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## Emergency Plan of Action 12-month update Indonesia: Earthquakes and Tsunami - Sulawesi

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n°</b> MDRID013	<b>Glide n°</b> <a href="#">EQ-2018-000156-IDN</a> ; <a href="#">EQ-2018-000135-IDN</a> ; <a href="#">EQ-2018-000127-IDN</a> ; <a href="#">EQ-2018-000122-IDN</a>
<b>Date of issue:</b> 31 October 2019	<b>Timeframe covered by this update:</b> September 2018 – September 2019
<b>Operation start date:</b> 28 September 2018	<b>Operation timeframe:</b> 30 months <b>End date:</b> 28 February 2021
<b>Overall emergency appeal budget:</b> CHF 38.9 million (Lombok, Sulawesi and Sunda Straits); <a href="#">Donor response</a>	<b>Total DREF amount allocated:</b> CHF 1.58 million
<b>N° of people being assisted:</b> 80,000 people (approximately 20,000 households) in Sulawesi	
<b>Red Cross Red Crescent Movement partners actively involved in the Sulawesi operation:</b> PMI works with the IFRC and ICRC implementing the operation, and received support from Albanian Red Cross, American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Francophone), British Red Cross, Canadian Red Cross Society, Hong Kong and Macau branches of the China Red Cross Danish Red Cross, Finnish Red Cross, French Red Cross, Italian Red Cross, Japanese Red Cross, Republic of Korea National Red Cross, Kuwait Red Crescent, Malaysian Red Crescent, Monaco Red Cross, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross Society, Qatar Red Crescent, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Singapore Red Cross, Taiwan Red Cross Organisation and Turkish Red Crescent.	
The German Red Cross, Japanese Red Cross, Qatar Red Crescent, Singapore Red Cross and Turkish Red Crescent are supporting PMI bilaterally in the response.	
<b>Other partner organizations actively involved in the Sulawesi operation:</b> Government of Indonesia, UNOCHA, IOM, OFDA, ASEAN AHA Centre. The Governments of Australia, Canada, Republic of Ireland, Italy, Lichtenstein, Luxembourg, New Zealand, Norwegian, Spain, Switzerland, OPEC`s Fund for International Development (OFID), private donors from Finland, Germany, Indonesia, Singapore, Spain, Switzerland, and the US; USAID, Avery Dennison Foundation, Coca-Cola Foundation, Facebook, Grab Ltd, Hewlett Packard Foundation, Lululemon HK Ltd, Intercontinental Hotel Group, Tides Foundation, Ultradent Products, Inc. and Western Union have also contributed financially to the response.	

## A. SITUATION ANALYSIS

### Appeal History

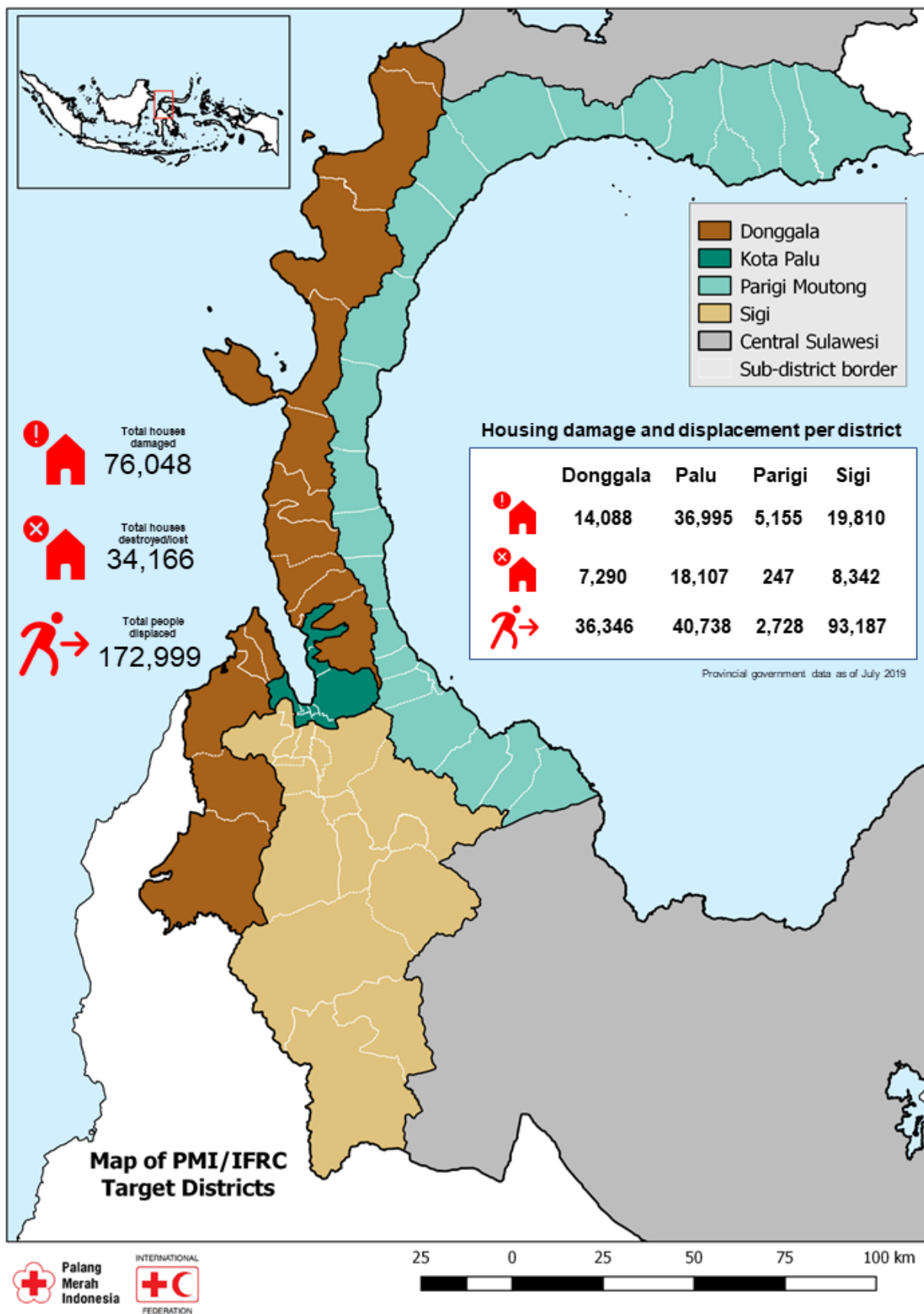
-  **29 July 2018:** A 6.4 magnitude earthquake strikes off Lombok, province of West Nusa Tenggara.
-  **31 July:** IFRC allocates CHF 211,569 from the [Disaster Relief Emergency Fund](#) (DREF) to enable PMI to meet the humanitarian needs of 1,000 households (4,000 people).
-  **5 August:** A second and stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok.
-  **7 August:** An [Emergency Appeal](#) seeking **CHF 8.9 million** is launched to support PMI in providing assistance to 20,000 households for **18 months**. DREF loan is increased to a total of CHF 500,000.
-  **9 and 18 August:** New 5.9 and 6.4 magnitude earthquakes strike Lombok. According to BNPB, the four quakes killed more than 510 people, injured at least 7,100 others, and displaced more than 431,000 people.

- **21 September:** The Emergency Plan of Action (EPoA) for Lombok operation is issued.
- **28 September:** A 7.4 magnitude earthquake at a depth of 10km strikes Central Sulawesi, followed by a tsunami which hit coastal areas of Donggala and Palu regencies.
- **29 September:** IFRC allocates CHF 750,000 from DREF, bringing the total DREF advance for this Emergency Appeal to CHF 1.25 million.
- **30 September:** A [Revised Emergency Appeal](#) incorporating the Sulawesi earthquake and tsunami is issued, seeking **CHF 22 million** to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for **20 months**.
- **31 October:** The EPoA for Sulawesi operation is issued.
- **8 November:** The [Emergency Appeal](#) is further revised to include mid- to longer-term recovery needs in the affected areas as well investing in increased preparedness and resilience for both affected communities and local actors such as PMI's branches, seeking up to **CHF 38.5 million** to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for **30 months**.
- **25 November to 4 December:** Recovery needs assessment is carried out for Lombok & Sulawesi earthquake and tsunami operations. The assessment recommendations inform an integrated multi-sectoral recovery programme approach and revision of the emergency appeals.
- **22 December:** Coastal areas around the Sunda Strait, specifically in Pandeglang, South Lampung and Serang districts are hit by waves caused by a massive landslide on Mount Kakatoa, an active volcano in the center of the strait.
- **27 December:** The [Emergency Appeal](#) is revised for a third time, incorporating the Sunda Straits tsunami, seeking up to **CHF 38.9 million** to enable PMI to deliver assistance to 41,400 households – 20,000 in Lombok, 20,000 in Central Sulawesi and 1,400 in areas affected by the Sunda Straits Tsunami for 30 months.
- **15 January 2019:** [Operations update 10](#) (Sulawesi operation) is published.
- **11 March:** The Revised Emergency Plan of Action is published. The plan of action aims to support PMI in delivering relief and early recovery assistance to 20,000 households (80,000 people) in Central Sulawesi for **30 months**.
- **23 May:** [Operations update 14](#) (Sulawesi operation) is published.
- **26 June:** [6-month update](#) (Sulawesi operation) is published.
- **9 August:** [Operations update 17](#) (Sulawesi operation) is published.

## Description of the disaster

On 28 September 2018, a series of strong earthquakes struck Central Sulawesi Province. The strongest of which measured at 7.4 magnitude and 10km deep with the epicenter in Donggala Regency, close to the provincial capital Palu. The earthquake triggered a tsunami which reached up to three meters in some areas, striking Talise beach in Palu and Donggala. The earthquakes, tsunami and resulting liquefaction and landslides caused significant damage and loss of life in affected areas.

As of 18 July 2019, the government reported that 4,140 people died in the disaster, of which 1,016 were not identified; and a further 705 people remain missing. More than 4,400 were seriously injured and more than 110,000 houses destroyed, damaged or lost due to the earthquake, tsunami or liquefaction. In its wake, more than 172,000 people were displaced. Currently, some people are living in government-constructed barracks (*huntaras*), while others take shelter in their damaged homes or with relatives in other communities or within theirs.



## Damage report from the Government of Central Sulawesi province (updated as of 18 July 2019):

Table 1: Number of people affected by earthquakes and tsunami

Internally displaced people	People dead	People injured	People missing	Houses damaged
172,999	4,140	4,438	705	110,214

Table 2: Number of damaged houses by level of damage and district

District/city	Lightly damaged house	Medium damaged house	Severely damaged house	Lost house	Total number of damaged houses	Displaced population
Palu City	21,078	15,917	11,603	6,504	55,102	40,738
Sigi	13,850	5,960	8,342	-	28,152	93,187
Donggala	7,989	6,099	7,290	-	21,378	36,346
Parigi Moutong	4,232	923	427	-	5,582	2,728
<b>Total</b>	<b>47,149</b>	<b>28,899</b>	<b>27,662</b>	<b>6,504</b>	<b>110,214</b>	<b>172,999</b>

Table 3: Number of households / people in need of temporary shelter by district

District/city	Temporary shelter requirement (households)	Temporary shelter requirement (people)	Total number of huntaras needed	Total number of huntara locations
Palu City	7,000	21,638	534	23
Sigi	7,687	26,600	640	98
Donggala	7,989	36,346	660	87
Parigi Moutong	-	-	-	-
<b>Total</b>	<b>22,676</b>	<b>84,584</b>	<b>1,834</b>	<b>208</b>

Table 4: Number of damaged health facilities

District/city	Hospital	Puskesmas <sup>1</sup>	Pustu <sup>2</sup>	Total number of damaged facilities	Total number of facilities
Palu City	14	12	17	43	57
Sigi	1	14	20	35	68
Donggala	2	18	71	91	94
Parigi Moutong	1	6	9	16	106
<b>Total</b>	<b>18</b>	<b>50</b>	<b>117</b>	<b>185</b>	<b>325</b>

Table 5: Number of damaged school facilities

District/city	Heavily damaged		Medium Damaged		Lightly damaged		Total number of damaged facilities	
	School	Classroom	School	Classroom	School	Classroom	School	Classroom
Palu City	107	677	114	581	165	971	386	2,229
Sigi	123	602	109	366	35	229	267	1,197
Donggala	118	625	173	1,253	249	1,338	540	3,216
Parigi Moutong	26	93	41	67	39	187	106	347
<b>Total</b>	<b>374</b>	<b>1,997</b>	<b>437</b>	<b>2,267</b>	<b>488</b>	<b>2,725</b>	<b>1,299</b>	<b>6,989</b>

At onset of the disaster, assessments as well as delivery of immediate assistance including first aid and basic medical services were carried out alongside search, rescue and retrieval efforts. The emergency response period in Central Sulawesi was extended and officially closed in April 2019. The Government-led response is in the recovery and reconstruction phase but continues to cover immediate relief needs and addressing complex challenges.

Around 170 organizations were or are carrying out recovery activities across 63 location in Central Sulawesi. Priorities include shelter, logistics, economic recovery, medical assistance, clean water, sanitation and hygiene, recovery of infrastructure and public services, protection, including women's and children's protection, and education. Humanitarian response has made significant progress in reaching and serving the people in need of assistance, however, needs still remain to support early recovery and help the affected population recoup lost assets. Regional and international agencies continue to support national efforts and leadership. Aside from the Red Cross Red Crescent Movement, NGOs and the UN are on the ground augmenting the national government's response.

<sup>1</sup> District-level government-ran health clinics

<sup>2</sup> Village-level government-ran health clinics

## Summary of the current response

### Overview of Host National Society

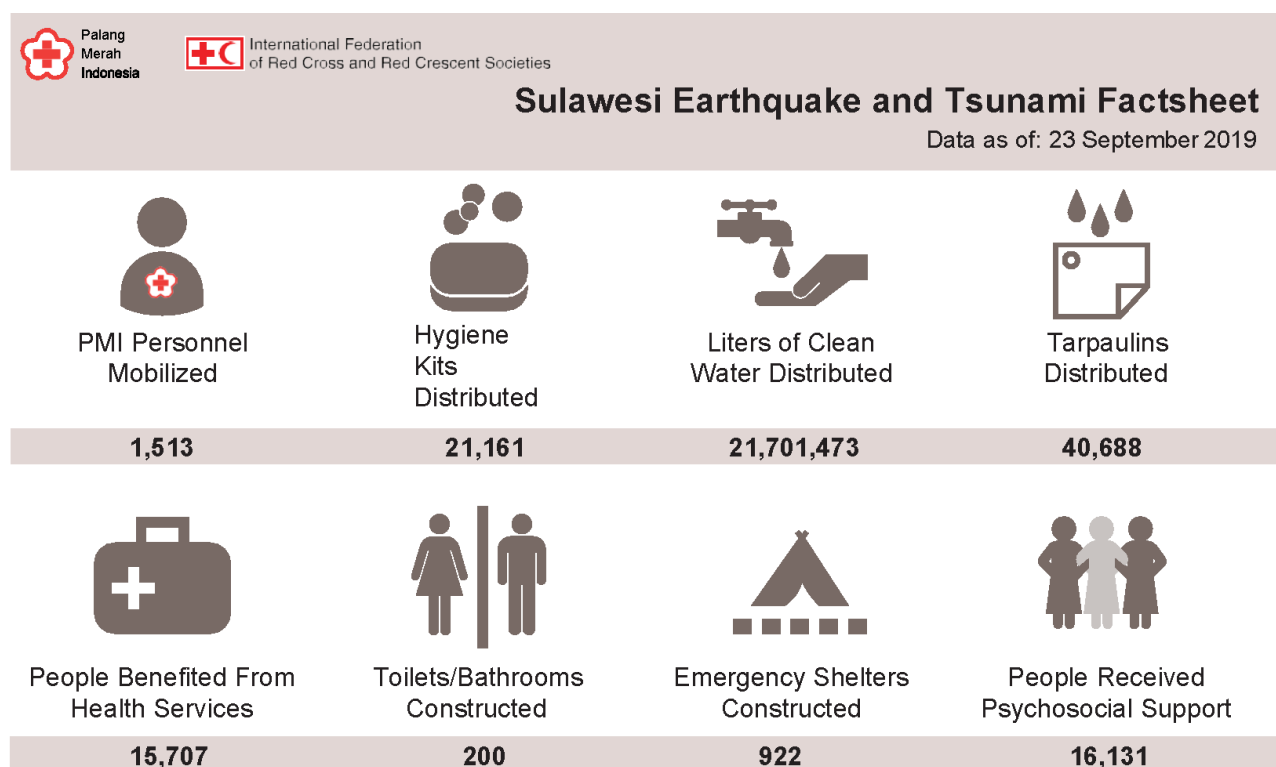
PMI Central Sulawesi was responding on the ground from the onset of the disaster, deploying over 700 volunteers from 14 branches in Central Sulawesi and across Indonesia to support search, rescue and retrieval efforts, the delivery of immediate assistance, conducting assessments, providing field kitchens and medical services, supporting the construction of emergency shelters and provision of clean water. In addition, PMI national headquarters staff, IFRC and Partner National Societies (PNS) in-country immediately deployed personnel to Central Sulawesi to support and accelerate the initial response. Additional volunteers and staff members have also been mobilized and deployed from other provinces to support in the response. PMI, with the support of IFRC, initially set up a base camp to accommodate 350 volunteers. With the directive from the BNPB to PMI to support the management of all relief goods entering Palu, a Relief Cell was established to support PMI to coordinate incoming and distribution of international relief items for the overall operation in Central Sulawesi.

PMI, in its auxiliary role to the Government of Indonesia, is entrusted by leadership to coordinate relief efforts from both international and local NGOs. The decision of the government to set limitations on the presence of international actors and staff — in line with the growing call for the localization of aid — has influenced the direction of the operation. However, these directives have not hindered the Movement's capacity to respond as PMI has a central role in the operation. Subsequently, the IFRC and Movement Partners has maintained their role in supporting the host National Society and have ensured the best possible support to PMI. Efforts have also been made to reinforce PMI's response and increase the assistance provided to affected communities. PMI provided various types of assistance in 20 tent camps from Palu, Dongala and Sigi districts.

As the recovery stage commences, PMI is encouraging the community to actively take ownership and be more involved in repair, recovery and reconstruction efforts.

A comprehensive assessment and analysis of the cross-sector recovery needs was conducted in November 2018 by a joint PMI and IFRC recovery assessment team to support the design of a robust and effective recovery programme. More detailed findings and recommendations can be found in the [Needs analysis, targeting, scenario planning and risk assessment section](#).

As of 23 September 2019, PMI has provided the following support to disaster affected people:



Source: PMI sitrep no.98, 23 September 2019  
 Information reporting systems are improving, however numbers are still prone to fluctuation.  
 Activity figures represent the overall achievements of PMI from beginning of the operation

### **Overview of Red Cross Red Crescent Movement in country**

IFRC has a country cluster support team (CCST) for Indonesia and Timor Leste consisting of a head of office and technical capacities in disaster management, risk management, health, water, sanitation and hygiene, national society development, PGI, communications, community engagement and accountability (CEA) and support services in PMER, finance, human resources and administration. Partner National Societies in-country include the American Red Cross, Australian Red Cross and Japanese Red Cross Society. ICRC is also in-country to support the set up restoring family links (RFL) hotline system and PMI has, through a Movement-wide CEA Technical Working Group established at the national level, secured support from ICRC to help manage community feedbacks, questions and complaints received through various channels. Information sharing and coordination meetings, usually led by PMI, have been maintained since the first earthquake. A proactive approach will be maintained regarding engagement with the international media so that the Red Cross response is well-profiled and resource mobilization efforts are supported. The CCST is also set to provide financial support to enable the mobilization of personnel and supplies by PMI.

Movement coordination meetings led by PMI are continuously conducted with the IFRC, Partner National Societies and ICRC to discuss the response to date and how to best support the National Society's responses in a coordinated manner. Bilateral support from National Societies including Singapore Red Cross, Turkish Red Crescent, Malaysian Red Crescent, Kuwait Red Crescent, German Red Cross, Hong Kong branch of the Red Cross Society of China and Qatar Red Crescent were also provided to PMI. All partners are coordinating with PMI as the Movement's lead agency for the Sulawesi and Lombok operations, and are contributing towards the PMI One Plan.

From the onset of the disaster, IFRC deployed key technical staff and global tools to support PMI in responding to the disaster. The response is currently at a transition stage from emergency phase to the recovery phase. The transition stage shall cover activities such as identifying the needs for the recovery phase, planning for the recovery phase, and completion of relief distribution activities. During the recovery phase, as the auxiliary to the government, the Movement approach is still on filling the gaps in the assistance provided by the government during the recovery phase. The Movement's focus for the recovery stage is to provide temporary shelters for the affected people in Palu, Donggala, and Sigi, using cash modalities and supporting repair or reconstruction of facilities such as more permanent WASH facilities, as well as building communities' resilience through disaster risk reduction programmes.

### **Overview of non-RCRC actors in country**

PMI and the IFRC are working closely with ASEAN, BNPB and the Ministry of Social Affairs (MOSA) on the response. PMI is also in close coordination with the District Health Office (DHO) to obtain updated information on the immediate medical needs of injured people, especially those who need further medical assistance.

IFRC participates in meetings of the Humanitarian Country Team (HCT) chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA) held both during disasters and non-emergency times. At the national level, MOSA, PMI and IFRC co-lead the sub-cluster on shelter and settlements, which falls under the wider umbrella of the Displacement and Protection Cluster led by the Indonesian government. PMI and IFRC have been in close coordination with the national cluster system and have been supporting MOSA in leading the sub-cluster since the earthquakes in Lombok on August 2018. This was extended to Sulawesi after the earthquake and tsunami on 28 September to share information on rapid assessment results, contribute to the joint needs assessment and government response plan, analyse gaps and potential support from other organization and the mechanisms of cluster coordination at all levels. Further support to the shelter cluster coordination including additional technical support and human resources to meet both emergency and longer-term needs (including strengthening national capacity) is still under discussion.

PMI also participates in relevant national and provincial cluster coordination meetings where possible, while the IFRC maintains communication and shares information with the AHA Centre. PMI also has an embedded member in the ASEAN emergency response and assessment team (ASEAN ERAT) as well as the HCT.

For the recovery phase the Government of Indonesia reiterated their responsibility to coordinate and implement the Collective Temporary Shelters or Hunian Sementara (Huntara). The government also offered NGOs and private sectors to contribute in building the collective temporary shelters guided by government-endorsed guidance and designs.

## **Needs analysis, targeting, scenario planning and risk assessment**

### **Needs analysis**

Since the government announced the end of the emergency phase on the end of October 2018, local actors have moved to providing recovery assistance. Due to several factors, the government extended the emergency phase, which officially ended in April 2019, which simultaneously commenced the recovery phase.

On November 2018 PMI agreed with IFRC to undertake joint recovery assessments across the disaster affected areas in Central Sulawesi. The recovery assessment findings and recommendations were crucial in providing up-to-date

information and data for proper planning of recovery operations and aligning activities with the government and other actors.

The Recovery Assessment Team (RAT) was comprised of 10 members made up of PMI staff from different departments at the HQ and experienced PMI volunteers, as well as IFRC FACT members, RDRT members and other IFRC technical staff. Technical experts with the team covered the sectors of migration, livelihoods, information management, cash transfer programming, psychosocial support, water, sanitation and hygiene, health, shelter and settlements, logistics and protection, gender and inclusion.

### Findings from recovery assessment

Sector	Findings and recommendations
Livelihood and basic needs	<ul style="list-style-type: none"> <li>Displaced households need assistance to meet basic needs and replace lost household items (see shelter);</li> <li>Markets have been recovering quickly, posing no concerns about supply chains. Two external market assessments were completed by other actors.</li> <li>Livelihood affected – fishing, agriculture (Sigi/Palu), especially damaged irrigation, disruption to labour opportunities, small business assets destroyed. GoI plans to replace agriculture/fishing losses and damages; and to blanketly provide cash (multi-purpose cash) in barrack camps. FAO has large livelihood asset replacement and cash transfer programmes.</li> <li>Multi-month multi-purpose cash (MPC) is recommended for affected and vulnerable households, in villages and possibly in camps.</li> <li>Livelihoods recovery support for small businesses (conditional cash transfer).</li> </ul>
Shelter and settlements	<ul style="list-style-type: none"> <li>Primary focus on populations in the formal camps, especially those facing permanent relocation. The affected population not part of the government caseload for permanent relocation need shelter assistance on safe land – little attention has yet to be given to these people, such as those in informal camps or remaining in villages.</li> <li>Assistance options will vary and depend on safety of original locations, housing preferences and needs, proximity to pre-existing social networks and livelihoods. Transitional shelter is the main solution espoused by the government, but repairs, rental support and host family support should also be considered.</li> <li>Government plan for housing reconstruction assistance was announced.</li> <li>Government plan for those who lost house and land due to liquefaction or the tsunami is to house the affected in barracks prior to relocation - no role for PMI in shelter/wash, but potentially in other sectors (i.e. livelihoods).<sup>3</sup></li> <li>Significant outward migration to other areas, i.e. Facebook data and MoSA data, but unclear how many have returned.</li> </ul>
Health	<ul style="list-style-type: none"> <li>Gaps remain in emergency services and patient transfers; PMI needs to continue mobile clinic services and existing clinic.</li> <li>Need to strengthen first aid, disease and outbreak prevention (especially for wet season issues) and asbestos awareness.</li> <li>Significant trauma/fear (uncertainty about zoning/relocations), rumors about ‘sinking Palu’ were observed, necessitating continuous PSS outreach.</li> </ul>
WASH	<ul style="list-style-type: none"> <li>Insufficient water supply in camps, and poor maintenance of latrines (desludging).</li> <li>Lack of solid waste management.</li> <li>Community infrastructures and household latrines (along with houses) were damaged in some villages. Limited WASH assistance has been provided in villages.</li> <li>Hygiene practices need to be improved.</li> <li>Need to continue and upscale water distribution via trucking services and develop alternative water sources around camp areas.</li> <li>Need to repair/maintain of existing/remaining WASH facilities.</li> <li>Need to repair damaged WASH infrastructure where necessary (not clear from assessment how extensive).</li> <li>Household water storage/treatment issue – to consider if water filters are appropriate.</li> </ul>
DRR	<ul style="list-style-type: none"> <li>Community-level ‘resilience package’ should be delivered to complement and ensure a “village/neighbourhood approach” which is a common practice in communities in Sulawesi.</li> <li>Hygiene, health and build back safer orientation/promotion as part of the “resilience package”.</li> <li>Build capacity to organize community committees, ensuring the representation and participation of all minority/ vulnerable groups.</li> </ul>
PGI	<ul style="list-style-type: none"> <li>11 cases referred to the Provincial agency related to women’s rights, child protection, sexual harassment and domestic violence, 1 case against a person with disability since the disasters occurred.;</li> <li>Major issue in PGI are access and participation. Proper identification and mapping of vulnerable people in communities affected by the disasters.</li> <li>Opportunities to strengthen the integration of PGI in the recovery and normal programming within PMI and its coordination with other key stakeholders.</li> </ul>
CEA	<ul style="list-style-type: none"> <li>Encourage people in camps who are not facing relocation to return home, with clear communication of potential assistance.</li> </ul>

<sup>3</sup> The Government of Indonesia plans to provide permanent shelter solutions to 90,000 affected households through to the end of 2019.

	<ul style="list-style-type: none"> <li>Community members in Central Sulawesi want to be consulted for and participate in decision making related to their recovery.</li> <li>Access to communications channels, the provision and availability of timely, relevant and accurate information, as well as participation in decision making are still a major challenge.</li> <li>Lack of channels through which the affected population can ask questions and provide their perspectives and feedback on what needs to be done for their recovery.</li> <li>Uncertainty and the lack of credible information particularly regarding the medium- and longer-term rehabilitation – relocation, transitional shelter, zoning of areas safe to be redeveloped, etc. are causing anxiety and frustration, further fuelled by rumours and speculations.</li> <li>PMI is recognized as a leader in CEA and majority of actors and key stakeholders are welcoming PMI's expertise and contribution, and its coordination role in the inter-agency Community Engagement Working Group.</li> <li>PMI Central Sulawesi provides an avenue to receive and respond to feedbacks from communities and other stakeholders</li> </ul>
Cash transfer programming	<ul style="list-style-type: none"> <li>Cash is a feasible response option based on market assessments; CWG and DINSOS encourages coordination.</li> <li>Multi-purpose cash is recommended to cover basic needs. Amount: Government: 'JaDup (Jatah Hidup/Life Allowance)' IDR 2 million for households with heavily damaged houses (monthly, up to three months)</li> <li>Conditional cash recommended for Shelter/WASH package (noting previous PMI experience). Only supply chain concern is cement, Government is monitoring the price (<i>shelter and sanitation facilities construction has since been taken out of PMI recovery plan</i>)</li> <li>Conditional cash also for livelihoods - restarting small businesses. Amount: CHF 350 (~IDR 5 million)</li> <li>Post Office or bank accounts both recommended options for cash delivery (Government will use bank accounts);</li> <li>Need to focus on specific CTP skills for new staffs and local volunteers.</li> </ul>
Migration	<ul style="list-style-type: none"> <li>Number of persons reportedly who left Central Sulawesi in the immediate aftermath following the disaster is high, although it remains unclear how many have returned. PMI Chapters in other provinces to provide input on how many people they have assisted following the migration.</li> <li>PMI to remain in close coordination with relevant authorities and support through CEA activities on relocation plans of people, in particular for those in PMI-run camps.</li> <li>RFL to continue, as PMI is providing support with Disaster Victim Identification.</li> <li>Recommend a PMI/IFRC Workshop on Displacement and Migration in Emergencies to be conducted, with the aim of mainstreaming migration and displacement in the different departments of PMI, including discussion on what is PMIs role, responsibility and ambitions for people who are displaced and in relation to Humanitarian Diplomacy and Disaster Law.</li> </ul>
Branch Readiness	<ul style="list-style-type: none"> <li>The local chapter is not prepared to manage large relief and recovery operations and need strengthen in term of the capacity to implement, monitor and reporting.</li> <li>Information flow and data collection needs to be improved.</li> </ul>

Based on government guidelines, humanitarian organizations are allowed to provide basic lifeline assistance to affected households through cash transfers based on the level of damage to houses. A total of two tranches (two months, monthly) can be given plus an additional one tranche to support transition to permanent shelters.

### Targeting

PMI will ensure that interventions are aligned with its own as well with the IFRC minimum standard commitments to gender and diversity in emergency programming, for example by targeting women-headed households, pregnant or lactating women, men and boys made vulnerable by the disaster, families that have not received any or sufficient assistance from the government or other organizations, those belonging to the socially vulnerable households, and those who lack relevant resources to cope with basic humanitarian needs on their own. These groups will be considered according to level of impact as well as difficulty to reach, with PMI leadership committing its focus to the most remote areas affected, with specific focus for the affected people residing within camps, collective temporary shelters (Huntara kolektif), and targeted villages in Sigi, Donggala, Parigi Moutong and Palu districts.

### Scenario planning

The disaster in Sulawesi poses several challenges with potential impact on the current situation. More in-depth scenario planning was undertaken by the RAT taking into consideration the following issues which are still evolving:

- The large movement of people;
- The upcoming rainy season and secondary disasters; and
- Key government decisions going forward.

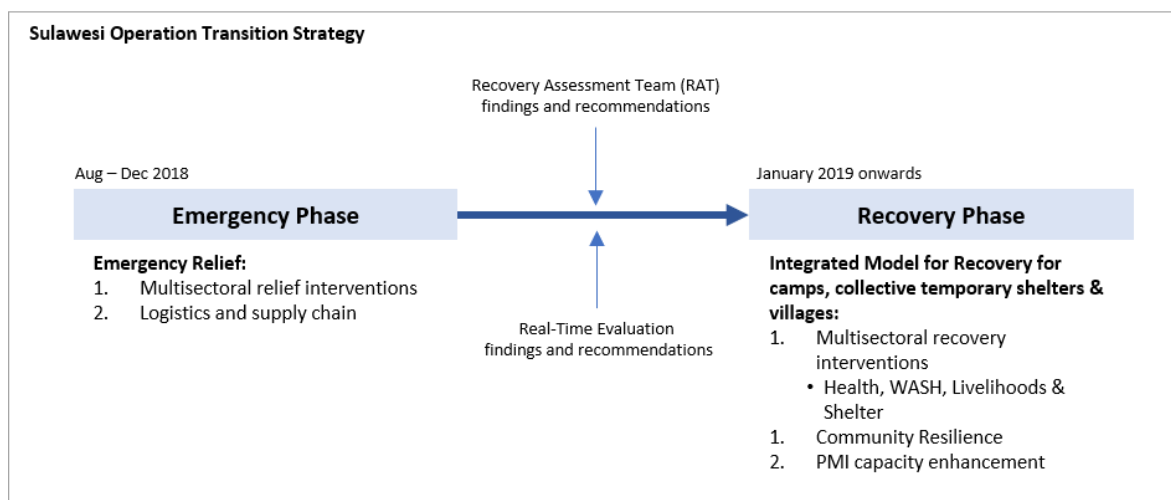
Based on these considerations, objectives and strategy for the recovery operation plan of action are revised. Revised strategy and detailed operation plan are outlined in Section B and C.

## B. Operational strategy

### Overall objective

The overall objective of this stage of the operation is to provide assistance to support the early recovery of the affected population. The emergency phase focused on the transitioning phase to support the needs of up to 80,000 of the most vulnerable affected people, as well as providing up to at least 5,000 households (20,000 people) with medium-term and longer-term assistance in a timely, effective, and efficient manner; and increase resilience to future shocks of more than 20 communities in the 4 districts. The recovery operation for Central Sulawesi is expected to conclude by February 2021.

### Proposed strategy



As the current needs for the affected people change towards restoring their lives to normalcy and re-establishing their livelihood, the Sulawesi operation objectives and strategy have transitioned to recovery interventions. Based on the current needs outlined earlier and the recommendations provided by the RAT, the overall Sulawesi operation strategy of the operation is revised from assisting affected people with immediate relief interventions and coordination of 'relief cell' for distributions and supply chain, to medium- and longer-term recovery interventions to assist the affected people recovering and strengthening their livelihood and resilience at collective temporary shelters and the affected villages using cash-based interventions and an integrated community-based disaster risk reduction approach. Recovery assistance as per required sectors will be provided such as health, WASH, livelihoods and shelter assistance.

The recovery operation will use the **integrated model for recovery** as recommended by the RAT during recovery assessment conducted on November – December 2018.

To do these, PMI volunteers will remain to be the key actors to mobilize the activities within the communities. There will be strong community-driven approach in implementing the recovering activities. PMI will also undertake interventions using resources it has or it will mobilize bilaterally and/or from non-Movement sources.

### Integrated Model for Recovery

Achieving community resilience in the selected 24 villages in Central Sulawesi affected by the earthquake and tsunami is the overall objective of the DRR component which will be implemented through shelter, livelihood, health and care, WASH activities using cash-based interventions as the primary modality, and integrating crosscutting components such as community engagement and accountability (CEA), protection, gender and inclusion (PGI) and green response. This will contribute to Red Cross Red Crescent global efforts and focus on community resilience, which is defined as: The ability of communities (and their members) exposed to disasters, crises and underlying vulnerabilities to anticipate, prepare for, reduce the impact of, cope with and recover from the effects of shocks and stresses without compromising their long-term prospects.

A resilient community is characterized as:

1. Knowledgeable, healthy and can meet basic needs
2. Socially cohesive
3. With economic opportunities
4. With well-maintained and accessible infrastructure and services
5. Able to manage natural assets
6. Connected

## ICBRR implementation and key steps

DRR implementation Phases	Key intervention
<b>Engaging and connecting with communities and preparing at PMI branch and Province level</b>	Selection of target villages based on multisectoral criteria.
	Ensure the availability of the Corps of Volunteers (KSR), if needed recruitment of KSR.
	Establishment of Community Based Action Team (CBAT) and Village Committee at target villages. (recruitment and training)
	Conduct ICBRR training including Vulnerability and Capacity Assessment (VCA) for PMI staff and KSR volunteers.
	Conduct Emergency Need Assessment (ENA) Training for PMI staff and volunteers at provincial level.
<b>Understanding community risk and resilience</b>	Conduct multi-hazard risk assessment / VCA including other components like livelihood, shelter, health, WASH, PSS, environmental issues and cross-cutting issues.
	Analyses of VCA to find options for action / transformation into actions
	Development of village risk reduction plans
<b>Taking Actions for Resilience at community level</b>	Advocacy meetings with local government and relevant stakeholders.
	Organize awareness campaigns in all targeted communities (radio, billboard) using key messages for public awareness and public education
	Emergency Response Preparedness Training for CBAT
	Procurement and prepositioning of CBAT emergency response equipment.
	Implementation small scale mitigation projects as identified in village risk reduction plans.
	Development of village response SOPs
	Conduct simulation / drill on village response SOPs and finalize the document.
<b>Taking Actions for Resilience at school level</b>	Selection of schools to be part of the resilience programme
	Training of schoolteachers on disaster mitigation, preparedness and response as well as environmental protection, clean living environment, hygiene and sanitation
	School risk mapping and development of school risk reduction plan
	Implementation of risk reduction measures for school resilience / safety
<b>Learning for Resilience</b>	Participatory monitoring and review of village plan in 23 villages
	Documentation of success stories and case studies from ICBRR under the recovery program.
	National level orientation on Road Map to Resilience at HQ level.
	Workshop to review and update PMI ICBRR guidelines at HQ level.

## Key implementation approaches:

1. **Risk informed** – to identify and analyse range and trends of hazardous events that communities face.
2. **Holistic (system oriented)** – analysing interdependence of different aspects of well-being, safety and prosperity.
3. **Demand-driven** – resilience support should respond to communities' understanding of its risk.
4. **People-centred** – focusing on people's understanding and utilizing this to improve situation as opposed to imposing ideas and projects on them.
5. **Inclusive** – understating the differences in level of access and understanding of assets, services, opportunities and interests, and planning and implementing interventions accordingly. Utilization of the diverse experience, skills, knowledge and backgrounds of different members of the communities is key.
6. **Prevention of suffering** – action to strengthen resilience should focus on understanding, pre-empting and reducing risks and not only to responding to threats when they happen.

## PMI branches will be offering three key services:

- **to accompany** – joining in action and influence
- **enable** – providing means for action
- **connect** – linking to stakeholders beyond their level and office

**Localization**

The context of the operation for the MDRID013 appeal which covers the disasters which occurred in Lombok, Sulawesi and Sunda Straits mainly adheres to the localization principle promoted both by the Government of Indonesia and the Palang Merah Indonesia (PMI/Indonesia Red Cross). The government's approach was to harness local capacity where possible, to issue clear guidelines to foreign aid workers, to request NGOs to work through either BNPB or PMI and to accept only international assistance fit for purpose and which addressed gaps.

In the overall implementation, PMI is taking the lead with IFRC and partner National Societies supporting PMI with financial, technical and human resource support as necessary and as requested by PMI.

In December 2018, a real-time evaluation was conducted with the support of the Australian Red Cross to focus on localization. The report highlighted that the increased responsibility for PMI as assigned by the government was a good example of operationalizing policy towards localizing the operation, but as well needs to be further enhanced to fully operationalize the localization principle. The report also contains ways forward to fully capacitate local PMI units to enable them to participate in the decision-making, planning and budgeting for the operation. Full report can be seen here.

The operations teams in Jakarta and in the field offices have remained flexible in adapting localization to the plans and national context and has remained adherent to IFRC programme implementation standards as well as the commitments made to donors.

### **Transitional shelter intervention**

The transitional shelter intervention was taken out of the overall operation plan by end of February 2019 upon the decision of PMI management based on internal discussions as well as the changing political contexts in the country. In line with PMI plans, the transitional shelters as well as the complementary latrines were replaced by a multi-purpose cash grant based on government guidelines stating that organizations can provide multi-purpose cash assistance for two months and an extra month to support transition to the permanent shelters to be provided by the government. PMI and IFRC will also provide technical assistance on building back safer to targeted communities.

### **Cash Transfer Programming**

Cash-based interventions will be implemented during the recovery phase of this operation, allowing beneficiaries to prioritize their needs and at the same time support local economies. PMI, with the support of IFRC, is contracting a financial service provider (FSP) to facilitate the distribution of the cash grants to the beneficiaries. After selection of beneficiaries based on vulnerability and needs criteria, PMI will register heads of households (or other household representative of legal age) using mobile data collection technology, gathering beneficiary data based on the FSP's requirements. Supported by the CEA team, the cash team will provide timely and accurate information to the communities regarding ATM card distribution details and receive and address feedback and queries about the intervention.

The FSP will be tasked to open an account for PMI/IFRC as a repository of funds to be transferred to targeted households. The FSP will also open individual accounts for beneficiaries, provide them with ATM cards and account books, monitor the usage or withdrawals, and provide transaction and reconciliation reports to PMI and IFRC. During distribution of ATM cards, information on ATM use and other methods of withdrawal will be provided to the beneficiaries. Financial literacy modules will also be provided by the FSP to PMI who will disseminate this information and corresponding IEC materials to the target population.

The FSP will facilitate the transfer of funds based on instructions from PMI/IFRC and inform the account holders (beneficiaries) of the transfer through SMS or with the support of the CEA team for beneficiaries without mobile phones. Customer service and hotline numbers will also be provided by the FSP and forward reports of feedback received to PMI. For beneficiaries with difficulties in accessing ATM or FSP branches due to proximity or capacity, the FSP will provide mobile teams to facilitate the withdrawal of the cash transfers.

To ensure quality, the FSP and PMI will continuously coordinate during the implementation to adapt to the contexts in the field. Data protection policies of Indonesia, PMI, IFRC and the FSP will also be observed ensuring that private and sensitive information are protected and respected.

## **Operational support services**

### **Human resources**

The operation was implemented by the PMI base units in the affected districts in Central Sulawesi utilizing existing staff, supported by both chapter and the national headquarters. Where needed and as the situation evolves, the National Society plans to hire additional project staff based in Central Sulawesi, supported by the emergency appeal. Volunteers from the provincial chapters and augmented from other chapters of PMI were also deployed to implement the operation.

The IFRC has and will continue to provide technical support and guidance to PMI. From the onset of the disaster, technical colleagues based in the IFRC CCST Jakarta office in different sectors (including cash-based interventions, water, sanitation and hygiene, health, IT and information management, communications and CEA) were quickly mobilized and deployed. This was further supported by additional technical specialists in logistics, procurement, planning, monitoring, evaluation and reporting (PMER), resource mobilization and field coordination in-country, with the

Asia Pacific regional office team providing technical advice and support remotely. A Field Assessment and Coordination Team (FACT) consisting of team leader, logistics, security, information management (IM) and communications profiles was also deployed, together with emergency response units (ERU) for logistics, base camp for volunteers and IT and telecommunications. A Shelter Coordination Team (SCT) of six members with the following profiles: Shelter coordinator, technical coordinator, and Information Manager was mobilized, as well.

The operation currently had a dedicated field coordinator and international delegates covering finance and admin, shelter, health and WASH, CBI, DRR, logistics and procurement, and PMER, as well as a largely nationally recruited team in various positions including cash and shelter officers as well as in CEA, finance, administration, monitoring, fleet, and procurement. The international positions are or will be replaced by national recruited staff progressively.

### **Basecamp**

With PMI mobilizing hundreds of volunteers for the operation, PMI requested IFRC for support with an ERU basecamp for volunteers. The Italian Red Cross set up a basecamp on Jalan Garuda in Palu City, near the PMI/IFRC warehousing area. The basecamp currently holds the warehouses and IFRC field office. The basecamp is expected to remain operational until end of 2019.

### **Logistics and supply chain**

Logistics activities aim to effectively and efficiently manage the supply chain, including mobilization, procurement, fleet, storage, custom clearance and transportation to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Currently IFRC logistics unit include a logistics coordinator (moved to Jakarta in September to better support the operation and improve coordination with NHQ), a procurement/logistics delegate and a team of national staff with technical specialities for fleet, general logistics and procurement.

Procurement for replenishment of relief items required to meet immediate needs was primarily done locally in close consultation with PMI. The OLPSCM unit in Kuala Lumpur will continue to extend technical support to PMI and the IFRC Jakarta CCST as needed. For the cash program support, the in-country logistics team will be leading the support to cash intervention with regional office technical support. Further technical assistance will be coordinated with the IFRC Logistics Cash Program Manager based in GVA logistics management unit.

A senior fleet officer has been leading the process to identify vehicle needs for this operation in close collaboration with the PMI and programmes to ensure the operational needs are met. Due to strict government importation restrictions, fleet support for this operation is covered by local sourcing of vehicles - by rental and purchase of vehicles.

### **Communications**

Maintaining a flow of timely and accurate public information focusing on humanitarian needs and the Red Cross and Red Crescent response is vital to support resource mobilization and enhance collaboration with partners and stakeholders.

PMI's unique access, expertise, geographic coverage and local knowledge has given a huge advantage in external communications. In the first few weeks of operations, PMI and IFRC received very high media coverage both locally and globally, with large media outlets quoting Red Cross sources and using Red Cross audio-visual materials. PMI and IFRC Indonesia communications capacity was boosted by deployments from the Asia Pacific regional office, and surge communications which lasted through December 2018. Going forward, a local communications coordinator is being hired to support communications needs for both Sulawesi and Lombok for six months.

Content for the one year-mark was produced highlighting the unmet shelter needs of communities and the press release generated substantial media interest from top agencies including AFP, Channel News Asia and The New Humanitarian (formerly IRIN News). Further anniversaries such as the two-year mark is being planned, with the goal of obtaining positive positioning for PMI. While the content generated has included a call for government action for shelter as well as the challenges of the complex operation, PMI has remained the prime focus. Recognition of support from the IFRC and other National Societies has been made using the IFRC AP twitter account, and some web stories were produced to support resource mobilization and donor relations.

The operation will continue to communicate on social media, a significant platform for sharing messages with communities, listening to public concerns, dispelling rumours, and connecting with journalists. The focus is now on rebuilding communities and PMI as well as IFRC's ongoing recovery plans.

High quality audio-visual material, key messages, facts and figures, infographics, press releases etc, will continue to be shared with IFRC partners and members, media, governments, affected communities and other stakeholders.

Reputational risk management is a key component of communications. Reactive lines and key messages were produced since the onset of the disaster, the six month and one-year mark to address important issues when they arose. There has been continued collaboration with the management to ensure the reactive lines and key messages are aligned with the operation.

### **Community engagement and accountability (CEA)**

Recognizing that affected people are not passive recipients of assistance but rather at the core of the operation, community engagement and participation, and the provision of vital information is an integral part of the response and a coherent and sustained approach to ensure accountability to affected people must be put in place.

Since the initial weeks following the disaster, PMI, supported by IFRC, has regularly provided essential information to people affected by the disaster and established two-way communication channels with target population through social media, radio, a hotline phone service, as well as by mobilizing volunteers for face-to-face engagement. Feedback received through these channels indicated that during the month following the disaster, the main concerns of people affected by the disasters were related to the urgent needs of family tracing, access to basic services, distribution of materials for emergency shelter (including tarpaulins, blankets and mattresses), food, safe water, and access to latrines.

As community participation is crucial, PMI intends to support communities' capacity to organize committees, ensuring the representation and participation of all minorities and vulnerable groups. Working with other sectors particularly in community-based programmes, the Red Cross also aims to identify and train community and youth volunteers as a potential source for reliable and credible information for affected communities. PMI will ensure engagement of communities across all interventions by ensuring adequate presence in the areas and information flow to target communities.

PMI, supported by the IFRC, will expand and manage an appropriate mix of information, communication and feedback channels that can be accessed by all, and support Information Management in the development of systems and platforms that can capture and analyze people's perceptions and feedback to inform decision-making and programme revision. PMI also implements and manages feedback and response/referral system that ensure safety, confidentiality and dignity.

Recognized as a leader in CEA with many actors and key stakeholders in Central Sulawesi welcoming PMI's expertise, PMI, together with IFRC, will continue to strengthen its capacity in supporting and contributing to the community engagement inter-agency working group (CEWG).

### **Information Technology/Telecommunication**

Initial communications and internet connection in Palu were disrupted due to the disasters. For the emergency appeal, IT specialists from the IFRC CCST and IT&T ERU were deployed to support PMI in the procurement and installation/correction of HF and VHF radios, extending the network coverage to key locations where PMI is operating. Cellular phone reception has now been mainly restored in Palu, but pockets with no or low coverage remain in Donggala and Sigi. Satellite phones, radio-communication and mobile internet connections have been activated to provide backup telecommunications for the operation during the response phase. For the recovery operation, IT personnel in Jakarta and Palu continue to support the operation.

### **Information management (IM)**

PMI has existing IM capacity, which has been collecting and collating information throughout this response. IFRC will look to support and enhance this capacity to enable evidence-based decision making, accurate reporting and more effective use of resources. As part of the response, an IM delegate was in place until August 2019.

The first step in improving IM capacities involved mapping out the current information flows of PMI, to examine ways to streamline information flows, increase consistency of recording and reporting, and produce a more informative picture of current PMI operations. This will involve a focus on mobile data collection, a capacity that already exists within PMI. Further activities



PMI Central Sulawesi has been engaged in information management since the beginning of the operation. PMI *Pusdatin* (data unit) has been collating and checking data from the field and reporting them to the National Headquarters. IFRC has supported the unit with equipment and technical assistance. (Photo: Tomas Arlemo/Swedish Red Cross)

would seek to roll-out more complete information systems to health services, distribution activities and cash programming.

### **Planning, monitoring, evaluation, & reporting (PMER)**

The field coordinators for PMI and IFRC guide and monitor the emergency relief and recovery operations. The PMI PMER manager, with support from IFRC PMER delegate based in Palu, continues to improve information and reporting structures for the operation according to both PMI and IFRC minimum requirements. Monitoring visits to the affected communities and interviews with beneficiaries, volunteers and others who participated in the response are being conducted to assess progress and impact at regular intervals to guide any required adjustments. Situational reports and operation updates will continue to be issued regularly. In addition, PMER will continue to support monitoring and liaising with sectoral teams on issuing donor reports based on donor earmarked funding for the operation. Real-time evaluation has been carried out to provide in-depth information, particularly on localisation approach, on the formulation of revised Emergency Plan of Action. Mid-term review and final evaluation will be carried to ensure effectiveness, efficiency and accountability.

### **Security**

For personnel under IFRC security responsibility, an area-specific security risk assessment has been conducted and Area Specific Security Regulations and operating procedures are in place. Specific risk mitigation measures and regulations are applicable as outlined with the existing IFRC country security plan. This includes contingency plans for medical emergencies, relocation and critical incident management. The latest safety and security framework with contextualized operating procedures was completed in July 2019 and will continue to be regularly revised to reflect any changes in the safety and security context. The National Society's security framework will apply to PMI staff and volunteers. Security guidelines, briefings, trainings and operating procedures are developed in close coordination with PMI to both reflect and enhance their processes already in place. A security delegate was quickly deployed to prepare and put these plans in place. Direct security support for the operation will continue through the IFRC CCST security focal point.

### **Administration and Finance**

The IFRC provides the necessary operational support for review and validation of budgets, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. The IFRC finance and administration team in the IFRC Jakarta CCST continue to provide support to the operation as requested by PMI and the IFRC programme manager/budget holder, while a finance and admin delegate and finance and admin teams based in Palu support to operations and PMI counterparts directly on field level.


### **Shelter Coordination**

Shelter coordination in Indonesia falls under the National Displacement and Protection Cluster (PP Cluster) as a sub-cluster, led by the Ministry of Social Affairs (MOSA) with a co-lead support commitment from IFRC. Since 2015, when the national cluster system was introduced, IFRC has been supporting MOSA in building its capacity for Shelter Coordination through trainings and joint evaluations. Discussions with MOSA after the Lombok quake indicated at the time it was within the ministry's coping capacity. However, when the Palu quake occurred the same offers of support were warmly welcomed and IFRC was asked to deploy a team of up to 20 people (exact number based on need) to support government led coordination of both disasters. As part of this ongoing commitment, the IFRC (in its leadership role for shelter coordination in natural disasters) deployed an initial team with support from Partner National Societies. Currently, the shelter cluster team which supports the operation (including Lombok earthquake operation) has one national hub based in Jakarta, one provincial hub in Lombok and one provincial hub in Palu with a total of 14 staff with roles on coordination, information management and other technical support.

The IFRC co-lead coordination team has responded rapidly to what is a challenging coordination situation, with all coordination happening in Bahasa Indonesia, primarily via WhatsApp, and with only limited foreign assistance allowed in the field. IM systems have now been setup, with 5W reporting, needs analysis and regular mapping capacity with support from REACH. Regular biweekly shelter sub-cluster meetings are now being held in both Jakarta and Palu, where a Strategic Advisory Group (SAG) has also been formed along with Technical Working Groups (TWG) on specific technical issues such as the minimum standards for temporary shelter that are now being developed in conjunction with the local Governor's office, the Ministry of Public Works and the Ministry of Social Affairs.

## C. DETAILED OPERATIONAL PLAN

The activities detailed under each sector are only related to the current response in **Sulawesi**.

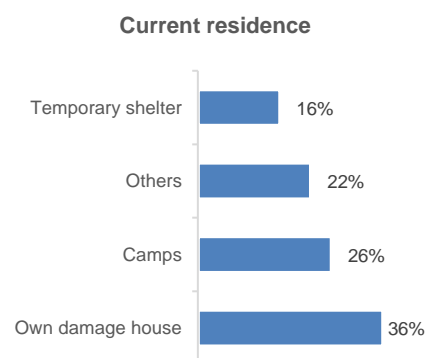
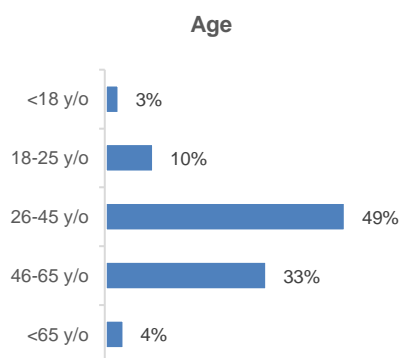
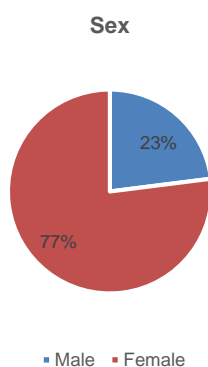
 <b>Shelter</b> People targeted: 80,000 (20,000 households) People reached: 120,468 (30,117 households)					
<b>Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</b>					
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>			
# of households targeted/reached with safe, appropriate and adequate shelter and settlements assistance	20,000	38,381			
<b>Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households</b>					
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>			
# of households provided with emergency shelter and settlement assistance	9,500	1,545			
<b>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</b>					
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>			
# of households provided with technical support and guidance	2,000	Not started yet			
<b>Shelter Output 1.3: Families' mid-term basic needs are met through the provision of basic household non-food items</b>					
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>			
# of households provided with basic household needs	20,000	38,381			
<b>Shelter Output 1.4: Families' mid-term shelter needs are met</b>					
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>			
# of households provided with mid-term shelter assistance through provision of temporary shelters	2,000	40			
<b>Progress towards outcomes</b>					
<b>Shelter and settlement assistance (relief distribution)</b>					
As of 30 September, 38,381 households (153,524) have been reached with essential household items supported from the IFRC since the beginning of the operation.					
	<b>District</b>	<b>Households reached</b>			
	Palu	15,870			
	Sigi	7,723			
	Donggala	10,508			
	Parigi	4,280			
	<b>Total</b>	<b>38,381</b>			
Below is the number of items provided with support of the IFRC appeal. It is important to note that essential household items were not distributed in standard sets but based on PMI assessments on actual needs of affected households.					
<b>Item</b>	<b>Palu</b>	<b>Sigi</b>	<b>Donggala</b>	<b>Parigi</b>	<b>Total</b>
<b>Blanket</b>	12,420	9,687	6,404	3,018	<b>31,529</b>
<b>Tarpaulin</b>	12,402	958	5,414	3,032	<b>21,806</b>
<b>Family kit</b>	1,378	350	1,091	91	<b>2,910</b>
<b>Mosquito net</b>	9,396	-	224	-	<b>9,620</b>
<b>Bucket</b>	6,758	1,659	10,601	1,005	<b>20,013</b>
<b>Mattress/plastic mat</b>	-	616	876	-	<b>1,492</b>
<b>Shelter toolkit</b>	3,524	61	365	935	<b>4,885</b>
<b>Family tent</b>	378	1,139	0	28	<b>1,545</b>
*Corrections have been made on the table from the last report after validating data with the information management team of IFRC and PMI Central Sulawesi.					

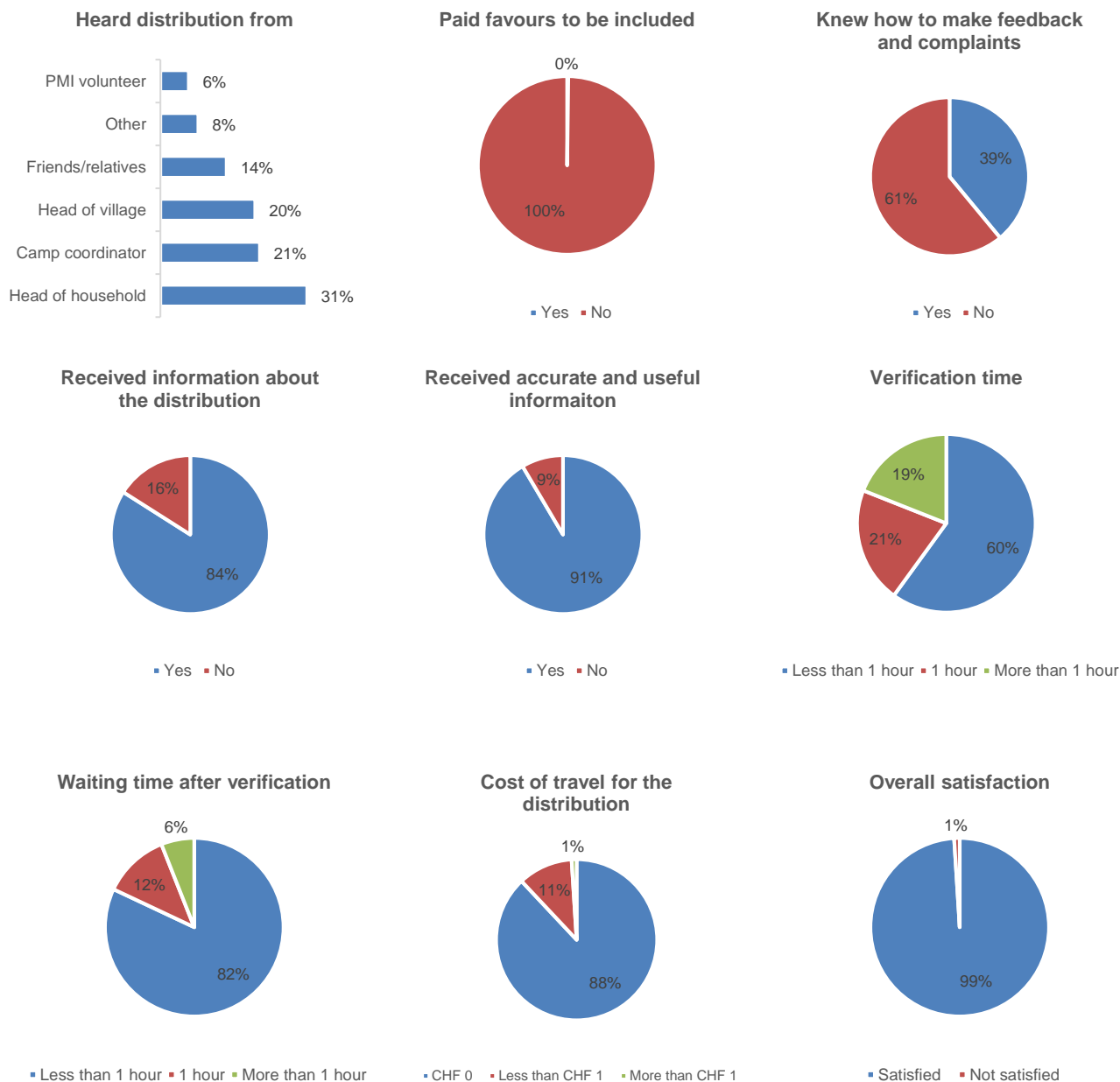
## Contents of the kits

Family Kit	Shelter Toolkit
Sarong 5 pcs	Hoe + Handle 1 pc
Hand/Body soap 5 pcs	Shovel +Handle 1 pc
Laundry soap 1Kg	Mutt Hoe 1 pc
Shampoo 2 bottles 180 ml	Claw Hammer 1 pc
Toothpaste 75g 5 pcs	Shears 1pcs
Toothbrush 5 pcs	Hand saw 1 pc
Towel 5 pcs	Machete 1 pc
Dish wash soap 40g 1 pc	Curved needle 2 pcs
Water bucket 40 cm diameter 1 pc	Measuring tape 3 M - 1 pc
Plastic plate 5 pcs	Tie wire 25 M - 1 pc
Plastic cup 5 pcs	Rope 30 M-12 MM - 1 pc
Spoon 5 pcs	Nails 7.5 cm - 500 gr
Sleeping mat 1 pc 180x180 cm	Nails 4 cm - 500 gr
Napkins' pack 2 pcs	Roofing Nails with washer 7.5 cm - 500 gr
Slippers 3 pcs	
Plastic bag 10 pcs	

During distributions, IFRC supported PMI to conduct exit surveys during distributions (done on the day of distribution), targeting 10 per cent of the beneficiaries, to ascertain efficiency and effectiveness of the service delivery. Below are some of the key findings:

Total respondents – 1,959





Post-distribution surveys are also underway with a statistical sample of the beneficiaries to measure the quality, quantity and effectiveness of the assistance, as well as the perception of the beneficiaries towards the relief assistance operation of the PMI. As of 30 September, PMI and IFRC had reached 303 respondents, representing 46 per cent of the total sample.



One of the model transitional shelters constructed in Sambo village, Sigi district. Construction of transitional shelters was originally part of the plan but has since been removed based on the decision of PMI, taking into account the national political context. PMI and IFRC still plans to provide technical assistance to households receiving government shelter assistance. (Photo: Tomas Arlemo/Swedish Red Cross)

IFRC supported PMI in the completion of the construction of 40 transitional shelters in Sambo, Sigi district in March 2019. These were part of the model houses constructed in preparation for the implementation of the transitional shelter programme. However, the programme has been removed (to be reflected in the revision of the EPOA to be published on November) due to PMI decisions based on the national political context and internal discussions. The provision of technical assistance to ensure building back safer amongst the affected households and their communities is still to continue as planned. Aside from build back safer messaging, PMI and IFRC are planning to provide block making training aimed to improve blocks used in shelter construction in the province. Communities targeted in the integrated DRR programme will also be targeted for the block making

training, with up to two community members receiving training per village.

The software components of the shelter programme are expected to commence by the beginning of November.



### Livelihoods and basic needs

People targeted: 20,000 people (5,000 households)

People reached: (Activities not started)

#### Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
# of targeted people that have enough food, cash or income to meet their survival threshold	20,000	Not started yet (Outcome indicator will be reported in final report)
<b>Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population</b>		
Indicators:	Target	Actual
# target population improve the access to employment or self-employed in sustainable livelihood activities	2,000	Not started yet
<b>Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>		
Indicators:	Target	Actual
# households reduce their [damaging] coping strategies compared with post disaster level	5,000	Not started yet
<b>Output 1.3: Household livelihoods security is enhanced through food production and income generating activities</b>		
Indicators:	Target	Actual
# of households have enough productive assets to recover or strengthen their livelihoods	2,000	Not started yet
<b>Output 1.4: Households are provided with unrestricted/multipurpose cash grants to address their basic needs</b>		
Indicators:	Target	Actual
# of households reached with cash for basic needs	5,000	Not started yet
<b>Progress towards outcomes</b>		

As of reporting period, the standard operating procedures for cash-based interventions have been drafted with the relevant personnel from PMI. The procedures include the type of data to be collected for enrolment to the programme, how cash will flow from IFRC to the beneficiaries and the process of reconciliation. Financial service assessments conducted earlier in the operation, as well as cash-working group guidelines, have indicated that cash transfers through banks is the preferred option. Selection of bank for the transfer is currently underway, following IFRC procurement procedures as per project agreement. Community engagement plans and messaging have been prepared – making sure that information regarding selection, distribution, complaints and feedback mechanisms, and information about the Red Cross and Red Crescent Movement.

Beneficiaries of the multi-purpose cash grant will receive IDR 2 million (CHF 142) a month for two months based on Government and Cash Working Group guidelines in Central Sulawesi. The amount is set for households with heavily damaged houses. The guidelines set by the government aimed at (1) ensuring the fulfilment of basic needs of the affected households; (2) supporting and strengthening the sustainability of the affected after the emergency phase, emergency transition phase and initial recovery; and (3) providing options and flexibility for the affected in deciding on the priorities of the households. The guidelines also provided that the cash assistance can be provided for two months following the life insurance provision of the government of Sulawesi Tengah, and if available an additional one month to support the needs for temporary shelter or transition to the government-provided permanent shelter. The additional one month will be reported under the shelter intervention of this appeal.



One of the flyers to be distributed during the multi-purpose cash programme, highlighting the type of assistance and selection criteria. Flyers and other communication materials were developed with support from the CEA unit. **(Photo: PMI)**

IFRC and PMI are targeting 5,000 households (20,000 people) from 24 villages in the four target districts to receive the assistance. This target will be increased to 8,500 in the revision of the plan of action (to be published in November) based on overall slow recovery process in Sulawesi. As such, the NS and IFRC will absorb more caseload to ensure that basic needs are met and allow the target households to have more flexibility to address their priorities

For small business support on the household level, beneficiaries will receive around IDR 5 million (CHF 350) in two tranches (60 per cent – 40 per cent). PMI will support beneficiaries in developing proposals for the small business, which will also become the basis for validation to receive the second tranche. PMI and IFRC will also provide technical assistance in terms of financial literacy, marketing and business administration basics which is also part of the condition to receive the assistance. This aims to improve the ability of households to manage and grow their businesses to make them more sustainable and resilient to shocks. PMI volunteers, with support from IFRC, will conduct monitoring activities and validation of utilization of the grant. It is envisaged that the most vulnerable households from the multi-purpose cash beneficiaries will be selected as part of the 2,000 households targeted for the small-business livelihood support.

For the vocational trainings, PMI, with the support of IFRC, has been discussing with the *Balai Latihan Kerja* (BLK) or the government training institution, as well as other vocation training service provider. The government will provide studies regarding labour and employment status of targeted groups (youth and women). IFRC and PMI will contract the BLK or another service provider to conduct selected trainings (including through mobile training units, reducing the cost and time of travel for the enrolled participants). To ensure attendance, daily allowances will also be provided and regular monitoring by PMI volunteers will be conducted. The appeal will also provide for training toolkits, specifically consumable items needed during the trainings. IFRC is also planning to support PMI in providing the graduates of the vocational trainings with start-up kits that are aimed to support the graduates develop their own business or gain employment based on the trainings they received.

BLK has initially proposed 13 training courses to which beneficiaries can enroll. The institute provided pre-qualification criteria, a list of training kits needed and a list of start-up tools for beneficiaries. PMI and IFRC plan to reduce the number options based on BLK capacity in terms of space, equipment and trainers at district level; the participation trend in the trainings throughout the province; and post disaster assessment conducted by the planning department of the Ministry of Manpower in 2019. Beneficiaries are expected to select their course based on their preference, existing skills and own assessment of what could be marketable in their communities. Trainings range from a total of 160 to 240 hours per course.

Possible trainings proposed by BLK:

- Tailoring
- Car automotive
- Motorcycle automotive
- Computer software
- Air-condition technician
- Refrigerator technician
- Masonry
- Carpentry (finishing)
- Carpentry (basic)
- Welding
- Electrician
- Mobile phone repair
- Cosmetics
- Carpentry (finishing)

(Note: discussions with the BLK are currently underway, including assessment of BLK capacities in more remote areas. IFRC and PMI are also exploring private institutions as another option.)

Throughout this operation there has been and continues to be a strong commitment to the localization agenda of PMI. One of the key learnings in this regard is that localization takes time to achieve, which has been reflected in the time required to finalize a mutually agreeable implementation strategy between partners. This has had downstream impacts on the timeliness of local staff recruitment as well as the timely transfer of funding for implementation which has caused delays.



## Health

People targeted: 80,000 (20,000 households)

People reached: 11,782

### Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by emergency health services	80,000	15,973
<b>Output 1.1: Target population is provided with emergency medical management of injuries and diseases</b>		
Indicators:	Target	Actual
# of people reached by First Aid services	10,000	numbers cumulated with medical services
# of people reached by emergency medical services	30,000	15,973
<b>Output 1.2: Capacity of local medical services to provide medical care is increased</b>		
Indicators:	Target	Actual
# of health facilities with improved capacity on medical services	4	Ongoing
<b>Output 1.3: Capacity of PMI emergency health response is strengthened</b>		
Indicators:	Target	Actual
# of participants certified on EMT	40	Not yet started
<b>Output 1.4: Capacity of PMI on coordination is strengthened</b>		
Indicators:	Target	Actual
Surveillance system linked to MoH is established	Yes	Not yet started
<b>Output 1.5: Community-based disease prevention is provided to the target population</b>		
Indicators:	Target	Actual
# of people reached with community-based disease prevention and health promotion programming	80,000	14,033
<b>Output 1.6: Community-based activities for malaria prevention and care</b>		
Indicators:	Target	Actual

# of households who received mosquito nets	18,574	4,810				
<b>Output 1.7: Psychosocial support provided to the target population</b>						
Indicators:	Target	Actual				
# of people reached by psychosocial support	40,000	14,966				
<b>Output 1.8: Target population is reached with Search and Rescue activities</b>						
Indicators:	Target	Actual				
# of volunteers deployed	600	Over 600 SRA ended mid-October 20 volunteers trained on ECV 37 volunteers trained in PSS 301 volunteers mobilized				
<b>Output 1.9: Blood donation services rehabilitated to continue for target population</b>						
Indicators:	Target	Actual				
Blood bank equipment and devices rehabilitated	Yes	Not yet started				
<b>Progress towards outcomes</b>						
<p>A health delegate initially supported the operation in Palu for eight months. Upon departure, the delegate was replaced by a health/WASH delegate starting July 2019. The IFRC health unit, comprised of a delegate, an officer and an assistant, has been coordinating with PMI provincial and NHQ counterparts. The IFRC health unit has also been supporting PMI to coordinate with the provincial health ministry, as well as other NGOs including WHO, Save the Children and UNICEF.</p>						
<table border="1"> <tr> <td style="text-align: center;"><b>5</b> PMI emergency medical teams (4 mobile + 1 fixed)</td> <td style="text-align: center;"><b>7,038</b> people reached with PMI Emergency Clinic (fixed)</td> <td style="text-align: center;"><b>8,935</b> people reached by mobile clinics</td> <td style="text-align: center;"><b>14,966</b> people reached with Psychosocial support</td> </tr> </table>			<b>5</b> PMI emergency medical teams (4 mobile + 1 fixed)	<b>7,038</b> people reached with PMI Emergency Clinic (fixed)	<b>8,935</b> people reached by mobile clinics	<b>14,966</b> people reached with Psychosocial support
<b>5</b> PMI emergency medical teams (4 mobile + 1 fixed)	<b>7,038</b> people reached with PMI Emergency Clinic (fixed)	<b>8,935</b> people reached by mobile clinics	<b>14,966</b> people reached with Psychosocial support			
<b>Emergency medical services</b>						
<p>With support from IFRC, Norwegian Red Cross and Japanese Red Cross Society, PMI have been supporting the Puskesmas (Primary Health Care Unit) in Tompe, in coordination with the Ministry of Health (MoH). PMI augmented the capacity of the local health unit to provide emergency and non-emergency medical services while IFRC is supporting the construction of a temporary puskesmas. The government is also finalizing plans to construct the permanent puskesmas to replace the damaged one. Health services provided include outpatients, emergency room, in-patients (eight beds), maternity, psychosocial support, health promotion and pharmacy. On the last week of August, the last PMI Emergency Medical Team rotation finished their duty and the operation was handed over to the MoH. All PMI equipment including tents was dismantled were packed and ready for transportation to the PMI central warehouse at Jatiangor, Java.</p>						
<p>The IFRC shelter team began constructing a temporary district clinic for the MoH allowing them to continue services whilst they rebuild their clinic damaged by the earthquake of September 2018. The construction will be finish by 25 October. The shelter team is also supporting the pustu construction in Tanjung Padang, as well as two other pustus.</p>						
<p>A total of 5,695 people accessed the health services provided at the tented emergency clinic in Tompe since becoming operational. Clinics continue to provide 24-hour access for emergencies and pregnant mothers. Services include basic emergency care, outpatient and in-patient care (4 beds each for males and females), mother and child-care (basic deliveries and basic obstetric care), psychosocial support service, pharmacy, basic laboratory and referral services. In addition to emergency medical care, PMI has four emergency medical mobile teams that continue to serve affected communities. There were 10,278 patients in total that have been attended by PMI mobile teams in Palu, Parigi, Sigi and Donggala. These complementary health services have ended last July.</p>						
<p>To assist PMI and IFRC on strengthening EMT capacity, an independent consultant was contracted to carry out an assessment of lessons learned from the EMT deployment during the emergency phase of the operation. The report</p>						

is due late October and will be followed by a Lessons Learned Workshop in December to analyse and operationalize the findings.

### Psychosocial support services

PSS activities continue with activities such as drama, counselling and other small workshops and exercises. Stress and hardships caused by the disaster continue to afflict the population with living conditions and social situations, affecting the population's mental health. PMI interventions include psychological first aid (basic human support; delivery of practical information; display of empathy, concern and respect to the affected; maintaining dignity of the population throughout the interventions) and through participative activities such as community mobilization, community-based psychosocial activities and awareness raising. So far, PMI has reached 14,966 people with PSS.

### Disease prevention and health promotion programming

During this reporting period, there were no reported outbreaks of disease. Health promotion activities continue in all operational areas through PMI health trained volunteers. The topics covered positive behavior in clean and healthy environment, Dengue fever (DBD), malaria and vector control. Health promotion activities have reached 14,033 people.

So far, PMI has provided treated mosquito nets to 4,810 households with the support of IFRC. More mosquito nets are planned for distribution and is expected to be completed by end of November.

A one-week national Public Health in Emergencies Workshop was conducted in September for 22 participants from 17 provincial chapters and 3 from the NHQ. Training these PMI emergency health specialists is an important capacity-building effort that will benefit the NS in future emergencies.



Simulation of health emergencies response during the Public Health in Emergencies Training. (Photo: PMI/IFRC)

### Development of blood service capacity

IFRC health personnel is finalizing with the PMI health coordinator from the headquarters the plan for the rehabilitation of the blood bank and procurement of a mobile blood unit. It is expected that the rehabilitation of the blood bank will begin before the end of the year as procurement processes for purchase of medical equipment normally takes longer than procurement of regular items. IFRC also supported capacity building for the PMI blood bank staff in Sulawesi as well as other chapters.



### Water, sanitation and hygiene

People targeted: 80,000 (20,000 households)  
People reached: 70,050

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

Indicators:	Target	Actual
# of households provided with safe water services that meet agreed standards according to specific operational and programmatic context	20,000	17,512
<b>Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
Indicators:	Target	Actual
# of assessment conducted	1	1
<b>Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>		
Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	80,000	70,050
<b>Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
Indicators:	Target	Actual

# of households provided with sanitation facilities	4,000	1,622
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with hygiene promotion activities	80,000	11,655
<b>Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of households provided with a set of essential hygiene items	20,000	22,561

### Progress towards outcomes

IFRC was supported by a German Red Cross embedded delegate to develop and implement WASH plans in Sulawesi. The WASH delegate has been replaced by a health/WASH delegate last July. Number of WASH-related items distributed with support of this pledge below:

Item	Palu	Sigi	Donggala	Parigi	Total
Hygiene kit	6,464	4,808	8,387	3,002	22,661
Jerry can	7,140	148	2,722	844	10,854

IFRC has supported PMI in providing hygiene kits to 22,661 households and jerry cans to 5,427 households. Hygiene kits contain 5 pieces of bath soap, 1 piece of laundry detergent, 1 bottle of shampoo, 3 tubes of toothpaste, 5 pieces of toothbrush, 20 pieces of sanitary pads, 2 pieces of towels and 1 container box.



Hygiene kit distribution, coupled with hygiene promotion, has been a major part of the WASH relief interventions. More than 20,000 households have received hygiene kits from PMI with the support of IFRC. (Photo: Tomas Arlemo/Swedish Red Cross)

Video public service announcements have also been produced specifically discussing hand washing, clean life behaviour, household water treatment and proper waste management. (see CEA part for more details).

At the end of December 2018, PMI was able to construct 94 latrines and 34 bathing facilities in 20 IDP camps, sheltering more than 1,582 households (6,328 people). On 2019, no further latrines or bathing facilities were constructed as the operation transitioned to early recovery phase. IFRC has also completed 40 sanitation facilities (included in the 1,582 supported during the emergency phase – see above) as part of the transitional shelters in Sambo. Hygiene promotion was also conducted in the village to complement the facilities in ensuring proper sanitation behaviour and reduce open defecation in the area. Improvement of water supplies for these facilities are also being planned, in coordination with community members and PMI WASH team. Plans for developing water sources (reservoirs) have since been put on hold – the actual plan will be developed based on VCAs to be conducted in each community to provide water solutions tailor fit to the priorities and resources of the communities.



One of the 40 model latrines constructed to complement the transitional shelters in Sambo. (Photo: Reny Septiani/IFRC)

Hygiene promotion modules:

1. Solid waste management
2. Washing hands
3. Household water treatment
4. Diarrhea prevention
5. Dengue fever risk
6. Menstrual hygiene management
7. Hygiene kit usage
8. Hygiene and clean behaviour

Modules presented for each community varied based on PMI WASH team's assessment of the conditions and the necessities in the community.

### Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

Indicators:	Target	Actual
# of people have access to safe water	40,000	Not yet started

### Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of volunteers trained in WASH	tbc	64

### Output 2.2: Community managed water sources giving access to safe water is provided to target population

Indicators:	Target	Actual
# of water sources rehabilitated (i.e. well or pipelines)	-	Not started yet
# of people provided with safe water through rehabilitated water sources	40,000	Not started yet

### Progress towards outcomes

Vulnerability and capacity assessments will be conducted regarding the needs of communities in target villages as part of the integrated CBRR approach, as well as technical feasibility studies for each village. A baseline survey will be conducted to assess the vulnerabilities and capacities of the different villages which will be used to develop plans for improving water sources and other WASH-related activities.

District volunteers will also be trained as facilitators of hygiene promotion activities and support the CBATs in communities in enhancing their capacities in promoting awareness of hygienic practices and delivering hygiene messages to community members.

There are still delays encountered in the conversion of trucks to desludging trucks due to an error in design as well as the unavailability of the pumps to be used for the conversion. PMI and IFRC have decided to procure more equipment to fit the pumps and complete the conversion of the water trucks to desludging trucks.



### Protection, Gender and Inclusion

People targeted: 80,000 (20,000 households)

People reached: 1,035

### 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
Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services?	Yes	Outcome indicator will be reported in final report

### Output 1.1: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

Indicators:	Target	Actual
Does the operation demonstrate evidence of compliance with IFRC minimum standard commitments to gender and diversity in emergency programming?	Yes	Yes

### Progress towards outcomes

The PGI component of the programme was supported by a PGI RDRT deployed for three months (until May 2019). PGI components have been incorporated in the plans and implementation of sectoral programmes to ensure that minimum standard commitments of the IFRC. These include ensuring meaningful participation of women and men within community health and WASH trainings and consultation with community members and leaders to design the adaptation of the Dignity, Access, Participation and Safety (DAPS) framework to the recovery programmes, including livelihood and DRR.

### Solar lanterns/lamps distribution

Insufficient lighting in camps or temporary shelters may pose a serious protection concern contributing to an unsafe environment considering their locations, darkness in some sites and particularly the wash facilities. So far, 628 solar lamps have been distributed, in effort to address these protection concerns to some extent.

### Minimum Standard Commitments to Gender and Diversity in Emergencies

Mainstreaming PGI across the sectors, is an ongoing effort which aims to ensure that services provided to people reached are gender and diversity sensitive, have a protective value and tailored to be inclusive of all. Early recovery plans will ensure PGI will remain an important element to be factored in programming aspects. For example, ensuring latrines are accessible to people with disabilities, specifically people with mobility restrictions.

During the roll-out of the interventions, PMI and IFRC will monitor if PGI guidelines are being observed and are fully applicable to the local context. The PMI Child Protection guidelines will continue to be implemented and promoted throughout all levels of implementation. Volunteers and staff involved are also continuously receiving orientation or refreshers on the IFRC Code of Conduct.



## Migration and displacement

People targeted: Managed by ICRC

People reached: 2,272 cases

### Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicators:	Target	Actual
# of people reached with services for migration assistance and protection	-	Outcome indicator will be reported in final report

### 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	-	2,272

### Progress towards outcomes

ICRC launched a family link site for people looking for family members affected to the Sulawesi earthquakes and tsunami. This include people who would like to register to inform their families that they are safe and alive. The site is available in both English and Bahasa Indonesia. The link to the site:

<https://familylinks.icrc.org/indonesia/id/pages/home.aspx>

ICRC, with the support of this appeal, managed activities on restoring family links and management of the dead.

Below is report from ICRC activities on RFL and management of the dead:

#### Context

#### Restoring Family Links (RFL)

The roads were completely cut off as a result to the earthquake and tsunami. In the first days, it took hours and even days of driving to reach the most affected areas. It also caused power outage and disruption in communication lines in some affected areas (only 1 mobile phone provider remained working at the time which was XL) and the closing of the main airport in Palu, capital city of Central Sulawesi due to the damage of its tower and runway. Due to the disruption of telecommunication, people lost contact with their families.

## Management of the Dead

The combination of an earthquake, tsunami and liquefaction led to a high death toll. While official data from BNPB (National Disaster Bureau) reports 2830 deaths and 701 missing (as of 19 March 2019), some media claim that the number could be as high as 5000 deaths and 700 missing. The fact is that the exact number of deaths will probably remain unknown. Indeed, the number of deaths exceeded the capacity of the authorities and, for various reasons, the process of the MotD including recovery, identification and handover or proper burial of human remains was not done.

## Results, Challenges and Outcome

### Restoring Family Links (RFL)



PMI, with support from the ICRC, conducted RFL activities to assist families in the affected areas as well as those in other parts of the country or outside to country connect with their relatives affected by the disasters. ICRC also supported PMI improve their capacity in RFL for future responses. (Photo: ICRC)

There had been reports of families missing, however, most of which are related to the cut of the telephone line. The RFL Alert Banner, jointly prepared by the ICRC and the PMI, was immediately launched in the Family Links website by GVA. We did not activate a hotline number as the PMI HQ was short-staffed and they requested additional personnel to handle incoming requests which meant that no call center / hotline has been established. Furthermore, the communication outages in Palu meant it was futile to have a phone in the field. Nevertheless, the ICRC dispatched two Sat Phones at the disposal of the PMI and in addition to that we also lent them our 3 RFL field mobile phones via ICRC colleagues who went to the field. RFL banners were produced and placed in different areas for people to see.

One of the challenges we faced was the lack of local volunteers across all relief activities, which caused delays in the RFL response. Early on, people lost contact due to the collapse of telecommunications, but these were partially restored in Palu by the fourth day and across the rest of the affected areas in the ensuing days. Unfortunately, the RFL Pool member from the PMI was not sent to the field until the sixth day, and by that time people had already got back in contact with their family members. However, RFL volunteers from the neighbouring Provinces as well as Provinces outside Sulawesi island such as North Kalimantan and West Java were mobilized to the affected areas to assess and respond to the RFL Needs.

In addition, the authorities called off the search and rescue operation early on and began burying bodies without identifying them. This made it hard for us to find those who were missing. However, our work with the authorities was positive, as they referred people to the RFL emergency website, which became the reference list of missing people.

The RFL emergency website was activated and promoted, leading to over 1,300 enquiries being made both from the website directly and through the PMI. Lists of missing people were displayed in two hospitals in Palu.

The PMI also received an official list of the deceased from the authorities, which meant that we could compare that list with the list of missing people on our website. The PMI could then inform families when a match was found and close the case.

In responding to the RFL needs without having immediate RFL kits ready triggered the ICRC to purchase RFL emergency kits using the Palu Appeal funds. We purchased 4 sets of kits, consisting of IT equipment (laptop, satphone, mobile phone, internet router, portable generator, photocopy/scanner/printer machine, etc.), office stationeries and non-IT / non-stationeries (sleeping bag, backpack, mosquito net, RFL forms, flashlight, megaphone, etc.). These kits will be ready to be dispatched immediately shall there be any emergency.

RFL		
Activities	Date	Descriptions
RFL Workshop	10 November 2018 in Palu, Central Sulawesi	One day workshop was organized for 27 new local volunteers in Palu
Establishment of 3 RFL Posts		Focused in Palu, Donggala and Sigi with support from the RFL Pool. Main post was established at Garuda camp.
Activation of the RFL emergency website	02 October 2018	Received 1238 cases, 56 people registered themselves alive and 460 cases had been closed
Donated RFL IT kits	November 2018	Donated 4 Laptops, 4 Smartphones and 4 modems to PMI Central Sulawesi to be used for RFL purposes
RFL Training for PMI	10-17 February 2019 Palu, Central Sulawesi	Involving PMI staff and volunteers from Central Sulawesi and other areas affected by disaster events in Indonesia in 2018, such as Lombok and Banten. Observers from South Sulawesi were also invited.
RFL Lessons Learned Workshop	26-27 March 2019 in Makassar, South Sulawesi	Participants were 1 – 2 persons each from Lombok, Palu, Banten, South Sulawesi + 7 RFL Pool members
The purchase of RFL Emergency Kit	2019	Purchased 4 sets of RFL emergency kits for the PMI (IT equipments, stationeries, and non-stationeries such as sleeping bags, backpacks, raincoats, etc.) to ensure RFL team is properly equipped and ready to be dispatched immediately
RFL Recovery Operation	April – June 2019	Conducted by the PMI to follow-up RFL situations

### Management of the Dead

During two assessment visits, meetings and lessons learned roundtable with various stakeholders in Palu, the ICRC established many elements that were responsible for the lack of proper implementation of the MotD process.

For example, many of the first responders were affected by the disaster and were unable to respond. This created confusion as to who should lead the disaster response and the coordination efforts were hampered. The PMI had to mobilize volunteers from Makassar for assistance. It took them 12 hours by road to arrive. When it came to the recovery of the dead, none of the first responders had received training on basic steps to collect information on the dead, leading to the dead being put in a body bag without any documentation. Proper protection equipment was also lacking.

The Disaster Victim Identification (DVI), which is part of the Police Forces, was another institution involved in the Management of the Dead. However, the DVI commander in Palu was also a surgeon. His priority was to save the living before being able to attend to the dead. This meant that all the bodies collected were brought to the police hospital waiting to be processed. However, due to very restricted space, they were stored outside in the sun, accelerating their putrefaction hence decreasing chances of identification. Moreover, with the airport runway damaged, the arrival of the DVI team from Jakarta was delayed to the third day. By then, around 500 bodies had been collected at the hospital. Not only was it too much for the relatively small DVI team to process, but the bodies were too putrefied to be dealt with. Some could still be identified with their fingerprints. For other DNA was collected by the DNA team. Regrettably, a presidential order on day 5 stated that all identification efforts should be halted and that all bodies should be buried in a mass grave. Around 800 DNA profiles remain unanalyzed and no scientific Ante-Mortem data was collected. Finally, the burial in the mass grave was done hastily, without any records or documentation. Overall, very few appropriate steps were taken in terms of management and identification of the dead which led to important implications in humanitarian and legal terms and created further trauma in the community. Indeed, the police reported being unable to provide death certificate to bereaved families asking to move on with their lives.

While an increased interest in the MotD was observed, it remained challenging to engage the higher level of authorities, particularly during the round table in Palu in February. A further challenge was created by the difficulty for people to reflect on the events to deliver lessons learned. However, the Regional seminar co-organized with AHA Centre and the BNPB in Jakarta on 20 June 2019 provided a unique opportunity to reach out to higher levels of governments and raise their awareness. This event was met with great interest by the Indonesian attendees, most of them requesting more training and dissemination in their region.

<b>Forensic</b>		
<b>Activities</b>	<b>Date</b>	<b>Descriptions</b>
<b>Mission to Palu</b>	14-17 January	Management of the dead response mapping during the Palu disaster
<b>Mission to Kendari</b>	17-19 January	Morgue assessment
<b>Mission to Palu</b>	30 January	Morgue assessment with a WATHAB ICRC consultant and management of the dead response mapping (continued)
<b>Mission to Palu</b>	25-29 February	Round table on lesson learned and practical session on search and recovery for 80 first responders
<b>DNA collection workshop in Palu</b>	19 March	Session on DNA sample selection, collection, storage and transportation during a disaster, co-organised with the central DNA laboratory of the Police in Jakarta. 40 police personnel from Palu and surroundings attended the session.
<b>Assessment of the National Indonesian Police DNA laboratory</b>	21 March	The aim of this visit was to identify additional support that would enhance the capacity of the DNA Laboratory to apply forensic genetics to the identification of human remains.
<b>First responders field book printing</b>	June	A pocket field book on the MotD developed by ICRC was translated in Indonesian and distributed to first responders.
<b>Regional Seminar on the Management of the Dead (MotD) in Disaster Situations: Search and Recovery of Human Remains in Disasters Thursday</b>	20 June	This regional seminar brought together 130 people from 9 ASEAN countries and Timor Leste involved in disaster response to share and document good practices and lessons learned from the ASEAN region that could enable for a proper implementation of the MotD process in future disasters.
<b>Practical Session for first responders in Jakarta</b>	15 July	Practical session on search and recovery for first responders from the Humanitarian Forum Indonesia (HFI)
<b>Purchase and donation of DNA equipment</b>	25 July	Following the assessment done by the ICRC Geneticist of the INP DNA laboratory, it was observed that some key pieces of equipment that are important for processing bone samples need replacement. Further, additional equipment is needed to enhance the capacity for DNA extraction from bone. Hence, four items were purchased: a cryogenic bone grinder, special vials, a centrifuge and an additional rotor.

### **Closure**

#### **Restoring Family Links (RFL)**

The experience of RFL response in Palu has given us the opportunity to give more support to the PMI in terms of financial, technical and human resource. PMI Central Sulawesi now has volunteers and staff trained in RFL. The use of the RFL emergency website has been very useful for the team (PMI & ICRC) as it reflected a modern approach in dealing with RFL and simplifies the information management and the follow up of cases. In fact, the Palu natural disaster was the first to have the emergency website activated for the first time in Indonesia. Furthermore, having now the RFL emergency kits on standby, the RFL team (anywhere) will be properly equipped and the kits are ready to be dispatched immediately shall there be any emergency. The PMI and the ICRC indeed experienced some lessons learned from this RFL response and will be acting accordingly in order to reinforce the strengths and resolve the shortcomings.

#### **Management of the Dead (MotD)**

The nine Forensic activities developed with the Appeal funds allowed raising awareness about the MotD in Indonesia and in the ASEAN Region. They provided approximately 300 people with new knowledge and empowered them to care for the dead in the next disaster. It has positioned the ICRC as the leader in this specialist knowledge and showcase how we are ready to assist and enhance the current capabilities. Further, the Regional Seminar organized with AHA Centre and BNPB has not only created unprecedented collaboration with these two agencies but also

brought together many agencies unaware of their common roles and responsibilities in the MotD in disaster situation. Considering the positive response by the authorities and participants, it seems appropriate to build on this newly created goodwill and relationships. Therefore, after this Palu appeal project, the aim is to further improve the overall management of the dead capacity of Indonesia, to bring it up to international standards and ensure the lessons learned are not vain by following-up this momentum and focus on a broader support from the government at a national and local level.



## Disaster Risk Reduction

People targeted: 80,000 (20,000 households)

People reached: not yet started

### Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster

Indicators:	Target	Actual
Community preparedness plans in place	Yes	Not started

### 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	-	Not started
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	-	Not started

### Progress towards outcomes

Activities are yet to be implemented. Collaboration between IFRC and PMI has continued to further develop the integrated community-based risk reduction (ICBRR) approach. Through this approach, vulnerability and capacity assessments will be conducted in each target village. The result of the assessments will inform individual plans for the villages to reduce risk which could include WASH, health, settlements and structural and non-structural mitigation activities. Furthermore, community-based disaster reduction activities will be undertaken by having early warning early action agents to strengthen the response and preparedness capacities and resilience of communities.

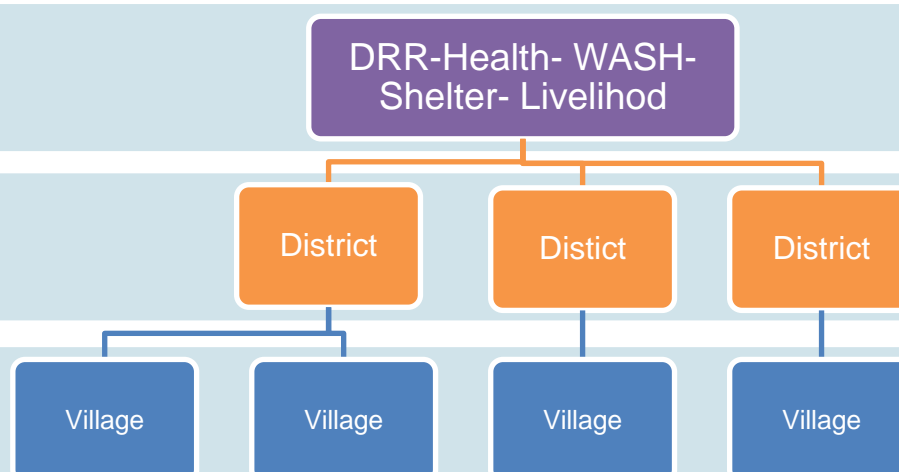
PMI approach on building community capacity is outlined below:

#### PMI KSR (at kabutan level) and SIBAT (at village level) capacity-building structure

**Province:** Technical team (sector technical trainings for group of KSR selected from each district. 3-5 KSR from each district for one technical training)

**District:** KSR (ICBRR induction for 25 to 30 KSRs from each district)

**Village:** CBATs (ICBRR orientation for 20 to 25 CBAT members at each village level. will be conducted by KSR)



## 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
# of NS branches that are well functioning	5	Outcome indicator will be reported in final report
<b>Output S1.1.2: National Society assessed their capacity at HQ and branch level and identified areas for organizational development</b>		
Indicators:	Target	Actual
# of branch assessed and supported on BOCA action plan	5	4
<b>Output S1.1.4: National Society has effective and motivated volunteers who are protected</b>		
Indicators:	Target	Actual
# of volunteers insured	100%	100%
# of volunteers involved in the operation	1,329	~1,700
<b>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</b>		
Indicators:	Target	Actual
NS has necessary infrastructure and systems in place	Yes	Yes
<b>Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
Indicators:	Target	Actual
# of NS members trained in emergency needs assessment	25	Not started yet
<b>Progress towards outcomes</b>		
<b>Branch development</b>		
<p>The full BOCA report is currently being finalized. Branch Organizational Capacity Assessments (BOCA) were conducted in Sigi, Palu, Donggala and Parigi Moutong district branches of PMI in Central Sulawesi. The National Society deployed three people from the National Headquarters and one each from PMI East Kalimantan and PMI Kota Manado. They were also joined by two staff from PMI Central Sulawesi. The assessment focused on five core competencies – capacity to exist, to organize, to relate and mobilize, to perform and to grow. Based on the exercise, a number of areas were identified for improvement within the four districts with each branch scoring below the benchmark of 70 per cent for the 34 topics the assessment focused on.</p> <p>The exercises were attended by district board members, staff and volunteers. The exercise concluded with the signing of a branch development plan based on the areas for improvement identified, which has been shared with the provincial chapter and NHQ. Based on the weaknesses, the action plan focused on improvement of infrastructures, holding branch assemblies and annual meetings, regular Red Cross orientation and technical mentoring for the provincial and district branches.</p>		
<b>Volunteers</b>		
<p>Approximately 1,700 volunteers were deployed to the operation to provide support to the implementation of the emergency and relief programmes of PMI. More structured trainings were provided in January 2019, reaching 170 people to continue implementation of relief and to start the recovery programmes. With support from IFRC, the volunteers were oriented on Red Cross and Red Crescent Principles and codes of conduct and they were later specialized for shelter, WASH, health, mobile data collection, CEA and other components of the implementation through trainings conducted by both PMI and IFRC technical staff.</p> <p>Through the ICBRR approach, district volunteers will be provided training on PMI volunteering principles, to be followed by specific trainings on shelter, health, WASH, CEA, IM, cash and livelihood. The KSRs (district volunteers) will then be deployed to support the development of community-based action teams (CBAT), which will become the PMI first responders and source of information during emergencies.</p> <p>All volunteers deployed in the operation are provided insurance through this emergency appeal.</p>		
<b>Necessary infrastructure and systems in place</b>		
<p>IFRC and PMI continue to utilize the basecamp which was established in the beginning of the operation. The camp is supported with necessary equipment and facilities, including WASH, IT and 24h security service, to perform as effective as possible. One of the tents is used as training space while accommodation tents are used by deployed volunteers when needed.</p>		

## International Disaster Response

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

Indicators:	Target	Actual
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% of people reached by the IFRC disaster response operations to the people affected by these emergencies	Min 5%	Outcome indicator will be reported in final report
IFRC engages in inter-agency coordination at the country level	Yes (Shelter)	Yes
<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Mechanism for effective response preparedness identified and implemented	Yes	Yes
# of RDRT deployed	Min 3	More than 3
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# and type of methods established to share information with communities about what is happening in the operation	-	4 <sup>4</sup>
#/% of complaints and feedback received and responded to by the NS	-	484
<b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability</b>		
Supply chain and fleet services demonstrates quality and accountability	Yes	Yes
<b>Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
A coherence shelter strategy is developed in response to the earthquake	Yes	Yes
<b>Progress towards outcomes</b>		

### **Response preparedness**

The operation has in place long-term staff, currently with 7 delegates in the Palu sub-office including for field coordination, finance and admin, procurement, PMER, shelter, health & WASH, and DRR. A cash and livelihood delegate is also currently being recruited to support the operation. The operation was also initially supported by a CBI delegate, an IM delegate, and RDRTs for general logistics and PGI. The CCST office in Jakarta also provides support to the operation.

### **Community Engagement and accountability**

PMI, supported by IFRC, has maintained regular two-way communication with communities through social media, radio, a hotline and face to face engagement with volunteers. From feedback received through these channels, the main concerns of people affected by the disasters remain related to the urgent needs of shelter, food, livelihood/employment and WASH. Information dissemination prior to relief distributions still continue, which also allows communities to provide feedbacks or complaints about the process regarding selection of beneficiaries and/or selection of date, time and location of the distribution.

PMI Nolelei, a weekly live radio talk-show where listeners could call in to ask questions and address concerns with guest speakers from PMI and other NGOs, UN, governmental agencies, and others.

### **Radio Programme Community Engagement and Accountability Sulawesi Operations**

No	Date	Radio Programme	Sector	Feedbacks received
1	10/10/2018	PMI family tracing services	RFL	2
2	11/10/2018	PMI services	General services	-
3	11/10/2018	PMI services	General services	-
4	12/10/2018	Trauma injuries	Health	3
5	14/10/2018	Psychosocial services	PSS	-
6	17/10/2018	Health services	Health	-
7	31/10/2018	Managing waste in the camp for health	Health and WASH	5
8	7/11/2018	Tsunami impact for fishermen	Marine and fisheries provincial office	-
9	14/11/2018	Diarrhea prevention		-
10	21/11/2018	Temporary shelter	Shelter	7
11	28/11/2018	Health services	Health	

<sup>4</sup> Radio broadcasts, Social media platforms including Facebook, Twitter and Instagram.

12	05/12/2018	International Volunteers day	Volunteer	6
13	12/12/2018	Health services for recovery phase	Health	6
14	19/12/2018	Transitional emergency to recovery phase	DM	-
15	26/12/2018	Psychosocial support	PSS	2
16	02/01/2019	Hoax information on rumor of big aftershocks	CEA	2
17	09/01/2019	WASH campaign on no littering	WASH	4
18	16/01/2019	Code of conduct		1
19	23/01/2019	Dengue and Malaria	Health	4
20	30/01/2019	Protection on Sexual Exploitation and Abuse	PSS	3
21	06/02/2019	Maintaining the hygiene of shelter	WASH	3
22	13/02/2019	Clean water distribution on recovery phase	WASH	3
23	20/02/2019	Children voices	PSS	9
24	27/02/2019	Recovery plan	DM	2
25	06/03/2019	Youth involvement	PMR	3
26	13/03/2019	Community feedback	CEA	4
27	20/03/2019	Cases remaining, almost 6 months post-disaster	RFL - Health	3
28	27/03/2019	6 months anniversary of Sulawesi's disaster	DRR	2
29	03/04/2019	PMI services for aid distribution	Relief	1
30	10/04/2019	Importance of community participation	CEA	2
31	17/04/2019	PSS on recovery phase	PSS	2
32	24/04/2019	Hygiene management on shelter	WASH	1
33	01/05/2019	Preparedness of Ramadan	Health	1
34	08/05/2019	Red Cross Red Crescent day, 100 year, everywhere, for everyone	RC Movement	2
35	15/05/2019	Menstrual Hygiene Management	PMI Health	-
36	15/06/2019	Housekeeping for rainfall	PMI Shelter	1
37	29/06/2019	Water-saving behaviour	PMI WASH Kota Palu and IFRC	2
38	12/08/2019	Build Back Safer	Shelter Cluster	7
39	26/08/2019	Personal grab bag for preparedness	DRR	1
40	09/09/2019	Women role in disaster recovery response	Sikola Mombine (local NGO)	1
41	23/09/2019	One-year commemoration Sulawesi disaster: Mental health	PSS	1

PMI also produced public service announcement in video and audio which are aired on PMI website and YouTube channel to reach more people across the implementation areas, as well as other areas across the country.

**Public Service Announcement (Video)  
Community Engagement and Accountability  
Sulawesi Operations**

No	Sector	Topic
1	Crosscutting - CEA	Partisipasi masyarakat terdampak/ community participation
2	DRR	Mangroves, stop deforestation and encourage

3	Health/WASH	Clean and healthy life behaviour
4	DRR	Zoning area (Red, Yellow, Green) - Sulawesi Tengah
5	DRR	Tas Siaga Bencana/ Evacuation bag
6	WASH	Wash hands - PMI
7	Health	Demam Berdarah/Dengue
8	Health	Kesehatan: Infeksi Pernapasan Akut (ISPA)/ Health: Acute Respiratory Infection (ARI)
9	Health	Donor Darah Sukarela itu keren/ Voluntary Blood Donation is cool
10	PMI event	PSS - Petobo
11	CEA	Radio listener's story
12	Shelter	Pembuatan batu bata/ Block making
13	Shelter	Bangunan yang aman/ Safer construction
14	Volunteer	PMI Volunteer - Sigi
15	WASH	Perawatan Air Dalam Rumah Tangga/ Household Water Treatment
16	WASH	Pengelolaan Sampah/ Waste Management

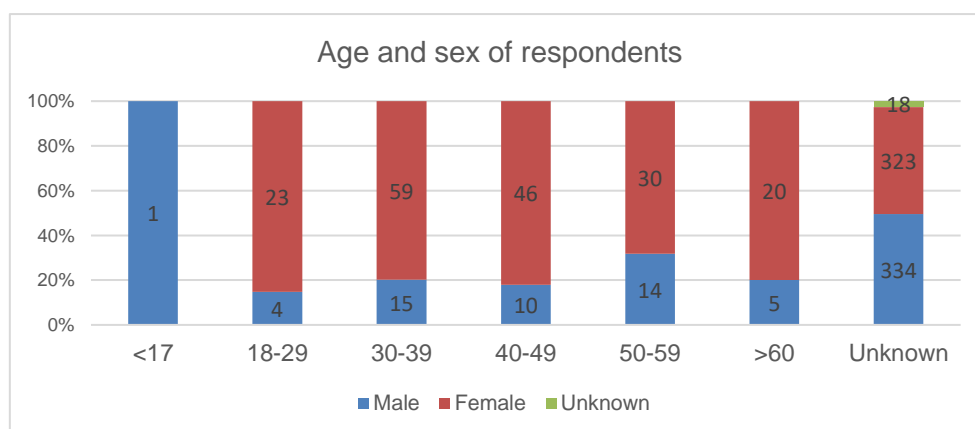
**Public Service Announcement (Audio)  
Community Engagement and Accountability  
Sulawesi Operations**

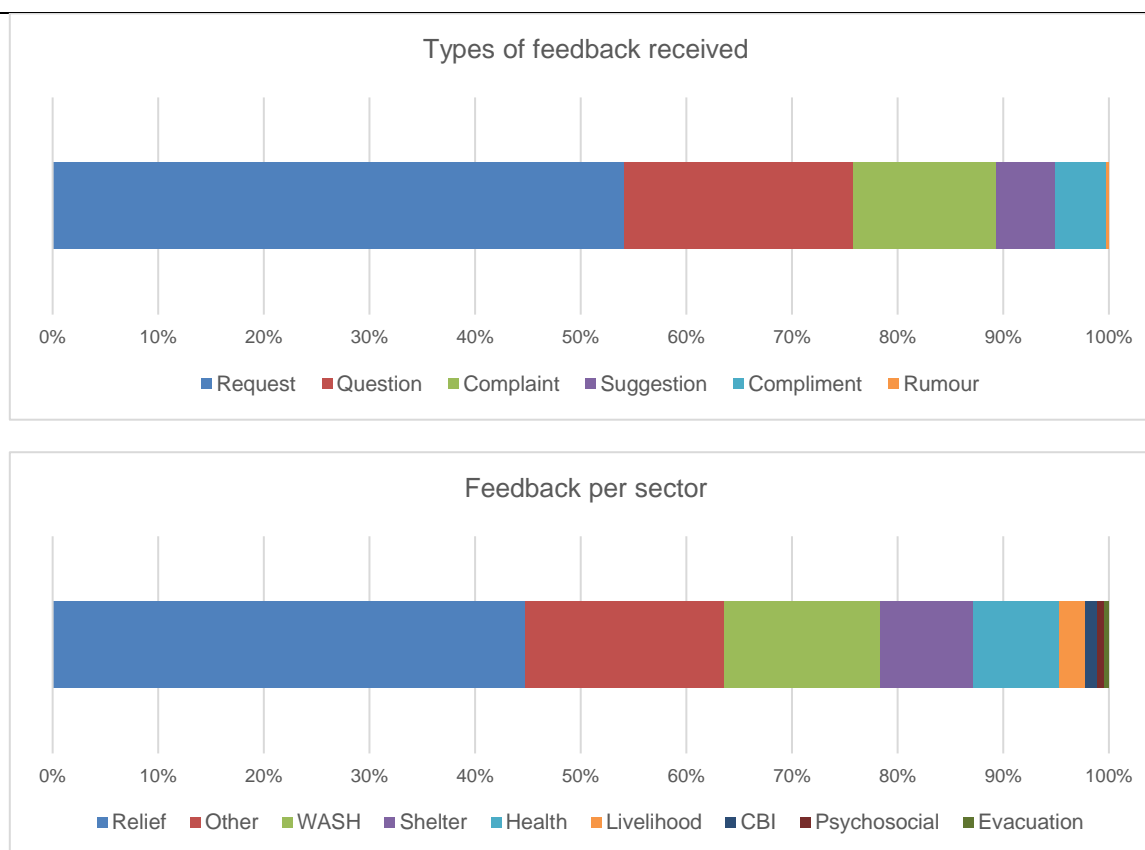
No	Sector	Topic
1	Crosscutting - CEA	Hotline PMI
2	Health	Demam Berdarah/Dengue
3	Health	Minum air/ Stay hydrated
4	Health	Ambulance information

PMI, supported by IFRC, continues to lead the coordination of the inter-agency Community Engagement Working Group (CEWG). The CEWG is working with the provincial government's data and information centre, as well as the programmatic sectors to develop key messages to address some of the current concerns of affected people so that it can be communicated by all relevant organizations consistently.

A feedback tracking dashboard has been developed and piloted in Palu, together with IFRC CEA staff and consultant hired from Geneva. The dashboard will provide a visual tracking and monitoring platform for community feedback received which can be used to inform activities and services not only for the Sulawesi response but will also act as the standard for PMI in other operations as well as future ones.

Feedbacks received (total of 902 feedbacks since September 2018)





#### Top topics:

- Access to aid services – 28%
- Type of aid provided – 15%
- Access to aid items – 12%
- Water – 10%
- PMI Information – 7%
- Information on distribution – 6%

#### Logistics, supply chain and fleet services

Logistics and supply chain Logistics activities aim to effectively and efficiently manage the supply chain, including mobilization, procurement, fleet, storage, custom clearance and transportation to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

At the early stages of the emergency, PMI at the provincial level in coordination with PMI HQ established a long-term logistics team in Palu to provide logistics support.

In order to meet the immediate needs, PMI's pre-positioned relief stocks in different regional warehouses were transported to Palu and distributed to the affected areas. However, due to the wide scope of the emergency, the available in-country stocks did not meet the large needs, thus PMI requested for international assistance through an emergency appeal.

With the directive coming from the BNPB to have PMI support the management of all relief goods entering Palu from different organizations, a Relief Cell was established to support PMI with the coordination of all incoming goods, and further relief distributions.

While the international supply chain was operational in Indonesia for some weeks, a set of challenges with the importation processes necessitated a change in the supply chain strategy, and local procurement was adopted from December 2018 until the present time.

The restrictions related to the importation also included restrictions on vehicles, thus the fleet support for this operation was done through vehicle rental, until the local procurement of vehicles was finalized.

As part of the Movement support, four logistics ERUs were deployed by different PNSs from the early stages of the emergency operation with the last one staying in Palu until the end of January 2019. The support aimed to assist PMI

with the reception of items, customs clearance, documentation, transportation and warehousing for the processing of all incoming relief goods in accordance with IFRC logistics standards.

Once the shift on the procurement strategy evolved from international to local procurement, an IFRC procurement delegate was deployed to Palu to lead along with a team of local staff, the local procurement of goods in coordination with PMI.

The IFRC long-term logistics team was established in January 2019, and included the logistics coordinator, procurement delegate, senior logistics officer, procurement officer, logistics assistant, warehouse assistant and senior fleet officer.

The IFRC Operational Logistics, Procurement and Supply Chain Management (OLPSCM) unit in Kuala Lumpur has been technically supporting PMI and the IFRC operations in Indonesia through remote support as well as with surge capacity deployed to the field.

Local procurement has been the sourcing strategy used for over 10 months, but it has proven to have important shortcomings to support the implementation.

Currently the IFRC Logistics team continues working on logistics related tasks with a similar structure as from the one defined at the beginning of the operation.

Procurement files are still being handled by IFRC at the field level supporting the current programmes including rehabilitation of medical facilities, procurement of NFIs, medical equipment and others.

As PMI does not have logistics focal point at the field level, the coordination and definition of a logistics strategy for IFRC / PMI in Indonesia is been developed at Jakarta level between the PMI head of logistics in the National Headquarters and the IFRC Logistics Coordinator since August 2019.

The mid- and long-term plans being currently developed in coordination with PMI HQ Logistics include the structuring of a coordinated emergency plan allowing IFRC CCST to be prepared and have a defined role for future operations. The tender process for the Financial Service Provider to support the cash-based interventions for Palu as well as for the rest of the operations in Indonesia has been led by the IFRC Logistics team at Jakarta level. Technical assistance has been coordinated with the IFRC logistics cash programme manager based in Geneva as well as with the IFRC procurement manager in APRO.

Logistics unit in Palu has taken the mid- and long-term perspectives of the emergency logistics structure of PMI into consideration by iterating the lessons learned into the logistics development initiatives, focusing on strategy development, integration of national task force with private companies, enhancing procurement capacities, considering the status of PMI in the national disaster response, as well as in terms of advocacy regarding the status of "G2G1", and in management and reporting. Logistics team has been working closely with the different programme sectors to ensure efficient and timely support to the operation.

#### **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 S2.2.5: 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**

##### **Coordination meetings**

IFRC with PMI counterparts continue to participate in inter-cluster and sub-cluster coordination meetings as well as working groups for Health, Shelter, CEA and IM etc. Coordination meetings between IFRC and PMI are conducted as needed, with one on 2 November to set-up the basecamp and another on 22 February to discuss the PMI recovery plan and IFRC plans to support. Provincial counterparts for IFRC in Palu were appointed by PMI. IFRC also continues to coordinate with partner National Societies regarding visits to Palu.

Weekly operation meetings continue to be held at the basecamp with all IFRC team members, as well as the operations coordinator for PMI in the province. Several visits by donors to Palu and other affected areas also took

place on 17 to 18 March, including a 2-day meeting in Palu basecamp with partners, IFRC (CCST, APRO and Palu sub-office) and PMI counterparts which allowed for discussion on plans for the operation and discussed with partners issues within implementation and changes from the initial IFRC plan of action.

On 25 June the project agreement with PMI for the recovery operation was signed. The agreement is based on the plan developed through a consultative process between IFRC technical and management teams and PMI counterparts at national, provincial and branch levels. PMI provincial and district offices are also regularly updated both by the National Society and the Sulawesi operations team regarding changes, developments and updates on the implementation of the recovery operation.

#### **Information Management**

PMI has existing IM capacity, which has been managing data collection and collating tasks in the operation. IM is planning to support multiple trainings for the provincial and district offices of PMI in Central Sulawesi. IFRC is supporting to enhance this capacity by deploying an Information Management delegate for six months, which ended August 2019. Following the departure of the delegate, the IM officer in Palu (with support from PMER delegate) and the officer from the CCST Jakarta will be supporting PMI with information management as well as ensuring privacy and security of information collected, particularly for the cash programmes.

The IM unit is supporting ongoing activities which utilizes mobile data collection tools such as for CEA, exit surveys and beneficiary selection/validation, post distribution monitoring. The IM team is also supporting data cleaning and analysis to support PMI decision-making regarding targeting and beneficiary selection.

### **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>	-	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 produced</i>	1	2 (recovery assessment/real time evaluation)
<i># of final external evaluation of the operation conducted</i>	1	Not started yet

#### **Progress towards outcomes**

##### **Assessments and evaluations:**

Findings from the joint recovery assessment conducted in December 2018 guided the plans of action of PMI and IFRC. *See Needs Analysis Section for results of the assessment.*

A real-time evaluation was also conducted on December 2018, with the support of the IFRC APRO and Australian Red Cross. The evaluation focused on the localisation principle – the best practices and challenges surrounding the implementation of this principle in the field. Below are highlights of the report:

The operation provides a positive example of a localised response, particularly noting the following points:

- PMI responded at scale from the onset (pursuant to its auxiliary role<sup>2</sup>), quickly mobilizing capacity from its strong network.
- The Indonesian Government gave PMI additional responsibilities (i.e. in logistics, INGO coordination and camp management), which required coordination across a range of national and international stakeholders. While this raised PMI's image as a central response actor, it also heightened expectations of international humanitarian stakeholders for effective facilitation. These additional responsibilities were challenging for PMI and imposed a significant burden on them and on IFRC.

- PMI successfully worked with the Indonesian Government to launch an international appeal for the Lombok response through IFRC (later-on expanding the scope of the appeal intent to Sulawesi).
- International Red Cross Red Crescent capacities complemented the capacity of PMI in different ways in Lombok and Sulawesi, underlining the need for case-by-case decisions to ensure the right support is in place to complement the capacity of national actors.
- IFRC staff identified pragmatic solutions in order to shift its surge efforts to focus on support roles and operational coordination.

Take-aways from the real-time evaluation

1. **Operationalize policy discussions on localisation:** For IFRC and other humanitarian organizations to translate and enact the Grand Bargain commitments on localisation
2. **Delegation of authority and responsibilities to provincial and branch levels:** National Societies must take action to implement decentralization by enhancing capacities at local branches, develop clear SOPs and delegate responsibilities with necessary powers and resources
3. **Effective coordination saves energy, time, resources, and lives:** National Societies should assess and strengthen internal and external coordination capacities while IFRC should strengthen partnership with ASEAN regional disaster management structures and ensure strong coordination mechanisms and readiness planning
4. **Enhance capacities and sustain number of volunteers and staff**
  - Volunteer resources*
    - Recruitment and capacity enhancement to sustain pool to operationalize interventions and support branches
  - Operational capacities: finance and logistics*
    - Invest in human resources; prioritize high risk areas for warehousing; develop capacity ensuring compliance to standards
  - Cross-cutting issues*
    - Enhance capacity on emergency needs assessments, information management, community engagement and accountability, protection, gender and inclusion, green response
5. **From implementation to support and prioritising soft components**
  - Steps taken by IFRC CCST and APRO*
    - Being flexible and pragmatic use of existing surge tools
    - Shift from implementation to support role
    - Ensuring soft competencies such as attitudes, cultural sensitivity and humility
    - Business continuity approach
6. **Build humanitarian diplomacy:** National Societies and the IFRC are encouraged to build stronger humanitarian diplomacy activities with their governments and other relevant actors, with a focus on articulating roles and responsibilities of stakeholders and ensuring response efforts adhere to humanitarian standards.
7. **IFRC to continue support for localisation**
  - Continue to advocate and highlight importance of localisation
  - Develop a roadmap for localisation with specific targets and milestones
  - Simplifying IFRC support systems and tools
  - Exploration of more options for direct funding to National Societies
  - Using surge personnel from National Societies in disaster prone countries for deployments to boost capacities and increase understanding

Post-distribution surveys on relief are also currently underway, targeting a statistical sample, to measure effectiveness, efficiency and gain community insights on the relief services provided by IFRC. Post-distribution surveys are expected to be completed by end of October. Results of the survey will be shared in the next report.

### **Communications**

In the first few weeks of operations, PMI and IFRC received very high media coverage both locally and globally, with large media outlets quoting Red Cross sources and using Red Cross audio-visual materials. PMI and IFRC Indonesia

communications capacity was boosted by deployments from the Asia Pacific regional office, and surge communications which lasted through December 2018.

Content for the one year-mark was produced highlighting the unmet shelter needs of communities and the press release generated substantial media interest from top agencies including AFP, Channel News Asia and The New Humanitarian (formerly IRIN News). Further anniversaries such as the two-year mark is being planned, with the goal of obtaining positive positioning for PMI. While the content generated has included a call for government action for shelter as well as the challenges of the complex operation, PMI has remained the prime focus. Recognition of support from the IFRC and other National Societies has been made using the IFRC AP twitter account, and some web stories were produced to support resource mobilization and donor relations. *For the article, click [here](#). For photo gallery, click [here](#).*

The operation will continue to communicate on social media, a significant platform for sharing messages with communities, listening to public concerns, dispelling rumours, and connecting with journalists. The focus is now on rebuilding communities and PMI as well as IFRC's ongoing recovery plans.

#### **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 S3.2.3 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**

Partners who have contributed to the IFRC Emergency Appeal can be found in the donor [response list](#). IFRC's Resource Mobilisation team has been actively coordinating with donors (via partners call and meeting) and drafting proposals to fill the funding gap in some of the sectors within the emergency appeal.

In addition, a PMER delegate supports monitoring of activities and liaise with sectoral teams on issuing donor reports based on donor earmarked funding for the operation and update the emergency plan of action as necessary.

The IFRC Palu office also supported PMI provincial counterparts in preparing budgets and plans, reflecting the National Society planned recovery activities, directly funded by this appeal.

## **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 S4.1.2: IFRC staff shows good level of engagement and performance**

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

#### **Output S4.1.3: 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 S4.1.4: Staff security is prioritized in all IFRC activities**

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

**Progress towards outcomes**

PMI and IFRC work together to safeguard an efficient operation. Operational expenses such as volunteer per diems, accommodation, transportation, communication and coordination activities are factored in. Procurement is done following IFRC standard procedures. Finance and administration support to the operation is provided to the operation and staff.

**Budget**

Detailed income and expenditure for Sulawesi operation is outlined in the attached financial report at the end of this report.

Reference documents



Click for:

- [Appeals and updates](#)

**Contact information**

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

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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.

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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**.

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# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2019/09	Operation	MDRID013
Budget Timeframe	2018-2019	Budget	APPROVED

Prepared on 31 Oct 2019

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
<b>Total Funding Requirements</b>	<b>38,901,624</b>
<b>Donor Response* as per 31 Oct 2019</b>	<b>35,226,135</b>
<b>Appeal Coverage</b>	<b>90.55%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	213,727	0	213,727
AOF2 - Shelter	4,468,162	3,784,869	683,293
AOF3 - Livelihoods and basic needs	3,071,115	1,259,168	1,811,947
AOF4 - Health	1,340,683	877,090	463,592
AOF5 - Water, sanitation and hygiene	864,728	562,365	302,363
AOF6 - Protection, Gender & Inclusion	8,439	8,280	159
AOF7 - Migration	532,513	500,192	32,321
SFI1 - Strengthen National Societies	610,338	240,742	369,596
SFI2 - Effective international disaster management	1,869,602	1,537,368	332,234
SFI3 - Influence others as leading strategic partners	170,349	150,079	20,270
SFI4 - Ensure a strong IFRC	889,375	730,791	158,584
<b>Grand Total</b>	<b>14,039,030</b>	<b>9,650,945</b>	<b>4,388,085</b>

### III. Operating Movement & Closing Balance per 2019/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	20,364,207
Expenditure	-9,650,945
<b>Closing Balance</b>	<b>10,713,262</b>
Deferred Income	1,920,893
Funds Available	12,634,155

### IV. DREF Loan

* not included in Donor Response	Loan :	1,578,621	Reimbursed :	1,578,621	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2019/09	Operation	MDRID013
Budget Timeframe	2018-2019	Budget	APPROVED

Prepared on 31 Oct 2019

All figures are in Swiss Francs (CHF)

## MDRID013 - Indonesia - Earthquakes and Tsunamis

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### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Albanian Red Cross	10,000				10,000		
American Red Cross	888,846				888,846		
Australian Red Cross	157,802	11,610	0		169,412		
Australian Red Cross (from Australian Government*)	269,813				269,813		
Austrian Red Cross (from Austrian Government*)	453,072				453,072		
Avery Dennison Foundation	4,952				4,952		
Belgian Red Cross (Francophone)	472,400				472,400		
British Red Cross	1,942,191	79,353			2,021,544	1,393,870	
China Red Cross, Hong Kong branch	25,359				25,359		
China Red Cross, Macau Branch	45,230				45,230		
Danish Red Cross	50,000		22,800		72,800		
Finland - Private Donors	57				57		
French Red Cross	126,010				126,010		
German Red Cross	38,953	907,472	45,521		991,946		
Germany - Private Donors	171				171		
Grab-GP Network Asia PTE LTD	22,779				22,779		
Hewlett Packard Co. Foundation	23,710				23,710		
IFRC at the UN Inc (from Coca Cola Foundation*)	470,445				470,445		
IFRC at the UN Inc (from Facebook*)	294,033				294,033	37,014	
IFRC at the UN Inc (from Tides Foundation*)	99,947				99,947	19,235	
Indonesia - Private Donors	198				198		
Irish Government	100,013				100,013		
Italian Government Bilateral Emergency Fund	159,294				159,294		
Japanese Red Cross Society	567,914	418,015			985,929		
Liechtenstein Government	35,000				35,000		
Liechtenstein Red Cross	80,859				80,859		
Lululemon HK LTD	4,897				4,897		
Luxembourg Government	30,943				30,943		
New Zealand Government	1,186,856				1,186,856		
Norwegian Red Cross	220,586	119,135			339,722		
Norwegian Red Cross (from Norwegian Government*)	851,371				851,371		
OPEC Fund For International Development-OFID	398,199				398,199		
Red Cross of Monaco	25,246				25,246		
Red Cross of Viet Nam	9,966				9,966		
Singapore - Private Donors	289				289		
Spain - Private Donors	80				80		
Spanish Government	228,010				228,010		
Spanish Red Cross	189,055				189,055		
Swedish Red Cross	145,797				145,797		
Swedish Red Cross (from Swedish Government*)	861,633				861,633		
Swiss Government	500,000				500,000		
Swiss Red Cross	500,000				500,000		
Switzerland - Private Donors	200				200		
Taiwan Red Cross Organisation	136,500				136,500		
The Canadian Red Cross Society	6,712	103,268			109,980		
The Canadian Red Cross Society (from Canadian Gov	371,718				371,718		
The Netherlands Red Cross	3,544,059				3,544,059		

# Emergency Appeal

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
The Netherlands Red Cross (from Netherlands Govern	571,415				571,415	
The Republic of Korea National Red Cross	1,705,057				1,705,057	
Ultradent Products, Inc.	14,226				14,226	
United States Government - USAID	272,843	538,519			811,362	470,775
United States - Private Donors	3,808				3,808	
<b>Total Contributions and Other Income</b>	<b>18,118,515</b>	<b>2,177,371</b>	<b>68,321</b>	<b>0</b>	<b>20,364,207</b>	<b>1,920,893</b>
<b>Total Income and Deferred Income</b>					<b>20,364,207</b>	<b>1,920,893</b>