



The Asia Foundation

The Aceh Rehabilitation and Reconstruction Appraisal (ARRA) Complete Findings Report

Phase 1: Health and Education Services, Housing, Distribution
of Survival Allowances, Restoration of Ownership Documents,
and Economic Recovery

*The first report of a 16-month assessment designed to accelerate
and guide the revitalization of Post-Tsunami Aceh, Indonesia*

Funded by

The Asia Foundation

The Royal Netherlands Embassy in
Indonesia

Executive Summary

The Aceh Rehabilitation and Reconstruction Appraisal (ARRA) program is aimed at giving an up-to-date picture of the current status of the rehabilitation and reconstruction process in Aceh. The views gathered in the ARRA process were collected both from victims and from the service providers, both governmental and non-governmental and both national and international.

ARRA's findings are intended to provide a reference regarding both those matters that are going well and those matters that still require improvement in the rehabilitation and reconstruction in Aceh. It is hoped that the results of this rapid monitoring appraisal will serve as useful input for governmental and non-governmental organizations in taking concrete steps to accelerate and support the effective implementation of the rehabilitation and reconstruction process.

ARRA was conducted in five regencies/cities in Aceh. The research was conducted by a team from the Law Faculty of Syiah Kuala University in Banda Aceh and Aceh Besar; by Yayasan Pengembangan Kawasan (YPK, Regional Development Foundation) in Aceh Barat; by Mitra Sejati Perempuan Indonesia (MISPI, True Partner of Indonesian Women) in Bireuen; and by the Social and Political Science Faculty of Malikul Saleh University in Aceh Utara. The study involved discussions and interviews with 996 respondents, 75% of whom were tsunami victims, with the others coming from government, legislatures, and local, national, and international non-governmental organizations. The ARRA team designed and executed this program in cooperation with The Asia Foundation and with support from Give2Asia and the Royal Netherlands Embassy.

The first round of ARRA was conducted around six to eight months after the disaster. The specific areas of attention this time were performance in providing health and education services, housing, distribution of survival allowances, restoration of ownership documents, and economic recovery.

In general, the rehabilitation and reconstruction process is now well underway, though it still faces many problems, particularly in the areas of housing and economic recovery. The main problem encountered in all regions is coordination. These problems with coordination have ultimately given rise to the impression that certain service providers have allocated certain areas to themselves. With regard to housing, victims are questioning the lack of standards to be used as benchmarks for the service providers' performance. In addition, ARRA's findings indicate that many of the services that are provided do not take into consideration the most vulnerable groups, such as women, children, and the disabled. Many service providers have not provided space for community involvement, whether in planning, implementation, or monitoring and evaluation of the services being provided.

As well as presenting the various problems faced in the process of Aceh's recovery, the ARRA team also aimed to portray the best practices that were found in a number of places, in the hope that these good examples can be replicated in other regions. Each finding ends with several recommendations, which are meant to serve as a reference for the service providers.

Among the main findings from the first ARRA round are the following:

- In the housing and clean water sector, there is too wide a variety of styles and types of housing, ranging from 27 to 70 square meters, such that the community does not know the minimum standards set by the Badan Rehabilitasi dan Rekonstruksi, Agency for Rehabilitation and Reconstruction (BRR) for housing construction. As a consequence, the community cannot evaluate the performance of the service providers, in this case the organizations that are building the houses, from both within and outside the country. ARRA recommends that the BRR

disseminate information on the minimum standards that must be met in house construction.

- Also related to housing, the treatment of construction workers deserves greater attention. These workers often do not receive adequate protection. Unavailability of building materials, which is not the workers' responsibility, often means that they cannot work and therefore do not get paid. Since many of them have come from various places to earn a living, such treatment is unacceptable. There are indications that the organizations providing the housing are failing to exercise effective control over the many contractors involved in the construction process. ARRA recommends that the BRR and the government ensure that housing providers comply with housing quality standards and treat their workers fairly.
- In the health sector, evacuees who are being accommodated in camps have complained about the closing of several satellite health centers effective 1 September, as these satellite posts were very helpful in meeting their health care needs. ARRA recommends that the existence of the satellite health centers be maintained until all evacuees have been resettled from camps to the permanent housing that is intended for them.
- In the education sector, many camps are located quite far from schools, and as a result many children have been forced to quit school because of the lack of fast and affordable transport. The ARRA team heard, time and again, requests from victim families for free transportation for children between their camps and their schools.
- With regard to distribution of survival allowances, as of the time the research was conducted most of the disaster victims had only received the allowances three times, and in some places only twice. The two reasons usually offered for this situation are delays in the transfer of funds from the central government, and delays in reporting by the local governments. ARRA recommends that the government establish a mechanism to ensure timely distribution of survival allowances through the application of an accurate victim data system and by requiring that reports on allowance distribution are submitted on time.
- In the replacement of ownership documents, mechanisms are still being used that are inappropriate to the actual post-disaster conditions. Lack of proper facilities and complex requirements often create difficulties for the public in arranging replacement of their lost documents. ARRA recommends that document handling be adapted to post-disaster conditions, in terms of procedures, costs, and time required to provide the documents.
- In the area of economic recovery, many of the economic recovery programs that are being provided simply comprise partial assistance that is not accompanied by appropriate, intensive guidance. For example, capital is provided to start production businesses, but with no information about marketing. ARRA recommends that service providers also provide support in the form of guidance, business capital, and provision of market access for the products that are produced.
- The community itself is the main monitor for the rehabilitation and reconstruction program in Aceh. Therefore, their comments and complaints must be used to evaluate the performance of the service provider organizations – especially by the BRR, as the party responsible for monitoring the performance of both domestic and foreign service providers. So that they can become proper observers, the public needs to have information on what they should be receiving as victims. The mechanisms that have been employed to date seem not to be fully used by either the public or the BRR. In many places, community members say that the comments and complaints that they put into suggestion boxes never receive any follow-up. In other places, the community says that they have never even made any complaints, as they do not know the mechanism to do so. ARRA recommends establishment of a complaint mechanism *with proper follow-up*. Information on this mechanism must be disseminated to the public so that they can use it.

I. INTRODUCTION

The Aceh Rehabilitation and Reconstruction Appraisal (ARRA) provides an overview and assessment of the current status of the rehabilitation and reconstruction process in Nanggroe Aceh Darussalam. It is a monitoring program through which general tendencies and critical constraints can be comprehensively identified and then communicated to the policy makers, institutions, and organizations that are handling the management of the rehabilitation and reconstruction process in Aceh following the earthquake and tsunami in late 2004.

ARRA presents an up-to-date snapshot of the implementation of rehabilitation and reconstruction from the perspectives of the communities receiving the benefit of the services and of the service providers, both the central and local governments and national and international non-governmental organizations. Often, policy debates and decisions are based on anecdotal data. ARRA provides a trustworthy, timely, and objective overview and assessment. It is hoped that the findings produced from this appraisal will serve as useful input in formulating and determining policy, based on the actual situation in the field.

A. ARRA Methodology

ARRA uses a “rapid appraisal” method, building upon the experience of The Asia Foundation in its observation of the decentralization process from 2001 to 2004, better known as *Indonesia Rapid Decentralization Appraisal* (IRDA).

The ARRA program was conducted in five regencies/cities in Aceh: the City of Banda Aceh, Aceh Utara Regency, Bireuen Regency, Aceh Besar Regency, and Aceh Barat Regency. These widely distributed research locations were chosen in the hope of providing a more comprehensive picture of the rehabilitation and reconstruction process in Aceh.

B. Stages in ARRA

Preparation of ARRA’s Research Agenda

The initial stage determined which problems would be discussed in each ARRA through consultation and discussions among the researchers, who are from the regions where they would be performing the research.

Questionnaire Design

The ARRA Team then formulated the guiding questions that would put into operation the themes and conceptual framework of the appraisal. These questions served as the starting point in uncovering the reality in the field.

Guidance to Main Researchers

This activity was conducted to ensure that all the research institutions involved had a shared understanding of the parameters, research agenda, guiding questions, and data collection method.

Data Collection and Analysis

The researchers collected information through a series of interviews and focused discussions involving a wide range of stakeholders in each research region. The results of the findings from these activities were then presented again in workshops to present the findings, which served as a space for verification, validation and clarification of the findings that had been formulated. This process brought together all the parties, including aid recipients and service providers, to produce a “triangulation” process.

Writing the Reports

Each researcher wrote a clear and brief report on the final findings that had been verified, validated and clarified in the data collection activities.

Synthesizing Seminar

This activity was conducted to collectively analyze the data that had been collected and to build a consensus based on the researchers' empirical experiences.

Public Presentations

Public presentations were held in several forms, including through open presentations of the findings and through meetings with the important stakeholders in the regencies, in the province, and in Jakarta.

Synopsis Report

As the final stage of each ARRA process, a synopsis report is prepared. This report provides a summary of the findings at the regency level based on the field reports, the results of the synthesis, and the public presentations. This Synopsis Report will be distributed to the important stakeholders and to the mass media.

C. Respondents

In the initial research phase of the first ARRA, the research teams in each region conducted interviews and focused discussions with the stakeholders. Most of the respondents were from the victim community, living both in and outside the refugee camps. Gender balance was another consideration in the selection of informants.

The numbers and backgrounds of the informants are as follows:

Table 1. Respondents in ARRA I

Regency	Respondents					Total
	Disaster victims	Local government	Legislature	International Organizations	Local/ National Organizations	
Aceh Utara	182	22	3	4	18	229
Aceh Barat	186	19	4	16	17	242
Aceh Besar	178	18	4	8	18	226
Banda Aceh	138	18	8	15	22	201
Bireuen	62	20	3	4	9	98
Total	746	97	22	47	84	996

Table 2. Respondents in ARRA I by Gender

Regency	Respondents		
	Male	Female	Total
Aceh Utara	145	84	229
Aceh Barat	146	97	242
Aceh Besar	146	80	226
Banda Aceh	122	79	201
Bireuen	55	43	98
Total	614	383	996

D. Scope of ARRA I

This first ARRA focused on observation of several services seen as being of basic importance to the tsunami disaster victims: *Health, Education, Housing and Clean Water, Survival Allotments, Ownership Documents, and Economic Recovery.*

Each of these services was examined in terms of availability, accessibility, equitability and involvement.

Information gathering on availability focused on exactly what services are provided, how these services are delivered, and how the public learns about the existence of these services.

Information gathering on accessibility focused on how the public accesses, or does not access, the services provided by the service providers. The locations of the service providers and fees charged to obtain services were the focus of attention in this aspect.

Information gathering on equitability and involvement was geared mostly to whether there is discrimination or favoritism in providing services, and the extent to which the community is involved in the entire service process.

Other matters observed in ARRA I included information dissemination and planning, execution of duties and functions, coordination among parties, and supervision of the rehabilitation and reconstruction process that is underway.

II. CONDITIONS OF SERVICES TO VICTIMS

A. HOUSING AND CLEAN WATER SERVICES

Availability of housing and clean water services

The forms of housing services provided by the service providers consist of temporary accommodation and permanent accommodation. The temporary accommodation consists of tents and barracks to be used for a maximum of two years, and temporary houses. The permanent accommodation consists of semi-permanent houses and permanent houses.

The tents provided by the service providers consist of tents erected in refugees' places of origin and tents erected in refugee locations. Tents in both types of locations consist of two types, single or multiple (like military tents). The temporary houses consist of wooden houses (which can later be expanded into permanent accommodation) and knock-down houses.

The condition of the tents set up in places of origin tends not to provide a sense of security to the occupants; security conditions in semi-permanent houses are far more guaranteed. Almost no personal space is to be found in refugee tents or barracks. However, the refugee tents and barracks generally do provide public space facilities for women and children.

Many refugees choose to live in single tents (at their places of origin) in order to be closer to their places of business and to protect their property (land). Others choose to live in single tents due to conflicts between old and new residents in the barracks.

There is considerable variation in the form and quality of permanent accommodation, because of the variety of organizations providing aid and services. The community does not know the minimum standards of the facilities that the housing service providers should be providing in the permanent accommodation. This makes it difficult for the community to evaluate whether the organizations building the houses are performing properly or not.

Most of the houses being built are type 36 (36 square meters), as per the type recommended by the BRR. But there is still a great variety in the types of houses being planned and built, from 27, 36, 42, and 45 to 70. For example, type 42 houses are being built in Puuk Village, Samudra District, Samalanga, with funding assistance from TDH of the Netherlands. Type 45 houses are being built by CRS in several places in Aceh Barat, and type 27 houses are being built for widowers in Lhoknga District, Aceh Besar by Lafarge. Type 70 houses are also being built by Lafarge and Rumoh Aceh in Lhoknga.

To date, most of the construction of permanent accommodation is being done by various international organizations, with the actual construction carried out by contractors, the organizations themselves, other organizations, and/or the victim communities. In general, the service providers are not transparent about the funds designated for construction of temporary and permanent accommodation. In addition, there are also frequent deviations in the construction that is done, such as has occurred in Muara Batu, Aceh Utara Regency.

Most of the housing construction is in accordance with the desires of the community and the promises made by the service providers. However, in several places there has been inconsistency between the promise and the realization. Examples include the houses built in Simpang Rima, Peukan Bada District, Aceh Besar Regency by an organization from South Africa; by Mercy Malaysia in Leupung; and houses through the assistance of Indosiar in Krueng Mane, Muara Batu, Aceh Utara Regency. In Kuta Padang Subdistrict, Johan Pahlawan District, Aceh Barat Regency houses were actually rejected by the community.

The construction of permanent accommodation fails to consider issues of environmental sanitation, which is not included as an integral part of the house construction activity, such as provision of adequate sewage drains or septic tanks. In many cases, even when the planning has taken these sanitation issues into consideration, this aspect is neglected or deferred when the house construction is actually done. An example is the house construction in Peunayong, Banda Aceh by Selasih.

There is an impression that certain parties are allocating to themselves certain locations for housing construction. The community feels that this is one reason why other organizations are then reluctant to provide assistance in locations that have been identified by these first organizations as “their” work areas. Recorded cases include PKS in several locations in the City of Banda Aceh and World Vision in several locations in Aceh Barat. However, actual construction has not yet been realized by these two organizations.

In general, sufficient personnel are available to provide housing and clean water services. However, the clean water that is available is only enough for drinking water needs; availability of water for bathing and washing needs remains limited.

In general, there are problems with supplies of building materials, particularly wood. Furthermore, construction workers often complain about the quality of the bricks that are used; for example, in Aceh Besar, many of the bricks provided are not actually suitable for use, but they have been delivered to the housing construction locations.

ARRA also noted low levels of coordination between aid providers and government agencies, particularly with Kimpraswil and Bappeda, in the provision of housing.

Accessibility of housing and clean water services

Since the emergency response stage, the government has stated that the selection of locations for temporary accommodation is based on availability of land, security, and ease for refugees in getting to their places of business. However, several relocation venues have been abandoned by their residents because they were too far from their places of business. There are many examples of this situation; one is the Reuleut Barracks in Aceh Utara.

Tsunami victims who intend to build permanent houses but do not own land must spend their own money to buy land. In Aceh Barat, several villages have coordinated the implementation of such construction; payment for the land is made to the landowner in installments, with a guarantee from the village or with the house to be built used as collateral.

Housing committees or *gampong* (village) officials serve as the media for service providers to deliver information to the community.

Construction of houses and barracks generally depends on availability of land and funds, while construction of clean water facilities usually depends on ease of supply.

Equitability in housing and clean water services

In many places, the community determines for itself who will be prioritized to receive assistance first. To maintain a sense of fairness in the provision of housing, the community uses many methods, such as the *julo-julo* (lottery) system used in Aceh Utara.

However, there are also indications of parties taking advantage of the opportunity to obtain housing services even though they are not entitled to these services, as they are not earthquake and tsunami victims. Such cases were found in several refugee locations in Aceh Besar.

In general, no groups are being favored or discriminated against in obtaining housing and clean water services. However, there is some social jealousy within the community because houses of different types are being built in neighboring locations.

In general, the evacuee barracks are equipped with facilities such as prayer rooms and meeting places. In several places, special facilities have also been built, such as children's play areas, for example in Aceh Utara by Save The Children and Yakob Emergency Unit (YEU).

Involvement in housing and clean water services

Most house design has been done without any consultation with the residents who are to occupy the houses. However, there have been efforts in some places to involve communities in designing the houses to be built for them, for example the houses to be built by GTZ in Banda Aceh and Aceh Besar and by Mapan in Puuk Village, Samudera District, Aceh Utara.

When communities have information about the standard specifications required for housing, they actively oversee the construction of the houses. Unfortunately, very few communities have this information.

There is as yet no mechanism for complaints about the deviations that occur. When there are complaints, the communities submit their complaints to the service providers with whom they interact, who are often not the decision makers. Moreover, the parties that they are most likely to meet are the housing construction contractors. Perhaps this is why complaints from the public do not reach the organizations responsible for housing construction.

Push factors for availability of housing and clean water services:

- Large number of parties willing to help provide funding to rebuild housing for the victims.
- Willingness of some in the community to provide land for temporary accommodation.
- In some places, there is an opportunity for the community to participate in building their own homes, with funds provided by donors.
- When equipped with information, the community is aware of the need to supervise the construction of the housing intended for them.

Constraints to availability of housing and clean water services:

- Illegal levies by security forces on shipments of material along the Medan-Banda Aceh route for construction of houses for disaster victims, and illegal levies on house construction by individuals in the Muspika (District Executive Council) in Aceh Utara.
- Lack of monitoring by granters of contracts over the contractors performing the work, and concomitant lack of a mechanism for complaints from the public to service providers.
- The government has not publicized the minimum standards for permanent accommodation facilities provided to the public.
- Limited supplies of building materials for house construction, especially wood, slowing the construction process.

Recommendations in the Housing and Clean Water sector

- Efforts are needed to minimize illegal levies by forming an integrated control team involving the police, prosecutor's office, Corruption Eradication Commission (KPK), Military Police, and other parties related to law enforcement. This is important, given that the housing reconstruction process depends greatly on smooth supplies of materials.
- International and local organizations that provide house construction assistance must exercise supervision over the contractors that perform the construction work, so that the work that is done does not disappoint the victims.
- Because of the great variety of houses being built, in order to prevent social jealousy, the BRR must pressure those building houses to avoid building houses *below* the minimum standards.
- In the construction of permanent housing, service providers must integrate house construction with provision of drainage and environmental sanitation systems.
- The government must control the availability and price of building materials needed for house construction in Aceh, and if considered necessary, certain materials should be subsidized during the rehabilitation and reconstruction process.

Best Practice Examples in Housing and Clean Water Services

- Housing construction done by Mapan in Aceh Utara involves the community from planning to execution. Community involvement in planning can be seen in the determination of who is the first priority to receive assistance in the first phase. Community involvement in execution is seen from their participation in making *batako* (a type of brick), 1000 of which are to be used for each house. Each is priced by the institution at Rp 350. Raw materials, cement, and *batako* molds are provided by the institution. Likewise, in house construction work, if the owners want to do the work themselves, they are permitted to do so, and the labor costs will be given directly to them. But if the owner is unwilling or unable to do the work, the construction will be done by workers who are provided.
- Communities in several places in Aceh Barat who now know the specifications and standards for houses to be built are actively supervising the quality of house construction. This can prevent misconduct in housing construction.

B. OWNERSHIP DOCUMENT SERVICES

Availability of ownership document services

In nearly all regions, residence documents, such as KTP (identity cards), birth certificates, and marriage certificates are being replaced. However, replacement of land certificates, vehicle ownership certificates, and diplomas is not yet underway in all regions, but only in Banda Aceh, Aceh Besar and Bireuen.

In nearly all regions, no fees are collected to arrange residence documents and diplomas. However, in Aceh Barat service users must pay from Rp. 15.000 to Rp. 25.000 to arrange a KTP.

In the process to arrange land and vehicle ownership documents, service providers assess fees for producing new documents, although the service recipients feel the bases for determining the amounts of the fees are unclear. With regard to arranging land ownership documents, many complaints were found from the public about uncertainty in the time required for the authorities to issue the new documents; this problem occurred often in Banda Aceh and Aceh Besar.

In Banda Aceh and Aceh Besar, the local police have a policy of not replacing driving licenses lost in the tsunami. Those who have lost their driver's licenses are processed as new applicants, and subject to a fee of Rp. 175.000.

In general, the service recipients feel that the document replacement procedure is quite complex and not suited to post-disaster conditions. One problem has to do with the requirements for applying for replacement of documents. Many residents complain about the requirement to produce five separate statements of loss of documents from the village head and the police to arrange replacement of five documents destroyed in the disaster. In one case in Baitussalam District, Aceh Besar, a vehicle owner was required to include the original vehicle chassis number for his car whose documents were lost in the tsunami, even though the vehicle's chassis was badly damaged and the chassis number could not be identified.

In general, the public do not complain about limited numbers of personnel to arrange documents. However, in Banda Aceh there are complaints about too few personnel to arrange vehicle ownership documents and driving licenses. Also, facilities and equipment to support the services are generally limited, especially for driver's licenses and identity cards.

Accessibility of ownership document services

In general, residents in all areas are still complaining about high costs to arrange most types of documents, such as driving licenses and vehicle ownership documents in Banda Aceh and identity cards in Aceh Barat. This situation has caused many residents to defer replacing their lost documents.

The public also complains that service venues are located far from their places of residence (barracks) and therefore difficult to get to, for example in Banda Aceh, Aceh Besar, Aceh Utara, and parts of Aceh Barat.

Equitability in ownership document services

In nearly all regions, service providers state that they provide equal service treatment for all categories of victims. However, in several places in Aceh Besar and Banda Aceh, there have been complaints about demands for "coffee money," which make recipients who cannot afford to pay feel discriminated against.

Many residents are still experiencing difficulties in arranging replacement land certificates through the free assistance program. In contrast, those who arrange and pay for their documents themselves receive their replacement documents more quickly.

Involvement in ownership document services

Although the government has provided information on the document replacement mechanism through the print media based in Aceh, most of the public still feel they have difficulty obtaining information on arranging documents.

The system for public complaints on services for replacing lost residence documents, ownership documents, and motor vehicle permits has not been properly established. Although suggestion or complaint boxes are seen in some places, there is as yet no mechanism for following up on these complaints.

In nearly all regions, service providers have not established consultation or encouraged public participation in collectively formulating permitting procedures or determining the fees and time frames for replacing documents lost in the disaster.

Push factors for availability of ownership document services:

- Will from governments as service providers to provide replacement of lost documents to all disaster victims without favoring any particular groups. Likewise, the same desires and needs are felt by a majority of victims.
- In certain services, such as identity cards, marriage certificates, and diplomas, service providers have applied a policy of not assessing fees for replacing documents lost in the disaster.

Constraints to availability of ownership document services:

- For nearly all types of documents in all regions, there is still a lack of clear information about procedure, cost, and completion time. In addition, the media used by the service providers to conduct their information campaign are evidently not reaching the targets, as a majority of victims are not receiving the information.
- There are shortages of personnel and work facilities for providing first-rate services. There is also no policy for service providers to bring service locations closer to barracks or victims' places of residence.
- In several places, the procedures applied for arranging documents have not been changed and adapted to post-disaster conditions, and partial document handling has led to duplication in the requirements for arranging documents.
- In arranging several types of documents, the fees charged are too high, and there is no mechanism for fee leniency; most of the public feel that the fees are excessive and there are no clear bases for the fees that are set. Consequently, many have not yet arranged their replacement documents.

Recommendations in the Ownership Document Services sector

- Local governments should coordinate an integrated document arrangement process to facilitate distribution of information and reduce multiple requirements and illegal levies.
- To provide top-rate services, local governments could also formulate minimum service standards for document handling. These standards would serve as a reference for those arranging the documents.
- Services could also be provided by going directly to the victims in the evacuee locations.
- In disseminating information, service providers should give consideration to the use of media suited to local conditions, so that the information provided can reach all layers of society.
- Arrangement of documents should be adapted to post-disaster conditions with regard to procedures, fees, and processing times.
- Efforts should be made to provide personnel and support facilities as soon as possible, and could involve other parties such as local, national, or international organizations.

C. HEALTH CARE SERVICES

Availability of health care services

Health care services are provided by both the Indonesian and foreign governments, local organizations, national organizations, and international organizations. The health care services provided include health information outreach, training of paramedics, mother and child health services, prevention and control of communicable diseases, immunization/ vaccinations, nutrition improvement programs at *Posyandu* (integrated service posts), treatment of disease, and psychological therapy services.

These health care services are provided at health service venues in the form of satellite health posts located in all barracks, *Puskesmas* (Community Health Centers), supplementary *Puskesmas*, mobile *Puskesmas*, and hospitals. However, the operation of the satellite health posts was discontinued as of 1 September. At Banda Aceh Hospital, special services for the disabled were provided in cooperation with several other organizations until after the emergency response phase. However, the community complains that many patients with serious diseases have to be referred to treatment outside Aceh, for example in Medan, Jakarta or Malaysia, due to shortages of equipment and personnel.

To date, no accurate data are available on the number of health care personnel providing health care services for tsunami disaster victims. In general, the numbers of health care personnel in many places are considered inadequate, both by the service providers, such as the Health Service, and by service recipients in the evacuee barracks. However, in several places in Aceh Barat and Aceh Utara, there are no shortages of personnel. Efforts are being made in many areas to overcome personnel shortages by recruiting new personnel, both from local resources and by bringing in medical personnel from outside Aceh.

Among the health care service problems most often complained about by service recipients are the following:

- o Medicines are limited in both quality and quantity, for example at the Tampo Suka Makmur Barracks, Aceh Besar. In addition, at many health posts the only medicines available are those used to treat mild conditions.
- o Lack of ambulances or other transport vehicles to carry patients who need to be referred to hospitals or other health care centers with more complete equipment.
- o Medical personnel are not on duty 24 hours a day at most evacuee barracks. (In some places, such as in Bireuen Regency, there are 24-hour health posts in operation. In Aceh Istambul Village, Aceh Besar Regency, there was a 24-hour health post, but it is no longer in operation.)

No data were found on the funds for health care management and provision. The only data available were on the honoraria/salaries for the existing health care personnel, especially in the barracks.

Accessibility of health care services

Information on health care services is disseminated through the mass media, government officials, and health care personnel. During the emergency response stage in Banda Aceh, Aceh Besar and Aceh Barat, radio was used as the primary medium for disseminating information. In Aceh Utara, a mechanism was found for disseminating information using pamphlets and posters.

The locations of health care services are medical posts, especially satellite health care posts that are easily accessible by disaster victims, as they tend to be located near evacuee locations/ barracks/tents (but these were terminated as of 1 September).

No fees are charged for basic health care services at the medical posts, except for at hospitals. In the City of Banda Aceh, charges have been applied for certain types of health services since the emergency response stage ended.

The locations of health posts are determined on the basis of proximity to evacuee locations. In some refugee barracks, there are resident health service providers, such as from the Malaysian Red Crescent, Indonesian Red Crescent, Turkish Red Crescent, Muhammadiyah and others, who come directly to the patients/ evacuees.

Equitability in health care services

Basic health services in the health posts are perceived as accommodating the needs of all categories of victims without respect to their background, gender, age, or physical condition.

No groups are being favored or discriminated against in obtaining health care services.

In Aceh Utara, special housing for lepers, which was destroyed or damaged by the tsunami, has been rebuilt with assistance from TDH of the Netherlands, so that treatment can be provided for them and the disease can be prevented from spreading to others in the community.

Involvement in health care services

The usual mechanism for identifying the health care needs of victims is through surveys/ assessments and dialogues with the victims by the health service providers in the evacuee locations.

In general, the public is not actively involved in the process of formulating, planning, conducting, and evaluating/monitoring health care services. However, in Bireuen Regency several health service programs conducted by international organizations were found that do involve the community.

In general, there is no clear mechanism to receive or accommodate complaints and objections from the public about the conduct of the health care services that are provided. However, suggestion/complaint boxes were found in Puskesmas and barracks in Banda Aceh. Unfortunately, the public is not using these suggestion boxes. The public does not know the standards for the services that they should be receiving, and often any suggestions or complaints that are made are not followed up by the service providers.

Push factors for availability of health care services:

- Availability of special health care programs in refugee locations, such as satellite health care posts.
- Availability of trained medical personnel, both from within and from outside Aceh, who are willing to be recruited and placed as volunteers in various places in Aceh.
- Efforts by various local, national, and international organizations operating in the health care sector to open up involvement of the victim community in all health service programs that are provided.
- Health care facilities and infrastructure are starting to function again, such as reactivation of Community Health Centers (*Puskesmas*), Integrated Service Posts (*Posyandu*), hospitals, etc.
- Dissemination of information on health care services for disaster victims.
- Policy from health service providers to provide services at no cost to disaster victims, especially during the emergency response stage.
- No discrimination in health care services to disaster victims.

Constraints to availability of health care services:

- Limited medical facilities and infrastructure.
- Lack of clarity from the service providers regarding the amounts of funds allocated for health care services; as a result, the control mechanism does not operate.
- In most regions, disaster victims are still insufficiently involved in the formulation, planning, execution, and monitoring of health care services.
- Little will from service providers to improve the health care services about which refugees complain.

Recommendations in the Health Care Services sector

- The Government (especially the Health Service) and other health service provider institutions need to coordinate to handle the shortages of facilities and infrastructure, including matters of personnel, availability of medicine, ambulances, and other aspects needed to support health care services.
- The provincial government needs to push for Zainal Abidin Public Hospital, Banda Aceh to be developed into an international-class hospital, so that treatment for serious diseases no longer needs to be referred to outside Aceh (such as Medan, Jakarta, Malaysia, etc.).
- Health service providers must develop a service management system that is transparent and accessible to the public, the media, or other parties that wish to monitor the course of the rehabilitation and reconstruction process in Aceh.
- Health service providers need to create a standard mechanism for involving residents in the implementation of health care services. This is important so that the community can actively monitor the performance of service provider organizations.
- Health service providers need to create a sustainable mechanism for handling complaints, objections, and suggestions for improvement from the public. In developing this mechanism, the service providers must involve the public, as the users of the health services.
- The BRR and the government must ensure that complaints from the community about health care services are handled *jointly* together with the health service provider organizations in the communities.

Best Practice Example in Post-Disaster Health Care Services

In the Sangso Barracks, Samalanga District, Bireuen, there is a health post that is in operation 24 hours a day. The medical personnel who operate the post live in the barracks, so they are available to serve evacuees at any time. The presence of these medical personnel and the operational implementation of this health post are supported by Indosiar television station, in cooperation with the Indonesian Medical Association (IDI).

D. EDUCATION SERVICES

Availability of education services

In general, in all regencies/cities, educational facilities that were damaged in the disaster have been rehabilitated, reconstructed, and relocated. In several places in Banda Aceh and Aceh Besar, unavailability of land is a constraint to relocation of educational facilities; many schools that were damaged cannot be rebuilt on their previous locations.

In addition to physical construction, other services provided in the education sector include provision of study equipment, both for schools and for pupils, provision of scholarships, implementation of emergency education, provision of teaching staff, and counseling for victims.

In general, the quality and quantity of education services is inadequate. In nearly all places, facilities are limited and there are shortages of teaching staff, in terms of both numbers and special teaching qualifications (including mathematics, physics, chemistry and biology). To overcome these shortages of teachers, governments and non-governmental organizations concerned about education are recruiting teacher's aides and /or contract-basis teachers.

In nearly all regions, there are no transportation facilities aimed at helping students travel between refugee camps and schools that are far apart.

The allocation of funding in the implementation of education services, both by the government and by non-governmental organizations, is not accessible to the public or to organizations that wish to monitor the performance of education service provider organizations. Nearly all the scholarships provided to disaster victim children come from non-governmental organizations.

Local government responses to education vary. In Aceh Besar, the local government has paid special attention to teachers who were disaster victims by establishing education command posts and providing "panic funds" of Rp. 500.000. In contrast, the local governments in Aceh Utara and Banda Aceh are felt to be rather unresponsive.

In general, emergency schools are now providing general education much as regular schools do. In Bireuen, Banda Aceh and Aceh Besar, some providers of emergency education services are also providing extracurricular programs, such as English lessons, Arabic lessons, study of Islamic law texts, art, sports, and tailoring.

In nearly all places, *dayah* (Islamic boarding schools) accommodate orphan children to continue their education with low fees or at no cost.

Accessibility of education services

The mechanism for disseminating information on education services is generally running well, although in Aceh Utara there is not yet a mechanism to disseminate information on the available services. This information dissemination mechanism was conducted together with the needs analysis in each region.

Many children are having difficulty with transport to their schools, especially children still studying at their original schools but now living in accommodation far from their original homes or schools. In the Leuhan Barracks in Aceh Barat, 172 students have had to quit school because of the distance between their school and their place of residence. They would have to travel 8 kilometers to get to the school, with no transport facilities provided.

Although there are many scholarship programs for disaster victims' children, there are still many disaster victim children who have not had the opportunity to receive scholarships.

School fees are still being collected and are quite high and not uniform, especially for students entering the first year of elementary, junior high, or high school, even if they are tsunami victims, with the excuse that the schools have limited funds.

Equitability in education services

No communities are being favored or discriminated against in the services that are provided. The education services that are provided do not differentiate between those who are and those who are not tsunami victims, but in nearly all regions there are as yet no special facilities to accommodate the needs of orphans or the disabled.

In nearly all research regions, there is a tendency for orphans to be schooled at traditional *dayah* or *pesantren* (Islamic boarding schools), because these educational institutions either charge no fees or have very low fees.

Involvement in education services

In general, community involvement in the conduct of educational services remains inadequate, due to the lack of clarity on the mechanism for community involvement. Although nearly all regions have command posts for complaints about education services, these command posts are not effective in dealing with the complaints submitted by the public.

In several places, there is active community participation in the conduct of education. For example, in several villages in Samatiga District, Aceh Besar, the community has provided land to build a new school to replace the school that was damaged by the tsunami.

Push factors for availability of education services:

- Awareness and will from government and non-government organizations to restore educational services in Aceh through provision of services, construction of facilities, provision of infrastructure, and funding support.
- High commitment from the public to educate their children; in some places, community members even donate assets (land) to build schools.
- Need, support, and cooperation from victim community, coordinators of refugee barracks, and *dayah* in supporting educational services.
- Some *dayah*, as educational institutions, are willing to provide educational services cheaply and /or free of charge.

Constraints to availability of education services:

- Lack of clarity on the mechanism for community involvement, and a tendency for what involvement there is to be merely a formality. For example, complaints from the public receive no response or follow-up.
- Little coordination between service providers, and a lack of transparency from service providers regarding funds and expenditures. As a result, many needs that are considered important by the community with regard to education are not served, such as transportation and scholarships. On the other hand, many services that the community does not consider urgently needed are provided, such as construction of luxurious school buildings.
- Planning of the services to be provided remains inadequate and inaccurate. Many schools are built but not equipped with support infrastructure such as student chairs and desks, libraries, and transportation for students living in refugee locations far from the schools. There is also a lack of a standard concept on how educational facilities can accommodate the special needs of disabled students.

Recommendations in the Education Services sector

- Education service providers, particularly local governments, need to immediately add more teachers in certain subjects (mathematics, chemistry, physics and biology) to guarantee the quality of education following the disaster.

- The planning done by governments and non-governmental organizations, whether in construction of education facilities, provision of facilities, or educational development programs, should be done in a comprehensive and transparent way and take into consideration the needs of vulnerable groups, such as orphans and the disabled.
- Transportation needs to be provided immediately for disaster victim children whose schools are far from the refugee camps where they are living.
- Local governments, together with non-governmental organizations and communities, need to create a collective mechanism for providing scholarships for disaster victim children. This mechanism should include data collection, selection, allocation of scholarship funds, and monitoring of these activities. The mechanism must ensure that scholarships reach the right targets and are fair and proportional.
- Service providers, both government and non-government organizations, need to encourage the creation of participatory mechanisms and public transparency, in planning, implementation, monitoring, and evaluation of the activities that are implemented.

Best Practice Examples in Post-Disaster Education Services

- In Gampung Cot, Pucok Leung, and Soak Pandan Villages, Samatiga District, Aceh Barat, the community donated land for construction of Elementary School and Madrasah Ibtidaiyah (Islamic elementary school) buildings that were damaged beyond repair and could not be rebuilt in the original locations.
- In the Cot Uno Barracks, Kuala District, Bireuen, extracurricular education and informal education are being conducted, facilitated by HMI (Islamic Students Association) Bireuen Branch, with support from Save The Children. The extracurricular program includes English, Arabic, art, painting, and sports for elementary and junior high school students. Study of *kitab kuning* (Islamic law texts) is done in the evening, and is open to all barracks residents. Tailoring training is provided, aimed at school dropouts.

E. SURVIVAL ALLOTMENT SERVICES

Availability of survival allotments

The survival allotment program was planned for 12 months, but to date victims in the research regions have only received it for three months, and in several places in Aceh Besar, victims were found who have only received it for two months. It is reported that the distribution of allotments for the next stage is being held up, because the allotment funds have not been released by the central government. In some regions, such as Aceh Utara and Aceh Besar, the local governments say that the reason for the delay in distributing the allotments is that reporting on allotment distribution from the districts remains incomplete.

The allotment received by victims is Rp. 3.000 per day per person. Residents say that this amount is far from adequate, not to mention the delays in the distribution.

To prevent multiple allocations, local governments have acted by requiring that allotments be received in recipients' area of origin and that receipts be signed, and by issuing special identification documents in the form of refugee cards or allotment cards, with photos. (Banda Aceh: photo and signature; Aceh Utara: refugee card and photo of complete family; Aceh Besar: photo and receipt; Bireuen: refugee card and signature.)

It is recognized that the data on allotment recipients are constantly changing, for several reasons: the lack of criteria on allotment recipients, the unavailability of initial population data, and the highly dynamic mobility of the refugees.

Local governments are not experiencing personnel shortages when distributing allotments; the personnel shortages occur when gathering data on refugees. The consequences of this are that data collection takes a long time, and the data that are gathered/ produced are inaccurate.

Accessibility of survival allotments

Information on survival allotments is disseminated by local governments through governmental structures, electronic media (radio), and print media. Victims also obtain information on survival allotments through *keuchik* (village heads), barrack/ tent coordinators, and other refugees, in both formal and informal meetings.

Survival allotments are distributed through the following mechanism: From the central government to provincial government, then to government regency/city governments, which distribute to the *camat* (district heads). There are two methods for distributing the allotments at the district level: (1) The *camat* gives a demand draft to the *keuchik*, who then cashes it and distributes it to refugees; (2) The draft is cashed by the *camat*, and the allotments are distributed by the *camat*, accompanied by the *keuchik*. In several places in Aceh Utara Regency, some refugees must come to the district office to collect their allotments. Distribution of allotments in this way means that refugees have to spend extra costs for transportation.

In general, no fees are assessed or collected when allotments are distributed to refugees. However, in Muara Batu District, Aceh Utara Regency, a case was found where *gampong* officials were deducting Rp. 10.000 per person, giving "administration expenses" as the reason.

Equitability in survival allotments

No groups feel they are being favored or discriminated against in obtaining survival allotments. There is no differential treatment in the provision of survival allotment services based on background, gender, age, physical condition, ethnicity, or status.

However, victims on whom data have not been collected do not receive allotments.

In Lhoknga District, Aceh Besar Regency, the district head took the initiative to allocate the allotments by dividing the total survival allotment allocation by a larger number of recipients. This was done to ensure equitable distribution, although the amount received by each was reduced. At first, this policy gave rise to protests from the community, but after it was explained, the recipients understood and accepted it.

Involvement in survival allotment services

The community is not involved in formulating the amount, distribution mechanism, or criteria for recipients, or in monitoring and evaluation of allotment services. All formulation is done by the government, and village heads and barrack/ tent coordinators are involved only in the distribution of the allocations.

No special mechanism is provided for complaints regarding allotment services. The community submits any complaints through barrack coordinators, *keuchik*, and district officials. This lack of a mechanism for complaints and their handling has led to dissatisfaction in several places; in Seunudon District, Aceh Utara Regency, there have even been public demonstrations against the district administration demanding payment of allocations.

Push factors for availability of survival allotment services:

- Desire from the government to assist disaster victims.
- Existence of a clear and standard survival allocation distribution mechanism.
- Existence of an easily accessible information dissemination system.
- Existence of local policies on criteria for survival allocation recipients.
- All refugees are treated the same, without discrimination.
- Small components of the community, such as barrack coordinators and *gampong* officials, are involved in the survival allotment distribution process.

Constraints to availability of survival allotment services:

- Small/ inadequate amount of allotments.
- Distribution is not on time.
- Data collection is inaccurate, due to shortage of personnel.
- Lengthy distribution bureaucracy.
- Certain individuals do not execute distribution of allotments in line with the existing standards.
- Allotment distribution venues are sometimes far from barracks.
- Some victims do not receive allotments because data on these victims have not been collected.
- Most victims are not actively involved in formulating and distributing allotments.
- No mechanism is available for complaints about allotment services.

Recommendations in the Survival Allotment sector

- The government needs to reconsider the amount of allotments for victims in line with minimum survival needs.
- The government needs to create a system for collecting accurate data on allotment recipients.
- The government must ensure timely distribution of allotments.
- Local governments must submit reports on allotment distribution to the central government in a timely fashion.
- The government should involve victims in formulating survival allotment services.
- The government needs to conduct regular monitoring and evaluation, involving components of the community, and create a system for complaints about allotment services.

F. ECONOMIC RECOVERY SERVICES

Availability of economic recovery services

Economic recovery programs are the programs that are most often promised to the victim community, but not all the programs that are promised are properly realized by the government or non-governmental organizations, especially in Aceh Barat Regency, Aceh Utara Regency, and Aceh Besar Regency. Communities' access to aid from other parties is typically reduced once one organization declares that it is providing economic assistance to the community in that location. Problems arise when the organizations that make such promises fail to deliver or are late in delivering on their promises. This situation is not conducive to acceleration of the rehabilitation and reconstruction process.

The forms of the economic recovery programs that are offered by the various service providers include assistance with production facilities, provision of business capital (often through revolving funds), training to upgrade capabilities, and construction of physical facilities, such as markets (Banda Aceh and Aceh Barat), fish auction facilities (Banda Aceh, Aceh Besar and Aceh Barat), and ice factories (Aceh Barat and Aceh Besar). However, there are complaints in many places that the provision of assistance in the form of production facilities, capital, and training is not accompanied by adequate direct guidance from the service providers.

Some economic recovery assistance that is being conducted is seen by the victim community as unsatisfactory, particularly the boats provided in nearly all regions. Furthermore, in several places, programs are implemented without proper planning. For example, Aceh Utara, provision of fishing boats was not accompanied by dredging of the canal to the sea; as a consequence, these boats still cannot be used. There are also some indications of assistance funds being embezzled, such as the case of livestock aid from Indosiar in Muara Batu District, Aceh Utara.

In general, the community is required to form groups to be able to receive economic recovery assistance, whether initiated by the government or by non-governmental organizations. Regarding the establishment of the groups and determination of who will obtain assistance in each stage, most service providers leave these matters to the community's internal mechanisms.

Accessibility of economic recovery services

In all areas, there are efforts from service providers to provide information about their programs through the mass media, notice boards, village officials, barrack/ tent coordinators, and field officers. In Aceh Barat, radio is used to extend the reach of the information.

In most regions, no instances were found of fees being collected in economic recovery programs. However, in Banda Aceh cases were recorded in which the community was asked to purchase the materials for embroidery training in the Lhong Raya Barracks. Also in Banda Aceh, there are indications of fees to facilitate obtaining motor pedicabs.

In Aceh Utara, it was seen that people with access to information on economic recovery programs obtain assistance more easily. On the one hand, this shows that the public is able to take proactive measure when equipped with information. On the other hand, unequal access to information has meant that many feel left out of economy recovery programs.

Equitability in economic recovery services

Generally, the distribution of economic recovery programs is not yet reaching all layers of the community that were affected by the disaster. For example, in Aceh Utara it is felt that favorable treatment is given to residents/ victims who are close to the *gampong* officials. Aside from that, economic recovery assistance is generally still not accommodating the needs of the victim communities, particularly women, children, and the disabled. In Aceh Utara, there is a perception that the assistance is focused on men.

Involvement in economic recovery services

Non-governmental organizations generally conduct needs analysis through surveys and dialogues, while the government relies more on the knowledge of local officials. The methods used by the government are generally felt not to adequately involve the community.

There have been several efforts by service providers to involve the community in the implementation of economic recovery programs. However, in nearly all regions, the community does not feel involved in formulating the economic recovery programs, particularly with regard to determining the quality and quantity of the assistance to be provided, including the determination of who is to be given priority and how to apply revolving fund systems.

Very rarely do communities reject assistance that is not in line with their needs, even though the aid packages that are provided are not always exactly what they wanted. However, there have been some such cases, for example when the community of Pucok Lueng village, Samatiga District, Aceh Barat Regency rejected the chemical fertilizer donated by a non-governmental organization, and the rejection, in many regions, of fishing boats provided by the Department of Social Affairs.

In Banda Aceh, Bireuen and Aceh Barat, community complaint posts have been set up. In regions where these do not yet exist, such as Aceh Utara and Aceh Besar, the public submits its complaints through barrack or tent chiefs or village heads. The victim community still feels that a better complaint mechanism is urgently needed, as most of their complaints never receive any response.

New business forums/ business groups are used for the assistance provision mechanism. The establishment of these forums creates potential for accelerating communities' economic recovery. However, the process for establishing these forums still needs improvement, because it often is not preceded by a public consultation mechanism. Furthermore, once the forums are established, they do not receive enough capacity building for their group members.

Push factors for availability of economic recovery care services:

- Support from parties outside the government (such as national organizations, international organizations, and foreign governments) to be involved in provision of economic recovery programs.
- Commitment from service providers not to discriminate among groups on the basis of location, social status, religion, or political preferences of recipients.
- Commitment from service providers to start being more open in providing information on their economic recovery programs.
- Support from many parties to monitor the economic recovery process and to urge the community to be involved, from planning through to program evaluation.
- A strong desire from the public to be involved in determining the types of economic recovery programs.

Constraints to availability of economic recovery services:

- Complaints from public do not receive quick response.
- There are almost no business/ economic forums to represent small and medium-scale business operators. The public consultation mechanism conducted by the government only involves medium- and upper-level economic players.
- There is no mechanism for transparency on the amount of aid funds of assistance programs, either from the government or from non-governmental organizations.
- Provision of assistance programs is not accompanied by direct guidance and intensive program monitoring.
- Most of the types of programs that are provided do not yet meet the needs of the diverse recipient groups, particularly women and the disabled.

Recommendations in the Economic Recovery sector

- In applying the revolving fund model, the mechanism and rules for its implementation should be decided jointly with the aid recipient community.
- There is a need to establish small business forums at the regency/city level as an effort toward communication between the service providers and service recipient communities.
- Discovery of economic recovery assistance needs should involve the community, up to and including determination of the quality and quantity of the assistance to be given.
- The determination of forms of programs should take into consideration the needs of all community groups, including women, who are not being accommodated in the programs provided so far.
- Skills training should be accompanied by financing, training in marketing, and facilities to obtain market access for the products.

Best Practice Examples in Economic Recovery Services

- In several places in Aceh Utara, the “*julo-julo*” (lottery) system is used to determine which members of the community will receive assistance first. This system is used so that the aid that is given can be distributed equitably and no one feels that others have been served first.
- In the barracks in Jiave, Aceh Besar, which are provided for tsunami victim widows not from civil servant backgrounds, centralized coordination of aid assistance is performed by the barrack coordinator, who has received a mandate from the residents. This mechanism was collectively agreed beforehand by the barrack residents. The mechanism has succeeded in creating a feeling of fairness among the residents.
- To accommodate the need for economic recovery assistance for the disaster victim communities in several villages in Aceh Barat, with the support of a local organization, a *one-stop assistance mechanism* has been developed at the village level, and managed by the community itself through the Community Economy Institution (*Lembaga Ekonomi Masyarakat*, LEM). Through this mechanism, it is hoped that the assistance provided by donors or the government can be better utilized for the community.

III. CONDITIONS OF REHABILITATION AND RECONSTRUCTION MANAGEMENT

A. SOCIALIZATION OF THE BLUEPRINT

Although the BRR and local governments have conducted outreach on the blueprint through numerous meetings at the provincial, regency and district levels and through the mass media (*Serambi Indonesia* newspaper) once every two weeks, this publicity has not been effective in reaching all disaster victims. Findings in Aceh Utara even indicate that local government officials there feel that the blueprint only applies to Aceh Besar Regency and the City of Banda Aceh.

Although many in the community do not know about the blueprint, there are suspicions that reject it, fearing that the blueprint will disrupt their way of life. Such views have arisen in Lam Tengoh and Lam Tutui, Pekan Bada', Aceh Besar, where residents believe that the blueprint prohibits them from continuing to live along the shore.

Dissemination of information on activities to implement rehabilitation and reconstruction by the government and by national and international organizations has not gone well, and many people therefore do not know how to access these programs.

B. IMPLEMENTATION OF DUTIES AND FUNCTIONS

Rehabilitation and reconstruction programs are being conducted by the BRR, local governments, local organizations, national organizations, international organization, and foreign governments. Regulation in Lieu of Law (Perpu) No. 2 of 2005 designated the BRR as the institution to exercise coordination to accelerate the rehabilitation and reconstruction process in Aceh and Nias.

In Banda Aceh and Aceh Besar, the BRR's role is strongly felt, but not so much so in other regions such as Aceh Utara, Aceh Besar and Bireuen. Several sources in these regencies said that the lack of BRR representative offices is the main reason for the low level of information dissemination on the BRR's role and responsibilities outside Banda Aceh and Aceh Besar.

Overlaps of authority in the implementation of rehabilitation and reconstruction have occurred, as follows:

- *Between government institutions*, particularly between the BRR, provincial government, and regency/city local governments. Findings in Aceh Besar and Banda Aceh noted complaints from the local governments about the large number of donors building schools without coordinating with them but only with the BRR.
- *Between institutions within local governments*, such as has occurred in Aceh Utara, where the implementation of programs such as mangrove replanting is within the scope of the programs of the Maritime Affairs and Fisheries Service and also of the Plantations and Forestry Service.

There is an impression that some organizations have allocated certain locations to themselves, both in providing assistance and in construction. This deters other parties from providing assistance in those locations.

Almost none of the national and international organizations working in rehabilitation and reconstruction activities have mechanisms for disseminating or providing information that can easily be accessed by the communities that they are serving.

Recommendations for Socialization and Implementation of Duties and Functions

- Service providers, whether from government, local organizations, national organizations, or international organizations, should open access for the communities to non-bureaucratic information on the programs and services that they offer. All parties should also create systems for complaints about the services that they provide.
- The BRR must improve its strategies for publicity and communication to victim communities. The public's lack of understanding about what can be expected from and reported to the BRR shows that the BRR has not yet succeeded in becoming a resource for victim communities.
- The BRR must push for coordination between parties with regard to rehabilitation and reconstruction construction, down to the village level.

C. COORDINATION BETWEEN PARTIES

Several mechanisms and levels of coordination are being employed, with varying degrees of effectiveness. They include the following:

Coordination at the gampong (village) level is done with the involvement of gampong officials, service providers, and community. The forms of coordination may be formal or informal.

The meetings, which are generally initiated by the service providers, are considered effective by many, especially by community groups. When held at each stage of the community recovery process – from planning, through implementation, to evaluation – the initiatives for coordination at the village level are greatly appreciated by the community. However, the coordination still tends to proceed separately, based on the type of services to be provided by the service providers. Very rarely is coordination found *among the service providers* at the gampong level. One thing generally disliked by communities is the fact that the coordination at the gampong level only relates to dissemination of information on programs, formal inauguration of programs, and handover of programs. There are also some service providers that only coordinate with the community at the gampong level when problems arise in the program implementation.

Coordination at the district level takes place in nearly all regions. Generally, coordination at the district level is running effectively, though a case was found in Aceh Utara where the coordination consisted only of introductions and announcements.

Coordination meetings at the district level may be initiated by the Muspika (District Executive Conference) (as in Aceh Besar and Bireuen Regencies) or by non-governmental organizations (as in Aceh Barat). Such coordination meetings can usually be attended by community representatives.

In many districts, the coordination is done using a thematic approach; in this way, the district-level coordination meetings are conducted based on the types of services being provided (as in Bireuen Regency). There are also district meetings that employ a holistic approach for all types of services (as in Aceh Besar Regency). At most meetings, which tend to be of an ad hoc nature, the discussions may deal with program planning, implementation, and distribution. In order to facilitate coordination, some camat (district heads) have taken the initiative to prepare “shopping lists” for the refuges, like the Camat in Lhoknga District, Aceh Besar. This helps the service providers to be able to provide assistance quickly.

In some locations, the role of the Muspika, which consists of the Camat, the Military District Commander, and the District Police Chief, is a strong determinant in the implementation of rehabilitation and reconstruction. Any deviations that occur seriously disrupt the overall recovery process. For example, in one district in Aceh Utara, certain persons from the Muspika requested illegal levies from local organizations that planned to build houses in the district. But thanks to community pressure and negotiation, the house construction was able to proceed.

Coordination at the regency/city level is mostly done by the local governments concerned. Meetings at the regency level tend to be regular and monthly, though there are also some ad hoc meetings, such as in Aceh Utara Regency. Meetings are planned using both the thematic and the holistic approach. The discussions generally relate to program implementation, although they sometimes also discuss planning.

The effectiveness of coordination meetings at the regency/city level is sometimes hindered by language difficulties. One example occurred in Aceh Barat, where the coordination meeting was conducted in English.

Coordination at the province level is to date entirely the duty of the BRR, as the Governor of NAD also serves as the Deputy Chairman of the agency. In addition, in each service and agency one official has been appointed to serve as a member of the “work unit,” which is tasked with carrying out coordination between these agencies and services on behalf of the BRR.

The ARRA noted some resistance among local government officers to working and coordinating fully with the BRR. This is because they feel that the success of the rehabilitation and reconstruction process will only be recognized as the success of the BRR, while they will receive no recognition. Another matter producing resistance to cooperation is the perception that BRR personnel have been paid tremendous salaries to work. Some responses also indicated feelings that the BRR tends to behave arrogantly.

D. MONITORING

The mechanism for monitoring and evaluation of the rehabilitation and reconstruction process at the provincial level is conducted entirely by the BRR. One effort that has been undertaken by the BRR was to make a list of agencies/institutions that can receive complaints and objections and can follow up on indications of deviations/ malfeasance in program implementation. However, this control mechanism is only used in physical projects and almost never employed in non-physical projects.

In implementing their services, non-government organizations create internal control mechanisms based on the programs that they provide. In some regions, local governments exercise control over the programs of non-government organizations, based on the type of services. Unfortunately, the results of this evaluation and monitoring are used for internal purposes, and only released to the public when they are requested.

Several methods are used by the community to respond to deviations that they perceive or witness. For example, they may report to the authorities, conduct demonstrations (such as in Aceh Utara in the case of deductions from survival allotments), refuse to accept assistance (such as in Aceh Utara in the case of fishing boats and in Aceh Barat in the case of chemical fertilizer), or submit complaints to the mass media, either print or radio. However, most refugees prefer simply to accept their conditions and quietly acquiesce. It is highly regrettable that those who do “dare” to express their dissatisfaction do not receive a prompt response. This will simply increase the numbers of residents who choose to be apathetic.

In several places, such as Banda Aceh, Aceh Barat and Aceh Utara, service providers provide suggestion boxes as a medium for the community to complain about the services provided. But these are not very effective, because many complaints receive no response or follow-up. The mass media are considered to play a significant role in revealing cases of malfeasance, even though the level of response from service providers to such complaints remains quite low. In general, the community complaint mechanism remains ineffective and underutilized as a medium for improving the quality of services.

Recommendations for coordination between parties and monitoring

- Data need to be published on progress and developments in all programs that are conducted, regularly and accessible to the public.
- All public complaints and indications of malfeasance must receive prompt response and follow-up from the service providers, especially from the government.
- Regency/city governments, through the *Bappeda* (Regional Development Planning Agency), must activate the coordination roles in each stage of rehabilitation and reconstruction. There needs to be a special mechanism at the regency level for coordination of program implementation and evaluation of the rehabilitation and reconstruction process.
- Monitoring and evaluation should be done not only for physical projects, but also for the entire rehabilitation and reconstruction process, including non-physical projects such as outreach, training, economic recovery, and other programs.
- Coordination of the implementation of rehabilitation and reconstruction at the regency level should employ the following stages: (i) process of determining the authority entrusted to each party; (ii) allocation of work, regarding who does what, when, where, and how; (iii) realization of commitment, involving victim communities, and (iv) program monitoring and evaluation, involving all components of the service recipient community.
- The BRR should pay special attention to the perceptions about its institution and personnel. Positive perceptions need to be built to ensure proper coordination among all parties, because in the end it is only through good cooperation that the acceleration of the rehabilitation and reconstruction process can take place.