI to improve communication with affected communities and strengthen efforts to restore contact between separated family members during the emergency response phase.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Government of Indonesia coordinated the response to the impacts of Cyclone Senyar through collaboration among ministries, government agencies, and local authorities. The Coordinating Ministry for Human Development and Cultural Affairs (Kemenko PMK) facilitated policy coordination and synergy among ministries and agencies, while the National Disaster Management Agency (BNPB) led the operational coordination of disaster response efforts, including resource mobilization, logistics support, and the delivery of humanitarian assistance to affected communities. Provincial and district/city governments in Aceh, North Sumatra, and West Sumatra led response operations, including evacuation, managed Evacuation Centers, distributed relief assistance, and provided the food items and other basic services. Various ministries and agencies, including the Ministry of Social Affairs, Ministry of Health, National Search and Rescue Agency (BASARNAS), Indonesian National Armed Forces (TNI), Indonesian National Police (POLRI), and the Meteorology, Climatology and Geophysics Agency (BMKG), also supported the response in accordance with their respective mandates and capacities. To accelerate long-term recovery, the Government established the Task Force for the Acceleration of Post-Disaster Rehabilitation and Reconstruction (Satgas PRR) through Presidential Decree No. 1/2026. Coordinated by Kemenko PMK, the Task Force oversees rehabilitation and reconstruction, including housing, public infrastructure, and livelihood recovery across the affected provinces.
UN or other actors	Although the Government of Indonesia did not declare a national disaster status or request international assistance, several national and international humanitarian organizations continued to monitor the situation and support coordination efforts and information sharing in line with their respective capacities and mandates. The Indonesia Humanitarian Coordination Platform (IHCP) played a key role in facilitating coordination among humanitarian organizations, information sharing, needs identification, and the harmonization of interventions in affected areas. Through this mechanism, humanitarian actors were able to strengthen collaboration, reduce duplication of assistance, and enhance the effectiveness of the response as well as preparedness for evolving conditions on the ground.

Are there major coordination mechanism in place?

Response coordination is carried out through disaster management mechanisms led by the National Disaster Management Agency (BNPB) and Regional Disaster Management Agencies (BPBD) at the local level, involving relevant government ministries/agencies, humanitarian organizations, the private sector, and development partners. Emergency operation centers and regular coordination forums are used to share situational information, identify priority needs, coordinate aid distribution, and avoid duplication of interventions.

The Indonesia Humanitarian Coordination Platform (IHCP) also supports coordination among humanitarian organizations through information sharing, intervention mapping, and facilitation of cross-sector coordination. PMI serves as Co-Chair of the IHCP alongside other humanitarian partners, supporting strengthened coordination, harmonization of interventions, and dissemination of information on the evolving situation and humanitarian needs. This mechanism helps ensure a more coordinated and complementary response among humanitarian actors.

PMI actively participates in these coordination mechanisms at both national and local levels. In addition, PMI serves as Co-Lead of the Logistics Cluster together with BNPB, supporting the management and distribution of humanitarian assistance, including through the operation of the national logistics hub at Halim Perdanakusuma Airport during the emergency response phase.

Needs (Gaps) Identified

Shelter Housing And Settlements

The ENAP findings highlighted significant shelter-related vulnerabilities among affected communities, including overcrowded shelters, limited privacy, and inadequate weather protection. These challenges had disproportionate impacts on women, children, older persons, and persons with disabilities, informing the integration of PGI considerations across sectors. Shelter needs significantly exceeded available emergency relief stocks, with more than 98,000 severely and moderately damaged houses reported across the three affected provinces.

Access challenges in remote and isolated areas, compounded by damaged roads and bridges, delayed the delivery of shelter assistance during the early response phase. Significant gaps in transitional and permanent shelter solutions remain, particularly for households with fully destroyed homes. The planned support for 205 households in North Aceh, supported by the Australian Red Cross, addresses only a small portion of the overall shelter needs. In addition, early market disruptions and supply chain constraints affected the availability and cost of shelter materials, limiting market-based assistance until market conditions improved. Continued coordination with government housing support programmes remains necessary to avoid gaps and duplication and ensure PMI assistance complements existing recovery schemes.

To support early recovery, PMI plans to provide shelter toolkit vouchers to 2,400 households across North Aceh, Sibolga City, Central Tapanuli, South Tapanuli, and Solok in August 2026. However, implementation remains pending completion of procurement procedures. Procurement documents for Aceh Province have been submitted to the IFRC Country Cluster Delegation (CCD) for review and subsequent approval by IFRC APRO Procurement in Kuala Lumpur. Procurement documents for West Sumatra Province have been submitted to IFRC CCD for review and approval, while procurement documents for North Sumatra Province are pending submission by PMI to IFRC.

The value of the shelter toolkit voucher is IDR 1,110,000 (approximately CHF 50) per household, determined based on the local cost of commonly required items included in the toolkit. The distribution of printed vouchers to targeted households is ongoing. The printed vouchers can be exchanged for shelter toolkits from approved vendors within the agreed timeframe, after which PMI will make payments directly to the vendors. The composition of the shelter toolkits varies by province and was agreed through discussions with affected communities to ensure that the assistance reflects local needs. PMI plans to distribute 2,400 shelter toolkit vouchers, exceeding the original plan/indicator of 1,880 households, due to additional support from other partners covering mobilization costs. The shelter toolkit package includes items such as hand saws, crowbar hammers, hoes, shovels, rubber water scoops, mops, 3 mm plywood, 7-foot zinc sheets, 3-inch nails, 2-inch nails, plywood nails, wheelbarrows, cement, galvanized nails, tin snips, measuring tapes (5 metres), tarpaulins (4 x 6 metres), 1 kg wood paint, and 5 kg wall paint.

Shelter implementation has progressed more slowly than initially planned due to procurement and compliance requirements, including the CHF 20,000 financial limit for National Society procurement. While shelter support was initially designed as a Cash and Voucher Assistance (CVA) intervention to address immediate needs, the approach was adapted to support early recovery priorities, including shelter and livelihoods, in line with improved market conditions and recovery progress.

To facilitate implementation of the Shelter Toolkit intervention, PMI and IFRC adopted a joint procurement approach, with PMI leading local procurement through qualified vendors and IFRC providing technical oversight, quality assurance, and compliance support. This approach aims to ensure accountability, maintain quality control, and improve operational efficiency while supporting the timely delivery of shelter assistance to affected households. Further approvals from IFRC CCD and APRO Procurement through the relevant systems are still required before implementation can proceed.

Livelihoods And Basic Needs

The ENAP findings highlighted critical livelihood challenges across the assessed locations. In Aceh, livelihood conditions were assessed as critical, with 60 per cent of respondents reporting significant impacts. In West Sumatra, livelihood conditions were assessed as high in affected areas, with 41 per cent of respondents reporting substantial income losses and very limited replacement options. In North Sumatra, livelihood conditions were assessed as moderate to high, with 18 per cent of respondents reporting livelihood impacts.

The assessments identified widespread livelihood losses due to damage to agricultural land, livestock, and other income-generating activities, as well as farmland being buried under mud and wood debris. These impacts have reduced households' ability to meet their basic needs and increased reliance on humanitarian assistance.

In Pesisir Selatan and Tanah Datar Districts of West Sumatra Province, livelihoods remain disrupted as large areas of farmland remain buried under flood debris, preventing agricultural production and limiting recovery opportunities. Current support targets 480 households in both districts through the provision of productive tree seedlings and cultivation guidance. However, recovery needs remain significant, and additional livelihood restoration interventions are required to support affected communities across the three provinces.

The loss of vegetation and productive land has also increased environmental risks, including flooding and landslides, due to reduced soil stabilization. There remains a continued need to restore and rehabilitate affected farmland to support sustainable livelihoods and strengthen household income in the longer term.

Multi purpose cash grants

Coverage gaps remain, with the 4,482 households reached representing only a portion of the total affected population across the three provinces. Many households meeting the vulnerability criteria were unable to be included within the current DREF-funded MPCA caseload, highlighting the continued need for complementary funding and stronger coordination with government social protection programmes. The MPCA value provided was IDR 1,000,000 per household.

Market conditions during the early phase of the response, characterized by supply chain disruptions and elevated prices, limited the immediate purchasing power of cash assistance, particularly for households in more isolated areas. While inflationary pressures have since eased as markets recovered, the initial market conditions affected the value and purchasing power of assistance delivered during the earliest distribution rounds.

The inclusion of volunteers as beneficiaries, while appropriate based on their vulnerability and impact from the disaster, required additional targeting and validation processes to ensure transparency and avoid perceived conflicts of interest within communities. In Aceh Province, PMI included approximately 10 active registered volunteers from the branch (district) level who lived within the targeted sub-districts, although in non-targeted villages, whose houses were damaged and who continued supporting the response as volunteers. These volunteers received MPCA assistance allocated by PMI Banten and not through DREF funding.

Coordination with government assistance programmes, including social protection transfers and the Dana Tunggu Hunian (Housing Rental Assistance) programme, requires continued strengthening to prevent duplication, ensure complementarity, and maximize the combined impact of cash-based interventions for affected households.

PMI has experience implementing Cash and Voucher Assistance (CVA) and has established a five-year partnership agreement with PT Pos Indonesia, a state-owned enterprise specializing in postal, logistics, and financial services. This partnership has enhanced the accessibility and reliability of the cash transfer mechanism.

Health

The response operation faced significant access challenges due to damaged roads, bridges, infrastructure, and difficult terrain, particularly in Aceh and West Sumatra. These constraints limited access to remote communities, delayed evacuations, affected the delivery of health services, and slowed coordination efforts during the early response phase. Communication disruptions in several affected areas further affected the timely flow of information and coordination among response actors.

The scale and geographical spread of the disaster exceeded the initial capacity of sub-national response structures, requiring additional support from provincial and national levels. Medical referral services were particularly affected by damaged transportation routes and limited ambulance availability, highlighting the importance of strengthening pre-positioned evacuation resources and emergency referral capacity in high-risk areas.

Health promotion activities reached 42,226 people; however, implementation was constrained by access limitations, availability of personnel, and the prioritization of mobile health clinic services during the emergency response. Disease surveillance capacity was also limited in some areas, which affected the timely detection and reporting of public health risks, including dengue cases in displacement sites. Continued investment in health promotion and surveillance activities remains important during the recovery phase to reduce health risks and strengthen community resilience.

The rehabilitation of damaged health facilities remains a significant unresolved gap. With 270 health facilities affected across the three provinces, restoring permanent health infrastructure will require dedicated resources and sustained coordination with health authorities

beyond the duration of the operation.

MHPSS coverage also varied across provinces, with higher levels of support provided in Aceh compared to North Sumatra and West Sumatra. The integration of health and MHPSS services was not consistently implemented across all locations, resulting in some communities having limited access to either clinical health care or psychosocial support. Strengthening integrated referral pathways between health and MHPSS services remains a priority to ensure affected populations can access comprehensive support during recovery.

Water, Sanitation And Hygiene

Assessments identified several WASH-related challenges, including unsafe water use, damaged sanitation facilities, open defecation, and disrupted waste management systems, which increased public health risks among affected communities.

Access challenges in remote areas, compounded by damaged roads and bridges, delayed the delivery of safe water supplies to affected communities. The reliance on water trucking during the emergency phase was not sustainable in the longer term, highlighting the need to restore permanent water supply systems as part of recovery efforts.

Sanitation received less attention during the emergency phase, resulting in inadequate latrine facilities and waste management systems that continue to pose health risks. While hygiene promotion activities reached a significant number of people, some hard-to-reach communities were not reached due to access constraints, requiring continued outreach and awareness activities throughout the recovery period.

The mobilization of WASH personnel and equipment from multiple provinces highlighted the need for strategically pre-positioned resources in disaster-prone areas to improve the efficiency and timeliness of future emergency responses.

Protection, Gender And Inclusion

Incomplete Sex, Age, and Disability Disaggregated Data (SADDD) collection and reporting limited accurate demographic analysis in some districts, particularly during the emergency phase. This affected the ability to systematically identify and analyse the specific needs of different population groups.

PGI orientation did not reach all deployed personnel, particularly rapidly mobilized volunteers, highlighting the need to strengthen broader Protection, Gender and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA) awareness among response teams.

Low utilization of safeguarding complaint mechanisms suggested limited community awareness, access barriers, or concerns related to confidentiality. This highlights the need to strengthen community information sharing and ensure that feedback and safeguarding channels are accessible, trusted, and safe for affected populations.

Inconsistent PGI monitoring and documentation across sectors hindered the assessment of field-level implementation and the identification of necessary corrective actions. Strengthening systematic PGI monitoring and documentation remains important to ensure that inclusion and protection considerations are effectively integrated throughout the response.

The inclusion of persons with disabilities requires further improvement, as access barriers at distribution points and evacuation sites restricted access to services for people with mobility impairments.

Education

Flooding, flash floods, and landslides damaged 43 schools, disrupting learning activities and affecting students' access to education. Many children also lost school supplies, uniforms, and learning materials, highlighting the continued need for school repairs and educational support.

Through bilateral support from the Hong Kong Red Cross, PMI distributed school kits to 8,000 students across 10 districts and municipalities in three provinces, supporting affected children to resume and continue their learning activities following the disaster.

Migration And Displacement

Numerous unresolved tracing cases reflected the complexity of family separation across multiple provinces, compounded by limited communication channels. Damaged communication networks further delayed tracing and family reunification services, particularly in remote and isolated areas.

Cross-provincial data consolidation also posed challenges in preventing duplication and ensuring accurate case reporting. Limited community awareness of RFL services reduced access to available support and highlighted the need for stronger outreach and information dissemination to affected communities.

Poor connectivity restricted the use of technology-based tracing solutions, emphasizing the need for pre-positioned satellite communication equipment and other alternative communication resources in disaster-prone areas. In addition, the lack of age- and disability-disaggregated data hindered the systematic identification and protection of vulnerable groups, including children, older persons, and persons with disabilities.

Community Engagement And Accountability

Feedback volume remained low relative to the scale of the operation, indicating limited community awareness and utilization of available feedback mechanisms. Face-to-face channels remained the primary means of collecting feedback, while digital channels were underutilized due to low digital literacy, limited access to phones, and connectivity challenges.

CEA capacity varied across district and city chapters, resulting in inconsistencies in feedback collection, documentation, and follow-up processes. Feedback loop closure was also not consistently documented, limiting evidence of accountability and responsiveness to affected communities.

Stronger integration of Community Engagement and Accountability (CEA) findings into decision-making processes is needed, with clear mechanisms established to review, analyze, and act on community feedback within defined timelines at both provincial and national levels.

Any identified gaps/limitations in the assessment

Access constraints limited assessment coverage in the most isolated areas during the initial phase of the response, particularly where damaged roads and bridges prevented field teams from reaching affected communities. As a result, data gaps remained for some sub-districts and were only partially addressed as access conditions improved.

Communication network disruptions in several affected areas affected the timeliness of data transmission from field teams, delaying the availability of information at provincial and national levels during the early days of the response.

Assessment capacity at the sub-national level was initially stretched due to the scale and geographical spread of the disaster across 53 districts and cities. Reinforcement from national-level personnel was required to ensure adequate assessment coverage, particularly in remote areas of Aceh and North Sumatra.

Multi-sectoral assessment findings were not always consistently translated into coordinated inter-sector responses, highlighting the need for stronger mechanisms to link assessment data with operational planning and decision-making across sectors.

Operational Strategy

Overall objective of the operation

The primary objective of this operation is to save lives and reduce the suffering of 62,000 people affected by floods and landslides across Aceh, North Sumatra, and West Sumatra provinces. This will be achieved by providing timely and equitable access to life-saving assistance and essential services, including emergency health care, WASH, protection, and mental health and psychosocial support (MHPSS). Special

attention is given to the most vulnerable and hard-to-reach groups to ensure that their needs are adequately addressed.

In addition to life-saving assistance, the operation strategy has been adjusted to include an early recovery livelihood component, reflecting the shift in needs from immediate basic assistance towards restoring income-generating activities and productive assets. Based on ENAP findings and follow-up livelihood assessments, livelihood support will target vulnerable households experiencing severe livelihood impacts, particularly farming households in West Sumatra whose agricultural land and productive assets were damaged by the disaster. The assistance modality will include livelihood training, provision of agricultural inputs such as seedlings, tools, and fertilizer, and support to strengthen farmer groups.

This operation covers a nine-month implementation period from December 2025 to September 2026.

Operation strategy rationale

Since the launch of the DREF operation, the response has evolved from emergency relief towards early recovery as conditions improved across Aceh, North Sumatra, and West Sumatra.

The operation initially supported the most vulnerable households across Aceh, North Sumatra, and West Sumatra, and has now shifted its focus towards early recovery activities, including shelter toolkits, water system rehabilitation, restoration of safe water access, Cash and Voucher Assistance (CVA), and livelihood early recovery through productive assets and tools. These interventions aim to provide a foundation for recovery outcomes and support longer-term resilience.

To achieve its objectives, PMI adopted a multi-sectoral, community-centred, and adaptive strategy based on emergency needs assessments. The approach was adjusted over time to reflect changing needs, improved access conditions, market recovery, and the restoration of public services.

To promote flexibility, maintain dignity, and empower household-level decision-making, the operation extensively utilizes Cash and Voucher Assistance (CVA) modalities across multiple sectors:

- Multi-Purpose Cash Assistance (MPCA): Provided during March–April 2026 to enable affected families to independently address their immediate and diverse basic needs.

- Shelter: Families whose homes were severely damaged will be supported through commodity vouchers to access emergency shelter materials and repair toolkits in August 2026. This assistance is integrated with community awareness sessions on safe and dignified shelter and Build Back Safer (BBS) principles to support safe returns and promote sustainable early recovery.

- Livelihoods (new and ongoing): Families whose agricultural land has become barren and lost productive vegetation will be supported through farmer groups with training and the distribution of in-kind assistance, including seedlings, tools, and fertilizer, in August 2026.

Key elements of the strategy include:

1. Localized Response Structure: Operations were managed through district field posts, provincial coordination hubs, and PMI's National Emergency Operations Centre (EOC) to ensure effective implementation, monitoring, and coordination.

2. Targeting Vulnerable Groups: Assistance was prioritized for households with the greatest needs through assessments and beneficiary selection processes, including multipurpose cash assistance for eligible families.

3. Personnel Deployment and Duty of Care: PMI mobilized local and surge personnel, providing training, PPE, insurance coverage, and post-deployment support. Local volunteers were prioritized, with national surge mechanisms activated when required.

4. Peer-to-Peer Technical Collaboration: Through the P2P initiative, specialists from the Malaysian Red Crescent Society (MRCS) and Cruz Vermelha de Timor-Leste (CVTL) supported CVA and WASH activities through technical mentoring, monitoring, and knowledge exchange.

5. Inter-Agency Coordination: PMI co-led the National Logistics Cluster and managed the Halim Perdanakusuma logistics hub during the emergency phase. As conditions improved, coordination shifted to provincial and district levels. PMI continued to engage with BNPB, BPBD, the Indonesia Humanitarian Coordination Platform (IHCP), and humanitarian partners to ensure coordinated and complementary assistance.

As recovery progressed, PMI adapted implementation approaches, including adjusting shelter timelines to meet procurement and risk management requirements and exploring livelihood recovery interventions based on ongoing assessments and community consultations.

This adaptive approach has enabled PMI to respond effectively to evolving needs while maintaining accountability and supporting community recovery and resilience.

A total of 585 PMI personnel, including staff and volunteers, have been mobilized to support field operations. In line with PMI's duty of care policy, all deployed personnel receive operational briefings, refresher training, insurance coverage, personal protective equipment (PPE), and post-deployment debriefing.

PGI and CEA are integrated as cross-cutting approaches across all sectors of this operation. This ensures meaningful access, safety, and cultural appropriateness while maintaining transparent two-way communication and feedback mechanisms with affected populations.

Targeting Strategy

Who will be targeted through this operation?

(1) Target Population

This operation targets the most severely affected people and households across Aceh, North Sumatra, and West Sumatra, with priority given to those whose basic needs and access to essential services are not adequately covered by the Government or other responding actors. Targeting is applied in a phased manner, transitioning from a broader blanket approach during the immediate emergency phase towards a more needs- and vulnerability-based approach as the operation progresses.

(2) Geographical Targeting

Districts and sub-districts with the highest levels of impact are prioritized, as follows:

- Aceh: Aceh Timur, North Aceh, South Aceh, Gayo Lues, Central Aceh, Subulussalam, Bener Meriah, Aceh Singkil, Southeast Aceh, West Aceh, Pidie, and Aceh Besar.
- North Sumatra: Medan City, Langkat, Mandailing Natal, South Tapanuli, Central Tapanuli, Deli Serdang, and Sibolga City.
- West Sumatra: Agam, Padang Pariaman, Tanah Datar, Solok City, Padang City, West Pasaman, Solok, Bukittinggi, and South Pesisir.

(3) Household and Individual Targeting

Within selected communities, PMI applies community-based targeting and validation in close coordination with community leaders, women's groups, youth groups, and other community representatives to identify households most in need. Priority is given to households that:

- Have severely damaged or destroyed homes, or whose members remain in evacuation centres;
- Have lost or experienced a significant reduction in livelihoods or income as a result of the disaster;
- Face multiple vulnerabilities, including female-headed households, households with older persons aged 60 years and above, persons with disabilities, or individuals with chronic illnesses; and
- Include pregnant or lactating women and/or children under five years of age.

(4) Sector-Specific Targeting

- MPCA: Approximately 4,500 households meeting the vulnerability criteria above and residing in areas where markets are functioning or are expected to recover in the near term.
- Health and WASH: Broader coverage across priority locations, including people in evacuation centres, host families, and remote communities. Additional focus is placed on high-risk groups, including young children, older persons, pregnant and lactating women, and persons with disabilities.
- Mental Health and Psychosocial Support (MHPSS) and PGI/CEA: Integrated across all locations where PMI is delivering services, with particular attention to individuals experiencing psychological distress, survivors of violence, and people facing barriers to accessing assistance.
- RFL: Available to all displaced and affected individuals who have lost contact with family members, with prioritization given to children, older persons, and persons with disabilities.

Explain the selection criteria for the targeted population

During the initial emergency phase, PMI applied a blanket approach to prioritize life-saving activities, including evacuation support and the provision of basic needs such as household items and clean water for affected communities. This approach was sustained throughout the initial 14-day emergency period and extended as required to ensure that no affected people were left without immediate assistance.

As the operation progressed, access and communication gradually improved, and information from field teams became more comprehensive. PMI transitioned towards a needs- and vulnerability-based targeting approach, aligned with Government data, PMI assessment findings, and Red Cross and Red Crescent Movement Protection, Gender and Inclusion (PGI) standards. Within the most affected districts and sub-districts, PMI prioritized households and individuals meeting one or more of the following criteria:

- Impact on shelter and living conditions: Households whose homes have been severely or moderately damaged, destroyed, or whose members remain displaced in evacuation centres or with host families.
- Loss of livelihoods and limited coping capacity: Households that have lost or experienced a significant reduction in income or productive assets as a direct result of the disaster, with limited ability to recover without external support.
- Multiple and overlapping vulnerabilities: Households facing compounding risk factors that reduce their ability to cope, recover, and access assistance independently.
- Limited access to assistance and services: Households in hard-to-reach or geographically isolated areas, or those facing social, physical, or economic barriers to accessing available services.

To ensure alignment with PMI's and IFRC's minimum standards for emergency operations, including PGI standards, all households selected to receive the full package of assistance under this operation must be affected by the disaster and meet at least one of the following vulnerability criteria:

- Women who are pregnant or breastfeeding;
- Female-headed households;
- Older persons living alone;
- Households caring for a person with a disability;
- Persons with disabilities; and
- Households with children under five years of age.

PMI is conducting a robust emergency needs assessment in line with the IFRC ENAP framework to ensure that services under this DREF operation remain relevant, appropriately targeted, and responsive to identified gaps, particularly during the transition beyond the emergency response phase. Assessment findings will be shared with the Government and relevant partners through formal cluster coordination mechanisms, including the Logistics, Health, WASH, Protection, and Migration clusters.

Total Targeted Population

Women	**26,550**	Rural	**70%**
Girls (under 18)	**5,058**	Urban	**30%**
Men	**35,450**	People with disabilities (estimated)	**5%**
Boys (under 18)	**4,862**		
Total targeted population	62,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Risk Statement 1: Although the operation is transitioning to early recovery, continued or recurrent heavy rainfall and flooding could disrupt recovery efforts and create new humanitarian needs. Potential Impact: - Delays or suspension of recovery activities. - Renewed demand for emergency assistance. - Increased support needs in additional communities. - Reduced access due to damaged infrastructure and transport disruptions. - Reallocation of recovery resources to emergency response. - Revisions to timelines, budgets, and possible extension of the operation.	Mitigation Measures: - Maintain flexible operational plans and resource allocation. - Monitor weather, flood risks, and access conditions regularly. - Pre-position essential supplies for rapid response. - Implement recovery activities in phases where needed. - Prepare contingency plans to shift back to emergency assistance if conditions worsen. - Coordinate closely with authorities, communities, and partners to identify emerging risks. - Regularly review timelines, budgets, and implementation plans. Remaining Risk: Despite mitigation measures, renewed flooding may disrupt recovery activities and require temporary emergency response in affected areas. Continuous monitoring and flexible implementation remain essential.
Risk Statement-2: As the operation transitions to recovery, damaged infrastructure and limited transport services may continue to restrict access to affected communities and delay the movement of personnel and supplies. Potential Impact: - Delays in the delivery of recovery assistance and essential supplies. - Slower implementation of activities, particularly in remote areas. - Higher transport and logistics costs. - Delayed support to some communities. - Reduced staff and volunteer time for implementation and monitoring due to extended travel.	Mitigation Measures: - Leverage PMI's Logistics Cluster role to coordinate transport and prioritize critical deliveries. - Use multiple transport options and alternative routes to reduce access constraints. - Adjust delivery schedules based on road and access conditions. - Pre-position supplies at provincial and branch warehouses. - Monitor road conditions, fuel availability, and transport capacity regularly. - Coordinate closely with local authorities and communities on delivery arrangements. Remaining Risk: Despite these measures, damaged infrastructure and adverse weather may continue to limit access

	to some areas, causing delays and requiring adjustments to implementation plans and timelines.
Risk Statement 3: As the operation transitions to early recovery, staff and volunteers may experience fatigue, stress, reduced availability, and ongoing safety risks after months of response work, while some continue to deal with the disaster's impact on their own families and communities. Potential Impact: - Delays in recovery activities due to reduced workforce capacity. - Less effective community engagement and follow-up support. - Increased fatigue, stress, and burnout among personnel. - Higher risk of accidents, illness, and safety incidents. - Loss of experienced staff and volunteers, affecting programme quality and continuity. - Adjustments to recovery targets and timelines may be required.	Mitigation Measures: - Transition gradually to sustainable recovery workloads. - Ensure realistic workplans, staff rotation, and adequate rest periods. - Deploy additional personnel from less-affected branches when needed. - Provide regular well-being checks, peer support, and psychosocial services. - Continue safety, security, health, safeguarding, and Code of Conduct training. - Ensure access to PPE, insurance, communication equipment, and safety procedures. - Monitor volunteer availability and recognize contributions to maintain engagement. Remaining Risk: Despite these measures, fatigue and reduced volunteer availability may persist during the prolonged recovery phase, particularly as many PMI personnel were themselves affected by the disaster.
Risk Statement-4: As recovery progresses, government priorities, policies, and coordination arrangements may change, while humanitarian partners may adjust their roles, activities, or geographic focus. Potential Impact: - Overlap of assistance in some areas and gaps in others. - Adjustments needed to align activities with evolving recovery priorities. - Delays due to policy or approval changes. - Revised timelines and budgets for recovery activities. - Reduced efficiency due to unclear roles and responsibilities.	Mitigation Measures: - Maintain active coordination with government authorities, clusters, and humanitarian partners. - Regularly engage with BNPB, BPBD, and key stakeholders to track policy and priority changes. - Assign clear PMI focal points for coordination and information sharing. - Share operational plans and target locations to avoid duplication and identify gaps. - Keep implementation plans flexible and adapt activities as recovery needs evolve. - Communicate changes promptly to field teams and volunteers. - Work closely with communities and local authorities to ensure assistance remains relevant. Remaining Risk: Despite strong coordination, changes in government priorities and recovery plans may still require adjustments to PMI activities. Ongoing communication and flexibility will be essential to maintain effective and targeted support.
Risk Statement-5: As the operation transitions to recovery, available assistance may not meet all needs, and some households may receive support later or not qualify for assistance. This may create misunderstandings, community tensions, and protection risks, particularly for women, children, older people, and persons with disabilities. Potential Impact: - Reduced trust in PMI and perceptions of unfair assistance. - Increased complaints, tensions, or disputes within communities. - Barriers to assistance for vulnerable groups. - Unidentified or unreported protection risks, including GBV, child protection concerns, exploitation, and harassment. - Delays or disruptions to recovery activities.	Mitigation Measures: - Clearly communicate eligibility criteria and beneficiary selection processes. - Engage community representatives, including vulnerable groups, in beneficiary validation. - Maintain regular communication on available assistance, limitations, and timelines. - Provide accessible feedback and complaints mechanisms. - Train staff and volunteers on safeguarding, protection, and PSEA. - Monitor equitable access through sex-, age-, and disability-disaggregated data. - Establish referral pathways for protection concerns. - Address complaints and community concerns promptly. Remaining Risk: Despite strong communication and community

- Negative impacts on PMI's community acceptance and reputation.	engagement, tensions may still arise due to limited resources and unmet needs. Protection risks may also persist during recovery, requiring ongoing monitoring and support for vulnerable groups.
Risk Statement-6: As the operation shifts to recovery, increased cash assistance, procurement, and recovery activities may raise the risk of fraud, misuse of resources, conflicts of interest, and other misconduct. While PMI had no formal Anti-Fraud and Corruption Policy at the start of the operation, risks were assessed and mitigation measures identified. Potential Impact: - Assistance may not reach intended beneficiaries. - Misuse or loss of funds and resources. - Reduced trust among communities, donors, partners, and authorities. - Delays due to investigations or corrective actions. - Reputational damage affecting future support and partnerships.	Mitigation Measures: - Implement anti-fraud measures identified through PMI's risk assessment. - Finalize and roll out the Anti-Fraud and Corruption Policy. - Train staff and volunteers on fraud prevention, ethics, and reporting mechanisms. - Strengthen financial controls, procurement oversight, and documentation. - Promote safe and accessible reporting channels for communities and personnel. - Closely monitor high-risk activities, including cash assistance, procurement, and distributions. Remaining Risk: Despite strengthened controls, the risk of fraud and misuse of resources remains during recovery activities. Ongoing monitoring, transparency, and timely reporting are essential to maintain accountability and trust.
Risk Statement-7: As recovery activities continue, women, children, older people, persons with disabilities, and other vulnerable groups may face barriers to assistance or increased protection risks. While PMI had not completed a formal PGI assessment at the start of the operation, an assessment was conducted during implementation and improvement actions identified. Potential Impact: - Unequal access to recovery support for vulnerable groups. - Delayed identification and response to protection concerns. - Exclusion from decision-making and assistance processes. - Increased risks of discrimination, exploitation, abuse, and safeguarding issues. - Reduced community trust and participation.	Mitigation Measures: - Implement improvement actions identified through the PGI assessment. - Strengthen and institutionalize PGI policies, guidance, and procedures. - Train staff and volunteers on inclusion, safeguarding, child protection, and PSEA. - Engage women, youth, older people, and persons with disabilities in planning and feedback processes. - Monitor beneficiary reach and adjust targeting as needed. - Maintain safe and accessible feedback and complaints mechanisms. Remaining Risk: Despite strengthened PGI systems, some vulnerable groups may still face barriers to assistance. Continuous monitoring, community engagement, and staff awareness are essential to ensure inclusive, safe, and accessible support.

Please indicate any security and safety concerns for this operation:

The operational environment remains stable and free of active conflict. Key challenges relate to recovery operations, including risks of secondary landslides, localized utility disruptions, and damaged infrastructure that limits access to affected areas. Security risks such as theft and safety hazards during repairs are managed through community engagement and operational protocols.

PMI mitigates these risks through its Code of Conduct, weather monitoring, route assessments, coordination with authorities and logistics partners, and duty-of-care measures, including PPE, first aid, rest rotations, and MHPSS support for personnel.

For any IFRC or international deployments, comprehensive security measures are in place, including pre-deployment briefings, movement tracking, continuous monitoring, mandatory security training, and coordination through the IFRC security focal point with local authorities and humanitarian partners.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 183,673
Targeted Persons: 5,380
Targeted Male: 2,636
Targeted Female: 2,744

Indicators

Title	Target	Actual
# of people reached by shelter awareness materials	2,000	0
# of people provided with conditional cash assistance	1,880	0
# of PDM conducted to evaluate community satisfaction via surveys	1	0
# of people received basic household items (tarpaulins, blankets and sarong)	1,500	7,011

Progress Towards Outcome

Through the DREF budget, 7,011 people received essential household items, including 2,300 tarpaulins, 502 blankets, 2,000 hygiene kits, 209 baby kits, and 2,000 sarongs. During the emergency phase, private companies, individuals, and other actors provided affected communities with basic household items, which were distributed rapidly. Therefore, PMI, together with village administrators, conducted a gap-filling approach by providing only items that were still missing at the household level.

The listed items were distributed as individual items rather than as complete kits across the three provinces. This distribution strategy adopted a CEA approach, ensuring that displaced communities received equitable assistance while prioritizing vulnerable groups, including female-headed households, older persons, persons with disabilities, and families with young children.

The assistance contributed to improving the living conditions of displaced people in displacement centres during the emergency phase by enhancing protection, privacy, and access to essential household items.

During the early recovery phase (April–August 2026), PMI is expanding shelter support through the following interventions:

(1) Shelter toolkit vouchers: Shelter toolkit vouchers are planned for 2,400 households, enabling families to purchase repair materials through CVA. Procurement procedures are ongoing, with distribution planned for August 2026. The target under this operation remains unchanged, while additional beneficiaries will be supported through bilateral assistance from the Australian Red Cross.

(2) Shelter awareness materials: Shelter awareness materials will be provided to 2,000 people in August 2026. These activities will be conducted alongside the transitional shelter support for 205 households in North Aceh whose homes were severely damaged or destroyed, supported by the Australian Red Cross.

(3) Post-Distribution Monitoring (PDM): PDM will be conducted in August 2026, with findings to be reported in the next reporting period.

The value of the shelter toolkit voucher is IDR 1,110,000 (approximately CHF 50) per household, determined based on the local cost of commonly required items included in the toolkit. Distribution of printed vouchers to targeted households is ongoing. The printed vouchers can be exchanged for toolkits from approved vendors within an agreed timeframe, after which PMI will make payments directly to the vendors. The composition of the toolkits differs by province and was agreed through discussions with affected communities to

ensure that items provided respond to local needs.

PMI plans to distribute 2,400 shelter toolkit vouchers, exceeding the original plan/indicator of 1,880 households, due to additional support from other partners covering mobilization costs. The shelter toolkit includes items such as hand saws, crowbar hammers, hoes, shovels, rubber water scoops, mops, 3 mm plywood, 7-foot zinc sheets, 3-inch nails, 2-inch nails, plywood nails, wheelbarrows, cement, galvanized nails, tin snips, measuring tapes (5 metres), tarpaulins (4 x 6 metres), 1 kg wood paint, and 5 kg wall paint.

Shelter implementation has progressed more slowly than anticipated due to procurement and compliance requirements. While shelter support was initially planned through Cash and Voucher Assistance (CVA), implementation timelines were adjusted to meet procurement and risk management standards. The CVA approach has also evolved from addressing immediate needs through multipurpose cash assistance towards supporting early recovery priorities, including shelter and livelihoods, reflecting improved market functionality and ongoing recovery efforts.

To facilitate the Shelter Toolkit intervention, PMI and IFRC adopted a joint procurement approach. PMI manages local procurement through qualified vendors, while IFRC provides technical oversight, quality assurance, and compliance support, ensuring accountability while improving operational efficiency

Livelihoods And Basic Needs

Budget: CHF 21,300
Targeted Persons: 2,400
Targeted Male: 1,176
Targeted Female: 1,224

Indicators

Title	Target	Actual
# of vulnerable households (approx. 5 people) affected by disasters receive support in tools and seeds for livelihood recovery activities	480	0
# of PDM conducted to evaluate community satisfaction via surveys.	1	0
# of training and orientation for PMI staff, volunteers.	1	0

Progress Towards Outcome

By 15 June 2026, livelihood assessments had been completed in Kabupaten Tanah Datar and Kabupaten Pesisir Selatan in West Sumatra Province, and the project proposal to support 480 households had been approved.

Local market research is ongoing to identify the availability of livelihood inputs, including seedlings such as durian, petai, rice, avocado, mangosteen, coffee, and candlenut, as well as agricultural supplies including fertilizer, hoes, shovels, and pump sprayers.

The following activities are planned between 16 June and August 2026:

- Livelihood training for targeted community representatives will be conducted from 18–20 July 2026;
- Procurement procedures will be managed by PMI Province under the supervision of PMI NHQ, including the selection of vendors for in-kind livelihood items.

Due to time constraints, cash assistance will not be used for this intervention.

PDM will be conducted in August 2026, with findings to be reported in the next reporting period

Multi Purpose Cash

Budget: CHF 274,586
Targeted Persons: 20,680
Targeted Male: 10,133
Targeted Female: 10,547

Indicators

Title	Target	Actual
# of households who successfully received cash for basic needs	4,400	4,482
# of PDM conducted to evaluate community satisfaction via surveys	1	0

Progress Towards Outcome

PMI has experience implementing CVA. Under this operation, PMI implemented MPCA through a CVA approach to enable disaster-affected households to address their most urgent needs with greater flexibility, choice, and dignity.

The intervention targeted the most severely affected households across six districts and cities in Aceh, North Sumatra, and West Sumatra Provinces, while also supporting PMI volunteers who were directly affected by the disaster. Cash assistance was delivered in partnership with PT Pos Indonesia, ensuring an efficient, transparent, and accountable distribution process.

Through this intervention, 4,482 households, representing approximately 21,065 people, received MPCA. This included 2,332 households in Aceh Tamiang District (Aceh Province), 1,292 households in Sibolga City and Tapanuli Tengah District (North Sumatra Province), and 858 households in Padang City and Agam District (West Sumatra Province). Each household received IDR 1,000,000, with the transfer value aligned with the agreement of the national Cash Working Group (CWG), covering approximately 35 per cent of the monthly expenditure per household.

Beneficiaries received vouchers containing QR codes, which could be redeemed for cash through PT Pos Indonesia's extensive service network, allowing affected families to access assistance conveniently and securely. The collaboration with PT Pos Indonesia, a state-owned enterprise specializing in postal, logistics, and financial services, enhanced the accessibility and reliability of the cash transfer mechanism. PMI and PT Pos Indonesia have established a five-year partnership agreement to support cash transfer operations.

The distribution was conducted in coordination with government authorities, IFRC representatives, Cash Working Group members, and partner NGOs, strengthening coordination among humanitarian actors, enhancing accountability, and increasing the visibility of the response. As a result, affected households were able to address essential needs such as food, household items, transportation, health care, and other recovery priorities, contributing to improved well-being and supporting their early recovery from the disaster.

PDM will be conducted from 24 July to 6 August 2026, with findings to be reported in the next reporting period.

Health

Budget: CHF 67,524
Targeted Persons: 10,000
Targeted Male: 4,900
Targeted Female: 5,100

Indicators

Title	Target	Actual
# of people reached by health promotion activities	8,000	8,504
# of people reached by MHPSS services	5,000	8,343
# of people reached by basic health services	1,000	11,166
# of PDM conducted to evaluate community satisfaction via surveys	1	0

Progress Towards Outcome

Following rescue operations, PMI deployed multidisciplinary health teams from multiple provinces to provide primary health care, disease prevention, health promotion, and psychosocial support in affected and displacement areas.

Mobile Clinics and Basic Health Care

PMI provided essential primary health care services through both mobile and permanent health clinics to address the health needs of disaster-affected communities. Supported by the IFRC-DREF operation, which was scheduled to conclude on 31 December 2025, a total of 11,966 people (4,900 men, 7,066 women, 806 children under five years of age, and 1,494 older persons above 60 years) were reached through health services in 94 villages across three provinces. Of these, 9,205 people accessed services through mobile clinics, while 2,761 people received care through permanent health clinics.

To support service delivery, PMI deployed 17 ambulances and mobile health teams across the operational areas. Health services focused on the diagnosis and treatment of common post-disaster illnesses, including diarrhoea, acute respiratory infections (ARI), skin diseases, and dengue fever. Referral mechanisms were established to ensure continuity of care for patients requiring advanced treatment, while vulnerable groups, including children, older persons, pregnant women, and people with underlying health conditions, were prioritized for access to services. These interventions helped improve access to timely health care, reduce disease-related risks, and support the overall recovery and well-being of affected communities.

Health Promotion

PMI conducted health promotion activities to prevent disease and encourage healthy behaviours among disaster-affected communities. Through IFRC-DREF support, which was available until 10 January 2026, a total of 8,564 people in 50 villages across three provinces were reached through health promotion interventions.

Based on community needs assessments and observations from health service delivery, key messages focused on Clean and Healthy Living Behaviour (PHBS), proper handwashing practices, prevention of common post-disaster illnesses such as diarrhoea, acute respiratory infections (ARI), dengue fever, and skin diseases, as well as safe water use and improved sanitation practices. These priorities were identified in response to the high incidence of illness and challenges in accessing safe water among affected communities.

Activities were delivered through participatory sessions using information, education, and communication (IEC) materials, practical demonstrations, and interactive approaches such as games and question-and-answer discussions. This community-centred approach strengthened health awareness, promoted the adoption of healthy behaviours, and contributed to reducing the risk of disease outbreaks during both the response and recovery phases.

Community-Based Surveillance (CBS)

PMI strengthened Community-Based Surveillance (CBS) by training Red Cross volunteers in the early detection and reporting of public health risks. A total of 668 volunteers completed CBS training, including 609 volunteers in Aceh Tengah and 59 volunteers in Bener Meriah.

The trained volunteers are equipped to support disease surveillance, promote health awareness, identify and report potential outbreaks, and strengthen community engagement. Key health risks monitored through the CBS system include dengue fever and diarrhoeal diseases. While no verified alerts have been reported to date, the initiative has primarily focused on health promotion and community

awareness during the reporting period.

Efforts are ongoing to further strengthen health risk reporting mechanisms to ensure more effective early warning, preparedness, and coordination between communities, PMI, and local health authorities.

Mental Health and Psychosocial Support (MHPSS)

PMI provided comprehensive Mental Health and Psychosocial Support (MHPSS) services for affected communities and deployed personnel through Psychological First Aid (PFA), psychoeducation, and other psychosocial interventions. Supported by the IFRC-DREF operation, which was scheduled to conclude on 31 December 2025, a total of 8,343 people across 82 villages in three provinces received MHPSS services during the reporting period.

To deliver these services, 51 trained MHPSS personnel were deployed across the operational areas. In total, 679 MHPSS activities were conducted through various service modalities, including Psychological First Aid (PFA), focus group discussions (FGDs) for adults and older persons, home visits, volunteer debriefing sessions, psychoeducation, informal schooling, and expressive and creative activities for children.

These interventions contributed to improving emotional well-being, strengthening coping mechanisms, and enhancing psychosocial resilience among affected populations and responders.

Evacuation and Rescue Operations

PMI rapidly mobilized KSR (non-specialized volunteers equivalent to university students), TSR (professional/specialized volunteers), and SIBAT (members of the Community-Based Disaster Preparedness Team) volunteers across Aceh, North Sumatra, and West Sumatra to support evacuation and rescue efforts, in close coordination with government agencies and humanitarian partners.

Throughout the operation, Protection, Gender and Inclusion (PGI) principles were integrated to ensure that the needs of vulnerable groups, including children, older persons, pregnant women, persons with disabilities, and those with chronic health conditions, were prioritized during evacuation activities.

By the end of the emergency response phase on 31 March 2026, PMI had supported the evacuation of 10,640 people from affected and high-risk areas, facilitated 71 medical referrals through ambulance services, and reached 154 affected locations. The operation ensured that vulnerable individuals received safe, dignified, and equitable assistance, while strong coordination among response partners enabled timely access to remote and isolated communities. These efforts contributed significantly to reducing disaster-related risks and safeguarding the lives and well-being of affected populations.

PDM will be conducted from 24 July to 6 August 2026, with findings to be reported in the next reporting period.

Water, Sanitation And Hygiene

Budget: CHF 129,125
Targeted Persons: 20,000
Targeted Male: 9,800
Targeted Female: 10,200

Indicators

Title	Target	Actual
# of people reached through hygiene promotion including post-flood cleaning activity	10,000	23,000
# of liters of safe water distributed through emergency water supply	9,000,000	17,754,000
# of PDM conducted to evaluate community satisfaction via surveys	1	0

# of people provided with safe drinking water	20,000	19,090

Progress Towards Outcome

PMI rapidly mobilized personnel, equipment, and logistics to deliver large-scale WASH interventions across Aceh, North Sumatra, and West Sumatra, addressing critical gaps in access to safe water, sanitation, and hygiene services for affected communities.

To support water production and distribution, PMI deployed 65 water tanker trucks mobilized from 13 provinces, along with 42 water treatment units with a combined production capacity of 119,000 litres per hour. Six operational points were established in Aceh Tamiang, Bireuen, Pidie Jaya, Padang City, Sibolga, and Central Tapanuli. The operation was supported by 77 WASH personnel (61 men and 16 women) deployed from 16 provinces.

Supported by the IFRC-DREF operation, which was scheduled to conclude on 31 January 2026, the response significantly improved public health conditions and reduced the risk of waterborne and vector-borne diseases in flood-affected communities. Through hygiene promotion activities, 23,000 people (15,641 men and 7,359 women) increased their knowledge and adoption of safe hygiene practices. A total of 17.75 million litres of safe water were distributed, ensuring that 19,090 people had access to the recommended minimum of 15 litres of safe water per person per day for two months across the three provinces.

Environmental sanitation efforts further contributed to healthier living conditions through the clearance of 268 sites affected by mud and debris, restoration of drainage systems, cleaning and disinfection of 153 hand-dug wells, and construction of 32 public bathroom and toilet facilities supported through other donor funding. These actions helped restore access to safe water sources, reduce environmental health risks, and strengthen community resilience during the recovery phase.

The achievement of the water distribution activity exceeded the initial target due to the extension of assistance from one month to two months, resulting from delays in the rehabilitation and improvement of local water supply systems. This extension did not affect the DREF budget, as PMI collaborated and coordinated with other donors and partners to support the additional water tankering and water production requirements.

The achievement of hygiene promotion activities exceeded the initial target due to the number of informal sessions conducted before or during activities related to water distribution, construction of bathroom and toilet facilities, well cleaning, environmental clearance, and other WASH interventions.

PDM will be conducted from 24 July to 6 August 2026, with findings to be reported in the next reporting period.

Protection, Gender And Inclusion

Budget: CHF 3,624
Targeted Persons: 3,000
Targeted Male: 1,470
Targeted Female: 1,530

Indicators

Title	Target	Actual
# of households caring for vulnerable groups reached by PGI services	3,000	4,696
# of people trained on implementing the PGI Minimum Standards	15	15

Progress Towards Outcome

Throughout the Cyclone Senyar response operation, PMI integrated Protection, Gender and Inclusion (PGI) principles across all sectors to ensure that humanitarian assistance was delivered safely, equitably, and inclusively to all affected populations, with particular attention

given to women, children, older persons, persons with disabilities, and other at-risk groups.

As a result of these efforts:

- Sex, Age, and Disability Disaggregated Data (SADDD) was collected through secondary sources, village authorities, and field assessments, and analysed across reporting systems to better understand the needs, risks, and vulnerabilities of affected populations. The findings informed targeting decisions and helped ensure that assistance was inclusive and responsive. However, most assistance provided was similar and equally accessible across different population groups.

-PGI and Safeguarding orientation sessions were conducted for 15 staff and volunteers involved in the operation, strengthening awareness of protection risks, Prevention of Sexual Exploitation and Abuse (PSEA), safeguarding principles, non-discrimination, and respectful engagement with affected communities. These sessions contributed to a safer operational environment. However, broader dissemination and clearer communication on PGI and safeguarding remain needed for PMI board members, staff, volunteers, and target communities, alongside dedicated personnel to oversee and strengthen PGI and safeguarding implementation.

- A dedicated safeguarding reporting mechanism was established, providing affected community members, staff, and volunteers with a safe, confidential, and accessible channel to report misconduct, abuse, exploitation, discrimination, or other protection concerns. The availability of this mechanism reinforced accountability and demonstrated PMI's commitment to safe programming throughout the operation. However, broader dissemination of information on the PGI and safeguarding mechanisms remains needed.

- PGI principles were applied across service delivery points, ensuring that vulnerable groups, including female-headed households, persons with disabilities, older persons, and children, received prioritized and dignified access to assistance. Protection risks were identified and mitigated throughout different stages of the response. For basic health care activities, PMI conducted door-to-door visits targeting people who were unable to access health clinics in person. Outreach approaches were adapted to support people with mobility limitations and older persons.

Despite the implementation of PGI systems, some vulnerable groups may continue to face barriers in accessing assistance. Continuous monitoring, community engagement, and staff awareness, alongside the strengthening and institutionalization of PGI policies, guidance, and procedures, remain essential to ensure that support is inclusive, safe, and accessible for all affected populations.

Migration And Displacement

Budget: CHF 0
Targeted Persons: 15
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of personnel mobilized at evacuation camps	15	40
# of PDM conducted to evaluate community satisfaction via surveys	1	0
# of volunteers trained and deployed for RFL service	20	15

Progress Towards Outcome

PMI rapidly activated Restoring Family Links (RFL) services to address significant family separation caused by displacement and communication disruptions. Services delivered included family tracing (I Am Looking For), safety confirmation (I Am Safe), free phone access, and family reunification support.

As a result of these efforts, by 31 March 2026:

- 1,594 people received RFL services (621 men and 968 women) across the three affected provinces through four service modalities: family tracing, safety confirmation, family reunification, and free phone access. This reach demonstrates the critical role of RFL services in restoring communication and family unity in the immediate aftermath of a large-scale displacement event. The higher proportion of female RFL service users is a significant finding, consistent with global patterns where women may face increased risks of family separation during disasters due to caregiving responsibilities, restricted mobility, and heightened protection concerns during displacement. This finding reinforces the importance of ensuring that RFL services are designed and delivered in a manner that is safe, accessible, and responsive to the specific needs and constraints faced by women and girls;

- 2,597 RFL services were delivered across the three affected provinces, with the highest volume recorded in Aceh (1,836 services), followed by North Sumatra (580 services) and West Sumatra (181 services), reflecting the scale of displacement and communication disruptions experienced across the region;

- 1,219 family tracing cases were registered and processed through the I Am Looking For service, representing the highest demand among all RFL service types and underscoring the widespread impact of the disaster on family separation;

- 674 safety confirmations were provided through the I Am Safe service, providing families with timely reassurance regarding the well-being of their loved ones during the most critical phase of the response;

- 623 free phone services were provided, primarily in Aceh, enabling affected people to access emergency communication support at a time when personal devices and telecommunications networks were damaged or unavailable;

- 81 family reunification cases were successfully resolved, directly reconnecting separated family members and contributing to the restoration of family unity and psychosocial well-being;

- Technology-supported tracing and communication approaches, including WhatsApp broadcasts and five Starlink satellite-based communication units, expanded RFL reach into areas with limited or no connectivity, ensuring that services remained accessible even in isolated communities;

- Structured data management, including case verification, validation, and consolidation, ensured the accuracy and integrity of RFL records and supported proactive follow-up of unresolved tracing cases.

Mobilized Personnel

Four RFL-trained and specialized personnel were deployed by PMI National Headquarters (NHQ) to support operations across the three provinces. These deployed personnel, supported by 36 locally trained RFL personnel, conducted refresher training and implemented field activities. PMI NHQ, together with the ICRC, supported refresher training, delivered operational briefings, and conducted routine online monitoring.

The 36 locally trained RFL personnel—comprising volunteers, staff, and board members—were distributed as follows: eight in Aceh, 21 in North Sumatra, and seven in West Sumatra. Of the 36 personnel, 15 were volunteers, 18 were PMI staff, and three were board members.

Throughout the operation, RFL services were delivered in line with the Red Cross Fundamental Principles, particularly humanity, impartiality, and universality, ensuring that assistance reached people in need without discrimination

Community Engagement And Accountability

Budget: CHF 3,647
Targeted Persons: 20,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
% of feedback collected, analyzed, responded and collected	100	48

# of staff, volunteers and leadership trained on community engagement and accountability (disagregated by staff / volunteers / sex)	15	23
# of methods established to communicate with communities	3	4

Progress Towards Outcome

Throughout the Cyclone Senyar response operation, PMI integrated Community Engagement and Accountability (CEA) approaches across Aceh, North Sumatra, and West Sumatra to ensure that affected communities had access to timely information, meaningful participation, and safe channels to raise concerns, requests, and complaints related to humanitarian services.

To support implementation, PMI mobilized three CEA roster personnel from PMI Pandeglang, PMI Banjarnegara, and PMI Central Java, alongside three provincial-level CEA focal points, with one assigned in each operational province. A total of 17 CEA focal points were also established at district and city levels across all three provinces.

Hotline services were activated as accessible community feedback mechanisms in the following areas:

- Aceh: Provincial level and five districts (Bireuen, North Aceh, East Aceh, Bener Meriah, and Aceh Tamiang);
- North Sumatra: Provincial level covering Central Tapanuli, Sibolga, and South Tapanuli;
- West Sumatra: Provincial level and seven districts and cities (Padang, Solok, Agam, South Pesisir, West Pasaman, Bukittinggi, and Tanah Datar).

Three digital platforms were deployed to manage and monitor feedback throughout the operation: the KoBoToolbox Feedback Recording System, the CEA Cyclone Senyar Sumatra platform (kobo.ifrc.org), and a Feedback Dashboard integrated with the operational service dashboard (senyar25.pmi.or.id/cea).

As a result of these efforts:

- 858 feedback entries were recorded across three provinces and 29 districts and cities as of 15 June 2026, reflecting a steady increase in community engagement throughout the operation, from 46 entries in January 2026 to a peak of 857 entries in May 2026. Most feedback was collected through face-to-face interactions (726 entries, 85 per cent), with the largest proportion provided by individuals aged 40–49 years. Feedback types included requests for assistance (406 entries, 47 per cent), praise (161 entries, 19 per cent), complaints (119 entries, 14 per cent), questions (86 entries, 10 per cent), and suggestions (69 entries, 8 per cent). The increase in feedback volume over the operational period indicates growing community trust and awareness of PMI's accountability mechanisms. The feedback provided PMI with actionable community-level information to inform ongoing service delivery and operational adjustments throughout the response. Examples of feedback-informed actions included reports of diarrhoea cases linked to contaminated well water, which resulted in PMI providing safe water through water tankering. In addition, although the DREF-funded water supply support was initially planned for one month, water treatment and water tankering activities continued until May 2026 in response to community needs while water utility pipelines had not yet been fully restored;

- 411 feedback entries (48 per cent) received a response, demonstrating PMI's commitment to two-way communication and accountability to affected populations. Of the total entries recorded, 101 entries (12 per cent) were classified as sensitive and referred through appropriate protection and safeguarding channels, while the remaining 757 entries (88 per cent) were processed through standard feedback management procedures. Timely follow-up on sensitive feedback cases, particularly those related to protection concerns, unfair distribution (31 entries), and complaints regarding volunteer conduct (50 entries), was prioritized to maintain community trust and uphold humanitarian accountability standards;

- Of the total feedback entries recorded, 756 entries (88 per cent) were classified as non-sensitive, while 101 entries (12 per cent) were flagged as sensitive. These sensitive cases required confidential handling and follow-up through specialized protection and safeguarding channels managed by designated focal points. However, formal validation from designated focal points had not yet taken place, as the sensitivity classification currently relied entirely on the initial triage conducted by the CEA team. Nevertheless, the proportion of sensitive feedback highlighted the importance of maintaining safe, confidential, and accessible reporting mechanisms throughout the operation, particularly for community members wishing to raise concerns or complaints regarding staff conduct;

- Two-way communication was established and sustained across all three provinces through a combination of hotline services, community feedback mechanisms, and digital platforms, enabling affected communities to actively engage with and influence the humanitarian response;

- Service gaps were identified and addressed through systematic feedback analysis. Water and sanitation were the most frequently raised topics (281 entries), followed by aid distribution (184 entries), psychosocial support (88 entries), and health services (81 entries). At the category level, water-related feedback accounted for 215 entries, representing the single largest category and directly informing WASH prioritization and resource allocation during the response. Feedback related to targeting and selection criteria (58 entries) and unfair distribution (31 entries) was reviewed and used to strengthen distribution processes and communication around eligibility criteria, ensuring that assistance remained transparent and equitable;

- CEA capacity was strengthened at provincial and district levels through coaching clinics and technical guidance sessions for field personnel across all three provinces. These sessions improved the quality and consistency of community engagement practices, including feedback intake, recording, and referral procedures. The broad geographical coverage of feedback, spanning 29 districts and cities and originating predominantly from PMI district and city chapters (581 entries, 68 per cent), reflects strengthened capacity among sub-national chapters to manage community engagement and accountability functions throughout the operation;

- Accountability to affected populations was reinforced through the development and dissemination of hotline promotional materials, increasing community awareness of available feedback channels and supporting more transparent and responsive service delivery;

- To amplify Information, Education, and Communication (IEC/KIE) efforts, a targeted social media campaign for the Sumatra Operation was implemented through Instagram and Facebook from 11 November 2025 until the operational cut-off date of 22 June 2026. A total of 13 thematic contents were produced and published, covering emergency preparedness kits, donation appeals, Restoring Family Links (RFL), social solidarity, access to information, situation updates, in-kind donation requirements, partnerships, early warning, emergency health, feedback channels, and health and WASH promotion. The campaign achieved significant public digital outreach and audience engagement, recording:
(i) Total views: 2,372,179;
(ii)Total reach: 1,064,726 unique accounts;
(iii) Total engagement: 25,074 interactions (likes, comments, and shares).

Secretariat Services

Budget: CHF 102,656
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
% of financial reporting complying with IFRC procedures	100	51
# of rapid response personnel supporting the operation	2	8

Progress Towards Outcome

Assessment

Since the disaster struck in late November 2025, PMI has deployed assessment teams across Aceh, North Sumatra and West Sumatra to generate timely, accurate and evidence-based information to guide humanitarian decision-making.

During the initial phase of the response, trained PMI staff and volunteers conducted rapid assessments in priority locations, including remote, isolated and hard-to-reach communities. Data was collected through the KoBoToolbox digital platform, enabling timely transmission and consolidation of information despite access constraints and communication disruptions.

As the situation evolved, PMI expanded the scope and geographical coverage of its assessments through more detailed multi-sectoral assessments, supported by additional personnel from provincial and national levels. Assessment methods included Key Informant Interviews, direct observation and validation with affected communities to ensure that findings reflected local conditions, priorities and

concerns.

The assessments:

- established a consolidated picture of humanitarian needs across the three affected provinces;
- provided evidence to guide the design, targeting and adjustment of the operation;
- supported the prioritization and allocation of financial, technical and human resources;
- informed the transition from immediate emergency relief towards early recovery interventions; and
- enabled PMI to adapt its response as access, market conditions and community needs evolved.

The findings identified priority needs across six key areas:

- access to safe water, sanitation and hygiene services;
- essential health services and disease prevention;
- safe, adequate and dignified shelter;
- basic needs assistance and livelihood recovery;
- mental health and psychosocial support; and
- protection and inclusion of vulnerable and at-risk groups.

These findings formed the evidence base for PMI's multi-sectoral operational strategy and subsequent adjustments to shelter, Cash and Voucher Assistance, WASH, health, MHPSS, protection and livelihood interventions.

Human Resources

Eight Peer-to-Peer personnel were deployed to strengthen the implementation of CVA and WASH activities under the Senyar Operation.

National Society Strengthening

Budget: CHF 207,735
Targeted Persons: 300
Targeted Male: 147
Targeted Female: 153

Indicators

Title	Target	Actual
# of volunteers involved in the operations	200	585
# of volunteers trained through on the job training	100	98
# of Lessons Learned Workshop conducted	1	0

Progress Towards Outcome

Information Management

PMI's Data and Information Centre (PUSDATIN) was embedded within the Emergency Operations Centre (EOC) at PMI Headquarters and maintained close coordination with field teams across the affected provinces throughout the Cyclone Senyar response operation.

KoBoToolbox was utilized as the primary digital platform for assessment data collection and service reporting, enabling standardized data capture across all operational areas. A real-time operational dashboard (https://senyar25.pmi.or.id) was developed and maintained to continuously monitor the evolving situation, track service coverage, and oversee aid distribution.

A total of 68 PUSDATIN personnel at national and provincial levels supported data management, validation, analysis, and reporting from

27 November 2025 to 31 March 2026. A tiered reporting mechanism ensured a consistent and structured flow of data from district and city PMI chapters to provincial and national levels.

Throughout the response period, PUSDATIN produced 87 reports, including Situation Reports (SitReps), operational updates, and situation analyses covering service coverage, aid distribution, logistics, and the identification of needs and operational gaps. These reports were regularly disseminated to strategic partners through official channels.

As a result of these efforts:

- Decision-makers at national and provincial levels had access to regularly updated operational data, enabling evidence-based adjustments to targeting and resource allocation throughout the response.

- Real-time situation monitoring through the operational dashboard improved visibility of service coverage and aid distribution across all three affected provinces, reducing information gaps between field teams and the national level.
- The tiered reporting mechanism ensured that data from 34 affected districts and cities was systematically consolidated, validated, and analysed, strengthening coordination and accountability across all sectors of the operation.

- Regular dissemination of SitReps and operational updates to PMI management, key stakeholders, and humanitarian partners contributed to more informed cluster coordination and reduced duplication of assistance.

Human Resources in Emergency

Psychosocial debriefing was provided to PMI personnel through structured support group sessions, ensuring that deployed staff and volunteers received appropriate support upon completion of their assignments. This contributed to maintaining responder well-being and reducing the risk of secondary traumatic stress among personnel involved in the response.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 581 personnel (M: 68,94%, F: 31,06%), consisting of 385 volunteers, 157 staff, and 47 governing boards were mobilized across the Cyclone Senyar response operation, drawn from 9 provinces and 72 districts and cities across Indonesia. Of the total deployed, 579 personnel have completed their assignments, with 6 remaining on active deployment as of the reporting date. This breadth of mobilization reflects the scale and complexity of the operation and demonstrates PMI's capacity to activate inter-provincial surge support across multiple specializations simultaneously.

Personnel were deployed across 14 operational sectors, with the largest concentrations in Health (93), WASH (92), Distribution (81), and other support functions (66), followed by Logistics (59), Evacuation (53), Assessment (47), and Information Management/PUSDATIN (32). Smaller but essential teams were deployed for Community Kitchen (28), PSP/Psychosocial Support (20), Administration (19), Media and CEA (12), RFL (9), Finance (4), and Shelter (1). This sectoral distribution reflects the multi-disciplinary nature of the response and the prioritization of life-saving and essential service sectors during the emergency phase.

In terms of institutional origin, most personnel came from PMI district and city, or chapters (496), supplemented by PMI provincial chapters (48), other categories (41), and PMI Headquarters (5). The highest personnel concentrations by deployment location were recorded in Kota Padang (61), Agam (33), Jakarta Timur (28), Aceh Tamiang (24), Aceh Utara (20), Tanah Datar (20), and Mandailing Natal (15), broadly reflecting the distribution of humanitarian needs across the most severely affected areas.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your

volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

PMI mobilized personnel from at least 9 provinces and 72 districts/cities, bringing diverse expertise and local networks that supported culturally appropriate service delivery, particularly in Aceh and West Sumatra. Community-based volunteers, including SIBAT teams, played a key role in bridging cultural and language gaps, improving access and acceptance of humanitarian services, especially in remote and conservative communities.

Several diversity gaps were identified among deployed personnel:
- Gender diversity: Most deployed personnel were male, limiting gender-sensitive service delivery. Female staff, including nurses, midwives, and health promotion workers, were present in all three provinces and were essential in reaching women and girls. However, women remained underrepresented in leadership, logistics, and technical roles. PMI is addressing this through targeted recruitment and deployment of female volunteers and staff.
- Age diversity: Most volunteers were working-age adults, with limited youth representation in technical and coordination roles. Youth were mainly involved in community outreach, health promotion, and psychosocial support. Expanding youth surge pathways could strengthen future responses.
- Cultural and linguistic diversity: Inter-provincial deployments required orientation on local customs, religious practices, and community norms, particularly in Aceh. Language barriers were partly addressed through local SIBAT volunteers and community liaisons, but further strengthening is needed.
- Disability inclusion: Data on persons with disabilities within PMI's workforce is not available, highlighting a broader gap in personnel diversity data. Establishing baseline diversity data would support more inclusive mobilization in future operations.

Will surge personnel be deployed? Please provide the role profile needed.

No further surge or technical personnel deployments are required for the remaining of the operation. The operational capacity and technical standards for Cash and Voucher Assistance (CVA) and Water, Sanitation, and Hygiene (WASH) have already been fully established and reinforced. This was achieved through the successful mobilization of two batches of Peer-to-Peer (P2P) technical surge personnel from the Malaysian Red Crescent Society (MRCS) and Cruz Vermelha de Timor-Leste (CVTL), 4 personnels in March 2026 and another 4 personnels in May 2026. These deployments help build local and sub-regional capacity, streamline operational modalities, and hand over sustainable frameworks to local PMI chapters to guide the ongoing early recovery phase.

If there is procurement, will it be done by National Society or IFRC?

Procurement of replenishment items—including hygiene kits, baby kits, blankets, sarongs, and tarpaulins—was led by IFRC CCD Jakarta. A Local Committee of Contract (LCoC), comprising IFRC procurement staff, the IFRC Operations Manager, and PMI NHQ procurement representatives, oversaw the process. All items were sourced nationally through local suppliers. Partial deliveries have been completed to the PMI regional warehouse in Serang, Banten, with full delivery expected by 30 July 2026 and completion of the procurement process, including payments, by 30 August 2026.

Cash and Voucher Assistance (CVA) was implemented during the initial response phase through unconditional multi-purpose cash transfers, delivered via PT POS, which maintains a valid agreement with PMI NHQ until 30 April 2027.

During the early recovery phase, CVA was also applied through a shelter voucher modality. PMI and IFRC adopted a joint procurement approach for shelter toolkit interventions, balancing compliance requirements with operational feasibility. Under this arrangement, PMI manages local procurement through qualified vendors, while IFRC provides technical oversight, quality assurance, and compliance support, ensuring accountability and timely implementation within the local context.

How will this operation be monitored?

PMI Headquarters (NHQ) serves as the overall Operation Coordinator for the Cyclone Senyar response, with technical staff mobilised to monitor implementation progress and provide technical support to PMI Provincial Chapters across Aceh, North Sumatra, and West Sumatra. Provincial Chapters are responsible for coordinating and supervising district-level implementation and reporting progress to PMI NHQ on a regular basis. At the field level, PMI district and city chapters serve as the primary implementing units, responsible for day-to-day service delivery, data collection, and community engagement.

IFRC and in-country movement partners' staff provide technical support across key sectors, including Disaster Risk Management (DRM), Health, CEA, PGI, Programme Management, Procurement, and Finance. All IFRC field monitoring visits are conducted jointly with PMI NHQ staff to ensure alignment, consistency, and mutual accountability. IFRC has also deployed, or is considering the deployment of an Operations Manager, a Planning, Monitoring, Evaluation, and Reporting (PMER) officer, and a WASH technical surge specialist to provide intensive technical support at NHQ, provincial, and branch levels throughout the operation.

Progress against the operational plan is tracked through a combination of digital data systems, field-based monitoring, and structured reporting mechanisms:
- KoBoToolbox serves as the primary digital platform for field-level data collection, enabling near real-time capture of service delivery data, beneficiary information, and assessment findings across all three provinces;
- The operational dashboard (senyar25.pmi.or.id), developed and maintained by PUSDATIN, provides continuous real-time visibility of service coverage, aid distribution, personnel deployment, and humanitarian needs across all operational areas. This dashboard is accessible to PMI NHQ, provincial chapters, IFRC, and key coordination partners;
- A tiered reporting mechanism ensures structured and consistent data flow from district and city chapters to provincial level, and from provincial level to PMI NHQ, allowing for timely consolidation, validation, and analysis of operational data;
- Sex, Age, and Disability Disaggregated Data (SADD) is integrated into reporting systems to monitor the inclusivity of service delivery and ensure that vulnerable groups are consistently reached across all sectors;
- Community feedback mechanisms, including hotlines, face-to-face channels, and the CEA digital feedback dashboard, provide an additional layer of real-time monitoring from the community perspective, capturing unmet needs, service quality concerns, and protection risks.

Operational progress is tracked against the planned outputs and targets defined in the Emergency Plan of Action (EPoA), with reporting structured as follows:

Situation Reports (SitReps) are produced and disseminated regularly to PMI leadership, IFRC, government counterparts, movement partners, and humanitarian partners, providing updates on the evolving situation, service coverage, and operational progress;

Operational updates are shared through formal cluster coordination mechanisms, including the Logistics, Health, WASH, Protection, and Migration clusters, to ensure transparency and facilitate inter-agency coordination;

An Operations Update will be produced at key milestones to document progress against targets, highlight operational adjustments, and communicate emerging needs and gaps to the broader humanitarian community;

A Final Report will be produced by the end of the operation, providing a comprehensive account of outputs delivered, outcomes achieved, lessons learned, and recommendations for future operations.

Field monitoring visits are conducted jointly by PMI NHQ technical staff, IFRC representatives, and movement partners throughout the operational period. Monitoring visits serve to verify service delivery data, assess the quality and inclusivity of assistance, identify operational gaps, and provide on-site technical support to provincial and district teams. Monitoring visits are prioritized for the most severely affected and hard-to-reach areas, with additional visits planned during key transition points, including the shift from emergency response to early recovery and the scale-up of CVA and shelter programmes. Findings from monitoring visits are documented and fed back into operational planning through the tiered reporting mechanism.

Post-Distribution Monitoring (PDM) is conducted after each major distribution cycle, including MPCA disbursements, shelter toolkit voucher distributions, and relief item distribution to assess the quality, appropriateness, and impact of assistance delivered to affected households. PDM surveys are administered using KoBoToolbox and cover key areas including receipt and use of assistance, satisfaction with distribution processes, unmet needs, protection concerns, and the extent to which assistance met intended objectives. Findings are disaggregated by sex, age, and disability status to identify any differential experiences among population groups.

At the close of the operation, a combined Joint Review and After-Action Review (AAR) will be conducted to optimise resource use and avoid duplication of effort. This integrated session will bring together PMI staff, volunteers, movement partners, and IFRC representatives who participated directly in the response. The Joint Review component will provide a structured opportunity for all operational stakeholders to collectively reflect on what worked, what needs to change, and how resources and priorities should be realigned to inform future responses. Complementing this, the AAR component will deepen the learning process by examining the operation in greater detail, exploring not only what worked and what did not, but critically, "why", to draw actionable lessons that strengthen future preparedness and response capacity. By combining both processes into a single session, the review will serve a dual purpose: enabling real-time course correction and capturing institutional learning, while making efficient use of participants' time and shared resources.

Please briefly explain the National Societies communication strategy for this operation

The Indonesian Red Cross (PMI), in collaboration with IFRC CCD Jakarta and IFRC APRO, ensured consistent communication with regional and global audiences, with a focus on the humanitarian situation and Red Cross and Red Crescent response efforts.

Key activities included the systematic documentation of operations through photographs, short videos, and firsthand accounts from affected individuals, as well as highlighting the work of staff and volunteers. These materials supported social media outreach, media engagement, operational reporting, stakeholder communications, and broader visibility efforts. PMI and IFRC CCD Jakarta led the collection and dissemination of content, while IFRC APRO supported the production and amplification of field-based stories through regional and global platforms.

To strengthen these efforts, PMI deployed three communication focal points across priority provinces. Internal communication channels, including social media and the PMI website, were leveraged to provide regular updates on response activities. The Cyclone Disaster Emergency Response Communication WhatsApp Group was activated to enhance coordination among communication teams at national and sub-national levels, and to facilitate timely sharing of media coverage and outputs.

PMI also collaborated with Risk Communication and Community Engagement (RCCE) partners and key stakeholders—including BNPB, BMKG, the Ministry of Health, KitaBisa, Rumah Zakat, and Pandemictalks—to disseminate public awareness messages and campaign materials, thereby expanding outreach and public engagement.

Budget Overview

IFRC

DREF OPERATION

MDRID028 - Indonesian Red Cross
Aceh, North Sumatera and West Sumatera Floods Response

Operating Budget

Planned Operations	**689,609**
Shelter and Basic Household Items	183,673
Livelihoods	21,300
Multi-purpose Cash	274,586
Health	67,524
Water, Sanitation & Hygiene	129,125
Protection, Gender and Inclusion	3,624
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	6,130
Community Engagement and Accountability	3,647
Environmental Sustainability	0
Enabling Approaches	**310,391**
Coordination and Partnerships	0
Secretariat Services	102,656
National Society Strengthening	207,735
TOTAL BUDGET	**1,000,000**

all amounts in Swiss Francs (CHF)

Page 1

Click here to download the budget file

Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Arifin M.Hadi, PMI NHQ Head of Office, arifin_mhadi@pmi.or.id, +62 812-9777-7755

IFRC Appeal Manager:
Kathryn Clarkson, Head of Country Cluster Delegation and Representative to ASEAN, kathryn.clarkson@ifrc.org, +6281113210121

IFRC Project Manager: T Khairil Azmi, Operations Coordinator, Disaster Risk Management, tkhairil.azmi@ifrc.org, +628126991332

Media Contact: Aulia Ariani, Communications and CEA Focal Person, aulia_arriani@pmi.or.id, +62816795379

Click here for the reference