



PMI delivers safe water to drought-affected communities in East Nusa Tenggara

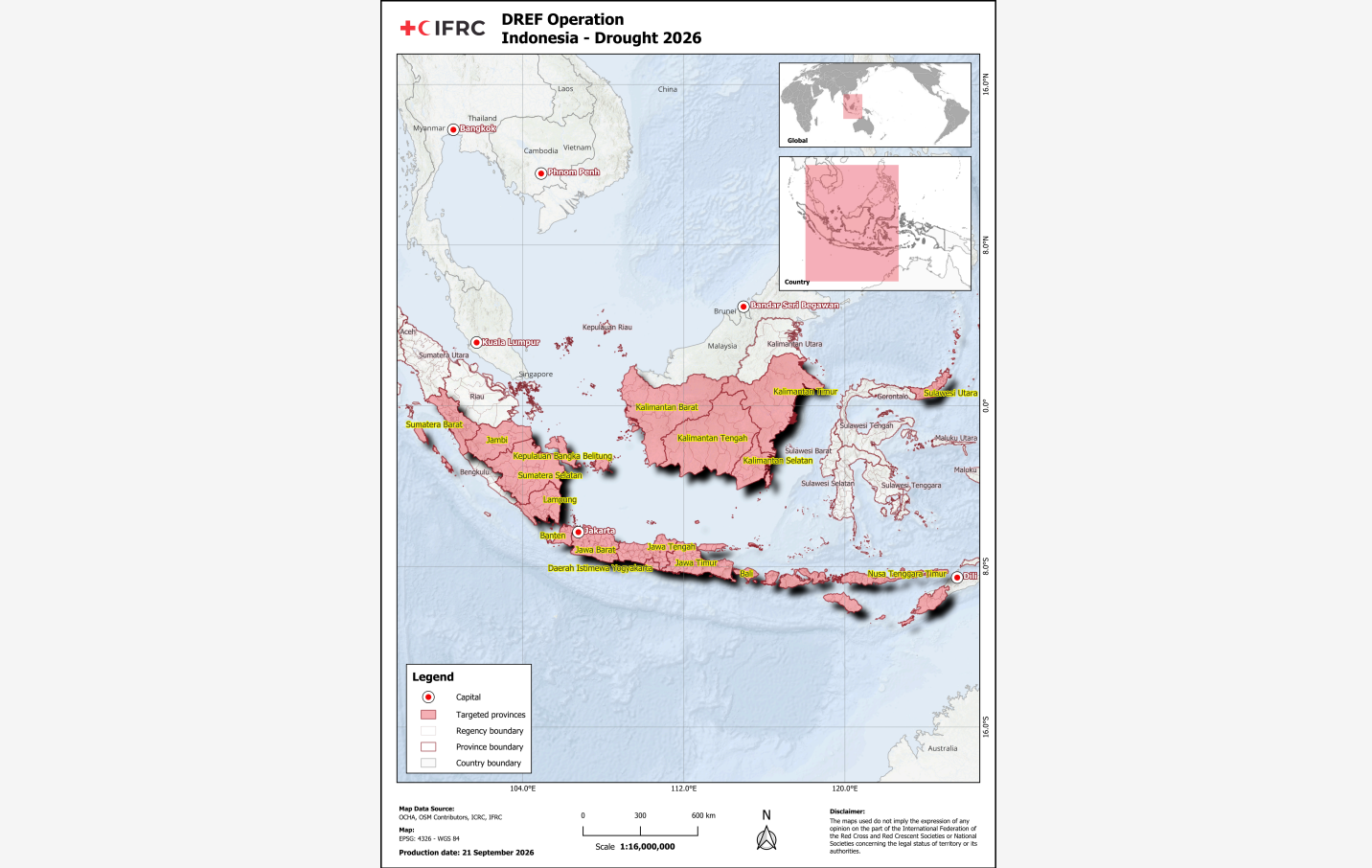
Appeal: MDRID030	Hazard: Drought	Country: Indonesia	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 481,133	
Glide Number: DR-2026-000178-IDN	People Affected: 1,944,029 people	People Targeted: 200,000 people	
Operation Start Date: 25-09-2026	Operation Timeframe: 6 months	Operation End Date: 31-03-2027	DREF Published: 29-09-2026

Targeted Regions:
Jambi, Lampung, Bangka Belitung, Jawa Barat, Jawa Tengah, Daerah Istimewa Yogyakarta, Jawa Timur, Banten, Bali, Nusatenggara Barat, Nusatenggara Timur, Kalimantan Barat, Kalimantan Tengah, Kalimantan Selatan, Kalimantan Timur, Sulawesi Utara, Sulawesi Selatan, Gorontalo, Sulawesi Barat

Description of the Event

Date when the trigger was met

08-09-2026



Map: DREF Drought 2026 – 20 targeted Provinces in Indonesia (Source: IFRC IM)

What happened, where and when?

Indonesia has experienced progressively worsening drought conditions during 2026, with prolonged rainfall deficits reducing groundwater, surface-water and household water availability across parts of Java, Bali, Nusa Tenggara, Sumatra, Kalimantan and Sulawesi. Household wells, community springs, small reservoirs and other traditional water sources have declined or dried up in affected locations, increasing dependence on emergency water assistance.

Government drought alerts and emergency declarations issued from May to July 2026 provided early indications of the evolving situation. These earlier declarations are not considered the operational trigger for this DREF.

The DREF trigger date is 8 September 2026, when consolidated PMI operational reporting demonstrated that the response had expanded substantially and that continued humanitarian needs required additional support to sustain and strengthen the response. At that point, PMI reported drought-response activities across 16 provinces and 126 districts/municipalities, including approximately 35.97 million liters of safe water distributed through 7,195 water-trucking trips, supported by 129 water tankers and more than 700 personnel.

PMI had already been responding with its own resources since 30 June 2026. The DREF is therefore not requested because the drought only emerged in September, but because accumulated operational evidence demonstrated continuing humanitarian water needs, expanding geographical demand and increasing pressure on PMI and locally available response resources.

The situation continued to evolve after the trigger. PMI's consolidated assessment as of 23 September records 8,135 water-distribution



trips and approximately 44.97 million liters of safe water delivered across 133 districts/municipalities, 721 subdistricts and 1,776 villages. Based on beneficiary records consolidated by PMI, at least 764,171 estimated unique people had received emergency water assistance. Approximately 2.43 million service contacts were also recorded, reflecting repeated services and not additional unique people.

These operational figures demonstrate a sustained humanitarian water-access problem. They should not be interpreted as the total population affected nationally, as a consolidated national estimate remains under verification.

Reduced access to safe water is the primary documented humanitarian impact. Affected households may have to travel longer distances, wait for emergency deliveries, rely on reduced quantities of water or spend additional household resources to obtain water. These pressures particularly affect low-income and underserved households and people who face barriers to collecting, transporting or safely storing water.

Prolonged dry conditions also contribute to secondary public-health risks, including dehydration, heat-related illness, reduced hygiene and, in selected locations, deteriorating air quality associated with smoke and haze. The DREF will address these humanitarian consequences only where needs are verified. Firefighting and fire suppression remain the responsibility of government authorities and are outside the scope of this operation.

The proposed DREF will therefore support immediate humanitarian assistance in locations where needs and response gaps are demonstrated, while targeted assessment, monitoring and community feedback continue to refine geographical targeting, sectoral priorities and the transition from repeated emergency assistance toward more sustainable solutions.



PMI delivers safe water by boat to small islands in Kubu Raya, West Kalimantan.



PMI delivers safe water to drought-affected communities in Bekasi.



PMI distributes safe water to drought-affected communities in Banten.



PMI provides safe water and water-conservation education in Bali.

Scope and Scale

The humanitarian impact of the drought varies significantly between and within provinces. No single consolidated national estimate of the total drought-affected population is currently available. Government agencies and PMI branches use different measures, including populations experiencing water shortages, villages affected, drought-prone areas and populations receiving emergency water assistance.

PMI's September assessment therefore distinguishes between the overall affected population, people in need, people reached by PMI and repeated service contacts. As of 23 September 2026, an estimated 764,171 people had received PMI emergency water assistance. This provides a conservative operational indication of demonstrated humanitarian water demand in locations where PMI has responded, but



it is not the total drought-affected population or a verified national People in Need figure. Approximately 2,425,624 service contacts reflect repeated assistance and will not be counted as additional unique beneficiaries.

The assessment categorizes operational areas according to available evidence and identifies a wider monitoring and planning scope of 20 provinces as detail follow priority:

- Priority 1 - high demonstrated needs and recurrent emergency water assistance: Central Java, West Java, East Java, South Sulawesi, West Sulawesi, Banten, West Nusa Tenggara, East Nusa Tenggara, Bali, West Kalimantan and Central Kalimantan.
- Priority 2 - identified needs with more limited operational coverage: Special Region of Yogyakarta, Lampung, Jambi, Bangka Belitung Islands, South Kalimantan and Gorontalo.
- Priority 3 - information gaps requiring further verification: East Kalimantan, North Kalimantan and North Sulawesi.

Initial DREF-supported assistance will prioritize locations under Priority 1 and Priority 2 where humanitarian needs and remaining response gaps are sufficiently evidenced. Priority 3 provinces will remain under monitoring and verification and will receive DREF support only where the agreed targeting criteria are met. Significant changes in geographical coverage or sectoral activities will be reflected through an Operations Update where required.

The operation will target up to 200,000 people. This represents a prioritized subset of people with demonstrated or reported drought-related water needs. It is not calculated by applying a fixed percentage to a national affected-population figure.

The target reflects the intersection of severity and duration of water shortage; availability of alternative safe-water sources; remaining gaps after government, PMI and partner assistance; household vulnerability and coping capacity; community requests and operational evidence; and the resources and implementation capacity that can realistically be supported and monitored through the DREF.

Targeting will not be distributed equally across 20 provinces. Provincial and district allocations will be progressively validated against these criteria. Repeated water deliveries to the same household will be recorded as service contacts and liters delivered but will not create additional beneficiaries. Similarly, people receiving support through more than one sector will be counted once toward the overall operation reach.

The DREF will complement rather than replace assistance already provided by local governments, water utilities, PMI's own resources and Movement partners. Activities and costs already supported through other funding sources will be separately tracked to prevent duplication.

Source Name	Source Link
1. BMKG	https://cews.bmkg.go.id/peringatankekeringan.php
2. PMI	https://app.powerbi.com/view?r=eyJrJoiOWM5YWl5M2U0N2FkOS00NzA1LWZyYmEtZjA4MTdjNmE3ODY1IiwidCI6IjFINGUwNWViLTA1MDYtNDImYy1iNjkzLTZhZGYwZTk1ZDE2MlslmMiQjEwfQ%3D%3D

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes



If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

Compared with the 2023 operation, the 2026 drought is affecting a wider geographical area and has resulted in prolonged pressure on water availability, household coping capacity and public-health conditions.

According to BMKG, the current El Niño event is expected to persist until early 2027, extending drought impacts well beyond the normal dry season period and creating a longer duration of exposure compared to typical seasonal drought events. BMKG further reported that most parts of Indonesia remained under dry season conditions during September 2026, with limited prospects for significant rainfall across Java, Bali, Nusa Tenggara, southern Sumatra, and parts of Sulawesi. Unlike the 2023 drought operation, which was primarily focused on localized water supply support, the current event has already generated widespread humanitarian impacts across multiple provinces and sectors.

As of 20 July 2026, 55 districts across West Java, Central Java, East Java, and Yogyakarta had officially declared Drought Emergency Alert Status, while PMI had already mobilized 1,001 personnel, deployed 105 water tankers, established 236 water distribution points, and delivered more than 1.3 million litres of safe water to 104,408 people. These figures indicate that humanitarian needs have already exceeded local coping capacities and response resources in several drought-affected districts.

The situation has continued to deteriorate during August and September 2026. In Central Java, drought impacts expanded to 30 districts and municipalities, affecting more than 1.18 million people and requiring the distribution of more than 36.2 million litres of emergency water. Communities in drought-prone districts such as Pati, Grobogan, Blora, and Cilacap have reported drying wells, depleted springs, reduced groundwater availability, and increasing reliance on emergency water assistance. In some areas, households are travelling several kilometres daily to access water sources or queueing for water deliveries to meet basic household needs. The current operation also differs significantly from previous drought responses because humanitarian impacts now extend beyond water scarcity alone. According to BMKG, September 2026 remains a critical period for Forest and Land Fires (Karhutla), particularly in Sumatra and Kalimantan, due to persistent dry conditions and ongoing El Niño influence. BMKG has reported increasing hotspot activity, smoke dispersion, elevated PM2.5 concentrations, and carbon monoxide emissions, creating additional public health risks for affected population.

Prolonged dry conditions are also contributing to secondary public-health risks in selected locations, including deteriorating air quality associated with haze. This may increase respiratory-health risks, particularly among vulnerable groups. The DREF will address these humanitarian health consequences where needs are verified, while firefighting and fire-suppression activities remain the responsibility of government authorities.

The 2026 response has already required sustained emergency water assistance across a wide geographical area. As of 23 September, PMI operational data recorded 8,135 water-distribution trips and approximately 44.97 million litres of water delivered across 133 districts/municipalities, 721 subdistricts and 1,776 villages, reaching at least 764,171 estimated unique people.

Lessons from 2023 DREF have informed the design of the current operation. In particular, the 2026 strategy places greater emphasis on evidence-based geographical targeting, identification of response gaps, integration of WASH and community health interventions, water-quality monitoring, community feedback, and a defined transition from repeated emergency water trucking toward more sustainable water-access options where technically feasible.

The operation will therefore not use DREF simply to finance further assessment of a recurrent seasonal risk. Immediate assistance will be provided where humanitarian needs and response gaps are already demonstrated, while targeted assessment and monitoring will refine implementation and identify appropriate transition and early recovery measures.

Lessons learned:

Evidence-based targeting: Emergency assistance should be linked to demonstrated humanitarian needs and documented response gaps. The 2026 operation will use operational data, branch reports, government information, community consultation and targeted assessments to prioritize locations rather than distribute resources evenly across a broad geographical area.

Emergency water distribution and transition: Water trucking provides essential short-term assistance when community water sources are insufficient, but prolonged reliance is costly and unsustainable. Distribution will be regularly reviewed against community need, alternative water availability and existing government services. Assessments will also identify technically feasible opportunities to restore or improve community water sources and reduce repeated dependence on trucking.

Integrated WASH and health response: Water scarcity affects water consumption, hygiene and public health. Emergency water services will be combined with water-quality monitoring, safe-water handling, hygiene promotion, water conservation and practical information on dehydration, heat-related illness, skin and water-washed diseases and other verified drought-related health risks.

Targeted health assistance: Health commodities should respond to demonstrated public-health needs and identified service gaps. Health activities will prioritize community-based risk reduction and referral, with additional commodities provided only where epidemiological, environmental or service-gap evidence supports their use.

Community engagement and accountability: Clear targeting criteria, accessible information and effective feedback mechanisms are essential. Community feedback will be recorded, reviewed and used to adjust distribution schedules, locations, targeting and operational arrangements.

Procurement and financial accountability: Procurement responsibilities, technical specifications and cost assumptions will be agreed early between PMI and IFRC. DREF-supported activities will be separately tracked from PMI, government and Movement partner contributions to prevent duplication.

Adaptive management: Assessment is not a stand-alone objective of the operation. It will support ongoing decision-making, verification of needs and response gaps, adjustment of geographical targeting, and identification of appropriate transition and recovery options.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

Current National Society Actions

Start date of National Society actions

30-06-2026

Livelihoods And Basic Needs	Available evidence indicates that the drought is already affecting agricultural production and rural livelihoods through reduced water availability, increased irrigation requirements, delayed planting and reduced yields. However, currently available information does not provide sufficient household-level evidence to determine the scale of income loss, identify the most affected livelihood groups, assess market feasibility or define appropriate targeting criteria for a livelihood or cash-based intervention. PMI will therefore assess livelihood impacts, household priorities and market functionality during implementation. Significant livelihood or CVA interventions will only be proposed through an Operations Update where needs, targeting, feasibility and complementarity with government programmes are sufficiently demonstrated.
Health	PMI continues to monitor public-health risks associated with prolonged drought, including dehydration, heat-related illness, reduced hygiene and skin and water-related health risks. Community health activities currently include health-risk



	communication, basic first aid and referral where required, in coordination with local health authorities. In response to deteriorating air quality, PMI National Headquarters has dispatched 70,000 medical masks to West Kalimantan and 50,000 medical masks to Central Kalimantan. PMI branches continue to monitor respiratory health risks, particularly among children, older persons, pregnant and lactating women, and people with pre-existing respiratory conditions. Government health services remain operational. PMI's role is therefore complementary and focuses primarily on community-level risk reduction, identification of warning signs, appropriate care-seeking and referral, and targeted preventive measures where an identified gap exists.
Water, Sanitation And Hygiene	WASH is the main operational focus of PMI's drought response. PMI's latest operational dashboard records the distribution of approximately 35.97 million litres of safe water through 7,195 water-trucking trips, reaching approximately 1.94 million people across 16 provinces, 126 districts and municipalities, 632 sub-districts, and approximately 1,384 villages and urban wards. PMI has made 129 water tanker trucks and 29 pick-up vehicles available for the response, supported by personnel and volunteers from National Headquarters and Provincial and District Branches. Water is obtained primarily from local water utilities and other verified local sources. In selected locations, PMI also operates water-treatment and production equipment. Water-quality monitoring and testing are conducted to ensure that distributed water is suitable for its intended use. Water-distribution schedules and locations are coordinated with local governments, village authorities, water utilities, and affected communities. PMI assistance fills identified gaps and complements government services and other available water sources. Communities do not necessarily receive PMI water every day, as vehicles and resources are deployed and rotated according to changing needs, local capacity, accessibility, and the availability of alternative water supplies. PMI volunteers also provide hygiene-promotion and water-conservation messages, including information on safe water handling and storage, appropriate water use, personal hygiene, dehydration prevention, heat-related illness, and protection from haze exposure.
Protection, Gender And Inclusion	PMI integrates Protection, Gender and Inclusion considerations into assessment, targeting, water distribution, health promotion, and community-engagement activities. Particular attention is given to women and girls, children, older persons, pregnant and lactating women, persons with disabilities, female-headed households, low-income households, and people with pre-existing health conditions. Safeguarding principles will also be applied across all operational activities to ensure that assistance is delivered safely, equitably, and with dignity.
Risk Reduction, Climate Adaptation And Recovery	PMI promotes water conservation, safe-water management and preparedness for prolonged dry conditions. During this operation, PMI will also assess the condition and functionality of community wells, pumps, pipelines, storage systems and alternative water sources. Where technically feasible and appropriate within the DREF scope, minor rehabilitation or restoration measures may be undertaken to reduce repeated reliance on emergency water trucking. Larger infrastructure, livelihood recovery, CVA and longer-term resilience requirements will be referred to government, PMI programmes, Movement partners or other funding mechanisms and, where appropriate, proposed through an Operations Update.

Community Engagement And Accountability	PMI has integrated Community Engagement and Accountability (CEA) throughout all phases of the operation. A dedicated hotline has been established to enable communities to request assistance, submit feedback, raise concerns, and lodge complaints. Community feedback will be regularly reviewed and used to inform operational decision-making and improve the quality, relevance, and accountability of the response.
Coordination	PMI coordinates with BMKG, BNPB/BPBD, local governments, water utilities, health authorities, IFRC and Movement partners. Existing regular Movement coordination arrangements are used to map contributions, geographical coverage and remaining gaps. No separate PNS drought coordination forum is currently established. ICRC has not made a specific commitment to support the drought response at this stage; any future support will be reflected through operational coordination and updates.
National Society Readiness	PMI has developed a National Operational Plan for the 2026 Drought Response based on BMKG seasonal forecasts, lessons learned from previous drought operations, and coordination with Provincial Branches across priority areas. The operational approach integrates preparedness and emergency response measures to enable timely humanitarian assistance as drought conditions evolve. As of July 2026, PMI has identified 10 priority provinces and 83 priority districts as the initial focus for preparedness planning, operational readiness, and response activities. PMI has been responding to drought-related water needs since 30 June 2026 using National Society resources, provincial and district/city branch capacity and available partner support. As of 23 September 2026, PMI had completed 8,135 water-distribution trips and delivered approximately 44,965,968 liters of water across 133 districts/cities, 721 subdistricts and 1,776 villages/urban wards. Consolidated operational records estimate approximately 764,171 people reached, while approximately 2,425,624 service contacts reflect repeated assistance. These figures demonstrate the scale and recurrence of emergency water demand but are not a national estimate of the total drought-affected population.
Assessment	PMI developed a National Operational Plan for the 2026 Drought Response based on BMKG climate information, government and other available secondary data, PMI operational monitoring, lessons learned from previous drought operations, and consultations with PMI Provincial and District/City Branches. The plan provides a framework for drought monitoring, preparedness, resource mobilization, coordination, and the progressive activation and scale-up of response activities as humanitarian needs emerge and increase. To determine the scale, geographical priorities and proposed scope of the DREF operation, PMI conducted an Initial Assessment of the 2026 Drought, consolidated on 24 September 2026. The assessment draws primarily on available secondary data, including BMKG and relevant government information, complemented by PMI branch reports, operational monitoring, water-distribution records, field observations and available community-level information. It also considers available information on government, Movement partner and other response coverage. The assessment confirms that the drought has progressed beyond a meteorological hazard and is creating actual and recurrent humanitarian water-access needs in several locations. As of 23 September, PMI had conducted 8,135 water-distribution trips and delivered approximately 44.97 million liters of water across 133 districts/municipalities, 721 subdistricts and 1,776 villages/urban wards, reaching an estimated 764,171 unique people. These figures demonstrate substantial demand for emergency water assistance but do not represent the total drought-affected population or a national People in Need figure. Based on the available evidence, the assessment establishes a phased geographical prioritization for the DREF. Priority 1 includes locations with demonstrated humanitarian needs, recurrent emergency water demand and identified response gaps;

	Priority 2 includes locations where needs have been identified but further validation of current needs and government/partner coverage is required; and Priority 3 includes locations where information remains insufficient and further monitoring and verification are required before DREF resources are allocated. This prioritization will remain dynamic and will be updated through operational monitoring, community feedback and continued verification during implementation. The assessment also identifies safe water as the primary immediate humanitarian need, complemented by safe-water storage, hygiene and health-risk reduction, protection and community engagement. Health interventions will remain proportionate to verified needs, while livelihood impacts and more substantial recovery interventions will require further assessment before specific activities are introduced. The findings therefore provide the evidence base for the proposed DREF targeting and response while identifying areas where additional verification is still required. PMI has maintained operational readiness through its national, provincial and district/city structures, including water tanker trucks, pick-up vehicles equipped with water tanks, water-production equipment, trained personnel and volunteers, Emergency Operations Centre functions, logistics capacity, and coordination mechanisms with government authorities and Movement partners. The DREF will reinforce this existing response capacity in locations where humanitarian needs and residual response gaps are demonstrated, rather than replacing ongoing PMI, government or partner assistance.
Resource Mobilization	PMI has initiated resource mobilization through close coordination with the IFRC, American Red Cross, Australian Red Cross, Hong Kong Red Cross Branch of Red Cross Society of China, and other partners to support the operation. Operational planning, preliminary budgets, and priority needs have been shared to facilitate technical and financial support. At the national level, PMI continues to mobilize personnel, emergency water distribution assets, logistics, and operational support capacity to ensure a timely scale-up of humanitarian assistance as drought conditions intensify
National Society EOC	PMI has activated its National Emergency Operations Centre (EOC) functions to monitor the drought situation, coordinate with Provincial Branches, consolidate field reports, and support operational decision-making throughout the dry season.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC has been supporting PMI through technical coordination, operational discussions, and guidance for the development of the DREF application. IFRC has also supported the publication and updating of information on the IFRC GO Platform, including PMI's drought Field Report.
Participating National Societies	The American Red Cross provided USD 29,241.18 through the Quick Action Fund to support 30-day drought-response activities in West Kalimantan, Central Kalimantan, and West Sulawesi. The supported activities were implemented from late July to 31 August 2026 and included emergency water distribution, water-storage support, medical-mask distribution, operational mobilization, monitoring, and post-distribution monitoring. The Australian Red Cross provided USD 25,000 to support the procurement of water tanks for the drought response. This support contributes to PMI's wider national response and complements the proposed DREF operation.



Activities and costs already financed by the American Red Cross and Australian Red Cross will be tracked separately and will not be charged to the DREF. PMI will maintain coordination with all Movement partners to ensure complementarity, avoid duplication, and identify remaining operational gaps.

ICRC Actions Related To The Current Event

To date there has been no specific commitment to support the drought response. We will continue to coordinate and will update the application/operation accordingly should there be any further engagement or support from ICRC

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Government of Indonesia, through BMKG, continues to monitor the development of the 2026 dry season and provides regular seasonal forecasts and drought outlooks to support preparedness and response planning. At the provincial and district levels, local governments have declared Drought Emergency Alert Status in 55 districts across West Java, Central Java, East Java, and the Special Region of Yogyakarta. While several local governments have already initiated emergency response measures, including clean water distribution and water supply support, other districts remain in the preparedness phase, focusing on contingency planning, resource mobilization, and readiness activities in anticipation of worsening drought conditions. Government agencies are also implementing drought mitigation measures, including public awareness campaigns on water conservation and agricultural adaptation measures such as the Agricultural Crop Insurance Programme (AUTP) and the distribution of drought-resistant rice varieties.
UN or other actors	The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), through the Indonesia Humanitarian Coordination Platform (IHCP) and the Anticipatory Action Technical Working Group (AMPD TWG), continues to facilitate coordination among humanitarian partners and promote anticipatory approaches to drought preparedness. Based on the latest seasonal forecasts, discussions within the AMPD Technical Working Group have recommended the activation of early action mechanisms to reduce the humanitarian impacts of the anticipated drought. PMI actively participates in these coordination mechanisms and continues to work closely with IFRC, Partner National Societies, government agencies, and humanitarian partners to ensure complementarity and coordinated response planning.

Needs (Gaps) Identified



The prolonged drought is increasing public health risks through reduced access to safe water, deteriorating hygiene conditions, extreme heat exposure, and worsening air quality. As wells, springs, and other traditional water sources continue to decline, affected communities are increasingly relying on limited or unsafe water supplies, heightening the risks of dehydration, diarrhoeal diseases, and other water-related illnesses. In Central Java alone, drought conditions have affected more than 1.18 million people across 747 villages, with widespread reports of drying wells, reduced groundwater availability, and increasing dependence on emergency water assistance.

Health risks are further compounded by secondary environmental effects associated with prolonged dry conditions, including increased forest and land fire activity in some areas of Indonesia, contributing to periodic haze and deteriorating air quality. These conditions can increase the incidence of respiratory illnesses, heat stress, and other environment-related health concerns, particularly among children, pregnant and lactating women, older persons, and individuals with underlying health conditions.

While government health services remain operational, gaps remain in community-level health risk reduction, risk communication, preventive outreach, and access to protective measures in drought-affected areas. Coverage of public awareness activities remains uneven, limiting access to information on safe water use, hygiene practices, dehydration prevention, heat-related illnesses, and measures to reduce exposure to poor air quality during haze episodes. In areas experiencing deteriorating air quality, vulnerable households may face challenges accessing adequate respiratory protection, increasing exposure to smoke and particulate matter. In addition, identified PMI health services have limited capacity to provide temporary oxygen support and stabilization for people presenting with respiratory distress prior to referral to government health facilities. Additional support is therefore required to strengthen community-based health promotion, protective measures, first aid, and referral services for populations affected by prolonged dry conditions and associated health risks.

In selected drought-affected locations, deteriorating air quality associated with prolonged dry conditions may create additional respiratory-health risks. Any mask distribution or other preventive health assistance will be targeted only where air-quality information, exposure and vulnerability demonstrate a specific public-health need.

The PMI initial assessment in September 2026 identified the increased risks of dehydration, heat-related illness, water-related and water-washed diseases, skin conditions, eye irritation and respiratory problems associated with prolonged drought, reduced water availability and, in selected locations, dust and smoke exposure. Higher-risk groups include children, older people, pregnant and breastfeeding women, persons with disabilities, people with chronic illnesses and people with higher outdoor exposure.

Government health services continue to function, but access, community risk communication, targeted respiratory protection and referral are uneven. DREF-supported health activities will therefore focus primarily on community-based prevention, basic first aid, identification of at-risk people, care-seeking and referral. Targeted masks will only be provided where deteriorating air quality, exposure and an assistance gap are documented. Specialized medical equipment, including oxygen concentrators, will only be retained or deployed where facility-level verification demonstrates an expected caseload or service need, an existing oxygen gap, trained personnel, reliable electricity, maintenance arrangements and a functional referral pathway.

A limited provision of 20 oxygen concentrators is prioritized as targeted emergency health-service support for selected PMI health facilities serving drought-affected populations. The rationale is not to establish a parallel clinical service or to treat haze as a separate hazard. Rather, prolonged drought can coincide with heat stress, dehydration and, in selected locations, deteriorating air quality that may aggravate respiratory conditions among vulnerable people. Where a patient presents with hypoxaemia or acute respiratory distress, timely access to oxygen can support initial stabilization within PMI's service capacity while referral to the appropriate government health facility is arranged. Oxygen concentrators provide a reusable on-site oxygen source and can reduce dependence on repeated cylinder transport and refilling, which may be operationally difficult in remote or dispersed locations. Deployment will be conditional on facility-level verification before distribution, including demonstrated need or caseload, gaps in existing oxygen availability, reliable electricity, trained health personnel, appropriate clinical protocols and pulse-oximetry/monitoring capacity, referral arrangements, maintenance and asset-management capacity, and coordination with local health authorities. Units will not be deployed to facilities that do not meet these conditions; final facility allocation may therefore be adjusted based on verification while retaining the approved ceiling of 20 units.





Water, Sanitation And Hygiene

The prolonged drought has reduced groundwater and surface-water availability across multiple regions of Indonesia. PMI operational monitoring records water-response activities in 16 provinces, 126 districts and municipalities, 632 sub-districts, and approximately 1,384 villages and urban wards. Continuing requests from PMI branches indicate that the response may expand to 20 provinces and approximately 130 districts and municipalities.

PMI's latest operational dashboard records the cumulative distribution of approximately 35.97 million litres of safe water through 7,195 water-trucking trips, with a reported reach of approximately 1.94 million people across 16 provinces. The response has involved 129 water tanker trucks and 29 pick-up vehicles. Despite this significant scale-up, requests for emergency water support continue to exceed available operational capacity in several locations.

Immediate gaps include insufficient access to emergency water supplies, limited operational capacity for water transportation and production, inadequate water-quality monitoring, and insufficient hygiene and water-conservation awareness. Further assessment is required to determine whether household water-storage support, rehabilitation of community water systems, or other early-recovery measures are necessary. Any additional intervention will be proposed through an Operation Update.

Reduced access to sufficient and safe water is the most consistently documented humanitarian need. PMI operational data demonstrate recurrent demand for emergency water delivery, while the assessment identifies uneven coverage in delivery frequency, duration, geographic reach, fleet capacity and access to suitable water sources. In some locations, households also lack adequate safe-water storage, reducing the effectiveness of intermittent water deliveries and increasing contamination risks.

Immediate WASH priorities are therefore: continued emergency safe-water distribution in verified high-severity and underserved locations; sufficient transport and operating capacity; use of water sources agreed with relevant authorities or utilities; water-quality testing or verification and chlorination where required; safe communal and household storage where gaps are demonstrated; and practical hygiene, safe-water handling, container cleaning, contamination prevention and water-conservation information. The scale and duration of assistance will be reviewed regularly against actual need, alternative water availability and government and partner coverage.

Immediate gaps include:

- continued access to emergency safe water in priority communities;
- sufficient transport and operational capacity to sustain water distribution;
- systematic water-quality monitoring and treatment where required;
- safe household storage for particularly vulnerable households;
- practical hygiene, safe-water handling and water-conservation information; and
- identification of technically feasible options to restore more sustainable community water access and reduce prolonged reliance on trucking.

The scale and duration of assistance will vary by location and will be reviewed regularly against actual need, alternative water availability and existing government and partner coverage.



Protection, Gender And Inclusion

Water scarcity disproportionately affects people who face physical, financial, social or protection barriers to obtaining and safely storing water. Women and girls may face increased water-collection burdens, while older people, persons with disabilities, pregnant and breastfeeding women, children, people with chronic illnesses, female-headed households, remote households and households without transport or storage capacity may face additional barriers. Assistance will therefore be designed to remain safe, accessible, dignified and inclusive, with safeguarding and referral mechanisms functioning throughout implementation.



Community Engagement And Accountability

Information and feedback arrangements vary across operational locations. Gaps remain in consistent communication of targeting criteria, distribution locations and schedules, available services and changes to operational arrangements.

A common feedback-management approach is therefore required to record requests, questions, complaints and protection concerns; track actions through resolution; identify recurring issues; and use community feedback to adapt the response.



Any identified gaps/limitations in the assessment

The PMI drought initial assessment primarily relies on secondary data and PMI operational monitoring, complemented by rapid assessments, field observations and community-level information. Household-level primary data are not yet consistently available across all proposed locations; data completeness, definitions and reporting periods vary between PMI branches and government sources; and government, partner and PMI coverage is not yet fully consolidated nationally. There is also no single national 4W dataset showing who is providing assistance, where, to whom, at what volume and for how long. These limitations are the reason the operation uses phased geographical prioritization and continuing verification rather than assuming uniform needs or allocating resources equally across the 20-province planning scope.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The overall objective of the operation is to reduce the humanitarian impacts of prolonged drought on up to 200,000 people by maintaining access to sufficient and safe water, reducing drought-related health and protection risks, and supporting a progressive transition from repeated emergency assistance towards more sustainable water-access solutions where technically feasible. The operation will prioritize vulnerable and underserved communities where humanitarian needs and response gaps are demonstrated, while complementing government and other partners' assistance.

Operation strategy rationale

The operational strategy is based on PMI operational monitoring, branch reports, the consolidated September drought initial assessment, BMKG monitoring, available government information, community feedback and available information on government and Movement partner coverage.

The operation follows a phased, evidence-based and adaptive approach. Immediate humanitarian assistance will be provided where existing evidence demonstrates both need and a remaining response gap. Targeted assessments and operational monitoring will continue in parallel to refine geographical targeting, validate sectoral priorities and identify appropriate transition and recovery measures.

Immediate humanitarian assistance will be provided in locations where existing evidence demonstrates both need and a remaining response gap.

- Priority 1 locations form the principal pool for initial implementation, subject to district/village-level confirmation.
- Priority 2 locations will be supported following rapid validation of current need and government/partner coverage.
- Priority 3 locations will remain under monitoring and verification and will not receive initial DREF resources until need and residual gaps are sufficiently evidenced.

The DREF is therefore not primarily an assessment operation. Assessment is an operational management tool supporting an ongoing humanitarian response.

The response consists of five mutually reinforcing components:

(1) Immediate safe-water access: sustain emergency water distribution in priority communities where household or community water sources are insufficient and existing government or partner assistance cannot adequately meet identified needs.

(2) Water safety, hygiene and public-health protection: accompany emergency water services with water-quality monitoring and treatment where required, safe-water handling, hygiene promotion, water conservation and practical information on dehydration, heat-related illness and other identified drought-related health risks.

(3) Protection, inclusion and community accountability: integrate PGI, safeguarding and CEA throughout targeting, service delivery and monitoring to ensure assistance remains safe, accessible, dignified and responsive.



(4) Transition from repeated emergency assistance: recognize water trucking as a temporary measure and regularly review continued need while assessing opportunities to restore or improve more sustainable community water access.

(5) Adaptive management and recovery planning: assess water-source sustainability, household storage, public-health risks, market functionality, livelihood impacts and other recovery requirements; significant activities beyond the approved scope will be proposed through an Operations Update where justified.

SECTOR-SPECIFIC APPROACH

Health:

PMI volunteers and health teams will integrate drought-related health-risk communication into WASH and community activities, including prevention and early recognition of dehydration and heat-related illness; safe-water and hygiene practices; prevention of skin and water-washed diseases; health protection where dust or deteriorating air quality is documented; identification of warning signs; basic first aid; and appropriate care-seeking and referral.

Up to 500,000 medical masks may be procured and distributed to higher-risk people in selected drought-affected locations only where deteriorating air quality, exposure and a gap in existing protective assistance are documented. Final quantities and geographical allocation will be adjusted according to verified need.

Up to 20 oxygen concentrators may be provided to selected eligible PMI health facilities only where pre-deployment verification demonstrates an expected caseload or service need, an existing oxygen-supply gap, trained personnel, reliable electricity, appropriate monitoring and clinical procedures, maintenance and asset-management arrangements, a functional referral pathway and coordination with local health authorities. Units will not be deployed to facilities that do not meet these conditions. The concentrators are intended as limited emergency stabilization and referral support, not as a general response to haze or a substitute for advanced clinical care.

Replenishment of essential health and protective supplies may be undertaken based on verified consumption, operational needs and identified stock gaps to ensure continuity of health-risk reduction activities and avoid duplication with existing resources.

WASH:

PMI will continue emergency safe-water distribution in verified high-severity and underserved locations where household or community water sources are insufficient and existing government, utility or partner assistance does not adequately meet identified needs. Delivery plans will be based on mapped needs, source capacity, distance, required frequency, target population and other actors' coverage. Water will come from sources agreed with relevant authorities or water utilities, be tested or otherwise verified, and be chlorinated where required.

The operation will support up to 60,000,000 litres of safe water distribution as an operational planning ceiling, subject to verified need, source availability, delivery capacity, distance and local operating requirements. Repeated deliveries will be recorded through water volume, frequency and service contacts while unique people are counted once.

Where storage gaps are verified, PMI will support appropriate communal or household safe-water storage, with attention to accessibility, safety, drainage, maintenance, refill arrangements and post-operation management. Water services will be accompanied by practical promotion of safe-water handling and storage, container cleaning, essential hygiene, water conservation and prevention of drought-related WASH and health risks.

Emergency water trucking will be treated as a temporary humanitarian measure. Continued need will be reviewed against recovery of local water sources, availability of safe alternatives, government/utility coverage and community feedback. The operation will assess technically feasible opportunities to restore or improve wells, pumps, pipelines, storage or other community water systems. Any rehabilitation or recovery measure will only proceed where needs, technical feasibility, responsibilities and costs are sufficiently established; material additional activities will be proposed through an Operations Update where required.

Targeting Strategy

Who will be targeted through this operation?

The operation will target up to 200,000 unique people affected by prolonged drought and water scarcity in priority locations within a wider monitoring and planning scope of 20 provinces identified through secondary data Assessment. Initial DREF-supported



implementation will be concentrated where humanitarian needs and residual response gaps are sufficiently evidenced. The overall target is a planning ceiling rather than a commitment to distribute assistance equally across all 20 provinces.

Priority will be given to rural, remote and underserved communities experiencing severe water shortages, limited access to safe alternative water sources and continued dependence on emergency water assistance. The targeted population may include people who have already received initial assistance from PMI but continue to require support as drought conditions persist.

Sectoral targets may overlap and will not be added together. People receiving assistance from more than one sector will be counted once toward the overall unique reach. Repeated water deliveries will be recorded as service contacts and liters delivered rather than additional beneficiaries.

Within these communities, particular attention will be given to 1 households and people facing greater barriers to accessing or safely storing water, including children, older persons, pregnant and breastfeeding women, persons with disabilities, people with chronic health conditions, female-headed households, and households with limited transport or water-storage capacity.

Sectoral targets may overlap and will not be added together. People receiving assistance through more than one sector will be counted once toward the overall unique reach. Repeated water deliveries to the same household will be recorded as service contacts and litres delivered, not as additional beneficiaries.

For WASH assistance, priority will be given to people who are unable to meet essential water needs adequately because of reduced availability, accessibility, affordability or safety of water. Assistance will be coordinated with BPBD, local governments, water utilities, village authorities and other actors to identify residual gaps and avoid duplication.

Targeting will be dynamic and reviewed throughout implementation using updated PMI operational data, 4W/service mapping, community feedback, water-source conditions, government and partner coverage, and post-distribution monitoring. Communities may therefore be added, reduced or phased out as water availability and humanitarian needs change. The operation will complement, rather than replace, government and other actors' ongoing drought response.

Explain the selection criteria for the targeted population

Geographical and household targeting will follow a phased and evidence-based approach. DREF resources will be prioritized where several of the following conditions are present: household or community wells, springs, reservoirs or other primary sources have dried up or significantly declined; communities have limited or no safe alternative source within a reasonable distance; there is recurrent dependence on emergency delivery; existing assistance from government, water utilities, PMI or other actors is insufficient; households cannot regularly purchase water; the location is rural, remote or underserved; and vulnerable household members face higher water or health risks.

Verification will combine PMI operational and branch data, government and BPBD information, village lists, water-utility information, observation of water sources, household or sample visits, community consultation, assistance mapping and community feedback. Targeting will remain dynamic and may be adjusted as water availability, rainfall, government/partner coverage and humanitarian needs change.

Priority will be given to locations that meet several of the following criteria:

- Household or community wells, springs, reservoirs or other primary water sources have dried up or significantly declined.
- Communities have limited or no access to a safe alternative water source within a reasonable distance.
- Existing assistance from government authorities, water utilities, PMI or other actors is insufficient to meet identified needs.
- The location is rural, remote, underserved or otherwise faces barriers to reliable water access.
- There is a high concentration of households facing socioeconomic, health, protection or mobility-related vulnerabilities.
- Community requests, PMI branch reports and operational data indicate recurrent or unresolved needs.
- PMI has sufficient operational access and capacity to deliver, monitor and account for assistance safely and effectively.
- The proposed assistance does not duplicate support already financed by government, the American Red Cross, the Australian Red Cross or other partners.

At the household and community level, PMI will prioritize people with the most limited access to safe water and the lowest coping capacity. This will include low-income households, female-headed households, households with children under 18, older persons living alone or without adequate support, pregnant and lactating women, persons with disabilities, people with chronic or respiratory health conditions, and households without adequate transportation or water-storage capacity.

For household water-storage assistance, priority will be given to households that do not have suitable containers to safely collect and



store water between scheduled distributions. Additional consideration will be given to households located far from distribution points, households with limited financial or transportation capacity, and households including older persons, persons with disabilities, pregnant or lactating women, or other members who face barriers in collecting and storing water.

For medical-mask distribution, priority will be given to communities experiencing significant haze exposure in Jambi, West Kalimantan, Central Kalimantan, South Kalimantan, East Kalimantan, and North Kalimantan. Within these communities, priority will be given to children, older persons, pregnant and lactating women, outdoor workers, and people with pre-existing respiratory conditions.

Oxygen concentrators will be allocated to PMI health services in Jambi, West Kalimantan, Central Kalimantan, East Kalimantan, and Papua based on assessed haze-related health risks, operational need, availability of trained health personnel, the capacity to operate and maintain the equipment, and coordination with local health authorities and referral facilities.

PMI will verify priority locations and population groups through consultation with affected communities, village authorities, local government agencies, health services, water utilities, and PMI branches. Detailed assessments will be conducted in 15 priority districts and municipalities across five provinces. Three districts or municipalities in each province will be selected jointly with the relevant PMI Provincial Branch based on secondary data, severity of needs, response gaps, vulnerability, and operational feasibility.

Targeting decisions will be documented and reviewed through operational monitoring and community-feedback mechanisms. Adjustments will be made where necessary to ensure that assistance remains relevant, inclusive, transparent, and responsive to changing humanitarian needs.

Total Targeted Population

Women	69,000	Rural	85%
Girls (under 18)	32,400	Urban	15%
Men	66,000	People with disabilities (estimated)	15%
Boys (under 18)	32,600		
Total targeted population	200,000		

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
Drought conditions may persist longer or become more severe than anticipated, increasing humanitarian needs beyond the planned timeframe, geographical coverage, and available operational resources.	PMI will continuously monitor drought conditions and operational needs in coordination with BMKG, BNPB, BPBD, local governments, water utilities, and PMI branches. Locations and resources will be regularly reprioritized. If needs exceed the initial assumptions, PMI will mobilize additional resources and revise the operation through an Operation Update.
Vehicle breakdowns, fuel shortages, procurement delays, difficult road access, or the limited availability of water tanker trucks and pick-up vehicles may reduce the continuity and coverage of water distribution.	PMI will use a combination of water tanker trucks and pick-up vehicles equipped with water tanks, optimize deployment and distribution routes, coordinate preventive maintenance, and maintain access to alternative vehicles and suppliers where possible. Procurement and logistics progress will be monitored by PMI National Headquarters and the relevant Provincial Branches.
Extreme heat, smoke exposure, forest and land fires, poor road conditions, and long operational hours may create health and safety risks for staff, volunteers, drivers, and affected communities.	PMI will apply operational safety procedures, provide appropriate personal protective equipment, conduct safety briefings, adjust working hours and routes, monitor air quality and field conditions, and suspend or relocate activities when conditions are unsafe. Staff or volunteers experiencing health problems will be referred to appropriate health services.
Safety and security risks to staff and volunteers during field operations, including exposure to natural hazards, road traffic accidents, crime, demonstrations and localized communal tensions.	The listed provinces are generally accessible with low to moderate security risk. The principal threats are natural hazards (earthquakes, volcanic activity, flooding, landslides, forest fires, extreme weather), followed by road traffic accidents, petty crime, demonstrations in major urban centers, and localized communal tensions. The National Society's security framework will apply to all its staff and volunteers. The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Level 1-3. Insurance of volunteers involved in the operation should be ensured.
The listed provinces are generally accessible with low to moderate security risk. The principal threats are natural hazards (earthquakes, volcanic activity, flooding, landslides, forest fires, extreme weather), followed by road traffic accidents, petty crime, demonstrations in major urban centers, and localized communal tensions.	PMI and IFRC will apply their respective security frameworks and conduct area-specific security risk assessments before activities and field movements. Teams will monitor natural hazards, weather, road conditions, demonstrations and local security developments, and adjust travel and activities accordingly. Staff and volunteers will receive appropriate security briefings, follow movement and communication procedures, use safe transport arrangements, and maintain regular contact with operational focal points. IFRC personnel will comply with applicable IFRC security requirements, including Stay Safe training, while PMI personnel and volunteers will follow PMI security procedures and be covered by appropriate volunteer insurance. Activities will be suspended or relocated where risks cannot be adequately mitigated.



Please indicate any security and safety concerns for this operation:

No major security threats specifically related to the drought operation have been identified at this stage. However, operational teams may face road-safety risks, long travel distances, difficult access to remote communities, extreme heat, smoke exposure, reduced visibility in haze-affected areas, forest and land fires, crowding at water-distribution points, and fatigue associated with extended working hours.

PMI will monitor security and safety conditions through its national, provincial, and district structures and coordinate with local authorities before deployment. Personnel and volunteers will receive safety briefings, use appropriate protective equipment, follow vehicle and road-safety procedures, maintain communication with their respective operations centres, and adjust, suspend, or relocate activities when conditions are considered unsafe. Any incident will be reported through established PMI safety and operational-management procedures.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Budget: CHF 74,043

Targeted Persons: 100,000

Indicators

Title	Target
# of people reached with integrated drought-related health-risk communication and preventive support	100,000
# of medical masks distributed to people at higher health risk in locations experiencing poor air quality	500,000
# of oxygen concentrators provided to selected PMI health services based on assessed needs	20
# of PMI Provincial Branches supported with oxygen concentrators	5
% of receiving PMI health facilities meeting the agreed safe-deployment criteria before installation/use	100

Priority Actions

- Provide integrated health-risk communication on dehydration, heat-related illness, safe water and hygiene practices, respiratory-health protection, correct mask use and disposal, and appropriate health-seeking and referral during prolonged dry conditions.
- Procure and distribute up to 500,000 medical masks to approximately 100,000 people in selected drought-affected locations experiencing deteriorating air quality, based on verified public-health needs and available air-quality information.
- Prioritize people at higher health risk, including children, older persons, pregnant and lactating women, outdoor workers, and people with pre-existing respiratory conditions.
- Procure and provide up to 20 oxygen concentrators to selected PMI health services based on assessed respiratory-health needs, operational requirements, availability of trained personnel, and capacity to safely operate and maintain the equipment.



- Ensure the use of oxygen concentrators is coordinated with relevant health authorities and referral facilities and complements existing public-health services. The equipment will support appropriate initial care and referral within PMI's health-service capacity.
- Ensure receiving PMI branches are responsible for appropriate use, maintenance, inventory control and longer-term asset management of the equipment.
- Coordinate health activities with government health authorities and other partners and adjust geographical targeting based on verified needs, existing assistance and evolving drought-related health risks.



Water, Sanitation And Hygiene

Budget: CHF 251,245

Targeted Persons: 200,000

Indicators

Title	Target
# of people reached with emergency safe-water services	200,000
Litres of safe water distributed through water tankers and pick-up vehicles	60,000,000
Litres of safe water produced at PMI water-production sites	2,160,000
# of people participating in structured and interactive hygiene-promotion and water-conservation sessions	45,000
# of water tanker trucks and pick-up vehicles supported	100
# of water-production sites supported	3
% of surveyed assisted households reporting sufficient/appropriate access to safe water or safe household water storage during the assistance period	80

Priority Actions

- Provide emergency safe water to priority communities where water shortages and response gaps are verified.
- Develop district-level water-distribution plans identifying targeted communities, estimated population, available water sources, planned distribution frequency, vehicle requirements and complementary government/partner coverage.
- Use water tankers and appropriately equipped vehicles according to actual operational requirements rather than applying an equal allocation across provinces.
- Source water from verified supplies in coordination with PDAM, BPBD, local authorities and communities.
- Conduct water-quality monitoring throughout sourcing, production, transportation and distribution, and apply appropriate treatment/chlorination where required.
- Operate PMI water-production equipment where this provides an efficient and technically appropriate complement or alternative to water trucking.
- Provide essential messages on safe-water collection, transportation, storage and use; hygiene; water conservation; dehydration and heat-related illness; and prevention of skin and water-washed diseases.
- Conduct structured hygiene-promotion activities in priority locations.
- Provide safe household water-storage containers to 500 vulnerable households identified as lacking adequate storage capacity.
- Monitor community feedback and adjust distribution locations, schedules and service arrangements accordingly.
- Assess wells, pumps, pipelines, storage and other community water systems and identify technically feasible opportunities for minor rehabilitation or restoration that can reduce repeated dependence on water trucking.
- Reduce or discontinue emergency water distribution when adequate safe-water access is restored or can be sustainably provided through government, community or other systems.



Protection, Gender And Inclusion

Budget: CHF 4,047

Targeted Persons: 200,000

Indicators

Title	Target
# of people reached through protection-sensitive and inclusive assistance	200,000
# of PGI team mobilizations conducted	1
# of PGI and safeguarding orientation sessions conducted	1
# of Child Safeguarding Risk Analyses completed for the operation	1

Priority Actions

- Mobilize a PGI team to support the integration of protection, gender, disability inclusion, safeguarding, and the Do No Harm approach throughout the operation.
 - Conduct an orientation on PGI and safeguarding for relevant staff and volunteers involved in the operation.
- Complete and regularly review the Child Safeguarding Risk Analysis for the operation and implement the identified risk-mitigation measures.
- Integrate vulnerability-based targeting and the Dignity, Access, Participation and Safety principles into assessment, water distribution, household water-storage assistance, mask distribution, health support, monitoring, and community engagement.
 - Promote equitable access to assistance for women and girls, children, older persons, pregnant and lactating women, persons with disabilities, female-headed households, low-income households, and people with pre-existing health conditions.
 - Encourage PMI branches to deploy mixed-gender teams and involve female volunteers in assessments, hygiene promotion, distributions, consultations, and feedback mechanisms.
 - Monitor the accessibility, safety, privacy, and dignity of water-distribution points and other operational activities and recommend adjustments where barriers or risks are identified.
 - Brief staff and volunteers on safeguarding, Prevention of Sexual Exploitation and Abuse, child protection, respectful communication, and appropriate referral pathways.
 - Ensure that personal information and images of affected people are collected, stored, and used safely and with appropriate consent.



Community Engagement And Accountability

Budget: CHF 1,598

Targeted Persons: 200,000

Indicators

Title	Target
# of CEA focal-point training or orientation sessions conducted	1
# of community feedback channels used during the operation	4
% of targeted operational locations with access to a feedback mechanism	100



of people receiving timely information through operational activities

200,000

Priority Actions

- Conduct training or orientation for CEA focal points supporting the drought operation.
- Provide affected communities with timely and practical information on assistance criteria, water-distribution locations and schedules, household water-storage assistance, mask distribution, available health support, and changes to operational arrangements.
- Disseminate information on safe-water use, personal and household hygiene, water conservation, prevention of skin diseases and other water-washed diseases associated with water scarcity, dehydration and heat-related illness, haze exposure, correct mask use and disposal, and available feedback channels.
- Maintain accessible community feedback and complaints channels through PMI operations centres, volunteers at service points, WhatsApp, village governments, and community representatives.
- Record, refer, review, and respond to community questions, requests, complaints, protection concerns, and reports of unmet needs through the appropriate operational teams.
- Use community feedback to adjust targeting, water-distribution routes and schedules, communication materials, service arrangements, and resource allocation.
- Clearly communicate the role of PMI, the scope and limitations of assistance, and the complementary role of government and other actors to manage expectations and reduce the risk of misunderstanding or tension.
- Provide information in locally appropriate language and formats, considering the needs of older persons, persons with disabilities, people with low literacy, and communities in remote locations.
- Coordinate community communication with local governments, village authorities, health services, water utilities, and other response actors to ensure consistent information and prevent duplication.



Secretariat Services

Budget: CHF 61,885

Targeted Persons: 0

Indicators

Title	Target
# of technical/monitoring visit conducted	6
# of Surge deployed	4

Priority Actions

- Provide operational coordination and management support.
- Provide technical support, including logistics and procurement.
- Deploy required surge/technical support (emergency WASH).
- Conduct monitoring and quality-assurance visits/missions.



National Society Strengthening

Budget: CHF 88,316

Targeted Persons: 0



Indicators

Title	Target
# of provinces covered by detailed assessments	5
# of districts/municipalities covered by detailed assessments	15
# of provinces receiving monitoring and operational accompaniment	5
# of temporary operation-support personnel mobilized	4
# of volunteers covered by accident insurance	500
# of post-distribution monitoring exercises conducted	1
# of lessons-learned workshops conducted	1

Priority Actions

- Conduct targeted operational assessments in priority locations to validate water-access needs, response gaps, public-health risks, household storage, market functionality, community water-system conditions and transition/recovery options.
- Use assessment findings to refine rather than delay immediate assistance in locations where needs are already demonstrated.
- Maintain beneficiary and service data that clearly distinguish unique people reached from repeated service contacts.
- Strengthen coordination and information flow between PMI National Headquarters and Provincial and District/City Branches.
- Conduct monitoring and operational-accompaniment visits to verify service quality, beneficiary data, water quantities and quality, procurement, financial documentation, PGI, CEA and safeguarding.
- Conduct post-distribution monitoring focusing on relevance, timeliness, quality, safety, accessibility and community satisfaction.
- Support operation-specific information management, financial management and reporting.
- Provide accident insurance for eligible volunteers involved in DREF-supported activities.
- Conduct an end-of-operation lessons-learned process focusing on drought targeting, emergency water delivery, transition from water trucking, integrated WASH-health programming and community accountability.

About Support Services

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

PMI operational records show a large rotating pool of staff and volunteers involved in the wider drought response. Under the DREF, PMI will designate operation-management and technical personnel required for coordination, information management, WASH technical support, monitoring, financial documentation and reporting. DREF-supported personnel costs will be limited to costs directly attributable to the operation and will not duplicate salaries or personnel costs financed through other sources.

The final positions, responsibilities, level of effort and duration will be confirmed in accordance with DREF and financial requirements. Personnel supporting water distribution, hygiene promotion, assessment and monitoring may perform more than one function and will not be added together as separate individual totals.

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's response teams are primarily mobilized through Provincial and District Branches, which helps ensure that volunteers understand the local language, culture, social norms, and geographical context of the communities they support. The operation also involves volunteers of different ages and backgrounds, including community-based volunteers who have established relationships and trust with local residents.

However, the gender composition of teams may not be consistent across all operational locations. Water trucking, driving, logistics, and physically demanding field roles may have a higher proportion of male personnel. This may limit the ability of some women and girls, including female-headed households and pregnant or lactating women, to communicate their needs or raise sensitive concerns comfortably. Representation of persons with disabilities and personnel with specific disability-inclusion expertise may also be limited.

PMI will encourage Provincial and District Branches to deploy mixed-gender teams and ensure the participation of female volunteers in assessments, community consultations, hygiene promotion, distribution activities, and feedback and complaints mechanisms. Local volunteers who speak the relevant language and understand the community's cultural context will be prioritized. Where appropriate, PMI will consult women's groups, community leaders, organizations of persons with disabilities, health workers, and representatives of other at-risk groups.

PMI will monitor the composition of deployed personnel by sex, age, role, and location where feasible. Operational teams will receive briefings on PGI, safeguarding, respectful communication, disability inclusion, and referral pathways. Team composition and engagement arrangements will be adjusted when identified gaps could affect safe, dignified, and equitable access to assistance.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

The operation includes provision for IFRC surge support to complement PMI and IFRC country-level technical capacity where required. One surge deployment is anticipated, with the final profile confirmed based on operational needs following the initial assessment and implementation review.

The operation includes provision for one IFRC Emergency WASH surge deployment for up to two months to complement PMI and IFRC country-level technical capacity. The deployment will support technical quality assurance, water-supply planning, water-quality monitoring and treatment, implementation monitoring, assessment analysis, coordination and transition/early-recovery planning. The final timing and deployment arrangements will be confirmed based on operational needs and identified technical gaps.

If evolving needs indicate that health risks require additional technical support, a health profile may be considered instead or mobilized through available regional technical support, subject to operational needs and budget availability.

The surge delegate will work with PMI technical teams and IFRC CCD to support technical quality, operational planning, monitoring, capacity strengthening and handover. Surge support will complement, rather than replace, PMI's existing technical capacity.

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

Procurement will be undertaken through a combination of PMI and IFRC procurement mechanisms. PMI will primarily manage local procurement and contracting in accordance with PMI procurement procedures and applicable DREF requirements. This will include locally available goods and services such as water purchases, fuel, vehicle support, operational supplies, printing, meeting services, transportation, and other locally sourced requirements.

IFRC may support the procurement of selected specialized, high-value, or internationally sourced items, particularly where technical specifications, supplier availability, quality assurance, value for money, or procurement capacity make IFRC procurement more appropriate. The proposed division of responsibilities, including the procurement of medical masks and oxygen concentrators, will be confirmed through a joint procurement plan between PMI and IFRC before procurement begins.

All procurement will follow the agreed authorization, documentation, competitive sourcing, quality-assurance, asset-management, and



financial-reporting requirements. Procurement records will be maintained separately from goods and services financed by the American Red Cross, Australian Red Cross, government authorities, or other partners to prevent duplication.

How will this operation be monitored?

The operation will be monitored through PMI's national, provincial, and district structures, supported by the PMI Emergency Operations Centre and operational dashboard. Provincial and District Branches will submit regular activity reports covering locations reached, people assisted, litres of water distributed and produced, number of trips, vehicles deployed, hygiene-promotion activities, masks distributed, health equipment deployed, personnel mobilized, operational constraints, expenditure progress, and community feedback.

PMI will conduct detailed assessments in 15 priority districts and municipalities across 5 provinces to validate needs and refine geographical and population targeting. National Headquarters and Provincial Branches will also conduct monitoring and operational-accompaniment visits in selected provinces to verify service quality, beneficiary data, water-distribution records, water quality, procurement and logistics arrangements, financial documentation, PGI and safeguarding measures, and compliance with operational procedures.

Monitoring will include beneficiary verification, water-quality testing, field observation, activity tracking, financial monitoring, community-feedback reviews, and post-distribution monitoring. Data will be disaggregated by sex, age, and disability where feasible. Findings will be reviewed during regular operational coordination meetings and used to adjust locations, distribution schedules, resource allocation, communication messages, and implementation arrangements.

PMI will maintain separate financial and activity tracking for DREF and other funding sources. A final evaluation and lessons-learned workshop will be conducted before the end of the operation to document results, challenges, good practices, and recommendations for future drought responses.

Please briefly explain the National Societies communication strategy for this operation

PMI's communication strategy will support operational coordination, public information, community risk communication, humanitarian advocacy, accountability, and the visibility of the response. Operational information will be collected through PMI District and Provincial Branches, consolidated by the PMI Emergency Operations Centre, and shared internally with PMI leadership, technical divisions, IFRC, Movement partners, and relevant government authorities.

PMI will provide affected communities with timely and practical information on water-distribution locations and schedules, available services, targeting criteria, safe-water use, hygiene practices, water conservation, dehydration and heat-related illness, haze exposure, correct mask use and disposal, and available feedback channels. Communication will be delivered through PMI volunteers at distribution points, PMI operations centres, WhatsApp channels, village governments, community representatives, and other locally appropriate channels.

Public updates may be shared through PMI's official website, social-media platforms, press releases, operational dashboards, photographs, videos, and engagement with national and local media. Information will be verified before publication, and communication materials will follow the Fundamental Principles, protect personal data, avoid exposing affected people to harm, and use informed consent and dignified representation.

Community questions, requests, concerns, and misinformation will be monitored through PMI operations centres, volunteers, WhatsApp, and coordination with village authorities. Feedback will be referred to the relevant operational team and used to improve targeting, service delivery, and communication throughout the response. IFRC and partner visibility requirements will be applied in accordance with the agreed communications and branding guidance.



Budget Overview



DREF OPERATION

Code - Country National Society
Operation Name

Operating Budget

Planned Operations	330,932
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	74,043
Water, Sanitation & Hygiene	251,245
Protection, Gender and Inclusion	4,047
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	1,598
Environmental Sustainability	0
Enabling Approaches	150,201
Coordination and Partnerships	0
Secretariat Services	61,885
National Society Strengthening	88,316

TOTAL BUDGET	481,133
--------------	---------

all amounts in Swiss Francs (CHF)



Contact Information

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

National Society contact: Areis Indrawan, Head of Emergency Response, areis_indrawan@pmi.or.id, +628111182852

IFRC Appeal Manager:

Kathryn Clarkson, Head of Country Cluster Delegation and Representative to ASEAN, kathryn.clarkson@ifrc.org, +6261113210121

IFRC Project Manager: teuku khairil azmi, DRM Coordinator, tkhairil.azmi@ifrc.org, +628126991332

IFRC focal point for the emergency: teuku khairil azmi, DRM Coordinator, tkhairil.azmi@ifrc.org, 08126991332

Media Contact: Aulia Ariani, Head of Publication & Documentation, aulia_arriani@pmi.or.id, +62816795379

National Societies' Integrity Focal Point:

Deasy Sujatiningrani, Head of Internal Control Risk Management, deasy_sujatiningrani@pmi.or.id, +628121076194

[Click here for the reference](#)

