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Emergency Plan of Action Operation Update

Indonesia: Lombok earthquakes



Emergency appeal n° MDRID013	GLIDE n° EQ-2018-000156-IDN ; EQ-2018-000135-IDN ; EQ-2018-000127-IDN ; EQ-2018-000122-IDN
Date of issue: 29 May 2020	Timeframe covered by this update: 1 February 2020 to 30 April 2020
Operation start date: 31 July 2018	Operation timeframe: 30 months End date: 28 February 2021
Emergency appeal budget¹: CHF 8,077,623 DREF allocated loan: CHF 500,000	
N° of people being assisted: 80,000 (or approximately 20,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Indonesian Red Cross (PMI) works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) as well as the American Red Cross, the Australian Red Cross and the Japanese Red Cross Society in-country on longer-term programmes. The American Red Cross, Australian Red Cross, Hong Kong Branch of the Red Cross Society of China, the Canadian Red Cross Society, Italian Red Cross, Belgian Red Cross, Danish Red Cross, Finnish Red Cross, Japanese Red Cross Society, Czech Red Cross, Lichtenstein Red Cross, Spanish Red Cross, Swiss Red Cross, British Red Cross, Austrian Red Cross, Swedish Red Cross and the Netherlands Red Cross are contributing financially to the response. The Singapore Red Cross and Qatar Red Crescent Society are contributing bilaterally to the Lombok Earthquake Operation.	
Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. These include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies. DG ECHO, the Governments of Australia (DFAT), the Netherlands, New Zealand, Italy, Lichtenstein, Ireland, Spain, Czech Republic, Monaco, Malta, Cyprus, Luxembourg and Switzerland, the OPEC Fund for International Development (OFID), Coca-Cola Foundation, the Intercontinental Hotel Group, Western Union, IKEA Foundation, Grab, Tides Foundation and private donors from Ireland, Netherlands and the United States provided financial support to the emergency appeal as well.	

This operation update informs of the extension of the Lombok earthquake operation until 28 February 2021 to accommodate changes in the strategies to implement recovery programmes considering the COVID-19 context and impact on the needs of the vulnerable population, and in-line with government regulations regarding social gatherings. The operation's budget is also revised to reflect the IFRC support to PMI Lombok's COVID-19 activities, particularly to intensify health and hygiene promotion activities, risk communication and psychosocial support. The budget also reflects changes in operational costs due to the extension of the operational timeframe.

¹ Donor response list: <http://www.ifrc.org/docs/appeals/Active/MDRID013.pdf>

A. SITUATION ANALYSIS

Since the first 6.4 magnitude earthquake hit Lombok, province of West Nusa Tenggara, Indonesia, on 29 July 2018, four further earthquakes and multiple aftershocks impacted the districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, and Sumbawa island, in addition to Bali island. The Indonesian National Board for Disaster Management (*Badan Nasional Penanggulangan Bencana* or BNPB) reported more than 564 fatalities and almost 150,000 houses damaged due to the earthquakes.

Another magnitude 5.8 earthquake shook the Island of Lombok, West Nusa Tenggara on 17 March 2019, with depth of 19 km and followed within minutes by another earthquake of 5.2 magnitude with depth of 10 km and epicentre located in East Lombok. The earthquake was felt strongly in West Lombok, North Lombok, East Lombok, and mildly in Central Lombok and Mataram. No tsunami alert was issued by the authorities; however, people in Lombok panicked and evacuated to the nearest higher ground.

On 18 March 2019, PMI/ IFRC joint teams visited North Lombok and East Lombok districts for further assessment of damage and needs. An information bulletin was published on 22 March. The findings of the assessment did not reflect major needs. PMI, supported by IFRC, provided assistance to affected families without the need to revise the emergency plan of action.

COVID-19 Pandemic

On 13 April 2020, the Government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia. The number of confirmed cases has continued to increase significantly since the announcement of the first two cases in March 2020. Based on Indonesia Ministry of Health data as of 30 April 2020, 9,771 people have tested positive, of which 784 cases have been fatal. The Indonesian Ministry of Health on 10 March 2020 activated 132 referral hospitals in 33 provinces for COVID-19 case management. The government also established an emergency hospital for COVID-19 quarantine and treatment in Galang Island of Riau Islands Province.

The declaration allows the government to invoke powers to ease the entry of international aid, as well as to generate or allocate funds to respond to the pandemic. The president also formed the COVID-19 acceleration Task Force, with the Head of BNPB (National Agency of Disaster Management) as leading the task force. BNPB stated a 91-day emergency status on the pandemic starting from 29 February until 29 May 2020. Task forces have also been established for 25 provinces, of which 11 provinces have declared an emergency status. The task force is assigned to lead the prevention, response and recovery activities, as well as to employ experts to support the responses. The task force is also required to consult the policy plan with the head of the national task force.

On 16 March 2020, the Ministry of Internal Affairs issued a temporary restriction to export antiseptics, materials for masks manufacturing and personal protective equipment (PPE). On 3 April 2020, the Ministry of Health released guidelines to large-scale social restrictions (*Pembatasan Sosial Berskala Besar*, PSBB). The guidelines restrict public activities in certain provinces that have been hit by COVID-19. The regulation also became the basis for closing of schools and offices; restrictions on religious activities in communal areas, activities in public spaces and facilities, social and cultural activities; limitation of public transport modes and private vehicles; and other restrictions concerning defence and security aspects. On 10 April, Jakarta, with the highest number of positive cases in Indonesia, became the first province that implemented PSBB. On 21 April, the government also banned the traditional "Mudik" or mass exodus of people to go to home provinces, starting on 24 April 2020 until June.

All 34 Provinces in Indonesia identified with positive cases: the top five highest numbers being in DKI Jakarta, West Java, Banten, East Java and Central Sulawesi provinces.

Nusa Tenggara Barat (NTB) province is one of the emergency red zone provinces due to the COVID-19 virus. Projecting the number of patients infected in the province will assist the government in taking practical policies and preventing problems that may occur due to this virus.

Provincial Health Office is coordinating with health posts of ports and harbors as well as with Provincial Tourism Office for regular monitoring of people in and out of the province, especially those arriving from country/provinces with confirmed cases. The Corona Crisis Centre has been established and based in NTB Governor Office and acts as the COVID-19 public information center. Thermal scanners have been made available in all entry points such as Lombok airport and seaports.

Government at provincial and district level have imposed more strict restrictions to reduce the risk of spreading COVID-19 disease by issuing several circular letters addressed to the wider community. NTB government has urged community across NTB to halt and not to participate in any social, cultural, and religious masses activities in all public places. All transportation line via air, land, and sea entering NTB and between Lombok and Sumbawa Islands has been terminated from 24 April to 1 June 2020. A curfew from 10:00 to 17:00 has been enacted.

The data of COVID-19 in NTB as of 7 May 2020, as sourced from <https://corona.ntb.go.id>:

Positive cases	Under treatment	Recovered	Deaths	Patients under Surveillance (PDP)	People under surveillance (ODP)
312	225	81	6	424	518

Summary of current response

PMI has been on the ground from the onset of the disaster. At the national level, PMI NHQ has mobilized more than 900 relief volunteers from outside Lombok, while the PMI NTB Province coordinated the deployment of surge personnel to fill the gap of local volunteers in the districts.

At least 1,186 PMI personnel have been deployed since the beginning of the operation, with half coming from neighboring provinces with technical skills on shelter, water, sanitation and hygiene (WASH), relief, cash/voucher, health, DRR and logistic to boost the capacity of PMI NTB provincial chapter.

In early 2019, the Indonesian government was aiming to accelerate its permanent housing programme. PMI and other humanitarian organizations were directed to shift focus from transitional shelter to other shelter-related support or complementary action to the government's planned assistance. The initial transitional shelter support through provision of conditional cash grant was revised and adjusted accordingly. The cash assistance was redesigned to be used to support the transition process from temporary shelter to permanent housing, including for retrofitting purposes, house repair, rehabilitating household water source or pipeline network, and provision of household items and toolkits. This situation further delayed the progress of the operation.

Response to COVID-19

PMI NHQ issued a directive to **halt the earthquake and tsunami recovery activities** in Lombok and Palu to reduce risks of COVID-19 transmission amongst PMI and IFRC staff and volunteers, as well as the target population. PMI is also adapting activities such as hygiene promotion and educational campaigns to the context of COVID-19 prevention and is providing psychosocial support (PSS) for families with member of confirmed cases. PMI is also providing disinfectant spray and ambulance services, as requested by the provincial government.

PMI NTB has continued to mobilize its resources for awareness raising interventions at branches/chapters on COVID-19 prevention and promote health protection for communities through staff and volunteers. In addition, PMI set up media communication and community engagement strategies (including rumor tracking and feedback mechanism). PMI NTB BCP is currently under development as instructed by PMI NHQ.

[Plan of action for COVID-19 control and preparedness](#) has been developed which outlined action to be taken on the following segments:

1. PMI NTB Province actively coordinates with the NTB Provincial Health Office to provide information on planned activities that will be carried out.
2. Improve risk communication and health education and awareness to public by sending SMS messages related to COVID-19. SMS messages are sent to 21,036 telephone numbers that receive notifications with the theme of maintaining physical distance, washing hands with soap, and stay at home. The SMS has been sent in two batches.

[COVID-19 Prevention and Periodic Office Disinfection Protocol \(IFRC and PMI Lombok\)](#) has been drafted to provide office regulation and security measure responding to the increasing cases of COVID-19.

Overview of Red Cross Red Crescent Movement in country

PMI works with IFRC and ICRC as well as Partner National Societies in-country including the American Red Cross, Australian Red Cross and Japanese Red Cross. Qatar Red Crescent and Hong Kong branch of the Red Cross Society of China are supporting the operation bilaterally with procurement and distribution of tarpaulins and shelter tool kits, while the Turkish Red Crescent is supporting WASH activities.

The IFRC Country Cluster Support Team (CCST) for Indonesia and Timor-Leste consists of a head of office and technical capacities in disaster management, health, WASH, national society development (NSD), including protection gender and inclusion (PGI), communication, community engagement and accountability (CEA) and support services in finance, human resources and administration. Movement coordination meetings were conducted with partners and held as necessary. The CCST has been and is set to continue to provide support to enable the mobilization of personnel and supplies by PMI.

The surge optimization process has supported the deployment of 36 surge staff, 17 of them members of the Regional Disaster Response Team, five operations staffs from National Societies from the region, one emergency response unit, and 13 CCST and IFRC Asia Pacific Regional Office/Middle East and North Africa Office staff supporting the areas of administration, information management, relief, logistics, PGI, communication, PMER and field coordination. A recovery assessment team comprising a team leader, and specialists for logistics, information management (IM), livelihood, WASH, shelter, PGI, migration and displacement, cash transfer, PSS and NSD, together with a field coordinator was deployed in late November to early December 2018 to conduct recovery needs assessments and support the transition from emergency response to recovery.

Inter-agency coordination

At the country level, IFRC participates in meetings of the humanitarian country team chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA) held both during disasters and non-emergency times. PMI and IFRC co-lead the shelter sub-cluster, which is led by the Ministry of Social Affairs (MoSA). The sub-cluster is being supported by the IFRC Shelter Coordination Support Team (SCST), for both the Central Sulawesi and Lombok operations. The SCST has been deployed to provide direct support to the MoSA who is the lead agency for coordination of non-government shelter assistance under the Indonesian National Cluster System. This deployment is part of the IFRC's global commitment as co-lead of the Global Shelter Cluster to ensure effective coordination of the Shelter Sector in Natural Disasters. The team has provided the Ministry with Coordination, IM, and Technical surge support for the ongoing responses in Central Sulawesi (Palu) and Western Nusa Tenggara (Lombok), as well as strengthening the capacity of both the Ministry and cluster partners for this and future responses.

The number of agencies actively supporting shelter in both Central Sulawesi and Lombok has dwindled in the last year and a half from approximately 200 to about 60 (with less than half a dozen in Lombok). The SCST continues to coordinate with MoSA and other partners.

The capacity strengthening activities of the team have had significant impact on the MoSA's understanding of shelter issues and consequently has contributed significantly to disaster management in Indonesia. The Shelter Strategies for NGOs assisting in both Temporary Shelter and Permanent Housing in Central Sulawesi have now been passed into law as provincial decrees, providing clear guidance to all remaining actors. (*More information on SCST on Section C*).

Overview of non-RCRC actors in country

The humanitarian response in Lombok was coordinated by the BNPB and the Regional Disaster Management Agency (BPBD) during the emergency phase. They were coordinating the response and collating information on the earthquakes' impact. In the recovery phase, the MoSA and the Ministry of Public Works and Public Housing are coordinating the sub-clusters or working groups for shelter, WASH, PGI and cash assistance. PMI is participating in the sub-cluster meetings for better coordination and shared resources.

Government action on COVID-19

1. NTB COVID-19 task force calls for:
 - a. Community to supervise their children's activity outside to respect protocols, especially those in the local transmission area.
 - b. Communities to ensure protection of vulnerable groups (over 50 years old, infants, toddlers, and people with comorbid diseases such as heart disease, diabetes mellitus, hypertension, pneumonia, and cancer).
 - c. The non-exclusion of people who are positive of COVID-19.
2. The NTB government prepares funds up to 500 billion rupiah (CHF 33 million) for COVID-19 management in NTB. In addition, the government reallocated another 400 billion rupiah (CHF 26 million) from NTB regional budget for COVID-19.
3. The NTB provincial government is ready to distribute the second phase of Gemilang Social Safety Net (JPS) to 125,000 households targeting poor and COVID-19 affected families.
4. The NTB government ensures that the direct cash assistance from village funds will be disbursed by mid-May.
5. Family Planning Agency suggests postponement of pregnancies during the COVID-19 pandemic due to limited availability of health facilities.
6. The government is promoting checking of drugs and foods that passed the government standards can be done through the website <https://cekbpom.pom.go.id/> to avoid misinformation about cures for COVID-19
7. District regulations on wearing of masks, physical distancing and population movements are also in place.

Needs analysis and scenario planning

Needs analysis

Needs analysis regarding the 2018 earthquakes remains the same. See [18-month report](#) for latest information.

The following is related to COVID-19 in NTB.

Real-time data is available via the [World Health Organisation's COVID-19 Dashboard](#)².

Risk communication, community engagement, and health and hygiene promotion

There are many misconceptions about the virus and some rumours regarding the origin and severity of the virus. These highlight the need for a comprehensive risk communication and community engagement (RCCE) strategy, including using community engagement and accountability (CEA) methodologies to design approaches and services to track information gaps and rumours and address misconceptions before they spread and cause panic. General health promotion and behaviour change communication, with focus on handwashing, social distancing and care-seeking behaviours, can have a significant impact on individual and population-level risk.

Strengthening organizational capacity to provide services

In PMI NHQ, the Disaster Management Division has been appointed to lead the operation, assisted by the Health Division. PMI will need to modify its strategies for services delivery, as direct interaction with the targeted communities are limited.

With risks of other disasters still present, PMI will have to ensure that they are able to serve communities affected by the outbreak, as well as be prepared to address needs caused by other types of disasters. Enhancing the capacity of PMI will be key, particularly of local chapters of serve in the frontlines of service delivery.

Targeting

PMI will conduct health promotion and behaviour change sessions, with a focus on handwashing, social distancing and care-seeking behaviours at the population level and focusing on vulnerable groups. Engagement with the media and media monitoring will also be done to ensure right information is shared.

In order to assist the vulnerable groups affected by the outbreak, PMI, supported by IFRC, will strengthen community-level prevention, detection of cases, and referral through existing and scaled-up community-based health and community-based surveillance (CBS) activities, point of entry/point of control screening, timely sharing of verified health information, and stigma and fear-prevention activities. PMI will also support emergency services to reduce the impact of public health measures and ensure infection prevention and control (IPC), including refining PMI's Business Continuity Plan for COVID-19, strengthening of PMI's Emergency Operation Centre (EOC) and supporting data readiness for COVID-19. Personnel safety and security are also considered – review of epidemic guidelines, SOP, procurement of PPE, and registration of deployed volunteers to the Global Insurance scheme are programmed.

Scenario	Humanitarian impact
A small number of imported and isolated cases, managed effectively by the health system.	Low
Long-term spread of the virus, with outbreaks in certain parts of the community, putting stress on the health system.	Medium
Rapid spread of the virus, leading to breakdown of the health system and other essential services.	High

Referring to the above table, Indonesia is between the medium and high level where the virus is spreading rapidly from two cases two months ago to 14,032 confirmed positive cases (as of 10 May 2020). The health system and other essential services are still able to operate; however, the facilities are starting to become overwhelmed.

Operational Risk Assessment

Risk area	Controls
Staff health: risk of contracting COVID-19 through clinical or community-based activities	<ul style="list-style-type: none"> Information and training for staff and volunteers PPE for all frontline volunteers and staff in high-risk affected areas Minimise non-essential travel
Services disrupted due to restrictions to movement or illness of personnel	<ul style="list-style-type: none"> Activate Business Continuity Plan including tasks for finance, admin, IT, HR Set up flexible working arrangements Identify essential and non-essential services that could be prioritised during period of hibernation or withdrawal.
Negative media coverage related to handling of the response operation	<ul style="list-style-type: none"> Proactive communication with media and stakeholders Community engagement and accountability Thorough needs analysis, planning, prioritisation and reporting

B. OPERATIONAL STRATEGY

² <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

Overall objective

The overall objective of the operation has shifted from immediate relief assistance to recovery activities that will enable affected people to recover their normal lives. This recovery operation aims to support the needs of 20,000 households (80,000 people) of the most vulnerable affected 20 communities in seven districts, namely North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, Sumbawa and West Sumbawa with appropriate medium-term and longer-term assistance in a timely, effective, and efficient manner, as well as accompany them to recover from the impact of the earthquake and increase their resilience to future shocks.

Proposed strategy

In support of the government, PMI's strategy will primarily focus on improving living conditions of the affected people to hasten the recovery process. Mid-term recovery has become the priority of this operation, augmenting the government plans with durable shelter solutions, rehabilitation of WASH facilities, better preparedness for future disasters and the sustainability of benefits achieved within the affected communities.

PMI's operational strategy has been focused on the localization principle wherein the provincial branch of Nusa Tenggara Barat will take the lead on the recovery operation in Lombok and Sumbawa. The core PMI recovery team is shaped based on the provincial organizational structure while the PMI NHQ will provide technical support as necessary.

IFRC will continue to provide technical support on shelter, WASH, PMER, cash-based interventions, information management, CEA, PGI and national society development.

With the support of IFRC, PMI is progressing with:

- Adapting the recovery plan and strategy based on the evolving needs on the ground.
- Integrated programming across sectors and resilience building.
- Identifying the changing needs from relief to recovery phase through VCA, evaluation of activities and direct observation.
- Focusing on recovery, DRR mainstreaming and Building Back Safer.
- Participating in the cluster meetings and better coordination with other local agencies to provide relief and recovery assistance.
- Ensuring community and local government participation, and programme accountability to affected people;
- Providing training on community engagement and accountability and protection, gender and inclusion to volunteers and staff.
- Addressing the health risk of malaria and dengue fever as well as the exposure to asbestos in the community.
- Ensuring volunteers' safety and security and providing volunteer protection equipment including masks and helmets.
- Conducted a real-time evaluation to review the Disaster Management Law in Indonesia and PMI's humanitarian role under the localization principle espoused by the International Red Cross and Red Crescent Movement and the Indonesian government.

Operational Strategy for COVID-19 pandemic response

IFRC CCST Jakarta, as part of the global Movement-wide appeal, is seeking funding to support PMI's national response plan for COVID-19. A domestic response plan has been developed and approved, seeking CHF 4 million to support PMI activities on health, WASH, risk communication and community engagement, and to mobilize personnel and assets to target areas and provinces.

The overall operational objective is to contribute to reducing morbidity, mortality and social impacts of the COVID-19 outbreak by preventing or slowing transmission and helping to ensure communities affected by the outbreak maintain access to basic social services and can support themselves in dignity.

As the outbreak evolves, the National Society will:

1. Prepare for cases imported to the country or new communities in order to be able to respond quickly, appropriately and effectively
2. Support rapid containment of localised outbreaks when they occur
3. Mitigate the health and social impacts of large-scale outbreaks

The COVID-19 response strategy will be based on the phase of the epidemic and the National Society's role to support the local response. These may change over time, sometimes rapidly.

PMI and IFRC staff and volunteers are well placed to carry out health, disaster risk reduction, and other programmes at the community level, give accurate information based on community questions and concerns, provide communities

tools for positive behaviour change to reduce the risk of disease, document and correctly answer community feedback (questions, concerns, rumours), and communicate risk information. The National Society may also be called upon to help detect and support people who contract the virus.

This strategy will provide support for preparedness measures and the training of PMI staff and volunteers and the key messages that need to be communicated. It will also include contingency and business continuity planning to help the National Society to continue to provide lifesaving services as the outbreak evolves.

PMI will enhance coordination with public health authorities at national and local levels and undertake awareness sessions in communities including those that are particularly vulnerable to epidemics due to poor hygiene and sanitation conditions.

Specific to the Lombok earthquake operation, IFRC and PMI Lombok adjusted activities and timelines based on the current contexts to ensure that staff, volunteers and community members are safe from risks of transmission. IFRC-supported activities have also been adapted to enable PMI to provide COVID-19 related services to the population of the province and contextualizing components of interventions, such as health and hygiene promotion, procurement of personal protection equipment and CEA, to address the needs brought by the pandemic.

As social distancing regulations continue to be enforced in the province, PMI and IFRC decided to postpone some recovery activities which would require gatherings and/or extensive face-to-face interactions. Furthermore, the extension of this operation will enable IFRC to continue to support PMI Lombok's COVID-19 response, in line with the appeal's objective of reducing risks to and mitigating impacts of disasters to communities made vulnerable by the 2018 earthquakes.

Operational support services

No update as of reporting period. See [18-month report](#) for latest information.

C. DETAILED OPERATIONAL PLAN

The summary of progress detailed under each sector are only related to the current response in **Lombok and Sumbawa, West Nusa Tenggara (NTB)**. Gender disaggregated targets specified in Section C are based on government statistical agency (*BPS-Badan Pusat Statistik*) data on 2018 NTB population.³

 Shelter People targeted: 40,000 (10,000 households) Male: 19,416 Female: 20,584 People reached: more than 40,252 (10,063 households)⁴				
Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions				
Indicators:	Target	Actual		
# of household living in shelter meeting Sphere standards	10,000	9,555		
Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households				
Indicators:	Target	Actual		
# of households provided with cash grants	4,000	3,997		
# of households provided with shelter support	6,000	6,066		
Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households				
Indicators:	Target	Actual		
# affected community members trained in block production	100	35		
# of households reached with awareness raising activities on safer shelter	8,000	3,997		
Progress towards outcomes				
Shelter and settlement assistance (final figures)				
Relief item distribution was not done with standard sets of items but based on needs of households. The items distributed are detailed below:				
Number of essential household items distributed				
	Item	Units		
	Tarpaulin	19,912		
	Shelter toolkit	1,900		
	Family kit	332		
	Blanket	31,506		
	School kit	1,700		
	Solar lamp	5,000		
Cash and Voucher Assistance (CVA) Phase 3.0				
Provision of cash grant targeting 4,000 households is currently progressing at three districts. Out of targeted beneficiaries, 3,997 beneficiaries were successfully transferred IDR 4,200,000 (CHF300) for the first tranche. The first transfer was delivered into two batches – the first batch was done for 3,921 beneficiaries on 31 December 2019, and the second batch was done for 76 beneficiaries on 6 February 2020. Delayed transfers for 76 beneficiaries are due to incomplete supporting documents from beneficiaries required by the bank for registration such as valid ID card/family card. The final tranche transfer was successfully made amounting to IDR 2,800,000 (CHF200) to 3,997 beneficiaries in three districts on 6 March 2020. A technical spot check monitoring was conducted to ensure beneficiaries are utilizing the money and provide the technical support that they require prior to the final tranche.				
Household representative registered for the CVA Phase 3.0 programme				
Sex	West Lombok	North Lombok	East Lombok	Total
Female	148	355	354	857
Male	480	1,642	1,018	3,140
Total	628	1,997	1,372	3,997

³ BPS data on the percentage of 2018 NTB population by gender, https://www.bps.go.id/dynamictable/2018/03/20/1288/persentase-penduduk-menurut-provinsi-dan-jenis_kelamin-2009-2018.html

⁴ The actual number of beneficiaries reached with shelter assistance is beyond the stated number. To avoid duplication, number of households receiving emergency shelter assistance and relief items are excluded.

Field visits were conducted monitor three weeks after the first transfer, pre-COVID-19 regulations, to monitor and observe cash disbursement and usage in the community. Field monitoring and surveys were done on 29 January to 11 February 2020 in West Lombok, 24-31 January 2020 in East Lombok, and 12-14 February 2020 in North Lombok. A total of 480 households were interviewed during field visits.

Regarding the usage of cash assistance, most respondents allocated the cash to renovate or build their bathroom/toilet with septic tank, other parts of house, such as kitchens, including labour fee. This indicates that the cash grants were used for shelter/WASH objectives, which reflects the needs of the community during recovery. However, direct observations showed that the majority of the beneficiaries did not observe the promoted guidelines for proper bathrooms/toilets and septic tanks. Furthermore, even though PMI has been continuously disseminating awareness of no asbestos usage, about 3 per cent of the respondents are still using asbestos material for their houses.

Based on the monitoring visits, construction labours (masons) and PMI personnel are two entities most consulted for constructing/rehabilitating works. This reflects that PMI plays an important role in promoting safer shelter practices and build back better principles.

Pending activities

- Post-distribution monitoring surveys were planned to be conducted on Feb-March 2020, however, due to COVID-19 pandemic situation and restriction on personnel movement, this activity is planned to commence on July 2020, depending on the COVID-19 situation. A Kobo Collect based survey will be conducted to 5 percent of the assisted population to ascertain the effectiveness and appropriateness of assistance given.
- Lessons learned workshop to further elaborate challenges, findings and lessons learned, and provide recommendations to PMI for future programming is planned to be conducted after the PDM surveys.
- All related to Shelter technical support, guidance, and awareness raising for safe shelter have been postponed. Both PMI and IFRC decided to put on hold the recovery programme activities that require community gatherings and/or face-to-face interactions until COVID-19 situation has stabilized.



Health

People targeted: 40,000 (10,000 households)

Male: 19,416

Female: 20,584

People reached: approximately 24,396-37,902

Outcome 1: Communities are provided by PMI services that identify and reduce health risks

Indicators:	Target	Actual
# of people in target communities' health risks are reduced	40,000	37,902 ⁵

Output 1.1: Target population are provided with services undertaken by PMI that includes: CBHFA, healthy ageing, and non-communicable diseases

Indicators:	Target	Actual
# of targeted people received health services	40,000	13,609 with basic health care; 37,902 with health promotion

Output 1.2: Psychosocial support provided to the target population

Indicators:	Target	Actual
# of people reached by psychosocial support	as required	24,396

Progress towards outcomes

Health care services

Field activities related to health services were adapted to the COVID-19 context, in support of PMI Lombok's objective of reducing transmission, partly by providing accurate, timely and relevant information to communities. Since March 2020, health promotion activities have been focused on preventing COVID-19 transmission. These promotion activities such as SMS blast (20,649 SMS has been sent to people at Airport, Lembar Harbor and targeted area), printing roll banner and brochures (putting-up banners, distribution of brochures and other IEC materials, and

⁵ The number of people reached with basic health care, health promotion and PSS might include some duplication due to limitations on detailed beneficiary information.

face-to-face interactions during disinfection) have been conducted in three districts – in West Lombok in 47 public places, North Lombok in 34 public places and East Lombok in 123 public places.

People reached from health promotion per April 2020

Districts	# of people reached
North Lombok	4,100
East Lombok	29,083
West Lombok	4,719
Total	37,902

People reached from SMS Blast during COVID-19 Pandemic

Key Messages	# of people reached
Self- isolation	8,196
Early Assessment of COVID-19 symptoms	6,199
Stay at home	2,099
Washing hands with soap in the running water	4,200
Total	20,649

Psychosocial Support Services (PSS)

An assessment on the need to reactivate PSS for COVID-19 affected population is being conducted. Capacity of PMI to provide PSS is also being assessed such as identifying the PSS volunteers who are still active and will be able to attend webinars on PSS during pandemic. PMI is also planning to ensure that each district will have a PSS hotline.

Health Training for PMI personnel

Crew Ambulance training and ToT Commercial First Aid planned for February-April 2020 have been postponed due to the pandemic and the following government regulations. In place, webinars have been conducted to increase the capacity of PMI volunteers to respond to COVID-19, including on topics such as family care during the pandemic, community-based surveillance, management of ambulance for pandemic, dead body management, the role of community leaders (including community acceptance of the dead bodies infected with COVID-19). There is also a planned webinar for the on PSS during Pandemic.

Ambulance procurement and service provision

Procurement of ambulance have been completed – two units of ambulance (one transport ambulance and one emergency ambulance) have been delivered, awaiting handover to PMI Lombok.

First aid kit procurement

PMI volunteers continue to provide first aid services in the field during implementation of the recovery activities, as well as for local, national and international events. First aid kits are being procured to enhance PMI’s capacity to provide these services. There are three types of first aid kit being procured: a portable kit which contain 29 items, a trauma bag containing 51 items, and training kits with 32 items. The training kits will also serve as a support for the planned commercial first aid services – a planned fund-generating activity of PMI Lombok. The procurement process has been completed, with some of the items already received and some awaiting delivery.



Water, sanitation and hygiene (WASH)

People targeted: 20,000 (4,000 households)

People reached: 187,381 (including water distribution beneficiaries)

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of villages with rehabilitated water systems	16	On-going

Output 1.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with safe water according to WHO standards	10,000	187,443 people or 46,845 households

Output 1.2: Community access to the sanitation facilities is improved

Indicators:	Target	Actual
# of households provided with safe sanitation (excreta disposal) facilities	4,000	428 (total 108 communal toilets)

Output 1.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of households reached with hygiene promotion activities	4,000	10,339

Progress towards outcomes

Activities under the WASH program are on hold. IFRC and PMI have adjusted plans for hygiene promotion activities to include messaging on COVID-19, and to enable PMI to provide support for communal hand washing stations and COVID-19 personal hygiene kits (kits with cloth masks and hand sanitizers). Self-disinfection kits, containing disinfectant, cloth masks, gloves, detergent, cloths, a bucket and IEC materials, are also being procured to be distributed to the seven target districts under this operation, based on number of COVID-19 positive cases per district.



SIBAT provided communal hand washing stations during the Covid-19 Outbreak
(Photo: PMI)

Hygiene promotion

In discussion with the CEA team, key messages on hand washing with soap, household water treatment and storage, proper use of latrines and menstrual hygiene management are being developed to be disseminated to target at-risk communities for recovery program. IEC materials are also being developed based on these key messages.

Pending activities

In the coming months, hygiene promotion activities (non-COVID related) will be conducted as part of the ICRR approach in 16 villages. Topics and strategies of hygiene promotion campaigns will be determined from VCA results, which are currently being analyzed and reports are being finalized.



Protection, Gender and Inclusion

People targeted: All people affected
People reached: To be confirmed

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
<i>The targeted community are able to identify vulnerable and marginalized group among their community.</i>	Yes	Yes

Output 1.1: Emergency response operations creates awareness, mitigates, and respond to sexual and gender-based violence and all forms of violence against children in disaster.

Indicators:	Target	Actual
<i>The operation demonstrates evidence of compliance with IFRC minimum standard commitments to gender and diversity in emergency programming.</i>	Yes	Yes

Progress towards outcomes

No update as of reporting period. See [18-month report](#) for latest information.



Migration and displacement

People targeted: To be confirmed
People reached: 53 people

Outcome 1: Communities support the needs of migrants, those displaced and their families and those assisting migrants and displaced persons at all stages

Indicators:	Target	Actual
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# of people reached with services for migration assistance and protection	TBC	53
Output 1.1: "Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster"		
Indicators:	Target	Actual
# of people reached with services for migration assistance and protection	TBC	53
Progress towards outcomes		
No update as of reporting period. Activities were completed by January 2019. See 18-month report for latest information.		

	<h2 style="color: red;">Disaster Risk Reduction</h2> <p>People targeted: 62,476 (16 villages) Male: 30,390 Female: 32,086</p> <p>People reached: 6,560 people</p>	
	<p>Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster</p>	
Indicators:	Target	Actual
Community preparedness plans in place	16	Outcome indicator will be reported in final report
Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters		
Indicators:	Target	Actual
# of contingency plans/early warning systems developed among target population	16	Not started
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	62,476	6,560
Output 1.2: NS Capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
# of community-based action teams provided with proper training and equipment for emergency response	16	On-going
Advocacy with local governments and village committees on disaster risk reduction	Yes	More than 32 meetings with local authorities and BPBD
Progress towards outcomes		

Activities under the DRR programme are on hold. The IFRC and PMI DRR teams have been coordinating with communities, the branches, the chapter and NHQ for any disaster management activities. The teams have also been hosting thematic webinars to provide information on the role of PMI – from the provincial chapter to the community-based volunteers – during the COVID-19 response. The implementation strategy in new situation need to be designed, formulized and tried out, to fine the suitable practice.

PMI has also supported the Desa Tangguh (Resilient Village) COVID-19 programme by the Rural Development Ministry by mobilizing SIBATs (community-based teams) in their villages to address community feedbacks and issues to PMI NTB and IFRC.



SIBAT and community members in Pendua village, North Lombok, conducted gender mainstreaming during the Participatory Rural Appraisal as part of Vulnerability and Capacity Assessment. (Photo: IFRC)

Integrated Community-Based Risk Reduction (ICBRR)

The **Vulnerability and Capacity Assessment (VCA) reports** for 16 villages are currently being finalized by PMI and IFRC teams. The VCA utilized a combination of baseline survey, community meetings using VCA tools and review of secondary data. Community priorities for risk reduction are ranked and mitigating interventions are recommended. The reports will further guide the recovery interventions under this operation, which should culminate to community action plans to reduce risks to the population.

SIBAT (community-based action team) Training

The training aims to ensure SIBAT readiness to facilitate and participate in the community preparedness activities. More advance and technical SIBAT trainings are also planned by PMI once the basic trainings are completed.

The last two trainings were held on February 2020 in Jenggala and Gumantar, in North Lombok district. In total 350 volunteers from 14 villages in 4 districts in Lombok have received basic training on DRR and community mobilizations.

The COVID-19 pandemic halted the entire recovery programme activities. The last of two SIBAT trainings planned to be conducted for Lamunga and Labuhan Mapin in Sumbawa Island have since been postponed.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
<i># of NS branches that are well functioning</i>	5 (North Lombok, East Lombok, West Lombok, West Sumbawa, Lombok Tengah)	Outcome indicator will be reported in final report
Output S1.1.1: National Society has effective and motivated volunteers who are protected		
Indicators:	Target	Actual
<i># of volunteers insured</i>	1,000	1,084
<i># of volunteers involved in the operation</i>	750	1,084
Output S1.1.2: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
<i>NS has necessary infrastructure and systems in place</i>	Yes	Yes
Progress towards outcomes		
No update as of reporting period. See 18-month report for latest information.		

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
<i>% of people reached by the IFRC disaster response operations to the people affected by these emergencies</i>	Min 5%	Outcome indicator will be reported in final report
<i>IFRC engages in inter-agency coordination at the country level</i>	Yes (Shelter)	Yes
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators:	Target	Actual
<i>Mechanism for effective response preparedness identified and implemented</i>	Yes	Yes
<i># of RDRT deployed</i>	Min 3	17
Output S2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities		
Indicators:	Target	Actual
<i>% of complaints and feedback received and responded to by the NS</i>	85% responded	100% responded (1,399 feedbacks)
<i># of volunteers and staff trained in CEA</i>		
Output S2.1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced		
Indicators:	Target	Actual
<i>A coherent shelter strategy is developed in response to the earthquake</i>	Yes	Yes
Progress towards outcomes		
Community Engagement and Accountability (CEA):		
CEA has continuously supported all sectors – integrated in WASH, health and shelter by providing and sharing timely, actionable and potentially life-saving information with communities efficiently and at scale. CEA is also		

ensuring inclusive, participative and impactful operation by integrating derived inputs and feedbacks from the communities into the planning and implementation processes.

Number of feedbacks received from the community regarding PMI services per sector (up to April 2020)

Services	Complaints	Compliments	Questions	Requests	Mis-information	Suggestions and information	Sub-total
WASH	16	26	21	190	1	23	277
CTP	54	69	332	26	1	81	563
Relief	25	19	48	52	1	58	203
Shelter	3	13	13	5	-	2	36
Health	5	18	81	46	-	46	196
PSS	2	15	2	15	-	10	44
Others	6	64	76	20	3	35	204
Total	111	224	573	354	6	255	1,523

All feedbacks from communities are recorded and documented through the CEA logbook. As of end of April 2020, PMI has received 1,523 feedbacks. Most feedbacks were responded to in under 24 hours with a smaller number being responded to within 48 hours. PMI volunteers were determined to respond to and close the feedback loop with the communities. The feedbacks were analysed with sectors accordingly to develop and improve programming and service delivery. A feedback manager (volunteer) is responsible to compile all the feedbacks. Feedback summaries are regularly shared with sector leads to adjust and develop activities according to input by communities. Feedback SOPs have been developed and implemented to guide staff and volunteers on receiving and responding to communities' feedbacks to ensure better communication and protect all personal data. Tables below provide details regarding feedback for each sector and preferable communication channels. Details of feedback derived from the community is presented in the table below:

Number of feedbacks received from the community regarding PMI services by channel

Comm. Channel	Complaints	Requests	Questions	Compliments	Misinformation	Suggestions and Information	Subtotal
Face-to-face	55	112	293	198	2	186	846
Telephone	23	157	140	8	2	21	351
WhatsApp	16	39	60	7	1	16	139
Twitter	3	17	32	1		3	56
SMS	12	16	13	7	1	8	57
Facebook	2	12	26	3		10	53
Instagram		1	9			11	21
Total	111	354	573	224	6	255	1,523

The CEA team is also supporting PMI and IFRC technical teams in developing materials for hygiene and health promotion in relation to COVID-19. The CEA team also continues to support PMI services in dispelling and tracking rumours.

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Indicator:	Target	Actual
<i>Complementarity and strengths of the Movement are enhanced</i>	Yes	Outcome indicator will be reported in final report
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicator:	Target	Actual
<i># of RCRC coordination meetings</i>	As necessary	Ongoing
Output S2.2.2: Shared services in areas such as IT, logistics and information management are provided		
Indicator:	Target	Actual
<i>IM system is implemented</i>	Yes	Yes
Progress towards outcomes		

No update as of reporting period. See [18-month report](#) for latest information.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Target	Actual	Actual
<i>The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels</i>	Yes	Outcome indicator will be reported in final report

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicator:	Target	Actual
<i># of media log kept and shared on a monthly basis</i>	1	Continuous activity

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicator:	Target	Actual
<i># of detailed assessment report is produced</i>	1	RAT published
<i># of final external evaluation of the operation is conducted</i>	1	Not started yet

Progress towards outcomes

No update as of reporting period. See [18-month report](#) for latest information.

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Indicator:	Target	Actual
<i>Work in planning and reporting to ensure effective accountability internally and externally</i>	Yes	Outcome indicator will be reported in final report

Output S3.2.1: Resource generation and related accountability models are developed and improved

Indicator:	Target	Actual
<i>Meeting and reporting deadlines are respected</i>	Yes	Yes

Output S3.2.2 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources).

Indicator:	Target	Actual
<i># of meetings with diplomatic representations</i>	4	As necessary

Progress towards outcomes

No update as of reporting period. See [18-month report](#) for latest information.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

Indicator:	Target	Actual
<i>% of operations in accordance to established guidelines</i>	100%	Outcome indicator will be reported in final report

Output S4.1.1: IFRC staff shows good level of engagement and performance

Indicator:	Target	Actual
<i>% compliance with IFRC HR procedures</i>	100%	100%

Output S4.1.2: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.

Indicator:	Target	Actual
<i>% compliance with IFRC financial procedures</i>	100%	100%

Output S4.1.3: Staff security is prioritized in all IFRC activities

Indicator:	Target	Actual
<i># of updated security guidelines produced before second month</i>	1	Updates will be made as necessary

Progress towards outcomes

COVID-19 Prevention and Periodic Office Disinfection Protocol (IFRC and PMI Lombok), covering office regulations and security measures responding to the increasing cases of COVID-19, has been drafted.

Furthermore, IFRC Lombok updated security protocols to ensure compliance with IFRC's, PMI's and government's regulations on distancing and movement. All IFRC staff movement now requires approval from the field coordinator.

Challenges:

Most activities in shelter, health, WASH and DRR sectors have been postponed following the developing situation of COVID-19 pandemic in the province and the government instruction to halt activities in the community which require community participation and mobilization. All desktop works including preparation of training and activities as well as webinar remain normal. Additionally, procurement process for water supply systems, community-based action team (CBAT) equipment, emergency warning system (EWS) equipment, and emergency response equipment are cancelled and will be relaunched and altered based on the current situations.

Limitation on physical presence in the fields have hampered coordination with PMI Branches. Virtual meetings have been promoted as coordination platforms; however, it requires some time for the personnel to develop familiarity with a new working mode.

D. BUDGET

Detailed expenditure is outlined in the [attached](#) interim financial report.

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2020/04	Operation	MDRID013
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 02 Jun 2020

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 28 Feb 2021; appeal launch date: 08 Aug 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	5,107,000
AOF2 - Shelter	8,060,868
AOF3 - Livelihoods and basic needs	7,666,000
AOF4 - Health	1,759,945
AOF5 - Water, sanitation and hygiene	3,676,945
AOF6 - Protection, Gender & Inclusion	616,000
AOF7 - Migration	661,000
SFI1 - Strengthen National Societies	3,279,000
SFI2 - Effective international disaster management	6,163,866
SFI3 - Influence others as leading strategic partners	1,448,000
SFI4 - Ensure a strong IFRC	463,000
Total Funding Requirements	38,901,624
Donor Response* as per 02 Jun 2020	37,388,488
Appeal Coverage	96.11%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	803,734	130,557	673,177
AOF2 - Shelter	3,861,611	3,813,520	48,091
AOF3 - Livelihoods and basic needs	69,822	69,822	0
AOF4 - Health	327,757	186,617	141,140
AOF5 - Water, sanitation and hygiene	704,194	344,194	360,000
AOF6 - Protection, Gender & Inclusion	20,060	18,759	1,301
AOF7 - Migration	14,492	19,166	-4,674
SFI1 - Strengthen National Societies	745,817	205,882	539,935
SFI2 - Effective international disaster management	893,950	724,545	169,405
SFI3 - Influence others as leading strategic partners	133,388	95,110	38,278
SFI4 - Ensure a strong IFRC	502,798	370,407	132,391
Grand Total	8,077,623	5,978,578	2,099,045

III. Operating Movement & Closing Balance per 2020/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,245,440
Expenditure	-5,978,578
Closing Balance	2,266,862
Deferred Income	931
Funds Available	2,267,792

IV. DREF Loan

* not included in Donor Response	Loan :	1,578,621	Reimbursed :	1,578,621	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2020/04	Operation	MDRID013
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 02 Jun 2020

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 28 Feb 2021; appeal launch date: 08 Aug 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	879,277				879,277		
Australian Government	359,802				359,802		
Australian Red Cross	88,438				88,438		
Austrian Red Cross (from Austrian Government*)	639,965				639,965		
Belgian Red Cross (Francophone)	54,711				54,711		
British Red Cross	636,220				636,220		
China Red Cross, Hong Kong branch	24,758				24,758		
Czech Red Cross (from Czech private donors*)	4,260				4,260		
Danish Red Cross	30,000				30,000		
European Commission - DG ECHO	729,328				729,328		
Finnish Red Cross	84,505				84,505		
Government of Malta	23,603				23,603		
Grab-GP Network Asia PTE LTD	12,464				12,464		
IFRC at the UN Inc (from Coca Cola Foundation*)	470,445				470,445		
IFRC at the UN Inc (from Facebook*)	424,701				424,701	931	
IFRC at the UN Inc (from Tides Foundation*)	119,182				119,182		
IKEA Foundation	15,000				15,000		
Intercontinental Hotels Groups(IHG)	24,354				24,354		
Ireland - Private Donors	114				114		
Italian Red Cross	34,235				34,235		
Japanese Red Cross Society	314,794				314,794		
Liechtenstein Government	35,000				35,000		
Liechtenstein Red Cross	121,288				121,288		
Luxembourg Government	41,257				41,257		
Netherlands - Private Donors	114				114		
New Zealand Government	332,409				332,409		
On Line donations	831				831		
OPEC Fund For International Development-OFID	389,264				389,264		
Red Cross of Monaco	34,031				34,031		
Spanish Government	115,436				115,436		
Spanish Red Cross	45,002				45,002		
Swedish Red Cross	8,291				8,291		
Swedish Red Cross (from Swedish Government*)	157,535				157,535		
Swiss Government	300,000				300,000		
Swiss Red Cross	130,000				130,000		
The Canadian Red Cross Society	56,514				56,514		
The Canadian Red Cross Society (from Canadian Gov	146,726				146,726		
The Netherlands Red Cross (from Netherlands Govern	1,135,981				1,135,981		
The Republic of Cyprus	22,538				22,538		
The Republic of Korea National Red Cross	188,602				188,602		
United States - Private Donors	4,981				4,981		
Western Union Foundation	9,484				9,484		
Total Contributions and Other Income	8,245,440	0	0	0	8,245,440	931	
Total Income and Deferred Income					8,245,440	931	