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Emergency Plan of Action 20-month report Indonesia: Earthquakes and Tsunami - Sulawesi


 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRID013	Glide n° EQ-2018-000156-IDN ; EQ-2018-000135-IDN ; EQ-2018-000127-IDN ; EQ-2018-000122-IDN
Date of issue: 13 July 2020	Timeframe covered by this update: September 2018 – 12 June 2020
Operation start date: 28 September 2018	Operation timeframe: 30 months End date: 28 February 2021
Overall emergency appeal budget: CHF 40.1 million (Lombok, Sulawesi and Sunda Straits); Donor response	Total DREF amount allocated: CHF 1.58 million
N° of people being assisted: 160,000 people (approximately 40,000 households) in Sulawesi	
Red Cross Red Crescent Movement partners actively involved in the Sulawesi operation: PMI works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (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 Red Cross Society of China, Danish Red Cross, Finnish Red Cross, French Red Cross, German 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.	
German Red Cross, Japanese Red Cross, Qatar Red Crescent, Singapore Red Cross and Turkish Red Crescent have been supporting PMI bilaterally in the response.	
Other partner organizations actively involved in the operation: Government of Indonesia, United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), International Organization for Migration (IOM), USA Office of Foreign Disaster Assistance (OFDA), Association of Southeast Asian Nations Coordinating Centre for Humanitarian Assistance (AHA Centre), and the Governments of Australia, Canada, Italy, the Netherlands, New Zealand, Spain, Sweden, Switzerland, Organization of Petroleum Exporting Countries Fund for International Development (OFID), private donors from Germany, Ireland, the Netherlands and the USA, Grab Ltd, Facebook, Coca-Cola Foundation, Tides Foundation and Intercontinental Hotel Group have also contributed to the response financially.	

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.

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- 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
- 31 October:** [12-month update](#) (Sulawesi operation) is published
- 12 June 2020:** The [Revised Emergency Plan of Action](#) is published. The plan of action aims to support PMI in delivering relief and early recovery assistance to 40,000 households (160,000 people) in Central Sulawesi for **30 months**

This operation update reflects the achievements of the past 20 months (up to 12 June 2020) and informs of the publication of the revised Central Sulawesi emergency plan of action (EPOA).

The revision of the Central Sulawesi EPOA was necessitated by changes in the operational environment due to the impacts of COVID-19 on communities that were affected by the earthquakes and tsunami as well as on field activities. There are activities that will continue as planned while some have to be postponed or cancelled. The revision also incorporates plans to mitigate health risks to PMI and IFRC field personnel, responses to mitigate health and secondary socio-economic impacts of the pandemic on the vulnerable population affected by earthquake and tsunami, and the expected timeframe of government regulations on preventive measures aiming to reduce transmission of the virus.

Major changes in the plan of action (from 2nd revision):

- Multi-purpose cash grants: increased number of households to receive assistance by 750 (9,250 HH in total)
- Livelihoods: removal of small business support; postponement of vocational training
- Health: removal of ERU training and EMT warehouse construction; postponement of health trainings and blood donation campaign; procurement of PPEs for PMI staff and volunteers (including ambulance personnel)
- WASH: postponement of rehabilitation of water facilities in schools and communities, as well as corresponding WASH software sessions in schools and communities; inclusion of 40,000 units of “self-disinfection kits” (in response to COVID-19 pandemic at household level)
- DRR: reduction of target villages from 24 to 16; postponement of DRR activities until community-based gatherings are allowed to resume.
- Overall target households increased from 20,000 to 40,000 households as “self-disinfection kits” will be provided more broadly.

Description of the disaster

Updated information on damages and impacts 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 epicentre 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. Of these, 27,662 houses were severely damaged while more than 6,500 were lost (mainly due to liquefaction). In its wake, almost 173,000 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.

More than 320 district and community-based health facilities plus 1,300 schools were also damaged.

The status of government response is on the recovery phase.

COVID-19 in Indonesia and Central Sulawesi province

On 13 April 2020, the government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia. The number of confirmed cases has continued to increase significantly since the announcement of the first two cases in March 2020. Based on Indonesia Ministry of Health data until 10 June 2020, 34,316 people have tested positive, of which 1,959 cases have been fatal. The Indonesian Ministry of Health on 10 March 2020 activated 132 referral hospitals in 33 provinces for COVID-19 case management. The government also established an emergency hospital for COVID-19 quarantine and treatment in Galang Island of Riau Islands Province.

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

On 16 March 2020, the Ministry of Internal Affairs issued a temporary restriction to export antiseptics, materials for masks manufacturing and personal protective equipment (PPE). On 3 April 2020, the Ministry of Health released guidelines to large-scale social restrictions (*Pembatasan Sosial Berskala Besar*, PSBB). The guidelines restrict public activities in certain provinces that have been hit by COVID-19. The regulation also became the basis for closing of schools and offices; restrictions on religious activities in communal areas, activities in public spaces and facilities, social and cultural activities; limitation of public transport modes and private vehicles and other restrictions concerning defence and security aspects. On 10 April, Jakarta, with the highest number of positive cases in Indonesia, became the first province that implanted PSBB. On 21 April, the government also banned the traditional “Mudik” or mass exodus of people to go to home provinces, starting on 24 April 2020 until 1 June.

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

COVID-19 cases in Indonesia (as of 13 July)

No. of positive cases	No. of recovered patients	No. of deaths
75,699	35,638	3,606

In Central Sulawesi, the number of positive cases of COVID-19 has steadily increased, with 184 confirmed cases as of reporting. Of these cases, 29 were from Palu (the provincial capital). Several hospitals have been appointed by the Provincial Health Office as COVID-19 referral hospitals. However, testing capacity in the province remains low with an estimated maximum of 27 tests possible per day.

The provincial governor also decreed regulations on movements of foreigners, foreign workers and Indonesian migrant workers to stem the transmission of the virus. Roads, airports and seaports have also been regulated with cross-boundary movements allowed only from 06:00 to 22:00. Physical distancing regulations are also in place, particularly in public places and markets.

NGOs present in the area, most of which have been responding to the 2018 earthquake and tsunami, are coordinating COVID-19 responses to track activities and provide support to the provincial government. Requests to reactivate the health cluster, including for psychosocial support, have been raised by NGOs to provide a formal coordination mechanism for all the actors in the province.

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, running field kitchens to provide meals for volunteers, provide medical services, supporting the construction of emergency shelters (4,885 shelter toolkits and 1,545 family tents were distributed) 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, had initially set up a base camp to accommodate 350 volunteers. With the directive from BNPB or the national government disaster ministry 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, IFRC and the other Movement Partners have maintained their role in supporting PMI’s response. Efforts have also been made to reinforce PMI’s response and increase the assistance provided to the affected communities.

Since the beginning, and especially during the recovery stage of the operation, PMI is encouraging the community to actively take ownership and be more involved in 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](#). Further changes in the EPOA utilized the recovery needs assessments of November 2018 as the

foundational analysis, and complemented by monitoring, feedbacks from communities, and inputs from PMI personnel based on their direct observations in the field.

Overview of Red Cross Red Crescent Movement in country

IFRC's country cluster support team (CCST) for Indonesia and Timor Leste consists of a head of office and technical capacities in disaster management, risk management, health, water, sanitation and hygiene (WASH), national society development (NSD), protection, gender and inclusion (PGI), communications, community engagement and accountability (CEA) and support services in planning, monitoring, evaluation and reporting (PMER), finance, logistics, human resources and administration. PNSs in-country include the American Red Cross and Japanese Red Cross Society. ICRC is also in-country and supported the setup of a 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 and complaints received on social media. Information sharing and coordination meetings, usually led by PMI, have been maintained since the first earthquake. A proactive approach has been maintained regarding engagement with the international media so that the Red Cross response is well-profiled. The CCST is also set to provide financial support to enable the mobilization of personnel and supplies by PMI as necessary.

Movement coordination meetings led by PMI are continuously conducted with the IFRC, PNSs and ICRC to discuss the response to date and how to best support the National Society's responses in a coordinated manner, including for the COVID-19 response. 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.

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 the recovery phase. During this phase, as the auxiliary to the government, PMI's approach remains on filling the gaps in the assistance provided by the government. PMI's focus for the recovery stage is to provide affected people in Palu, Donggala, Parigi Moutong and Sigi cash for basic needs, livelihood support and supporting rehabilitation or reconstruction of facilities such as more permanent local health facilities, as well as building communities' resilience through disaster risk reduction programmes. Increasing hygiene and health awareness in communities is also a major component of the recovery efforts, particularly to mitigate the spread of the COVID-19 in target communities and the province overall.

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 Offices (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 (UNOCHA) 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 5 August 2018. This has 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 to meet both emergency and longer-term needs (including strengthening national capacity) is still an ongoing need.

PMI also participates in relevant national and provincial cluster coordination meetings where possible, while 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.

Since the beginning of the recovery phase, the Government of Indonesia reiterated their responsibility to coordinate and implement the Collective Temporary Shelters or Hunian Sementara (Huntara).

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

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 information 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 Field Assessment and Coordination Team (FACT) members, Regional Disaster Response Team (RDRT) members and other IFRC technical staff. Technical experts with the team covered

the sectors of migration/displacement, livelihoods, information management, cash transfer programming, psychosocial support, water, sanitation and hygiene, health, shelter, logistics and PGI.

Recovery assessment and field observations on needs

Sector	Findings and recommendations
Livelihood and basic needs	<ul style="list-style-type: none"> The recovery assessment recommended assistance to meet basic needs and replace lost household items (see shelter section) 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 provide blanket distribution of cash (multi-purpose cash) in barrack camps. FAO has large livelihood asset replacement and cash transfer programmes. Livelihoods recovery support for small businesses (conditional cash transfer) were initially planned; however, in light recent circumstances on physical distancing regulations, proper implementation of this programme would be significantly hampered as financial literacy and business management trainings, as well as socialization activities, would not be possible in the foreseeable future With markets functional, cash has been recommended as a modality to meet basic needs (see Cash and voucher assistance section) Food continues to be a major need (as reflected in the post-distribution monitoring survey for cash wherein some 60 per cent of the respondents utilized the amount received for food and basic needs)
Shelter and settlements	<ul style="list-style-type: none"> Immediate assistance to cover essential household items were prioritized to ensure reduced risks for people living in makeshift shelters and camps Primary focus on populations in the camps, especially those facing permanent relocation. The affected population not part of the government caseload for permanent relocation need shelter assistance on safe land Government plan for housing reconstruction assistance was announced. 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).¹
Health	<ul style="list-style-type: none"> Gaps in emergency services and patient transfers were extensive; PMI provided mobile clinic services and supported existing clinics until mid-2019. Need to strengthen first aid, disease and outbreak prevention (especially for wet season issues) and asbestosis awareness. Significant trauma/fear (uncertainty about zoning/relocations) remains prevalent, resulting to extend psychosocial support services from PMI <i>COVID-19 analysis in a separate section</i>
WASH	<ul style="list-style-type: none"> Insufficient water supply in camps, and poor maintenance of latrines (desludging). Lack of solid waste management. Community infrastructures and household latrines (along with houses) were damaged in some villages. Provision of WASH assistance to villages continue to be limited. Hygiene practices need to be improved. Need to repair/maintain of existing/remaining WASH facilities.
DRR	<ul style="list-style-type: none"> Community-level ‘resilience package’ should be delivered to complement and ensure a “village/neighbourhood approach” which is a common practice in communities in Sulawesi. Hygiene, health and build back safer orientation/promotion as part of the “resilience package”. Build capacity to organize community committees, ensuring the representation and participation of all minority/ vulnerable groups. Micro-mitigation projects that address specific needs in different communities (accounting for population, topography and hazards) are needed to reduce risks to population
PGI	<ul style="list-style-type: none"> Major issue in PGI are access and participation. Proper identification and mapping of vulnerable people in communities affected by the disasters. Opportunities to strengthen the integration of PGI in the recovery and normal programming within PMI and its coordination with other key stakeholders.
CEA	<ul style="list-style-type: none"> Community members in Central Sulawesi want to be consulted for and participate in decision making related to their recovery. Access to communication channels, the provision and availability of timely, relevant and accurate information, as well as participation in decision making was a major challenge during the initial phase of the emergency. Lack of channels through which the affected population can ask questions, provide their perspectives and feedback on what needs to be done for their recovery and receive answers. 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.

¹ The Government of Indonesia plans to provide permanent shelter solutions to 90,000 affected households through to the end of 2020.

	<ul style="list-style-type: none"> PMI is recognized as a leader in CEA and many actors and key stakeholders are welcoming PMI's expertise and contribution, and its coordination role in the inter-agency Community Engagement Working Group. PMI Central Sulawesi already has an established feedback mechanism using several channels (face-to-face, radio and phone) to receive and respond to feedbacks from communities and other stakeholders PMI has continuously engaged communities through producing radio content, sharing visuals and engaging through their volunteers
Cash and voucher assistance	<ul style="list-style-type: none"> Cash is a feasible response option based on market assessments; cash working group and provincial social services ministry (DINSOS) encourages coordination. 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) Bank transfers has been the accepted option for cash delivery (Government will use bank accounts) Need to develop specific cash transfer programming (CTP) skills for new staff and local volunteers.
Migration/Displacement	<ul style="list-style-type: none"> RFL concluded early 2019 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 PMI's role, responsibility and ambitions for people who are displaced and in relation to Humanitarian Diplomacy and Disaster Law.
Branch Readiness	<ul style="list-style-type: none"> The local chapter (PMI provincial office) is not prepared to manage large relief and recovery operations and need strengthen in terms of the capacity to implement, monitor and reporting. Information flow and data collection needs to be improved. Infrastructure (office building and equipment) needs to be improved.
COVID-19	<ul style="list-style-type: none"> Incorporate COVID-19 messaging in health and hygiene promotion activities as well as risk communication, community engagement and accountability Provision of personal protective equipment to PMI and IFRC staff in the field, including PMI staff supporting the government in ambulance services COVID-19 messaging is also incorporated in all other activities implemented Strengthening of SIBAT (community-based volunteers) as PMI's first line of response, as well as for information dissemination and prevention messaging Provision of self-disinfection kits² to enable households to sanitize their homes

Targeting

PMI will ensure that interventions are aligned with its own as well as 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 as well continuous analysis on the COVID-19 situation, taking into consideration the following issues which are still evolving:

- The displacement of large number of people – approximately 173,000
- The upcoming rainy season and other disasters
- Key government decisions going forward
- COVID-19 pandemic situation (severity, length of time and government actions)

Adaptation of implementation strategy due to the COVID-19 situation



Following physical distancing and other guidelines towards prevention of COVID-19 transmission, IFRC and PMI adapted strategies in implementing activities, including the cash interventions, to ensure that staff, volunteers, beneficiaries and other partners are kept safe.

(Photo: PMI/IFRC)

² Self-disinfection kits comprised of soap, washing powder, detergent for floor cleaning, gloves, 5 mask, 1 pair of gloves, 1 microfiber towel, 1 5-litre bucket

In order to continue providing essential assistance to the affected population, PMI and IFRC have adapted implementation plans based on physical distancing guidelines, restrictions on movement of people particularly across regions, and adjustments made by businesses, government offices and other community facilities/industries. Health protocols and business continuity plans were also developed by IFRC CCST and enforced throughout all the offices. Amongst the adjustments made:

- Working from home for some PMI and IFRC personnel in the province
- Reduction of field movements, with remote support from CCST Jakarta
- Personal protection equipment is provided to staff and volunteers implementing in the field, while masks are provided to affected community members
- IEC materials on COVID are distributed or provided to communities; SMS blasts on COVID are also done
- Vehicle and workplace disinfection are also conducted
- Reduction of number of people in each work location and physical distancing is observed
- For the cash programme, working with the financial service provider (FSP), physical distancing guidelines are observed by only allowing at most 20 people per hour to receive PMI beneficiary cards and ATM cards
- Socialization components and post-distribution monitoring surveys are conducted by phone
- Postponement of all activities which require face-to-face meetings/trainings or social gatherings
- Particular trainings to be conducted on-line, as possible

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 self-recovery of the affected population. The emergency phase focused on the immediate needs of up to 160,000 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 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 in the affected villages (including at collective temporary government provided accommodations – *huntaras* – wherever they exist in target villages) and using cash as modality to the programme and an integrated community-based risk reduction (ICBRR) approach. Recovery assistance as per required sectors will be provided such as health, WASH, livelihoods and shelter assistance. The specific assistance for each village will be identified through a VCA process in each community, as part of the initial phase of the ICBRR approach.

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



Hygiene promotion activities were done alongside distribution of the kits. This includes instructions on proper usage of the kits' contents. (Photo: PMI/IFRC)

Integrated Model for Recovery

Achieving community resilience in the selected 16 villages (reduced from 24) 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 CEA, 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
Engaging and connecting with communities and preparing at PMI branch and Province level	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.
Understanding community risk and resilience	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, including climate change adaptation
Taking Actions for Resilience at community level	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, set up of Early Warning Early Action (EWEA) system.
	Conduct simulation / drill on village response SOPs and finalize the document.
Taking Actions for Resilience at school level	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
Learning for Resilience	Participatory monitoring and review of village plan in 16 villages
	Documentation of success stories and case studies from ICBRR under the recovery programme.
	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:

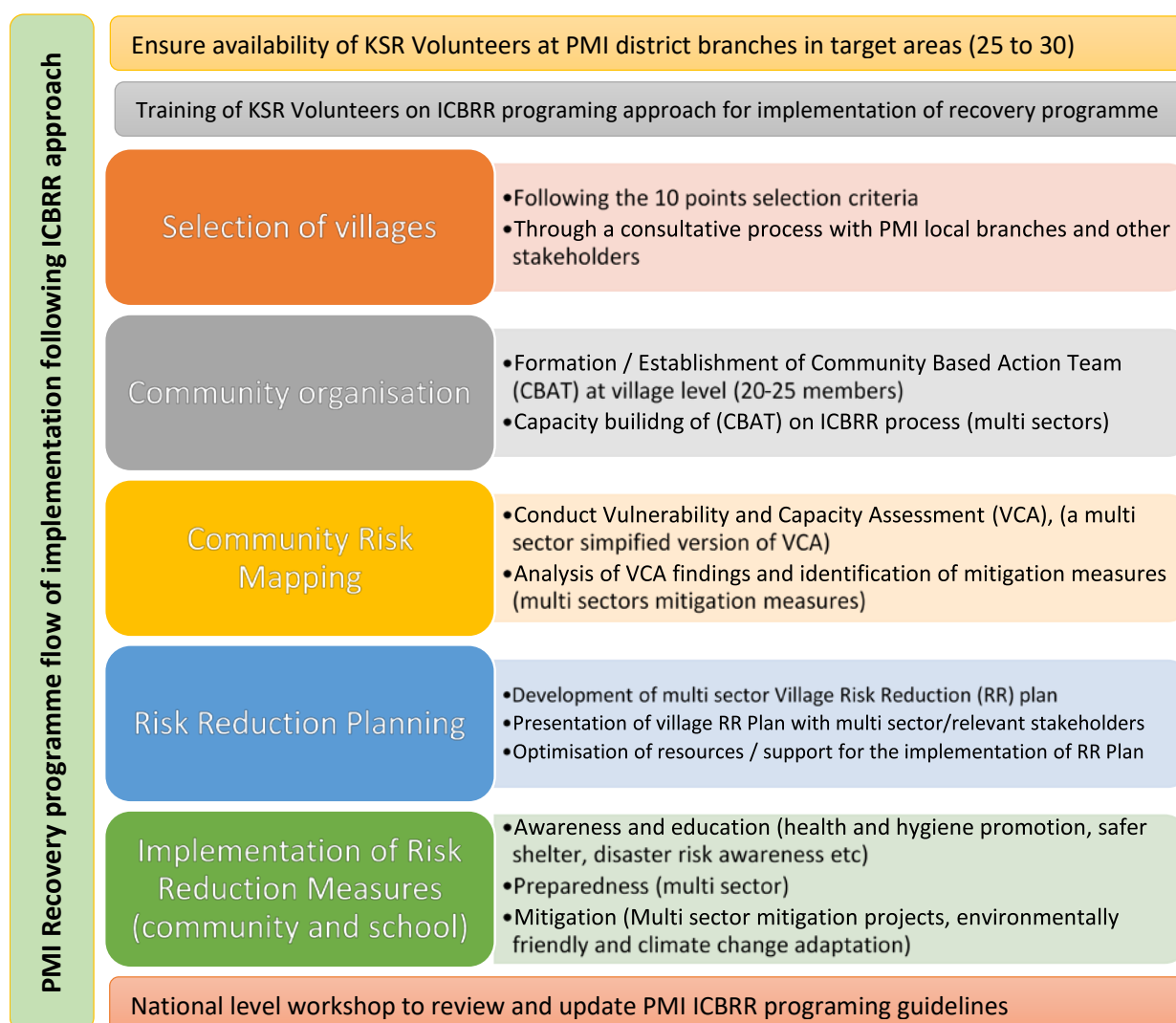
- **to accompany** – joining in action and influence
- **enable** – providing means for action
- **connect** – linking to stakeholders beyond their level and office

PMI ICBRR Approach

PMI has been implementing ICBRR programme since 2008 and have since updated their modules in 2017 to provide more formal integration of community-based modules on health, WASH, shelter, DRR and livelihood. The current ICBRR approach integrates modules of community-based disaster risk reduction, community-based health and first aid, participatory approach on hygiene and sanitation transformation (PHAST) and participatory approach in safer shelter awareness (PASSA). This PMI ICBRR model is typically used for development programming and usually takes 3-5 years for one community. For this operation, PMI adjusted the merged approach with shorter implementation timeline (1 year).

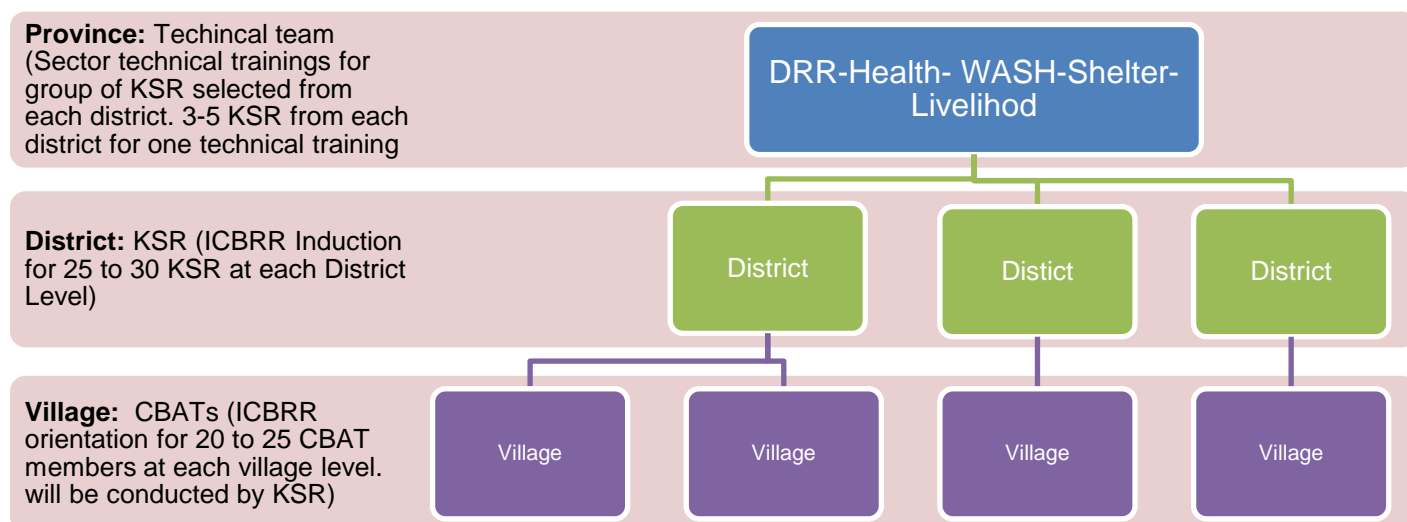


PMI ICBRR implementation flow



PMI KSR (at District level) and SIBAT (at Village level) Capacity building structure³

³ KSRs are district-level volunteers; SIBAT (or CBAT) are community-based volunteers



Localization

The context of the operation for the MDRID013 appeal – which covers the disasters occurred in Lombok, Sulawesi and Sunda Straits – mainly adheres to the localization principle promoted both by the Government of Indonesia and PMI. 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 PNS 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, available [here](#), 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.

The operations teams in Jakarta and 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 upon the decision of PMI management based on internal discussions as well as the changing political contexts in the country. Based on the PMI plans, the transitional shelters as well as the complementary latrines will be replaced by a multi-purpose cash grant based on government guidelines stating that organizations can provide lifeline assistance for two months and an extra month to support transition to the permanent shelters which are to be provided by the government. Due to delays in government-provided shelters, PMI and IFRC have provided the cash intervention targeted for shelter in the first tranche.

Plans remain for PMI to conduct awareness sessions on build back safer and training for improvement of blocks used for house construction.

Cash and Voucher assistance

Cash and Voucher Assistance (CVA) is being implemented during the recovery phase of this operation, allowing affected people to prioritize their needs and at the same time support local economies. PMI, with the support of IFRC, contracted a financial service provider (FSP) to facilitate the distribution of the cash grants to the affected people. After selection of people to receive assistance based on vulnerability and needs criteria, PMI registered heads of households (or other household representative of legal age) using mobile data collection technology, gathering data of affected people based on the FSP’s requirements. Supported by the CEA team, the cash team provided timely and accurate information to the communities regarding ATM card distribution details and continuously receives feedback and queries about the intervention both from people receiving assistance and those who do not.

People are to receive the multi-purpose cash grant worth IDR 2 million 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 population 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 Central Sulawesi, 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 (given as first of three tranches under the multi-purpose cash intervention). As there have been delays in the recovery process in Central Sulawesi, IFRC and PMI retained the multi-purpose cash intervention based on unmet needs in communities (gathered through feedback mechanisms and exit surveys conducted during relief operations), the capacity of the provincial chapter to implement and commitments to stakeholders.

The selected FSP has opened an account for PMI/IFRC as a repository of funds to be transferred to targeted households. The FSP opened individual accounts for affected people, provided them with ATM cards and account books, monitors the usage or withdrawals, and provides transaction and reconciliation reports to PMI and IFRC. During distribution of ATM cards, information on ATM use and other methods of withdrawal were provided to the people receiving assistance. Financial literacy modules were also provided by the FSP to PMI who will disseminate this information and corresponding IEC materials to the target population. However, with COVID-19-related regulations enforced, information dissemination will be done via phone. A pilot for the dissemination of the information by phone is currently being implemented.

The FSP will continue to facilitate the transfer of funds based on instructions from PMI/IFRC and inform the account holders of the transfer through SMS or with the support of the CEA team for affected people without mobile phones. Customer service and hotline numbers will also be provided by the FSP and forward reports of feedback received to PMI. For people receiving the assistance who have 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.

Recovery livelihood assistance

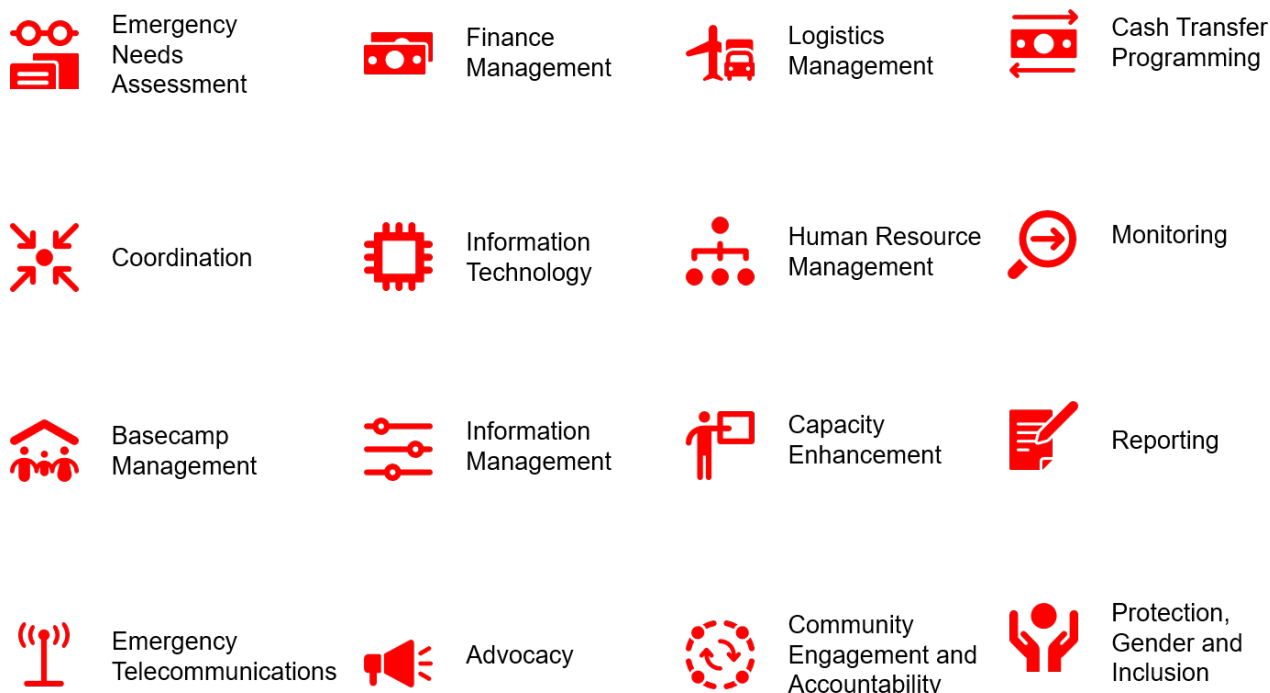
The recovery livelihood component of this operation was originally split into two components focusing on 1) Supporting restarting/recovery of micro and small enterprises and 2) increased employability of youth and women. However, with implementation hampered by the pandemic, PMI and IFRC realized that the support for restarting micro and small enterprises cannot be implemented as planned and has to be cancelled, with the funds reallocated to support basic needs of households affected by the earthquake and tsunami, and who are now experiencing the economic impacts of the restrictions meant to reduce the risks of transmission of COVID-19.

To increase employability of youth and women, PMI and IFRC will provide support to attend vocational training and provision of start-up capital (depending on the context through either in-kind, voucher or cash assistance, or combination of modalities).

For the vocational trainings, PMI, with the support of IFRC, has discussed with different vocational training service providers (the *Balai Latihan Kerja* or BLK), including the government and private service providers. The government will share studies regarding the gaps in the labor market and employment status of targeted groups (youth and women), which will inform the best options for courses for enrollees based on existing labor market analysis. IFRC and PMI will contract the selected service provider to enroll selected participants (including through mobile training units, reducing the cost and time of travel for the enrolled participants). To ensure attendance, lunch will be provided daily for the length of the training, while regular monitoring by PMI volunteers will be conducted. The programme will also provide for training toolkits, consumable items needed during the trainings. After government recognized certification, the graduates will be eligible to receive start-up kits (via cash grant) to support the establishment of their own business or gain employment based on the trainings they received.

Operational support services

Overall, the IFRC supports PMI on the following:



Human resources

The operation is being 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.

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 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 has a dedicated field coordinator and international delegates covering cash and livelihood, logistics and procurement, resource mobilization and PMER, as well as a nationally recruited team in various positions including cash and shelter officers as well as in DRR, CEA and monitoring, finance, administration, fleet, and procurement.

The logistics unit has taken the mid- and long-term perspectives of the emergency logistics structure of PMI into consideration by adapting lessons learned into the logistics development initiatives, focusing on strategy development, enhancing procurement capacities, fleet management, considering the status of PMI in the national disaster response, and in management and reporting. Towards this end, in coordination with PMI, the following have been initiated or planned:

- Capacity building within the IFRC team in-country on all related logistics (supply chain) activities to increase the capacity of the local staff at field level as well as CCST Jakarta
- Streamline supply chain and customs processes in coordination with PMI to improve understanding of the systems and the processes as part of emergency preparedness
- Supplier management and development of a robust supplier database in Indonesia that includes IFRC pre-validated suppliers, as well as from PMI, which will reduce the pre-validation time of suppliers during emergency responses.
- Development of joint (PMI / IFRC) framework agreements for key goods or services to enhance the logistics preparedness to respond to emergencies
- Development of a national list of items (catalogue) to include the most common items required during emergency responses that comply with IFRC standards (EIC), and when required, Indonesia's national standards that are followed by PMI when responding to an emergency.

IFRC logistics team is working closely with the different programme sectors to ensure efficient and timely support to the operation. The OLPSCM unit in Kuala Lumpur will continue to extend technical support to PMI and the IFRC Jakarta CCST as needed.

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. A national communications coordinator has been hired to support the operations as well as other CCST programmes.

The operation will continue to communicate on social media, a significant platform for sharing messages with communities, listening to public concerns, dispelling rumors, 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. The Movement-wide commitments and minimum actions for CEA have guided mainstreaming efforts of CEA into as many components of the response as possible.

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, SMS blast, 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 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. During the implementation of programmes through the ICBRR, socialization with the communities will be an important step to provide information on the overall approach. In conducting the VCA exercise, communities were at the centre to determine their priorities, capacities and plans towards building their own resilience. Activities towards resilience will be based on communities' analysis of the information gathered, with support and guidance from the PMI.

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 can 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. IFRC has been providing IM support, initially with the remote SIMS team, an IM delegate, and an IM officer in the province. The support has since been provided by the IM officer in Jakarta. The IM unit was particularly heavily involved in the cash programme – from the initial analysis of targets, registration of beneficiaries and post-distribution monitoring.

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 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 of PMI and IFRC guide and monitor the emergency relief and recovery operation in Sulawesi. The PMI PMER manager, with support from IFRC PMER coordinator based in Jakarta covering all three operations under the appeal, 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 affected people, volunteers and others who participated in the response will be conducted to assess progress and impact at regular intervals to guide any required adjustments. With the current field restrictions, post-distribution surveys have been conducted via phone to allow activities to continue while respecting physical distancing requirements and reducing risks to staff and volunteers.

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 localization approach, on the formulation of revised Emergency Plan of Action. A mid-term review was originally planned but has since been cancelled due to movement restrictions, particularly international and cross-regional travels. A final evaluation will be carried out near the end of the appeal timeframe to gauge the effectiveness, efficiency, and accountability, and provide recommendations to both IFRC and PMI for improvements in future operations. Research piece(s) will also be support by this appeal to provide recommendations and roadmap to improve the operationalization of the localization principle in Indonesia.

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. Coordination will also be observed with the ICRC through regular information-sharing in accordance with the existing agreed arrangements.

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. PMI has been supported for many years by the IFRC and is accustomed to these financial procedures. 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. Finance and admin teams based in Palu continue to 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. The team was established to support MOSA in its lead role, with a team in Jakarta leading in coordination with the UN at the national level, and another team in Palu. Provincial teams have since been replaced by district teams as the provincial sub-clusters were deactivated and recovery coordination efforts focused more at the district level.

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.

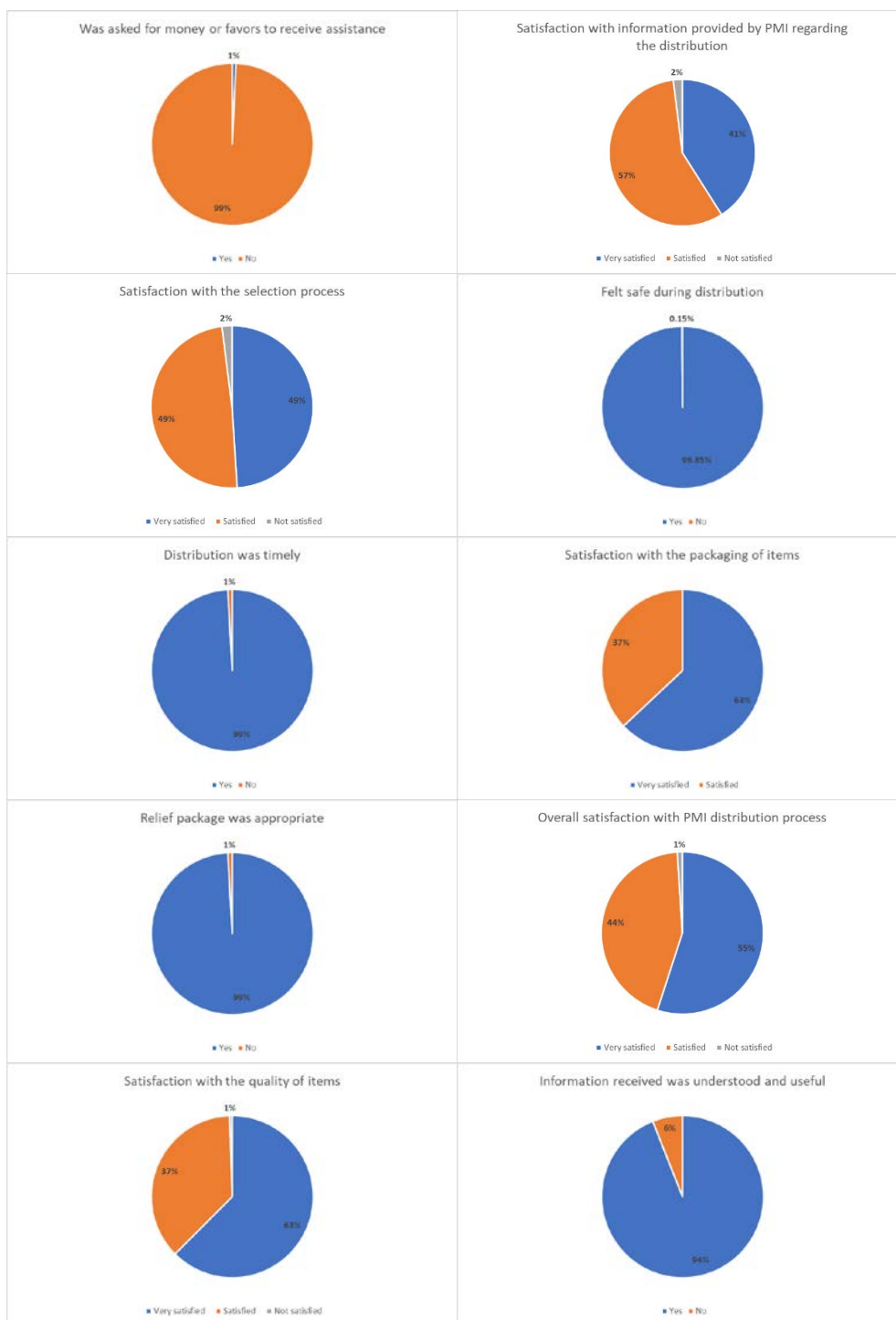
C. DETAILED OPERATIONAL PLAN

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

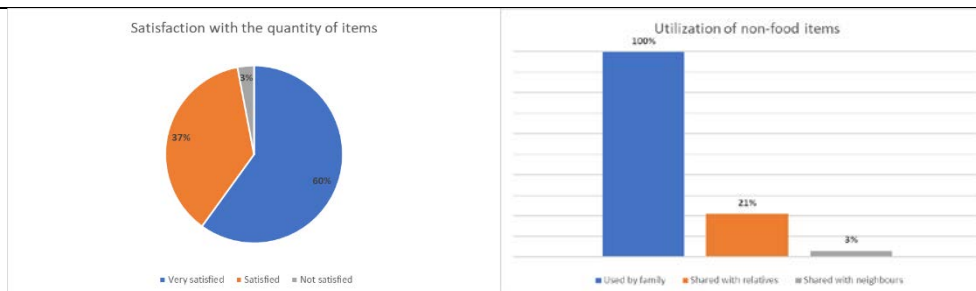
 Shelter People targeted: 80,000 (20,000 households) People reached: 176,328 (44,082 households)					
Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions					
Indicators:	Target	Actual			
# of households targeted/reached with safe, appropriate and adequate shelter and settlements assistance	20,000	44,082			
Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households					
Indicators:	Target	Actual			
# of households provided with emergency shelter and settlement assistance	20,000	44,082			
Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households					
Indicators:	Target	Actual			
# of households provided with technical support and guidance	2,000	Not started yet			
Progress towards outcomes					
Shelter and settlement assistance (distribution of essential household items)					
As of 31 May 2020, 44,082 households (176,328 people) have been reached with essential household items supported from the IFRC since the beginning of the operation.					
	District	Households reached			
	Palu	8,161			
	Sigi	15,574			
	Donggala	14,996			
	Parigi	5,351			
	Total	44,082			
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.					
Item	Palu	Sigi	Donggala	Parigi	Total
Blanket	10,041	10,270	13,320	5,974	39,605
Tarpaulin	12,402	958	5,414	3,032	21,806
Family kit	2,613	5,865	1,378	91	9,947
Mosquito net	9,396	11,444	13,238	2,956	37,034
Bucket	6,758	1,659	10,601	1,005	20,013
Mattress/plastic mat	-	616	876	-	1,492
Shelter toolkit	3,524	61	365	935	4,885
Family tent	378	1,139	0	28	1,545
*Corrections have been made on the two tables since 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		
			Rope 30 M-12 MM - 1 pc		

Plastic cup 5 pcs Spoon 5 pcs Sleeping mat 1 pc 180x180 cm Napkins' pack 2 pcs Slippers 3 pcs Plastic bag 10 pcs	Nails 7.5 cm - 500 gr Nails 4 cm - 500 gr Roofing Nails with washer 7.5 cm - 500 gr
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Post- distribution monitoring survey was conducted reaching more than 650 respondents⁴ (57 per cent of whom were female) of essential household items, including the hygiene kits. Below are some of the key findings from the survey:



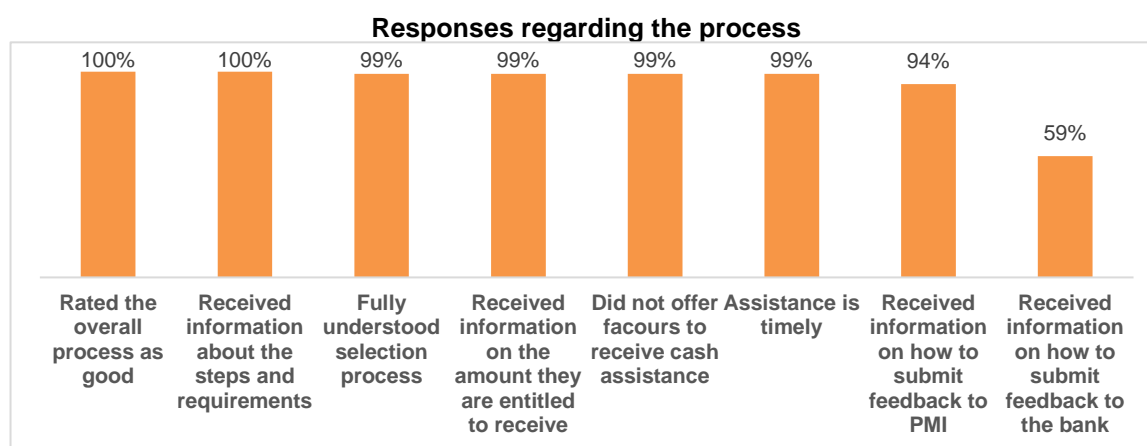
⁴ Actual number of people surveyed was more; however, due to a system error on Kobo, some data was lost and the team was not able to recover.



IFRC is also supporting PMI in providing multi-purpose cash grants to 9,250 households. Based on government guidelines, an organization may provide three tranches of IDR 2 million to each household, wherein one of the tranches is aimed for shelter support. The emergency plan of action for Sulawesi identifies the first tranche as the shelter component, with the latter two tranches to be reported under livelihoods.

As of reporting, the cash and voucher assistance project, unrestricted and unconditional in nature, has registered 6,456 households and provided PMI beneficiary cards and ATM cards to 6,302 households. More than 7,300 households have also been socialized, with less than 900 of them waiting for the completion of the registration. In total, 2,097 households (8,388 people) have been reached with the shelter component of the cash (first tranche).

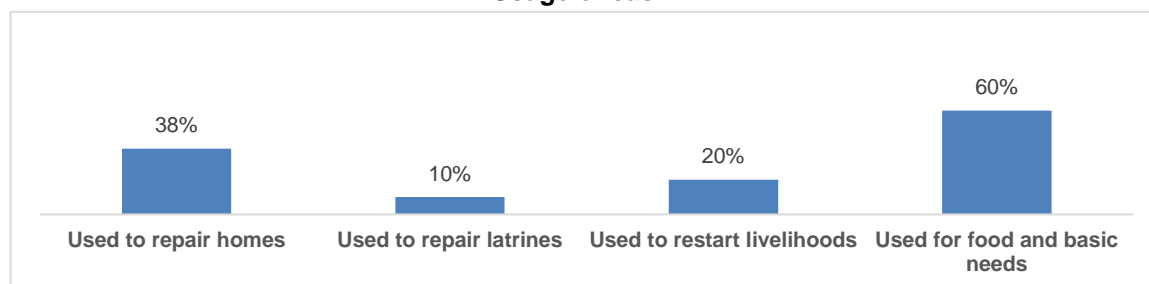
A post-distribution monitoring survey was also conducted, via phone calls, to gauge the efficiency of the service delivery by both the PMI/IFRC and the bank. A random sample was selected (based on 95 per cent confidence level and 5 per cent confidence interval). A total of 206 beneficiaries have responded to the survey so far (accounting for Parigi – 15 respondents; and Sigi districts – 191 respondents only. These districts have received the first tranche at the time of reporting). Of the respondents, 73 per cent were male. Of the respondents, 50 per cent were between the age of 18 to 49 years old, while almost 25 per cent were 60 years old or above. Some of the initial findings are below:



Responses on usage of ATM

Of the respondents, 36 per cent said they needed assistance to use the ATM – primarily due to difficulty/lack of familiarity with using the machine; of whom most relied on family members for support. In terms of access to ATM sites, 39 per cent said it took less than 10 minutes to reach the ATM points, while 51 per cent said it took between 10 to 30 minutes and 10 per cent said it took more than 30 minutes. For most of the respondents (61 per cent), it did not cost them anything to reach the ATM site, while the rest mentioned it cost them between CHF 1 to 3. The monitoring results allowed PMI/IFRC to rectify the process especially related to the bank.

Usage of cash⁵



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 (reflected in the second revision of the EPOA published on December 2019) 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.

Technical shelter support

On 28 January to 4 February, IFRC supported PMI with a 9-day technical shelter training participated by 30 PMI volunteers and facilitated by 5 PMI technical staff. The training aimed to provide PMI volunteers in Central Sulawesi with adequate knowledge on technical shelter, which they would disseminate to target villages as part of the building back better. The volunteers were trained on:

1. Difference between shelter (the product) and sheltering (the process)
2. Attitudes in shelter service
 - Assessment
 - Analysis
 - Design
 - Pioneering
 - Monitoring
 - Repair and redesign
 - Implementation
 - Evaluation
 - Programme closure
 - Return to existing development/projects
3. Implementation of the seven principles of building back better
4. Grouping of shelter non-food items (essential household items)
5. Mechanisms for handling feedbacks and complaints via the different channels employed by PMI
6. Manage potential conflicts that may arise and risks to communities
7. Techniques on data collection and data analysis, including surveys, mobile data collection, focus group discussions, interviews
8. Block-making
9. Participatory approach for safe shelter awareness (PASSA), including the eight steps to facilitate in the communities:
 - Historical profiling
 - Frequency and impact of hazards
 - Community visits and mapping
 - Safe and unsafe shelter

⁵ Not mutually exclusive options. Cash grants are unrestricted to allow households to prioritize their most immediate needs.

- Options for solutions
- Planning for change
- Problem box
- Monitoring

Simulations were also conducted to practice the facilitation of these components. Furthermore, IFRC supported PMI with 12 motorbikes to be used for the field visits and technical trainings in the communities. The software components of the shelter programme targeting communities were expected to commence by the beginning of the year. However, due to the COVID-19 situation and the government regulations imposed to curb the spread of the disease, these activities are postponed until community gatherings and face-to-face interactions are allowed.



PMI volunteers trained on making blocks, which will be replicated with community members, to improve quality of shelter construction materials. (Photo: PMI)



Livelihoods and basic needs

People targeted: 37,000 people (9,250 households)

People reached: 25,208 people (6,302 households)

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

Indicators:	Target	Actual
# of targeted households that have enough cash, income, vocational skills and access to basic needs items to meet their survival threshold	9,250	6,302
Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population		
Indicators:	Target	Actual
# target population improve the access to employment or self-employed in sustainable livelihood activities	2,000	Not started yet
Output 1.4: Households are provided with unrestricted/multipurpose cash grants to address their basic needs		
Indicators:	Target	Actual
# of households reached with cash for basic needs	9,250	6,302

Progress towards outcomes

Basic needs distribution

As part of the relief assistance, IFRC also supported PMI in providing baby kits⁶ and school kits⁷ to affected households in the target districts. Post-distribution monitoring surveys were also conducted (reported under shelter).

Households reached with basic needs packages

Item	Palu	Sigi	Donggala	Parigi	Total
Baby kits	106	-	14	46	166 ⁸
School kits	445	150	-	922	1,517

Multi-purpose cash grants

Beneficiaries of the multi-purpose cash grant are in process to 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.

⁶ Baby kits are comprised of a baby soap bar, baby wash, baby oil, baby blanket, baby towel, baby sleepsuit, box container

⁷ School kits are comprised of a backpack, notebook, pencils, ballpoint pen, eraser, pencil sharpener, ruler, pencil box, colour pencils, lunchbox, drinking bottle

⁸ Further 2,000 baby kits were sent to Makassar Regional Warehouse for prepositioning

Community engagement and accountability measures have been incorporated from the beginning of the programme, including dissemination of information regarding selection, distribution, complaints and feedback mechanisms, and information about the Red Cross and Red Crescent Movement.

IFRC and PMI increased the target households from 5,000 (20,000 people) to 9,250 households (37,000 people) from four target districts to receive the assistance based on the needs on the ground, and as a result of the COVID-19 pandemic's impact to the economic situation of the population affected by the 2018 earthquake and tsunami. 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. Under the revised plan of action for Sulawesi, the second and third tranches (on-going) will be reported under livelihood. *See shelter section for information on the first tranche multi-purpose cash grant.*

Vocational training

PMI, with the support of IFRC, has been discussing with vocational training service provider to conduct selected trainings (including through mobile training units, reducing the cost and time of travel for the enrolled participants). 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, in the form of conditional cash grants, that are aimed to support the graduates develop their own business or gain employment based on the trainings they received. The cash will be provided to beneficiaries who satisfactorily completed the course, while the amount will be based on the proposal from the graduates with regards the start-up toolkits. The proposals will be reviewed by PMI and IFRC, with technical support from the training institute.

A list of possible beneficiaries, taken from the multi-purpose women and youth family members of the cash beneficiaries, is currently being developed. Final selection of will based on applications submitted by interested youth and women and corresponding criteria, including vulnerabilities. IFRC and PMI are reviewing proposals from the different service providers interested in conducting the trainings and are expected to select the provider(s) by early July. Based on government analysis of labour needs and opportunities, the services providers proposed the following trainings:

- Tailoring
- Culinary
- Cosmetology
- Self-care (spa, manicure, pedicure, etc.)
- Computer software
- Mobile phone repair
- Motorbike automotive
- Electrical installation and maintenance
- Welding
- Electronic repairs
- Air-condition and cooling equipment repair
- Carpentry
- Masonry

The actual training is expected to commence end of July or early August and is expected to be completed within 20-30 training days each depending on the type of training.

The support for restarting small businesses have been taken out of the recent revision of the EPOA. The cancellation is mainly due to the impact of COVID-19 physical distancing regulations on the soft components of the project, i.e. socialization, financial trainings and provision of guidance by PMI staff/volunteers, as well as delays in the implementation.



Health

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

People reached: 19,789

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	19,789
Output 1.1: Target population is provided with emergency medical management of injuries and diseases		
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	
Output 1.2: Capacity of local medical services to provide medical care is increased			
Indicators:	Target	Actual	
# of health facilities with improved capacity on medical services	4	2	
Output 1.3: Capacity of PMI emergency health response is strengthened			
Indicators:	Target	Actual	
# of participants certified on EMT	40	Not yet started	
Output 1.4: Capacity of PMI on coordination is strengthened			
Indicators:	Target	Actual	
Surveillance system linked to MoH is established	Yes	Not yet started	
Output 1.5: Community-based disease prevention is provided to the target population			
Indicators:	Target	Actual	
# of people reached with community-based disease prevention and health promotion programming	80,000	14,033	
Output 1.6: Community-based activities for malaria prevention and care			
Indicators:	Target	Actual	
# of households who received mosquito nets	18,574	17,491	
Output 1.7: Psychosocial support provided to the target population			
Indicators:	Target	Actual	
# of people reached by psychosocial support	40,000	19,789	
Output 1.8: Target population is reached with Search and Rescue activities			
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	
Output 1.9: Blood donation services rehabilitated to continue for target population			
Indicators:	Target	Actual	
Blood bank equipment and devices rehabilitated	Yes	On going	
Progress towards outcomes			
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 delegate has since left at the end of 2019. The IFRC senior health officer continues to coordinate with PMI provincial and NHQ counterparts, as well as support PMI in coordinating with the provincial health ministry, as well as other NGOs including WHO, Save the Children and UNICEF.			
5 PMI emergency medical teams (4 mobile + 1 fixed) - discontinued	7,038 people reached with PMI Emergency Clinic (fixed)	8,935 people reached by mobile clinics	19,789 people reached with Psychosocial support

Emergency medical services

With support from IFRC, PMI has 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 2019, the last PMI Emergency Medical Team rotation finished their duty and the operation was handed over to the MoH. In September, all PMI equipment including tents was dismantled were packed and ready for transportation to the PMI central warehouse at Jatiangor, Java. IFRC supported PMI in procuring two ambulances to enhance emergency medical services capacity.

A total of 5,695 people accessed the health services provided at the tented emergency clinic in Tompe since becoming operational. Clinics provided 24-hour access for emergencies and pregnant mothers. Services included 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 had four emergency medical mobile teams served in affected communities. There were 10,278 patients in total that were attended by PMI mobile teams in Palu, Parigi, Sigi and Donggala. These complementary health services have ended July 2019.

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 was shared on October 2020 and followed by a Lessons Learned Workshop on December. Below are some of the recommendations.

Recommendations relevant to the PMI National Office Health and HiE Subdivision

1. The national medical emergency response unit (ERU) to develop a comprehensive plan and strategy to make a quality team which is ready to be deployed nationally and internationally.
2. The PMI National Health Division needs to develop a medical ERU strategic plan which indicates its goals/objectives and means of achieving them. PMI needs to simplify the current medical ERU roadmap or preferably convert it into a logical framework approach to guide the process.
3. To decide what type of medical ERU is planning to develop in the short, medium and long-term.
4. To develop procedures and policies, and analyse and list of all the resources needed.
5. To update current medical ERU team job descriptions and responsibilities.
6. To review current training module based on past experiences in the field to focus more on field management.
7. To consider removing psychosocial support specialist from ERY team and instead include a mental health module in the medical ERU curriculum
8. To ensure check lists are available for each deployment
9. To develop deployment strategies for medical ERU
10. To base deployments based on needs assessments (consider sending partial team)
11. To appoint Bogor hospital staff as medical ERU coordinator who will assist PMI
12. To develop a plan of action for each deployment
13. To develop a budget for a minimum of three months to track budget and negotiate with donors if necessary
14. To write a report for each deployment and a final operation report to be used as references for evaluations and trainings
15. To develop clear coordination and reporting lines, complete with tasks and responsibilities
16. To form a working group consisting of PMI HiE, DM emergency response subdivision, IFRC health manager and PNSs to guide the planning and review process
17. In the longer-term, to tailor trainings into province-based trainings
18. To strengthen medical ERU capacities by seeking opportunities to participate in joining trainings with PNSs with strong clinic/field hospital system
19. To conduct an evaluation at the end of ERU operations
20. To encourage provincial offices to do mapping of medical personnel and create a response team at provincial and district levels
21. To continue to participate in the national EMT network under the coordination by the Ministry of Health and WHO, and to appoint a focal person for the network

Recommendation relevant to PMI Emergency Response Unit under the Disaster Management Division

1. To develop provincial and district capacity assessments of emergency tools to identify which affected provinces and districts have adequate resources to be involved in emergency responses
2. To develop joint emergency assessment tools and include health staff in the assessment team
3. To ensure that the coordination line is consistent at all levels
4. To ensure that health in emergencies reports/recommendations are discussed in daily operation meetings and shared within the larger operation
5. To use daily operation meetings to strengthen links between PMI sectors
6. To support existing structures at province and district levels and work with them to assist in scaling up capacities

7. To continue coaching programmes for province and district offices
8. To discuss policies on localization and develop guidelines on working with provincial and district offices during responses
9. To conduct evaluations of the responses before entering recovery phase
10. To conduct a recovery planning workshop with relevant division managers, provincial and district personnel after the conclusion of the emergency phase
11. To develop memorandum of understanding with national pharmacy companies for procurement of medicine
12. To provide emergency response training to provinces and districts that are considered highly disaster-prone
13. To mainstream protection, gender and inclusion, as well as community engagement and accountability into all PMI programmes
14. To develop agreement with IFRC on roles
15. To create a space at PMI Bogor hospital for emergency medical warehouse

Recommendation relevant to IFRC CCST Jakarta office

1. To assist PMI on developing health in emergency and recovery assessment tools
2. To provide feedback to PMI HiE response and recovery plans
3. To provide funding for future PMI medical ERU capacity building
4. To ensure that health delegates and staff are properly introduced to and briefed by the Head of PMI health division
5. To analyze current IFRC working approach and discuss with PMI what capacities are needed to be assisted
6. To involve IFRC health team in Jakarta in the evaluations for future health related activities

Rehabilitation/reconstruction of health facilities

The IFRC health team has been supporting the reconstruction/ rehabilitation of four health facilities, led by PMI, of which two have been completed as of reporting. Aside from the structures, the appeal is also supporting the provision of basic health equipment for the facilities. The health facilities and equipment were designed in coordination with PMI and the Ministry of Health at the nation and provincial level.



Rehabilitated Pustu in Tanjung Padang, Sirenja, Donggala. (Photo: IFRC)

The completed facilities were handed over to the local government to be managed by the local health ministries on November 2019. Overall, the two facilities have a collective reach of 6,270 people⁹ within its catchment area.

The handover event was attended by the head of PMI, IFRC Sulawesi field coordinator, IFRC operations manager and the secretary of the Donggala District Health Office. The event was promoted on the local media and by Twitter. Links to news outlets' publications covering this event:

- [Terbaiknews](#) – PMI hands over village health centre facilities for disaster victims in Donggala
- [Wartanasional](#) - PMI hands over village health centre facilities for disaster victims in Donggala
- [Newscover](#) – Seeing the grandeur of Puskesmas facilities previously destroyed by the earthquake in Central Sulawesi

The remaining two health facilities will be completed before end of July 2020.

The blood bank rehabilitation is planned also to end before end of July. This included the replacement of the roof, partition works, water and sanitation systems replaced including the provision of a new water tower with increased storage capacity, electrical system replaced, antibacterial floor installed, as well as the procurement of new blood bank equipment.

Psychosocial support services

⁹ 2017 population data

PSS activities have concluded by November 2019. Activities such as drama, counselling and other small workshops and exercises were implemented to reduce the stress and hardships caused by the disaster which afflicted the population and affecting their 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. In total, PMI conducted 406 PSS sessions, reaching 19,789 people.

People reached with PSS (by sex per district)

District	Male	Female	Total
Donggala	2,904	4,106	7,010
Kota Palu	2,605	3,754	6,359
Parigi Moutong	698	972	1,670
Sigi	1,853	2,897	4,750
Total	8,060	11,729	19,789

People reached with PSS (by age per district)

District	< 5 y/o	5 – 17 y/o	18 – 60 y/o	> 60 y/o	Total
Donggala	323	3,079	3,263	345	7,010
Kota Palu	503	3,855	1,963	38	6,359
Parigi Moutong	328	1,067	268	7	1,670
Sigi	366	2,607	1,686	91	4,750
Total	1,520	10,609	7,173	481	19,789

Disease prevention and health promotion programming

During this reporting period, COVID-19 cases were reported in the province (see *Description of Disaster for updated information on COVID-19 in Central Sulawesi*).

Health promotion activities through PMI health trained volunteers were discontinued in August for the topics covering positive behavior in clean and healthy environment, Dengue fever (DBD), malaria and vector control. Health promotion activities have reached 14,033 people. The situation created by COVID 19 outbreak is triggering the roll out of epidemic control activities, epidemic control in which the PMI volunteers have been trained in February 2019.

To curb the transmission of COVID-19, PMI, with support from IFRC, produced 800 banners displayed in key locations promoting the usage of masks and the social distancing. PMI is also planning to include pandemic prevention messaging during health promotion activities. These include topics on handwashing, physical distancing, dispelling COVID-19 rumours and misinformation, and what to do in cases of possible infection.

To support dengue prevention, PMI provided treated mosquito nets to 17,491 households (69,964 people) with the support of IFRC, alongside dengue and malaria prevention awareness messages.

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.

Development of blood service capacity

IFRC health officer continues to monitor the rehabilitation of the blood bank including the procurement of equipment together with a mobile blood unit that will increase the quality and capacity of the services provided in Central Sulawesi. It is expected that the rehabilitation of the blood bank to be completed in the course of July 2020. IFRC also supported capacity building for 8 PMI blood bank staff from Sulawesi in attending specialized trainings organized in Jakarta.



Water, sanitation and hygiene

People targeted: 80,000 (20,000 households)
People reached: 118,376

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

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of assessment conducted	1	1

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

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	80,000	70,050

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of households provided with sanitation facilities	4,000	1,622

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of people reached with hygiene promotion activities	80,000	118,376

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

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	20,000	29,594

Progress towards outcomes

IFRC was supported by a German Red Cross embedded delegate to develop and support PMI in implementing WASH plans in Sulawesi. The WASH delegate has been replaced by a health/WASH delegate in July 2019. Overall health and WASH programming are now supported by IFRC national staff. Number of WASH-related items distributed with support of this pledge as seen below:

Item	Palu	Sigi	Donggala	Parigi	Total
Hygiene kit	6,464	9,375	9,275	4,480	29,594
Jerry can	7,140	148	2,722	844	10,854

IFRC has supported PMI in providing hygiene kits to 29,594 households (118,376 people) and jerry cans to 5,427 households (21,708) people. 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.

PMI hygiene promotion teams continue to visit households in the camps and villages to conduct hygiene promotion activities with the beneficiaries. Almost two years after, 118,376 people were reached with hygiene promotion activities, done alongside distribution of hygiene kits.

PMI, with the support of IFRC, also provided 21.7 million litres of water to 17,512 households (70,050 people) across 4 districts using water trucks. PMI Kawatuna Water Treatment Plant, where distributed water is collected and treated, and overall water trucking operation has ended in July 2019. IFRC also supported PMI with procurement of 10 water trucks to enhance PMI capacity to provide water in future emergencies, as well as in retrofitting 21 water trucks used in the distribution to be ready in case of an emergency.

To increase the water storage capacity as well to ensure the daily access to safe water, the operation procured and distributed 200 stainless steel water tanks, 157 water towers and plumbing materials in community areas such as schools, religious spaces and health facilities which are now in use.

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 as part of the transitional shelters in Sambo village, Sigi district. 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 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.

Hygiene promotion modules:

1. Solid waste management
2. Washing hands
3. Household water treatment
4. Diarrhoea 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	Data being validated

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)	-	157
# of people provided with safe water through rehabilitated water sources	40,000	Not started yet

Progress towards outcomes

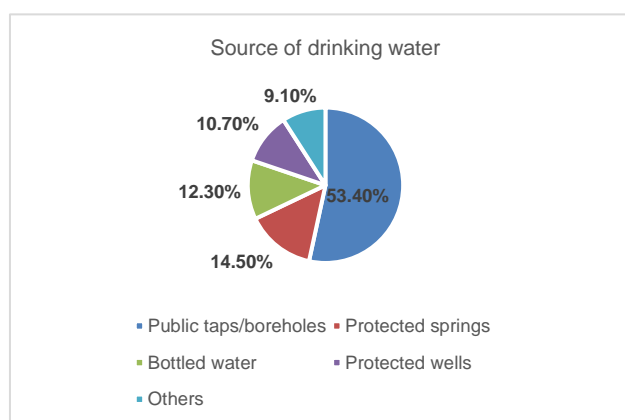
PMI, with the support of IFRC, also distributed 157 units of 2,000 litre-steel water tanks and supported the installation of water towers in selected communities. Below table reflects breakdown of water tank distribution by type of facility and per district.

Type of facility	Donggala Regency	Kota Palu	Parigi Moutong	Sigi District	Total
Community	5	3	4	4	16
Government facility	-	-	2	1	3
Health facility	4	8	-	3	15
Orphanage	1	-	2	3	6
PMI office	-	1	-	-	1
Public latrine	3	-	-	-	3
School	21	5	26	19	71
Mosque/place of worship	16	11	6	9	42
Total	50	28	40	39	157



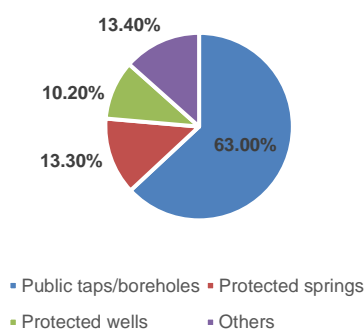
One of the water tanks and water towers installed in the target communities aimed at ensuring adequate supply of water for household use. (Photo: IFRC/PMI)

Vulnerability and capacity assessments have been conducted to ascertain 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 was also conducted (reaching 1,584 respondents across the 4 operational districts) 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. The reports of the VCA is currently being finalized. Some highlights from the baseline survey¹⁰:

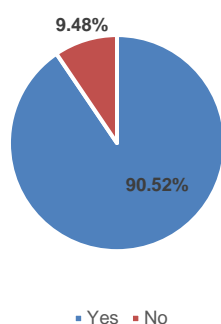


¹⁰ The overall VCA report will incorporate findings from the baseline survey to provide a comprehensive review of the situation in the target villages.

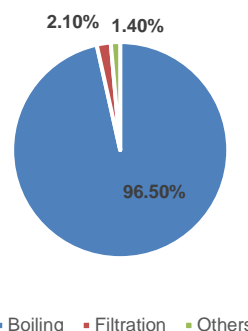
Source of household water



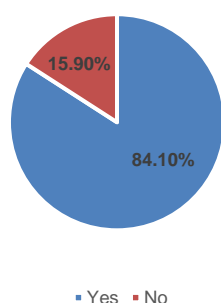
Treatment of drinking water



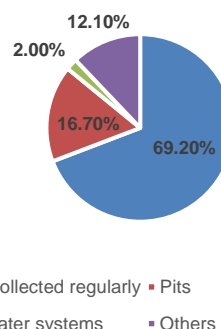
Type of treatment



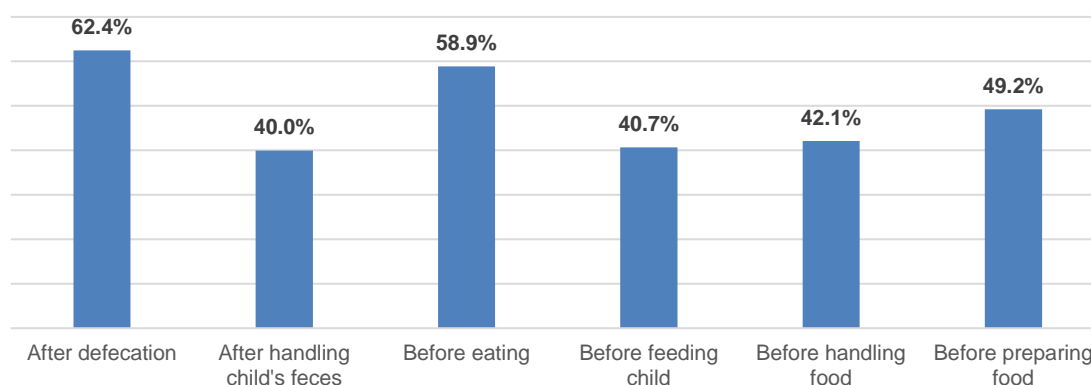
Cleans latrines regularly



Garbage disposal



When do you wash your hands?



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.

To support PMI in contributing to the reduction of vector borne diseases IFRC purchased 25 fumigation machines and enabled associated training related to vector borne diseases and usage of fumigation machines with participants from PMI and MoH from 4 target districts.

PMI, with the support of this appeal, is also planning to provide 40,000 self-disinfection kits to households across the

operational districts. This is meant to help curb the transmission of COVID-19, alongside health and hygiene promotion. The kits are comprised of soap, washing powder, detergent for floor cleaning, gloves, 5 reusable masks, 1 pair of gloves, 1 microfibre towel, and 1 5-litre bucket. Instructions on how to use the disinfections kits are also to be distributed to households. Distribution of the kits will also be done either at the PMI branch or at a communal area in the village, respecting physical distancing requirements and other precautions.



Protection, Gender and Inclusion

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

People reached: 176,328

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

Indicators:	Target	Actual
<i>Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services?</i>	Yes	Yes
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
<i>Does the operation demonstrate evidence of compliance with IFRC minimum standard commitments to gender and diversity in emergency programming?</i>	Yes	Yes

Progress towards outcomes

The PGI component of the programme was supported by a PGI RDRT delegate 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 are considered. These include ensuring meaningful participation of women and men including those with disabilities within community based activities 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. A total of 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.

PMI supported by IFRC had 2 days training with 20 participants on PGI and Green Response beginning of May 2019 and facilitated by PMI NHQ and IFRC RDRT delegate.

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	-	2,272

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 the ICRC report on RFL activities 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)

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, satellite phone, 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 equipment, 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.

Forensic		
Activities	Date	Descriptions
Mission to Palu	14-17 January	Management of the dead response mapping during the Palu disaster
Mission to Kendari	17-19 January	Morgue assessment
Mission to Palu	30 January	Morgue assessment with a WATHAB ICRC consultant and management of the dead response mapping (continued)
Mission to Palu	25-29 February	Round table on lesson learned and practical session on search and recovery for 80 first responders
DNA collection workshop in Palu	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.
Assessment of the National Indonesian Police DNA laboratory	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.
First responders field book printing	June	A pocket field book on the MotD developed by ICRC was translated in Indonesian and distributed to first responders.
Regional Seminar on the Management of the Dead (MotD) in Disaster Situations: Search and Recovery of Human Remains in Disasters Thursday	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.
Practical Session for first responders in Jakarta	15 July	Practical session on search and recovery for first responders from the Humanitarian Forum Indonesia (HFI)
Purchase and donation of DNA equipment	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 yet 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	16	Not yet started
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	80,000	Not yet started

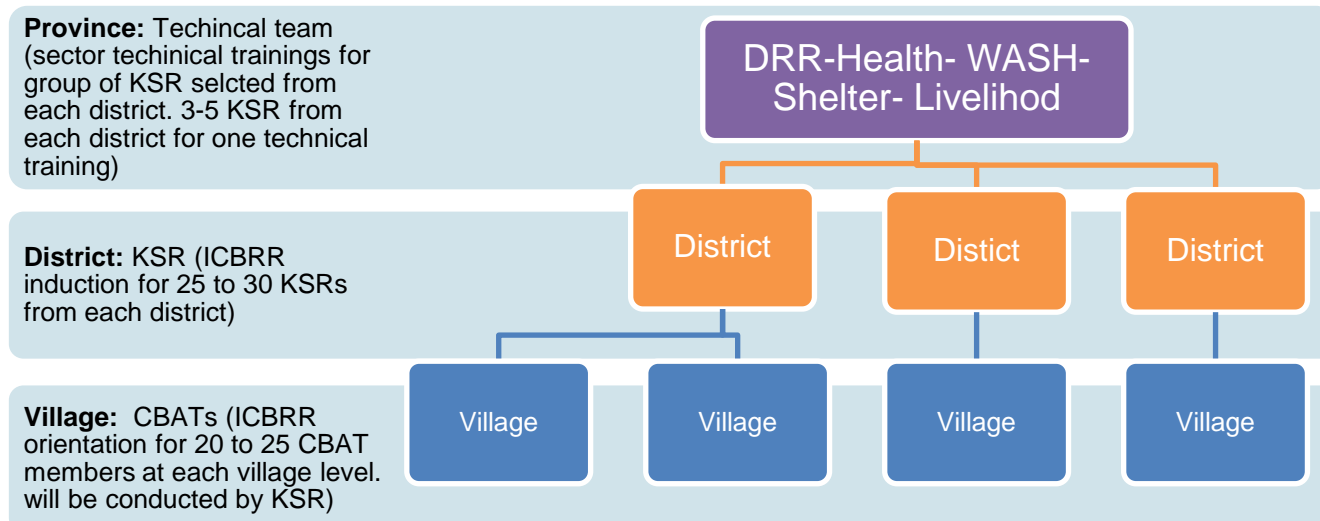
Progress towards outcomes

Collaboration between IFRC and PMI has continued to further develop the integrated community-based risk reduction (ICBRR) approach. Vulnerability and capacity assessments have been conducted in each target village. The result of the assessments (reports currently being finalized) will contribute to develop individual plans for each of 16 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.

As of now, 60 PMI KSR and more than 400 PMI SIBAT from Kota Palu, Sigi and Parigi districts have been trained in DRR as per PMI curriculum during October and November 2019 ensuring the foundation of DRR component. The protective equipment consisting of boots, cap, t-shirts, vests, raincoat, helmet, gloves, ear noise protection, protective glasses and masks were procured and distributed to the SIBAT from 10 villages.

PMI approach on building community capacity is outlined below:

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



Further DRR activities in the communities have since been postponed due to COVID-19 regulations on community gatherings, face-to-face meetings and deployment of personnel to the field. DRR implementation is expected to re-commence by the third quarter of 2020.

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
Output S1.1.2: National Society assessed their capacity at HQ and branch level and identified areas for organizational development		
Indicators:	Target	Actual
# of branch assessed and supported on BOCA action plan	5	4
Output S1.1.4: National Society has effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of volunteers insured	100%	100%
# of volunteers involved in the operation	1,329	~1,700
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
NS has necessary infrastructure and systems in place	Yes	Yes
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
# of NS members trained in emergency needs assessment	25	Not started yet
Progress towards outcomes		
Branch development		
<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>		
Volunteers		
<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, PMI and KSR volunteers have been provided with trainings on PMI volunteering principles, completing specific trainings on shelter, health, WASH, CEA, IM, cash and livelihood. The KSRs (district volunteers) are deployed to support the development of community-based action teams (SIBAT), which intended to 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>		
Necessary infrastructure and systems in place		
<p>IFRC and PMI utilized the basecamp established in the beginning of the operation until end of December 2019. The camp was supported with necessary equipment and facilities, including WASH, IT and 24h security service, to perform as effective as possible. One of the tents was used as training space while accommodation tents were used by deployed volunteers when needed. As the situation evolved, the IFRC and PMI are currently using a rented building for the operational purposes as well the province office space as needed.</p> <p>All four PMI branches and PMI Central Sulawesi province received IT materials including conference kits to enable distance meetings. The storage needs, which were initially provided through the basecamp in Palu, are now covered</p>		

by two PMI containers and existing PMI warehouse in Kota Palu. IFRC also plans to support PMI in constructing offices for the four branches. The project is currently on the design phase and actual construction is expected to begin by end of July or August 2020.

The operation also supported the procurement of one cargo truck to support mobilization of goods and equipment for future emergencies.

International Disaster Response		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
% 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
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators:	Target	Actual
Mechanism for effective response preparedness identified and implemented	Yes	Yes
# of RDRT deployed	Min 3	More than 3
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities		
Indicators:	Target	Actual
# and type of methods established to share information with communities about what is happening in the operation	-	4 ¹¹
#/% of complaints and feedback received and responded to by the NS	-	484
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability		
Supply chain and fleet services demonstrates quality and accountability	Yes	Yes
Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced		
Indicators:	Target	Actual
A coherence shelter strategy is developed in response to the earthquake	Yes	Yes
Progress towards outcomes		
Response preparedness		
The operation has in place long-term staff, currently with 3 delegates in the Palu sub-office including for field coordination, procurement and livelihood. The Sulawesi operation is also supported by coordinators for finance, PMER and logistics who are tasked to support the three locations under this appeal. The operation was also initially supported by a CBI delegate, an IM delegate, a Shelter delegate, a Relief delegate, a Health delegate, a Wash delegate, a finance and admin 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 – Central Sulawesi Operations		
No	Date	Radio Programme
1	10/10/2018	Interactive talk show – PMI family tracing services
2	11/10/2018	Interactive talk show – PMI services
3	11/10/2018	Interactive talk show – PMI services
4	12/10/2018	Interactive talk show – Trauma injuries
5	14/10/2018	Interactive talk show – Psychosocial services
6	17/10/2018	Interactive talk show – Health services
7	31/10/2018	Interactive talk show – Managing waste in the camp for health
8	7/11/2018	Interactive talk show – Tsunami impact for fishermen

¹¹ Radio broadcasts, Social media platforms including Facebook, Twitter and Instagram.

9	14/11/2018	Interactive talk show – Diarrhea prevention
10	21/11/2018	Interactive talk show – Temporary shelter
11	28/11/2018	Interactive talk show – Health services
12	5/12/2018	Interactive talk show – International Volunteers day
13	12/12/2018	Interactive talk show – Health services for recovery phase
14	19/12/2018	Interactive talk show – Transitional emergency to recovery phase
15	26/12/2018	Interactive talk show – Psychosocial support
16	02/01/2019	Interactive talk show – Hoax information on rumor of big aftershocks
17	09/01/2019	Interactive talk show – WASH campaign on no littering
18	16/01/2019	Interactive talk show – Code of conduct
19	23/01/2019	Interactive talk show – Dengue and Malaria
20	30/01/2019	Interactive talk show – Protection on Sexual Exploitation and Abuse
21	6/02/2019	Interactive talk show – Maintaining the hygiene of shelter
22	13/02/2019	Interactive talk show – Clean water distribution on recovery phase
23	20/02/2019	Interactive talk show – Children voices
24	27/02/2019	Interactive talk show – Recovery plan
25	6/03/2019	Interactive talk show – Youth involvement
26	13/03/2019	Interactive talk show – Community feedback
27	20/03/2019	Interactive talk show – Cases remaining, almost 6 months post-disaster
28	27/03/2019	Interactive talk show – 6 months anniversary of Sulawesi's disaster
29	03/04/2019	Interactive talk show – PMI services for aid distribution
30	10/04/2019	Interactive talk show – Importance of community participation
31	17/04/2019	Interactive talk show – PSS on recovery phase
32	15/07/2019	Interactive talk show – Preparedness in rainfall
33	29/07/2019	Interactive talk show – Water Saving Behavior
34	12/08/2019	Interactive talk show – People Centered Housing Recovery
35	26/08/2019	Interactive talk show – Evacuation bag
36	09/09/2019	Interactive talk show – Woman role in disaster and disaster recovery
37	23/09/2019	Interactive talk show – 1-year anniversary Central Sulawesi Disaster
38	07/10/2019	Interactive talk show – Building Creativity after disaster
39	21/10/2019	Interactive talk show – Economy creative after disaster
40	04/11/2019	Interactive talk show – Disaster history in Central Sulawesi
41	18/11/2019	Interactive talk show – Longing, Dream and Hope of displaced children
42	02/12/2019	Interactive talk show – Community Based Action Team for Disaster Capable, Community Competent
43	16/12/2019	Interactive talk show – Mother as a pioneer of reconstruction
44	13/01/2020	Interactive talk show – Non-cash assistance
45	27/02/2020	Interactive talk show – Be prepared for disease in flooding time
46	10/02/2020	Interactive talk show – Disaster Management Family Based
47	24/02/2020	Interactive talk show – Living with disaster
48	09/03/2020	Interactive talk show – COVID-19? What need to know
49	30/03/2020	Interactive talk show – PMI program in dealing with COVID-19 and the prevention
50	13/04/2020	Interactive talk show – Prevent the COVID-19 NOW!
51	20/04/2020	Interactive talk show – Postpone the home coming
52	07/05/2020	Interactive talk show – The Roles of Community-based disaster preparedness team (SIBAT) at Village level
53	14/05/2020	Interactive talk show – Be wise in COVID-19 Pandemic situation
54	01/06/2020	Interactive talk show – Self-care at house in New Normal
55	15/06/2020	Interactive talk show – Fight against COVID-19 volunteer stigma

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) – Central Sulawesi Operation

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 Saiga 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) – Central Sulawesi Operations

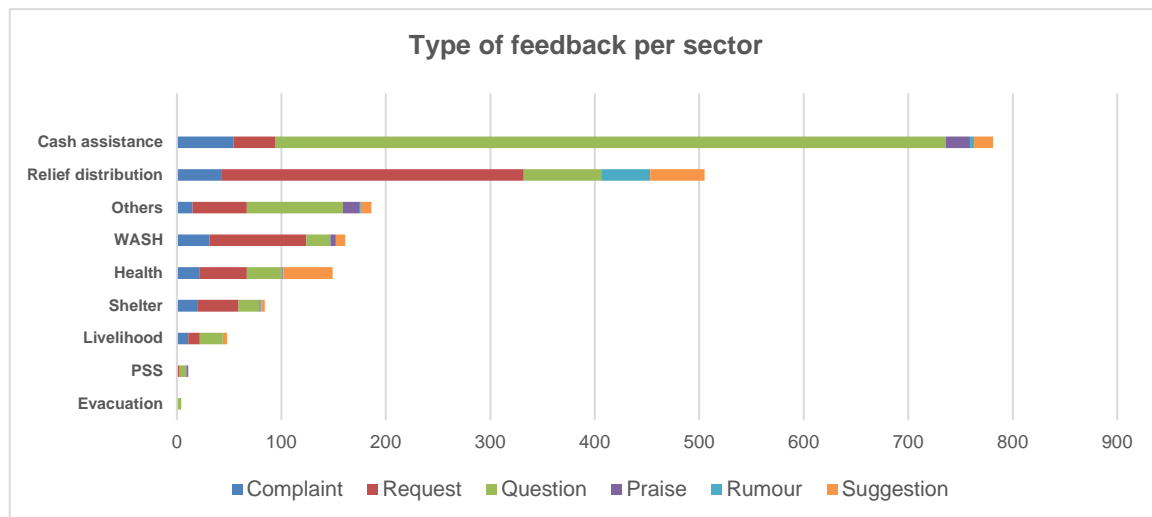
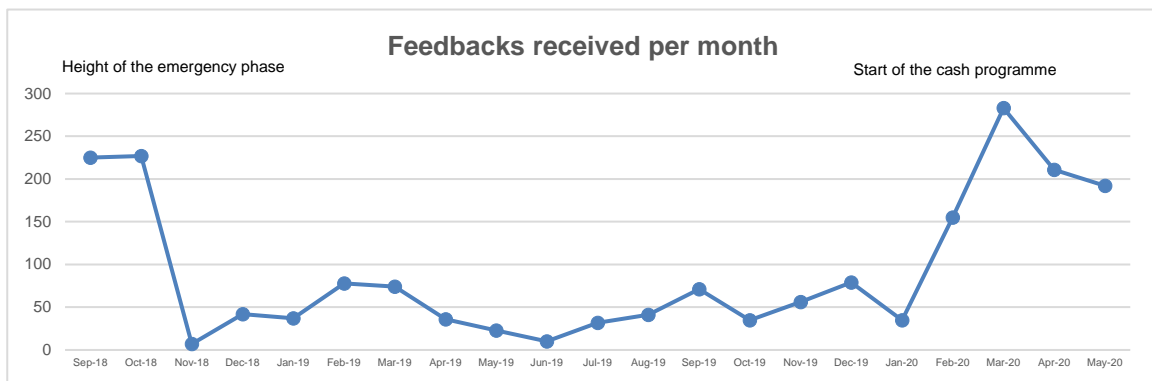
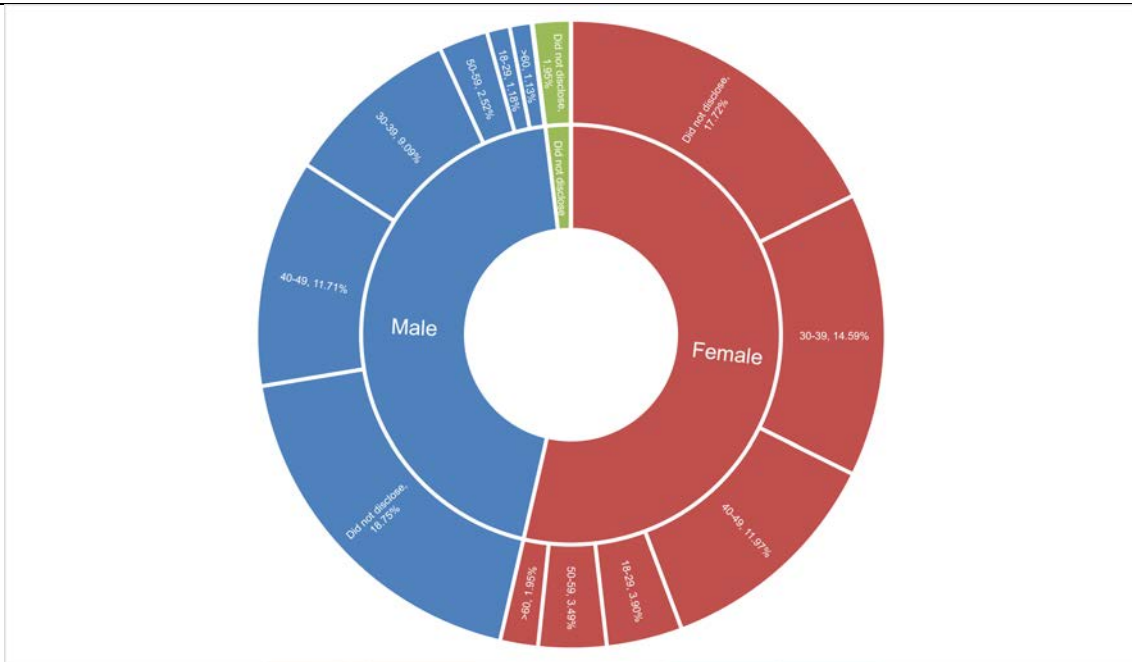
No	Sector	Topic
1	Crosscutting - CEA	Hotline PMI
2	Health	Demam Berdarah/Dengue
3	Health	Minum air/ Stay hydrated
4	Health	Ambulance information

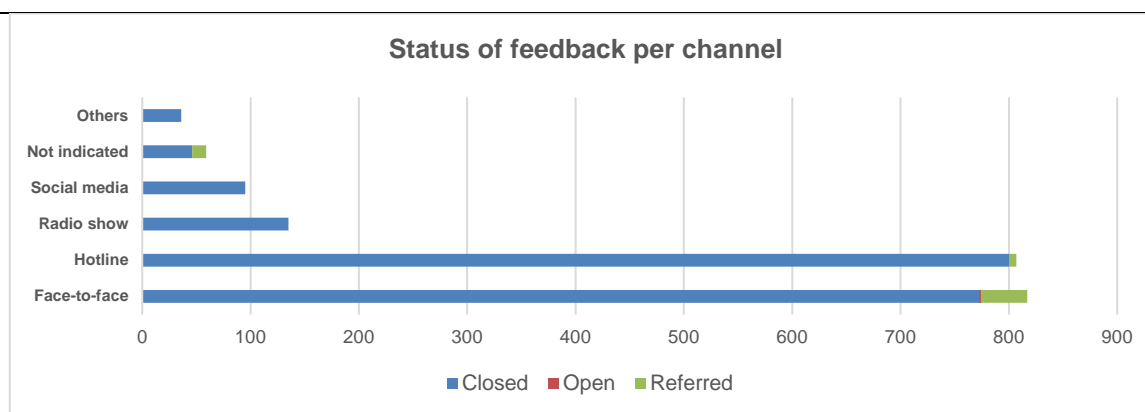
PMI, supported by IFRC, continues to lead the coordination of the inter-agency Community Engagement Working Group (CEWG). The CEWG is working with the provincial government's data and information centre, as well as the programmatic sectors to develop key messages to address some of the current concerns 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.

A total of 1,949 feedbacks have been received since September 2018.

Sex and age of source of feedbacks





CEA staff and volunteers are actively involved in all program activities from the beginning of the operation.

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 due to longer than required delivery times.

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	Yes

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 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. Monitoring visits from various PNS occurred during 2019.

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 supported the enhancement of this capacity by deploying an Information Management delegate for six months, until August 2019. Currently, the IM officer from the CCST Jakarta is supporting PMI with information management as well as ensuring privacy and security of information collected, particularly for the cash programmes.

The IFRC and PMI IM units in Jakarta is also 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 providing support in data cleaning and analysis for 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
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<i>The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels</i>	Yes	Yes
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	Planned
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. <i>See Needs Analysis Section for results of the assessment.</i>		
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 localization 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:		
<ul style="list-style-type: none"> • PMI responded at scale from the onset (pursuant to its auxiliary role²), quickly mobilising 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		
<ol style="list-style-type: none"> 1. Operationalize policy discussions on localization: For IFRC and other humanitarian organizations to translate and enact the Grand Bargain commitments on localization 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 <i>Volunteer resources</i> <ul style="list-style-type: none"> • Recruitment and capacity enhancement to sustain pool to operationalize interventions and support branches <i>Operational capacities: finance and logistics</i> <ul style="list-style-type: none"> • Invest in human resources; prioritise high risk areas for warehousing; develop capacity ensuring compliance to standards <i>Cross-cutting issues</i> <ul style="list-style-type: none"> • 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 <i>Steps taken by IFRC CCST and APRO</i> 		

- 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 localization**
- Continue to advocate and highlight importance of localization
 - Develop a roadmap for localization 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 have also been completed, targeting a statistical sample, to measure effectiveness, efficiency and gain community insights on the relief services provided by IFRC. Results of the survey will be shared in the next report. Post-distribution monitoring surveys for the multi-purpose cash programme are also underway, targeting a statistical random sample. An external final evaluation is also planned at the latter part of the operation (planned for February 2021).

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. IFRC CCST is set to produce monthly E-newsletters (in English and Bahasa) to showcase human interest stories, achievements and stories of change. These newsletters will be shared in-country and in coordination with APRO.

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	Yes

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 coordinator based in Jakarta and supporting all three locations under the appeal provides technical support for 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 sub-office also supports 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%	100%
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.		

D. Budget

Refer to the [attached](#) financial report.

Reference documents



Click for:

- [Appeals and updates](#)

Contact information

For further information specifically related to this operation please contact:

In Indonesian Red Cross (Palang Merah Indonesia), Jakarta:

- **Sudirman Said**, secretary general; phone: +62 217 992 325; email: pmi@pmi.or.id
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In IFRC Country Cluster Support Team, Jakarta:

- **Jan Gelfand**, head of CCST and representative to ASEAN; email: jan.gelfand@ifrc.org
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- **Julia Bruckner**, partnerships surge delegate; julia.bruckner@ifrc.org
- **Musfarayani Musfarayani**, communications coordinator; musfarayani.musfarayani@ifrc.org

In IFRC Asia Pacific Regional Office, Kuala Lumpur:

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- **Antony Balmain**, manager, regional communications; email: antony.balmain@ifrc.org

For resource mobilization and pledges:

- **In IFRC Asia Pacific Regional Office:**
Robert Laprade; head of PRD; email; robert.laprade@ifrc.org
Pui Wah Alice Ho; coordinator partnership in emergencies; email; alice.ho@ifrc.org

For planning, monitoring, evaluation and reporting (PMER) enquiries:

- **In IFRC Asia Pacific Regional Office: Siew Hui Liew**, PMER Manager, email: siewhui.liew@ifrc.org

In IFRC Geneva:

- **Nelson Castano**, manager, operations coordination; email: nelson.castano@ifrc.org

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.

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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2020/05	Operation	MDRID013
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 18 Jun 2020

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

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

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	5,107,000
AOF2 - Shelter	8,060,868
AOF3 - Livelihoods and basic needs	7,666,000
AOF4 - Health	1,759,945
AOF5 - Water, sanitation and hygiene	3,676,945
AOF6 - Protection, Gender & Inclusion	616,000
AOF7 - Migration	661,000
SFI1 - Strengthen National Societies	3,279,000
SFI2 - Effective international disaster management	6,163,866
SFI3 - Influence others as leading strategic partners	1,448,000
SFI4 - Ensure a strong IFRC	463,000
Total Funding Requirements	38,901,624
Donor Response* as per 18 Jun 2020	37,417,022
Appeal Coverage	96.18%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	865,524	110,340	755,185
AOF2 - Shelter	5,525,559	4,029,830	1,495,730
AOF3 - Livelihoods and basic needs	6,038,513	2,933,438	3,105,075
AOF4 - Health	2,288,703	1,363,933	924,770
AOF5 - Water, sanitation and hygiene	2,020,234	1,271,242	748,992
AOF6 - Protection, Gender & Inclusion	6,910	6,910	0
AOF7 - Migration	537,692	537,692	0
SFI1 - Strengthen National Societies	1,378,737	346,313	1,032,425
SFI2 - Effective international disaster management	2,467,018	1,865,643	601,375
SFI3 - Influence others as leading strategic partners	359,424	208,939	150,485
SFI4 - Ensure a strong IFRC	1,476,512	1,023,915	452,597
Grand Total	22,964,826	13,698,193	9,266,633

III. Operating Movement & Closing Balance per 2020/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	22,988,114
Expenditure	-13,698,193
Closing Balance	9,289,921
Deferred Income	-268
Funds Available	9,289,653

IV. DREF Loan

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

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Budget Timeframe	2018-2021	Budget	APPROVED

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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	3,381,785	79,353			3,461,138		
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	681,113	907,472	45,521		1,634,106		
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*)	331,315				331,315	-268	
IFRC at the UN Inc (from Tides Foundation*)	119,182				119,182		
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		
On Line donations	21,360				21,360		
OPEC Fund For International Development-OFID	398,199				398,199		
Other	22,956				22,956		
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		

Emergency Appeal

INTERIM FINANCIAL REPORT

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Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 18 Jun 2020

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

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

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
The Canadian Red Cross Society (from Canadian Gov	371,718				371,718	
The Netherlands Red Cross	3,544,059				3,544,059	
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	716,827	538,519			1,255,346	
United States - Private Donors	3,808				3,808	
Write off & provisions				-2,665	-2,665	
Total Contributions and Other Income	20,745,087	2,177,371	68,321	-2,665	22,988,114	-268
Total Income and Deferred Income					22,988,114	-268