



The Asia Foundation

The Aceh Rehabilitation and Reconstruction Appraisal (ARRA) Executive Summary 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*

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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 Masyarakat (YPK, Community Development Foundation) in Aceh Barat; by Mitra Sejati Perempuan Indonesia (MISPI, True Partner of Indonesian Women) in Bireun; and by the Social and Political Science Faculty of Malikul Saleh University in Aceh Utara. Total number of people involved in interviews and discussions in the five districts is 996, 75% of whom were Tsunami victims, while the rest included local government officer, legislatures, international NGO, national as well as local NGO. 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 that occurs in nearly all regions is problems with coordination. These problems with coordination have ultimately given rise to the impression that certain service providers have simply 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 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 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 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 simply 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 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 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. herefore, 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 international service providers. So that they can become proper observers, the public needs to have information on what they should be receiving as victims. he 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.

FINDING FIRST ACEH REHABILITATION AND RECONSTRUKTION APPRAISAL (ARRA)

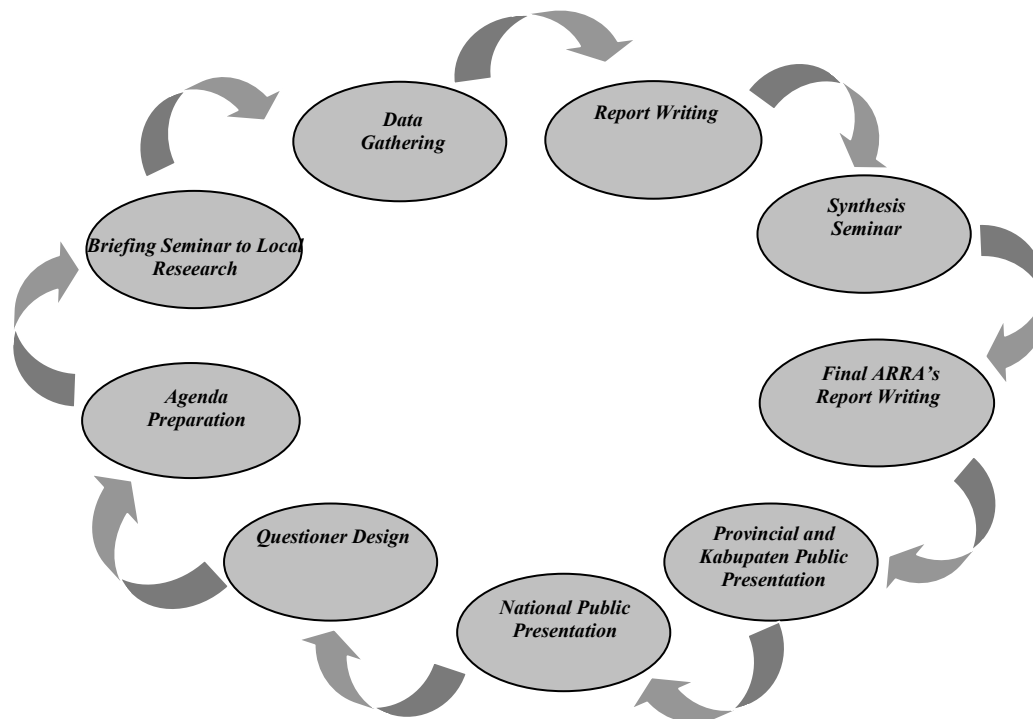
Introduction

- ARRA provides a picture and evaluation of the implementation of the rehabilitation and reconstruction process in Nanggroe Aceh Darussalam.
- Identifies general tendencies and critical constraints.
- Snapshots from the perspectives of the beneficiaries and the providers of the benefits.
- ARRA findings can serve as considerations in formulating and determining policy, based on the actual situation in the field.

ARRA's Methodology

- ARRA is using rapid appraisal method developed based on the experience of The Asia Foundation in its observation of the decentralization process from 2001-2004, better known as *Indonesia Rapid Decentralization Appraisal (IRDA)*.
- Conducted in 5 regencies/cities in Aceh.
- Widely distributed research locations selected in the hope of obtaining a more comprehensive picture.

Stages in ARRA



Research Team for ARRA I

Location	Institution
Kota Banda Aceh	Fakultas Hukum Universitas Syiah Kuala
Kabupaten Aceh Besar	Fakultas Hukum Universitas Syiah Kuala
Kabupaten Aceh Utara	FISIP Universitas Malikussaleh
Kabupaten Biruen	Mitra Sejati Perempuan Indonesia
Kabupaten Aceh Barat	Yayasan Pengembangan Kawasan

Scope of ARRA I

ARRA I focused on:

- Basic services for victims of the Tsunami:
 - *Housing and Clean Water*
 - *Ownership Documents*
 - *Health*
 - *Education*
 - *Survival Allotments*
 - *Economic Recovery*
- *Each service is examined in terms of:*
 - *Availability of services*
 - *Accessibility by the community*
 - *Equitability in distribution of services*
 - *Involvement of community in the process*
- *Topics of Rehabilitation and Reconstruction Management, consisting of outreach and planning, implementation of duties and functions, coordination between parties, and supervision.*

Arra Respondents:

Tabel 1. Respondents ARRA

Location	Respondent					Total
	Tsunami Victim	Local Government Officer	Local Legislatives	INGO	NGO	
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
Bireun	62	20	3	4	9	98
Total	746	97	22	47	84	996

Tabel 2. Responden ARRA Pertama berdasarkan Jenis Kelamin

Location	Respondent		
	Male	Famale	Total
Aceh Utara	145	84	229
Aceh Barat	146	97	242
Aceh Besar	146	80	226
Banda Aceh	122	79	201
Bireun	55	43	98
Total	614	383	996

Conditions of Services to Victims

1. HOUSING AND CLEAN WATER

Availability

- Forms of services:
 - Temporary accommodation: tents and barracks (maximum of 2 years) and temporary houses.
 - Permanent accommodation: semi-permanent and permanent houses.
- Tents :
 - Location: On original land or in refugee locations.
 - Form: Single and multiple.
- Temporary houses:
 - Made of wood.
 - Knockdown construction.
- Tents on own land → no sense of security.

- Semi-permanent houses → security better guaranteed.
- No private space in tents and barracks.
- Tents in refugee camps, and refugee camps themselves, have public space for women and children.
- Reasons for staying in single tents:
 - Close to place of business.
 - Protect property (land).
 - Conflicts with other residents in barracks.
- In general, sanitation and environmental hygiene are problems in all temporary accommodation.
- Variation in form and quality of permanent accommodation is due to variety of housing providers.
- Public does not know minimum standards, it is difficult for them to evaluate quality.
- Most houses are type 36. Variations: 27, 36, 42, 45, up to 70.

Permanent accommodation:

- Construction by international organizations.
- Execution by Contractors, organization itself / other organizations and victim community.
- Service providers not transparent about funds.
- Many deviations in the construction that is done.
- House construction is in line with wishes, though in many places there is inconsistency between promise and realization.
- Construction of permanent accommodation fails to consider sanitation.
- Housing construction locations being claimed by housing providers organizations.
- Adequate personnel to provide housing and clean water services.
- There are problems with supply of housing materials both on availability of wood supply and poor quality of bricks
- Coordination on housing between Kimpraswil (Dept. of Settlements and Regional Infrastructure) and Bappeda (Regional Development Planning Agency) is poor.

Accessibility

- Selection of locations for temporary accommodation based on availability of land, security, and ease of access to business locations.
- Tsunami victims who did not own land must pay to buy land.
- Housing committee / *gampong* apparatus serve as media to disseminate information to public.
- Construction of houses and barracks depends on availability of land and funds, while clean water facilities depend on ease of supply.

Equitability

- In several places, community determines for itself who is prioritized to receive housing.
- Some indications of people taking advantage of opportunities to receive housing services
- No groups being favored or discriminated against.
- Social jealousy because houses being built are not all the same type.
- Barracks equipped with prayer rooms, meeting spaces, and children's play ground.

Involvement

- House design does not involve consultation with community.
- Those communities that have information on housing specifications are actively supervising.
- No mechanism for complaints about deviations that occur.

Enabling Factors:

1. Many parties helping with funding.
2. Public's willingness to provide land for temporary accommodations.
3. Chance for community to participate in building own houses with funds provided by donors.
4. When given information, community is aware of need to supervise.

Constraints:

1. Illegal levies for house construction by certain members of military and *Muspika* (District-level Executive Conference).
2. Lack of monitoring by granters of contracts over executing contractors; No complaint mechanism.
3. Government has not publicized minimum facility standards for permanent accommodation to the public.
4. Limited supplies of building materials, slowing construction.

Recommendations

1. Efforts needed to minimize illegal levies by forming an integrated control team involving police, prosecutor's office, KPK [Corruption Eradication Commission], Military Police, and other parties related to law enforcement.
2. Organizations that provide housing construction assistance must supervise the contractors performing the work, so that victims are not disappointed.
3. BRR must pressure those building houses not to build houses below minimum standards.
4. Service providers must integrate housing construction with provision of drainage and sanitation systems.
5. Government must control availability and price of building materials. If deemed necessary, some materials may be subsidized during the rehabilitation and reconstruction process.

Best Practice Example

Housing construction done by Mapan in Aceh Utara involves community from planning to execution. Community involvement can be seen from determination of priority to receive assistance in first phase, involvement in making *batako* (type of bricks), and construction work.

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.

2. OWNERSHIP DOCUMENT SERVICES

Availability

- Residence/ population documents (KTP (identity cards), birth certificates, and marriage certificates) have been replaced. Replacement of land certificates, vehicle ownership documents, and diplomas is not yet being done in all regions.

- No fees collected to arrange residence documents and diplomas. However, in Aceh Barat, must pay Rp 15.000 to Rp 25.000 to arrange a KTP.
- There are fees to arrange land and vehicle ownership documents, but basis for determining the rates is unclear.
- Uncertainty on time required to issue new land certificates.
- In Banda Aceh and Aceh Besar, no replacement of lost driver's licenses; processed as new ones, with fee of Rp 175.000 and above.
- Procedure for replacing documents is quite complex, not adapted to post-disaster conditions.
- No complaints about shortage of personnel to handle documents, but there are shortages of facilities.

Accessibility

- Community complains about high costs to arrange documents, including driver's licenses and vehicle ownership/ registration documents in Banda Aceh, and KTP in Aceh Barat. Residents therefore defer arranging documents.
- Community complains that service locations are far away and hard to get to.

Involvement

- Many feel it is difficult to obtain information on arranging documents.
- Public complaint system not properly developed.
- Not yet encouraging public participation in formulating permitting procedures, determining fees to be charged, and completion deadlines.

Equitability

- Service providers not discriminating in service treatment. However, residents complain that “coffee money” is being requested in some places. Those who cannot pay feel discriminated against.
- Many residents experiencing difficulty in arranging their land certificates through the free assistance program.
- In contrast, residents who arrange documents at their own expense are served faster.

Enabling Factors:

1. Will from government to provide replacements for lost documents without discrimination in treatment. Same desire and needs in victim community.
2. Several service providers have a “no fees” policy.

Constraints:

1. Lack of clear information on procedures, fees, and completion times. Outreach media not reaching the targets.
2. Shortages of personnel and work facilities. No policy to bring service locations closer to barracks or victims' places of residence.
3. Procedure that is applied has not been revised and adapted to post-disaster conditions. Partial document handling due to duplication in requirements. Fees for some documents are too high, and there is no mechanism for fee leniency.

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Recommendations

1. Local governments should coordinate integration of document handling processes, to ease dissemination of information and minimize multiple requirements and illegal levies. To provide top-rate services, local governments can also formulate minimum service standards for arranging documents. These standards will serve as reference for those arranging the documents. Implementation of services can also be done by going directly to the victims in the evacuee locations.
2. In disseminating information, service providers should consider use of media appropriate to local conditions, so that the information that is disseminated can reach all layers of society.
3. Arrangement of documents should be adapted to post-disaster conditions, with regard to procedure, costs, and time required.
4. Efforts should be made to provide personnel and support facilities as soon as possible, and could involve other parties, such as local organizations, national organizations, or international organizations.

3. HEALTH SERVICES

Availability

- Service providers: Indonesian and foreign government organizations, local organizations, national organizations, and international organizations.
- Health services: health information outreach, paramedical training, mother and child health services, prevention and control of communicable diseases, immunization/ vaccination, nutrition improvement programs at *Posyandu* (Integrated Service Posts), treatment of disease, and psychological therapy services.
- Health service venues: satellite health posts at all barracks, *Puskesmas* (Community Health Centers), supplementary *Puskesmas*, mobile *Puskesmas*, and hospitals.
- Some patients with serious diseases may be referred for treatment outside Aceh due to equipment and human resource limitations.
- Numbers of health care personnel considered insufficient in many locations. Efforts needed to overcome this through recruitment of new personnel.
- Health service problems most often complained about by service users include:
 - Medicines limited in quality and quantity.
 - Unavailability of ambulances or other transport vehicles.
 - Medical personnel not on duty 24 hours at most refugee barracks.

Accessibility

- Information disseminated through mass media, government officials, and health care personnel.
- Health care locations easily reached by disaster victims.
- No charge for basic health services at health posts.
- Locations of health posts decided on basis of proximity to location of evacuees.

Equitability

- Basic health services assessed as accommodating needs of all groups.
- No community groups being favored or discriminated against.
- In Aceh Utara, special housing for lepers has been rebuilt, so that treatment can be provided for them and the disease can be prevented from spreading to others in the community.

Involvement

- Mechanism for identifying victims' needs through surveys/ assessment and dialogue with victims.
- Generally, public is not actively involved process of formulating, planning, executing, and evaluating/ monitoring services.
- No clear mechanism to receive or accommodate public's complaints/ objections.
- Public does not know service standards.

Enabling Factors:

1. Availability of special health service programs in refugee locations, such as satellite health posts.
2. Availability of trained medical personnel to serve as volunteers in several places in Aceh.
3. Efforts to open involvement by the victim community in every service program.
4. Health facilities and infrastructure starting to function again, such as reactivation of *puskesmas*, *posyandu*, hospitals, etc.
5. Dissemination of information about health services for disaster victims.
6. Health service providers' policy to provide services without collecting fees.
7. No discrimination in health service treatment for disaster victims.

Constraints:

1. Limited health facilities and infrastructure.
2. Lack of clarity from service providers regarding amount of funds; control mechanism does not operate.
3. In most regions, disaster victims insufficiently involved in formulation, planning, execution, and monitoring of health services.
4. Little will from service providers to improve health services.

Recommendations

1. Government (especially Health Service) and other service provider institutions need to coordinate to handle shortages in facilities and infrastructure, including matters of personnel, availability of medicine, ambulances, etc.
2. Provincial government needs to push to have RSU Zainal Abidin developed into an international-standard hospital, so that treatment for serious diseases does not have to be referred to outside Aceh.
3. Health service providers must develop a service management system that is transparent and accessible to the public, the media, or other parties that intend to monitor the course of the rehabilitation and reconstruction process in Aceh.
4. Health service providers need to create a standard mechanism for involving residents in the implementation of health services. This is important so that the community can actively monitor the performance of service provider organizations.

5. Service providers need to create a mechanism for handling complaints, objections, and suggestions for improvement from the public. In developing this mechanism, service providers must involve the public, as the user of the health care services.
6. BRR and the government must ensure that public complaints about health services are handled *jointly* together with the health service provider organizations.
7. In general, a comprehensive policy is needed to improve the quality of environmental hygiene, which affects the health of individuals, whether living in refugee camps or not.

Best Practice Example

In the Sangso Barracks, Samalanga District, Bireun, 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 (*Ikatan Dokter Indonesia, IDI*).

4. EDUCATION SERVICES

Availability

- Damaged educational facilities have been rehabilitated, reconstructed, and relocated. In several places in Banda Aceh and Aceh Besar, unavailability of land is a constraint.
- Other services provided: 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.
- Quality and quantity of educational services is inadequate. Problems include limited facilities and shortage of teaching personnel. Overcome shortage of teachers through recruitment of teachers' aides and/or contract-basis teachers.
- No transportation facilities aimed at helping students travel between refugee camps and schools that are far apart.
- Responses of local governments to education vary.
- Allocation of funding in the implementation of educational services is not accessible to the public or to organizations that monitor the performance of service providers.
- Nearly all scholarships come from non-governmental organizations.
- Emergency schools are now providing general education like regular schools.
- *Dayah* (Islamic boarding schools) accommodate orphaned children to continue their education with low fees or at no costs.

Accessibility

- Mechanism for disseminating educational services is now running well. This mechanism was conducted together with the needs analysis in each region.
- Many difficulties with transportation to schools, especially for children still studying at schools in their original locations but living in refugee camps far from their original place of residence or school.
- 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 new students, with the excuse that the schools have limited funds.

Equitability

- No communities are being favored or discriminated against in receiving the services provided.
- Services do not differentiate between children who are and who are not tsunami victims, but in nearly all areas there are no special facilities to accommodate the needs of orphans or the disabled.
- Orphan children tend to be schooled at traditional *dayah* or *pesantren* (Islamic boarding schools).

Involvement

- Community involvement in the conduct of educational services remains inadequate, due to lack of clarity on community involvement mechanism.
- In some places, communities are participating actively in the conduct of education.

Enabling factors:

1. 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.
2. High commitment from the public to educate their children; in some places, community members even donate assets (land) to build schools.
3. Need, support, and cooperation from victim community, coordinators of refugee barracks, and *dayah* in supporting educational services.
4. Some *dayah*, as educational institutions, are willing to provide educational services cheaply and/or free of charge.

Constraints:

1. Lack of clarity on mechanism for community involvement, and tendency for what involvement there is to be merely a formality.
2. Little coordination between service providers, and lack of transparency from service providers regarding funds and expenditures.
3. Planning of 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. Also, lack of standard concept on how educational facilities can accommodate the special needs of disabled students.

Recommendations

1. Education service providers, particularly local governments, need to add more teachers in certain subjects (mathematics, chemistry, physics and biology), to ensure the quality of education following the disaster.
2. Planning should be comprehensive and transparent and take into consideration the needs of vulnerable groups, such as orphans and the disabled.
3. Transportation needs to be provided immediately for disaster victim children whose schools are far from the refugee camps where they are living.

4. A collective mechanism needs to be developed for providing scholarships for disaster victim children. This should include data collection, selection, allocation of scholarship funds, and monitoring of these activities. This mechanism must ensure that scholarships reach the right targets and are fair and proportional.
5. 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 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.

In the Cot Uno Barracks, Kuala District, Bireun, extracurricular education and informal education are being conducted, facilitated by HMI (Islamic Students Association) Bireun 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 aimed at school dropouts.

5. SURVIVAL ALLOTMENT SERVICES

Availability

- Survival allotment program was planned for 12 months, but to date victims have only received it for three months, and in some places only two months.
- Distribution of allotments in the next stage is impeded, as allotment funds have not been released by the central government.
- Allotment received by victims is Rp 3.000/day/person. Residents say this amount is far from adequate, not to mention the delays in the distribution.
- To prevent multiple allocations, local governments have anticipated by requiring that allotments be received in 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.
- Data on allotment recipients are constantly changing, for several reasons: lack of criteria on allotment recipients, unavailability of initial population data, and highly dynamic mobility of refugees.
- Local governments are not experiencing personnel shortages when distributing allotments; personnel shortages occur when gathering data on refugees. Consequences: Data collection takes a long time, and data are inaccurate.

Accessibility

- Information on survival allotments is disseminated by local governments through governmental structure, electronic media (radio), and print media
- Victims 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 central government to provincial government, then to government regency/city governments, which distribute to the *camat* (sub-district heads).

- There are two methods for distributing the allotments in the districts:
 - *Camat* gives a demand draft to the *keuchik* (village heads), who then cashes it and distributes to refugees.
 - Draft is cashed by *camat*, and allotments are distributed by the *camat*, accompanied by the *keuchik*.
- In general, no fees are assessed or collected when allotments are distributed to refugees.

Equitability

- No groups being favored or discriminated against in obtaining survival allotments. No differential treatment.
- Victims on whom data have not been collected do not receive allotments.

Involvement

- Community is not involved in formulating amount, distribution mechanism, or criteria for recipients, or in monitoring and evaluation of allotment services.
- Village heads and barrack/ tent coordinators are involved only in the distribution.
- No special mechanism provided for complaints in allotment services.
- Community submits complaints through barrack coordinators, *keuchik*, and district officials.

Enabling Factors

1. Desire from government to assist disaster victims.
2. Clear and standard distribution mechanism.
3. Easily accessible information dissemination system.
4. Local policies on recipient criteria.
5. All refugees treated the same, without discrimination.
6. Small components of community, such as barrack coordinators and *gampong* officials, are involved in allotment distribution process.

Constraints

1. Small amount of allotments.
2. Distribution is not on time.
3. Data collection is inaccurate, due to shortage of personnel.
4. Lengthy distribution bureaucracy.
5. Certain individuals do not execute distribution of allotments in line with existing regulations.
6. Allotment distribution venues are sometimes far from barracks.
7. Some victims do not receive allotments because data on these victims have not been collected.
8. Most victims are not actively involved in formulating and distributing allotments.
9. No mechanism available for complaints about allotment services.

Recommendations

1. Government needs to reconsider amount of allotments for victims in line with minimum survival needs.
2. Government needs to create a system for collecting accurate data on allotment recipients.
3. Government must ensure timely distribution of allotments.

4. Local governments must submit reports on allotment distribution to central government in a timely fashion.
5. Government should involve victims in formulating allotment services.
6. Government needs to conduct regular monitoring and evaluation, involving components of the community, and create a system for complaints about allotment services.

6. ECONOMIC RECOVERY SERVICES

Availability

- Economic recovery programs are the programs most often promised, but not all the promises are properly realized.
- Communities' access to aid from other parties may be reduced once one organization declares that it is providing assistance in that location. Problems arise when the organizations that make such promises fail to deliver or are late in delivering.
- Forms of programs: assistance with production facilities, business capital, training, and construction of physical facilities.
- Provision of assistance in the form of production facilities, capital, and training is not accompanied by direct guidance.
- Some economic recovery assistance that is being conducted is seen by the victim community as unsatisfactory. In some places, programs are implemented without proper planning, and there are some indications of assistance funds being embezzled.
- In general, the community is required to form groups. Who forms the groups and determines who will obtain assistance in each stage is left to the community's internal mechanisms.

Accessibility

- Efforts from service providers to provide information about their programs through mass media, notice boards, village officials, barrack /tent coordinators, field officers, and radio.
- No instances were found of fees being collected in economic recovery programs.
- Unequal access to information has meant that many feel left out of economy recovery programs.

Equitability

- No discriminatory treatment in distribution of economic recovery programs.
- Economic recovery assistance is still not accommodating the needs of the victim communities, particularly women, children, and the disabled.

Involvement

1. Needs identification is done through surveys, dialogue, and relying on the knowledge of local officials.
2. There have been several efforts to involve the community; however, the community does not feel involved, particularly with regard to determining quality and quantity.
3. Very rarely, communities reject assistance that is not in line with their needs.
4. Existing complaint mechanism does not accommodate or respond to complaints.
5. Business forums/ business groups are only used for the assistance provision mechanism, and do not receive enough capacity building for their group members.

Enabling factors:

1. Support for parties outside government to be involved in provision of economic recovery programs.
2. Commitment from service providers not to differentiate among groups on basis of location, social status, religion, or political preferences of recipients.
3. Commitment from service providers to start being more open in providing information on economic recovery programs.
4. Support from many parties to monitor economic recovery process and urge community to be involved, from planning through to program evaluation.
5. Strong desire from public to be involved in determining types of economic recovery programs.

Constraints:

1. Complaints from public do not receive quick response.
2. No business/ economic forum as representative of small and medium-scale business operators. Public consultation mechanism only involves medium and upper level economic players.
3. No mechanism for transparency on amount of aid funds.
4. Assistance programs not accompanied by direct guidance and intensive program monitoring.
5. Forms of programs provided do not yet meet needs of diversity of recipient groups, particularly women and the disabled.

Recommendations

1. In applying the revolving fund model, mechanism and rules for its implementation should be decided jointly with aid recipient community.
2. Need to establish small business forums at regency/city level as effort toward communication between service providers and service recipient communities.
3. Discovery of economic recovery assistance needs should involve the community, up to and including determination of quality and quantity of assistance to be given.
4. Determination of forms of programs should take into consideration needs of all community groups.
5. Skills training should be accompanied by financing, training in marketing, and facilities to obtain market access for products.

Best Practice Examples

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 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 victims 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 assistance provided by donors or government can be better utilized for the community.

CONDITIONS OF MANAGEMENT

A. SOCIALIZATION OF BLUEPRINT

- Although BRR and local governments have conducted outreach on the blueprint, this has not been effective in reaching all disaster victims.
- 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.
- Dissemination of information on activities to implement rehabilitation and reconstruction has not gone well, so many people do not know how to access these programs.

B. IMPLEMENTATION OF DUTIES AND FUNCTIONS

- Rehabilitation and reconstruction programs are being conducted by BRR, local governments, local organizations, national organizations, international organization, and foreign governments.
- Perpu (Regulation in Lieu of Law) No. 2 of 2005 designated BRR as the institution to exercise coordination to accelerate the process.
- In Banda Aceh and Aceh Besar, BRR's role is strongly felt, but not so much so in other regions. Lack of BRR representative offices is the reason for low level of information dissemination on BRR's role and responsibility.
- Still some institutional arrogance among service providers -- BRR, NAD provincial government, local governments, and national and international organizations.
- Overlaps of authority in the implementation of rehabilitation and reconstruction have occurred, as follows:
 - *Between government institutions*, particularly between BRR, provincial government, and regency/city local governments.
 - *Between institutions within local governments*.
- There is an impression that some organizations have allocated certain locations to themselves, which inhibits other parties from providing assistance in those locations.
- National and international organizations do not have mechanisms for disseminating or providing information that can easily be accessed by the communities that they are serving.

Recommendations

1. Service providers should open access to non-bureaucratic information and create a system for complaints about the services that they provide.
2. BRR must improve its strategies for publicity and communication to victim communities. Public's lack of understanding about what can be expected from and reported to BRR shows that BRR has not yet succeeded in becoming a resource for victim communities.
3. BRR must push for coordination between parties with regard to rehabilitation and reconstruction construction to the village level.

C. COORDINATION BETWEEN PARTIES

In general, several mechanisms and levels of coordination are being done.

- *Coordination at gampong (village) level*
 - Involves *gampong* officials, service providers, and community.
 - Both formal and informal forms.

- Meetings initiated by service providers.
 - Considered effective by many, especially by community groups.
 - Coordination proceeds separately, based on type of services to be provided by service providers.
 - Coordination at *gampong* level only relates to information dissemination on programs, formal inauguration of programs, handover of programs, or when problems arise.
- ***Coordination at kecamatan (district) level***
 - Occurring in nearly all regions.
 - Generally running effectively.
 - Meetings initiated by *Muspika* or non-government organizations.
 - Usually attended by community representatives.
 - Thematic and holistic coordination. Most meetings are of an ad hoc nature.
 - Discussion may deal with program planning, implementation, and distribution.
 - *Muspika*'s role in some locations is a strong determinant in the implementation of rehabilitation and reconstruction.
 - ***Coordination at regency/ city level***
 - Mostly done by local governments.
 - Tends to be regular and monthly, though also some *ad hoc* meetings.
 - Both thematic and holistic meetings.
 - Discussions relate to program implementation, planning, and distribution.
 - Effectiveness of meetings sometimes hindered by language difficulties.
 - ***Coordination at provincial level***
 - Duty of BRR.
 - Each service and agency has appointed an individual as the "work unit" (*satuan kerja, satker*), tasked with carrying out coordination.
 - Some resistance among local government officers. Because they feel success belongs only to BRR, there are perceptions BRR have been paid and BRR tends to be seen as arrogant.

D. MONITORING

- Mechanism for monitoring and evaluation of rehabilitation and reconstruction process at provincial level done entirely by BRR.
- One effort: make a list of agencies/ institutions that can receive complaints and objections and can follow up on indications of deviations/ malfeasance in program implementation.
- Control mechanism only used in physical projects and almost never employed in non-physical projects.
- Non-government organizations make internal control mechanisms.
- In some regions, local governments exercise control over programs of non-government organizations, based on type of services.
- Unfortunately, results of evaluation and monitoring are used for internal purposes, and not released to public.

- Several methods are used by community to respond to deviations. For example, reporting to the authorities, demonstrations, refusing to accept assistance, and sending complaints to mass media. But most refugees prefer simply to accept conditions.
- In several places, service providers provide suggestion boxes. But these are not very effective, because many complaints receive no response or follow-up.

Recommendations

1. Publicity is needed on progress and developments in all programs, published regularly and accessible to the public.
2. Public complaints and indications of malfeasance must receive prompt response and follow-up.
3. Local governments, through *Bappeda*, must activate coordination roles.
4. Monitoring and evaluation to be done not only for physical projects.
5. Coordination at regency level should employ the following stages: (i) process of determining authority of each party; (ii) allocation of work; (iii) realization of commitment, involving victim residents, and (iv) program monitoring and evaluation.
6. BRR should pay attention to perceptions about its institution and personnel.