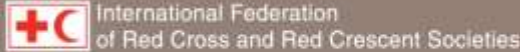




Emergency Plan of Action (EPoA) Indonesia Forest Fires



DREF n° MDRID010	Glide n° OT-2015-000148-IDN
Date of issue: 4 November 2015	Expected timeframe: 3 months Expected end date: 31 January 2016
DREF allocated: CHF 229,549	
Total number of people affected: 409,664 people	Number of people to be assisted: 106,140 people
Host National Society presence: Indonesian Red Cross Society (Palang Merah Indonesia - PMI) (3 provincial chapters and 9 district branches)	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, American Red Cross and the Canadian Red Cross Society PMI has with support of IFRC, developed a comprehensive plan of action for CHF 438,247 towards which this DREF allocation directly contributes. The IFRC is coordinating additional support to PMI by the American Red Cross thanks to the contribution of USAID. The Canadian Red Cross Society has been providing technical support to PMI and IFRC.	
Other partner organizations actively involved in the operation: The Australian Department of Foreign Affairs and Trade (DFAT) has made a generous contribution through its contingency fund available for the IFRC in Indonesia, covering CHF 208,698 of PMI's plan of action. For this reason, the DREF allocation is of CHF 229,549 resulting from the overall budget of the EPoA, CHF 438,247. The overall Plan of Action of PMI will assist 106,140 with both funds (DFAT and DREF)	
In addition, the IFRC coordinates closely with the regional disaster management agency, regional health department and UNOCHA.	

A. Situation analysis

Description of the disaster

Forest and land fires which occurred in some of the islands of Borneo (Kalimantan) and Sumatra resulted in a very dense haze, with conditions on the ground getting more and more serious. The Centre for Health Crisis of Ministry of Health reported that the forest fire which caused this haze started on 1 March 2015 in Riau Province. By now the affected area spread into seven other provinces, four in Kalimantan (West, East, South and Central Kalimantan) and three in Sumatra Island (Jambi, Riau and South Sumatera). In the last few weeks, the haze has also affected neighbouring countries such as Singapore, Malaysia, Thailand and the Philippines. The intensification of this disaster is the consequence of El Niño in the region, with severe droughts and significant delay of the rainy season, therefore preventing the effect of the rain on forest fires.

BMKG (National Meteorological, Climatology and Geophysics Agency) recorded the number of hotspots as 1,200 points spread in Sumatra and Borneo (where Kalimantan region is located). On the island of Sumatra, there are 771 hotspots spread across several provinces, including Bengkulu (33 points), Jambi (99 points), Bangka Belitung (41 points), Lampung (42 points), Riau (28 points), West Sumatra (8 points) and South Sumatra with 530 points. On the island of Borneo, 429 hot spots spread across 4 provinces, namely West Kalimantan (154 points), South Kalimantan (65 points), Central Kalimantan (74 points) and 136 points in East Kalimantan.

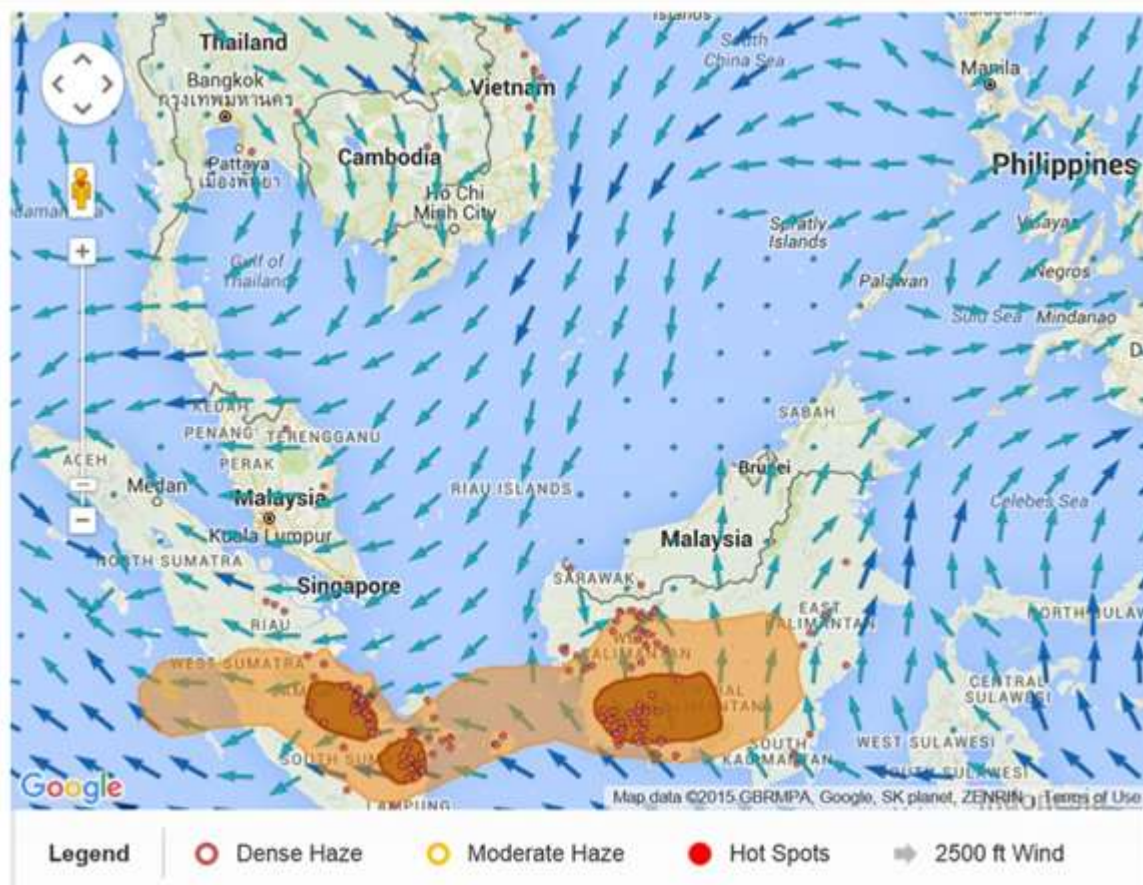
The highest air pollutant safety index (API), 1,950 ugram/m³, was recorded on 21 October 2015 in Central Kalimantan Province (normal 0 to 50 ugram/m³), while in other provinces the reported levels were:

- Riau Province: 596 ugram/m³
- Jambi: 407 ugram/m³
- South Sumatera: 300 ugram/m³ on 29 September
- West Kalimantan: 784 ugram/m³ on 28 September
- South Kalimantan: 171.37 ugram/m³ on 28 September



The dire condition of the haze in Palangkaraya (Photo: Posko PMI)

Hot weather conditions and thick smoke combined with the impact of El Niño throughout the country made the API level even worse while people, especially children, pregnant women, elderly and people with pre-existing condition, become more vulnerable to upper respiratory tract infection (URI), eye irritation, pneumonia, asthma, skin irritation, and even death. In addition, visibility is in the range of 20 to 500 meters which also causes delays or even cancelation of flight schedules in various provinces. This disaster also hampers daily activities and causes schools, universities and some offices to close down. The death toll recorded so far is three people in Riau Province and one person in South Sumatera Province.



Source: ASEAN Specialized Meteorological Centre (ASMC), Regional Haze Map

Local government efforts in extinguishing the fire by land and air have not been successful, mainly due to the extent of the burnt forest area and the forest conditions (e.g. peatlands which are prone to fire). This is a joint effort of BPBDs (Regional Disaster Management Agency), military, police, manggala agni (fire brigades from the Ministry of Forestry), community assistance and even from neighboring countries such as Malaysia and Singapore.

Currently, there are as many as **409,664 people** affected by URI in Sumatra and Kalimantan. Details as seen below:

Kalimantan

- West Kalimantan : 43,477 people (as of 8 October 2015)
- South Kalimantan : 86,450 people (as of 12 October 2015)
- Central Kalimantan : 36,101 people (as of 8 October 2015)
- East Kalimantan : 6,663 people (as of 19 October 2015)

Sumatera

- South Sumatera : 88,276 people (as of 8 October 2015)
- Riau : 78,933 people (as of 21 October 2015)
- Jambi : 69,764 people (as of 8 October 2015)

Summary of the current response

Red Cross Red Crescent action

PMI has responded to the needs of the affected communities by evacuating the most at risk populations together with the local authorities (BPBD) and distributing masks. PMI is closely working and coordinating with BPBD, BMKG and regional health department in conducting assessment, monitoring the situation, providing health services in

government facilities, and socializing the use of masks and good practices to reduce the exposure of vulnerable people to the haze. In total, 602,000 masks have been dispatched from PMI national headquarters' warehouse to the affected provinces to be distributed at community level by the PMI chapters and branches:

- Riau : 100,000 pieces
- Jambi : 126,000 pieces
- West Sumatera : 26,000 pieces
- North Sumatera : 50,000 pieces
- Bengkulu : 50,000 pieces
- Kepulauan Riau : 50,000 pieces
- South Sumatera : 8,000 pieces
- South Kalimantan : 36,000 pieces
- East Kalimantan : 10,000 pieces
- West Kalimantan : 70,000 pieces
- Central Kalimantan : 126,000 pieces



Distribution of face masks by PMI volunteers
(Photo: PMI)

PMI chapter in Jambi is currently conducting fundraising activities and seeking potential cooperation with local mini market for mask provision such as Alfamart, Indomart, Hypermart. PMI Riau has distributed 200 Sansevieria plants to communities, a plant that purifies air by absorbing toxins through the leaves and producing pure oxygen. PMI has dispatched two mobile water purification units, ten water tankers and two ambulances (eight more will be sent in the next days) to the affected area.

The IFRC Jakarta Country Cluster Support Team has been monitoring the situation with PMI and coordinating initiatives with the American Red Cross, the Canadian Red Cross Society and other Movement partners, as well as coordinating closely with UN OCHA and the UN system. American Red Cross with assistance from USAID will be supporting similar activities proposed further in this document in the three affected provinces of Jambi, South Sumatera and Central Kalimantan.

Indonesian Government action

According to the latest situation report from UNOCHA, the President of the Republic of Indonesia will issue a presidential instruction to provide legal basis for mobilizing all resources in the country to deal with this disaster. The government continues its air and land operations, efforts for law enforcement, health services and dissemination of information.

Regarding the Ministry of Education and Culture, schools were instructed to close once the air quality exceeds the tolerance limit and the Ministry will need to arrange further adjustment. Medical schools will be mobilized to handle health issues and send their experts.

The Ministry of Social Affairs will need to provide buffer stocks, funding availability, evacuation tents, air filters and other necessary actions. The Ministry of Health has already sent 33.8 tons of medical supplies, 11 water purifiers, oxygen masks and other necessary health resources including health fund. It has also been instructed to organize evacuation of infants and young children to safer areas. The Ministry of Communication and Information has been requested to disseminate appropriate information to the public. Through the Ministry of Foreign Affairs, the government is exploring possible international support in dealing with forest fires, such as Canada who has a strong experience with peat fires.

Military and police are supporting the territorial operations to minimize the impact of forest fires. The government also considers the impact on agriculture and on the electricity supply. Currently, 4,543 military personnel have been deployed to South Sulawesi, Riau, Central Kalimantan and South Kalimantan.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The Government has issued a decree for the emergency phase in September 2015 and encouraged all government bodies and international/national organizations to act upon the humanitarian needs; in addition, the Government has been considering declaring the issue a national disaster. Following the increasing needs and considering the gap in the government response plan, PMI has decided to respond to this disaster by providing assistance to affected people in six provinces (Jambi, Riau, South Sumatera, Central Kalimantan, East Kalimantan and West Kalimantan) and mobilize volunteers from neighboring provinces to ensure an effective implementation. This plan focuses on three provinces - Riau, West Kalimantan and East Kalimantan, and is complementary to other PMI similar activities in three other provinces as generously supported by USAID/American Red Cross.

With this proposal, PMI will provide assistance to **106,140 affected people in 3 provinces of Riau, West Kalimantan and East Kalimantan**, covering a total of **9 districts**. The EPoA has received the generous contribution by the Australian DFAT for CHF 208,698, therefore the DREF allocation will complement that contribution to achieve the objectives contained in this EPoA.

1. East Kalimantan Province

- Kutai Kertanegara District (total population: 626,286 individuals)
- Kutai Timur District (total population: 294,216 individuals)
- Kutai Barat District (total population: 144,018 individuals)



2. West Kalimantan Province

- Melawi District (total population: 189,061 individuals)
- Ketapang District (total population: 455,751 individuals)
- Kubu Raya District (529,320 individuals)



3. Riau Province

- Indra Giri Hulu District (total population: 363,442 individuals)
- Rokan Hulu District (total population: 475,011 individuals)
- Pelalawan District (total population: 356,945 individuals)



Based on the assessment, the main need at the moment is related to the negative impact of the haze on the population's health, especially children, pregnant women and lactating women.

B. Operational strategy and plan

Overall objective

Improve the life and health conditions of 106,140 people affected by the haze (especially children, pregnant women, elderly and people with pre-existing condition) in 9 districts of the 3 provinces of Riau, West Kalimantan and East Kalimantan for a period of 3 months (from November 2015 to January 2016) through the establishment of emergency houses (rooms equipped with air purifier for respiratory purpose and provision of health education, first aid and psychosocial support services), adapted medical services provided by PMI medical action teams in the communities via ambulance services, as well as provision of health education and masks provided by PMI emergency response teams (SATGANA).

Proposed strategy

Based on the analysis of the current needs and the action from the government and other stakeholders, PMI with support from IFRC will deliver services to the affected people in Riau, East Kalimantan and West Kalimantan provinces. PMI will ensure that the operation meets the immediate needs of the most vulnerable people by implementing the activities below:

1. Equipment of nine emergency houses (*rumah singgah* in Bahasa Indonesia, also known as "smoke-free facilities") as one-step centres to provide people in need, including people with pre-existing condition, children, the elderly and pregnant women, with:
 - First aid
 - Basic symptomatic treatment
 - Health education
 - Psycho-social support
 - Referral to health facilities in case needed.

The emergency houses will allow PMI staff and volunteers to provide affected people with health education related to the reduction of exposure to the haze at home, as well as to identify the symptoms linked to the respiratory diseases caused by the haze, and what to do in case of a symptom. The emergency houses will also act as referral centres to hospitals, with PMI ambulances serving these emergency houses to transport patients to the nearest hospitals.

The emergency houses intend to reach an estimated total of 72,900 people over 3 months in the 9 facilities.

Minimum available equipment for each emergency house (size of 36 m²), which will be covered by DFAT fund

- Air conditioner Split 2 PK : 2 units
- Air purifier (Sharp) : 2 units
- Field bed : 4 units
- Lather Mattress Rebounded Inoac : 20 pieces (10 cm x 200 cm x 90 cm)
- Oxygen tube 2 m³ : 3 units
- Oxygen mask for toddler : 3 pieces
- Oxygen mask for adult : 3 pieces
- Nebulizers and Ventolin amps : 2 pieces
- Home isolation : 1 package
- Generator set : 6 – 6.5 KWH

2. Health services for the most severely affected regions provided by PMI medical action teams, including first aid, distribution of oxygen, vitamins, eye drops, etc. (also called mobile health clinic). For serious cases, PMI ambulances with medical action teams will refer patients to hospitals. An estimated total of **3,240 patients** will be reached with 9 ambulances¹ in a period of 3 months. The ambulance service medical action teams' members (doctors and nurses) are mobilized in priority from the local districts.

Minimum standard for each unit of ambulance, which will be covered by DFAT fund

- Air Conditioner Single Blower : 1 unit
- Oxygen tube ½ m³ : 2 units
- Nebulizer and Ventolin amp : 1 piece

- Fog lamp (Yellow) : 1 set
- Mask 3M Half Face 6200/07025-24 : 1 pack
- First aid kit : 1 set

3. Health education and distribution of additional N95 masks provided by PMI SATGANA to **30,000 beneficiaries** in the affected districts. This will include sharing information about how to use the masks, type of symptoms, what to do in case of symptoms and will complement the ongoing campaigns on local media.
4. PMI will extend some of its activities to support this operation:
 - Consider all measures to continue ensuring availability of blood;
 - Existing command post/office to be used as safe houses;
 - Ambulance services for referral, home visit and evacuations.
5. Mobilization of skilled personnel/technical assistance from national headquarters and neighbouring provincial chapters for the initial setup of response.

Coordination

The IFRC Jakarta Country Cluster Support Team will continue ensuring the effective coordination between the host National Society and the other Red Cross Red Crescent partners (in and out of the country), as well as with relevant UN agencies and international non-governmental organizations involved in the haze response. IFRC will also liaise with relevant government agencies as requested by PMI.

Operational support services

Logistics and supply chain

Logistics support is provided by PMI national headquarter led by the Facility and Infrastructure Bureau together with technical support from IFRC senior officer specialized in warehousing, procurement and fleet management. Logistics activities will aim to effectively manage the supply chain, including procurement, clearance, storage and forwarding to distribution sites following PMI logistics procedures, with full audit trail.

¹ Made available by PMI

Planning, Monitoring, Evaluation and Reporting (PMER)

The monitoring of PMI activities will help to ensure the impact and appropriateness of the services provided. It will be carried out constantly with a bottom up and top down approach. PMI assigns its staff to closely monitor the progress of the operation in each district and province. Reporting from the field will be conducted daily by the branches (district level) and submitted to PMI provinces and national headquarter.

To assess the impact of the goods and services delivered by PMI, a separate evaluation will be conducted at the end of the operation involving beneficiaries feedback to measure success and identify challenges. The evaluation team will consist of representatives from PMI chapters, branches, national headquarter and IFRC personnel.

Beneficiary Communications and Accountability

The provision of information and two-way engagement with the affected population is a key point to consider during the response operation, so that PMI activities can be adjusted according to the expectations, needs and concerns of affected communities. Beneficiary communication components and mechanisms will be incorporated across the various sectors' activities and will be closely linked with planning, monitoring and evaluation processes in order to build an environment of transparency and accountability.

Gender, Diversity and Protection

Gender, diversity and protection issues will be mainstreamed in this operation, considering that thousands of people have sought temporary accommodation in evacuation centers/safe houses. Mainstreaming of gender, diversity and protection issues will also ensure that the activities are context-appropriate and that specific needs of children and women as well as of patients with chronic conditions are met. PMI will support the setup of breastfeeding stations in safe houses to address the needs of lactating women.

Health & care

Outcome 1:																	
Affected communities are able to improve and maintain their health condition																	
Output 1.1																	
Emergency houses are provided with available health standard equipment and air purifier, as well as health awareness, first aid and PSP services																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Setting up the emergency houses		■	■														
Running of emergency houses				■	■	■	■	■	■	■	■	■	■				
PSP services				■	■	■	■	■	■	■	■	■	■				
First aid services				■	■	■	■	■	■	■	■	■	■				
Outcome 2																	
The immediate health risks of the affected population are reduced through the provision of health services																	
Output 2.1																	
Communities have access to ambulance services equipped with basic health services and paramedics																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Mobilize and setting up the ambulance		■	■														
Community visits (1 ambulance for 1 district)				■	■	■	■	■	■	■	■	■	■				
Evacuation and referral services as needed				■	■	■	■	■	■	■	■	■	■				
Output 2.2																	
N95 masks are distributed and health awareness provided to communities in health services																	
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Procurement process of N95 mask		■	■	■	■												
Dispatch N95 masks in health services in the district				■	■	■	■	■	■	■	■	■	■				
Training of PMI volunteers		■	■														
Production and printing of IEC material for health awareness		■	■	■													
Health education sessions and mask distribution				■	■	■	■	■	■	■	■	■	■				

Contact information

For further information specifically related to this plan of action, please contact:

In Indonesian Red Cross Society (PMI):

- ✓ Dr. Ritola Tasmaya, Secretary General, phone: mobile: +62 811106845; email: ritola_tasmaya@pmi.or.id

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- ✓ Please send all pledges for funding to zonerms.asiapacific@ifrc.org

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Click here

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 - 2. Click [here](#) to return to the title page**
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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 Disaster 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



**Enable healthy
and safe living.**



**Promote social inclusion
and a culture of
non-violence and peace.**

DREF OPERATION

03/11/2015

MDRID010 : Indonesia Forest Fires

Budget Group	DREF Grant Budget CHF
Teaching Materials	21,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	21,000
Transport & Vehicle Costs	11,571
Total LOGISTICS, TRANSPORT AND STORAGE	11,571
National Society Staff	36,286
Volunteers	131,562
Total PERSONNEL	167,848
Workshops & Training	429
Total WORKSHOP & TRAINING	429
Travel	7,929
Office Costs	2,142
Communications	2,477
Other General Expenses	2,143
Total GENERAL EXPENDITURES	14,691
Programme and Supplementary Services Recovery	14,010
Total INDIRECT COSTS	14,010
TOTAL BUDGET	229,549