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



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| 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: 4 November 2020 | Timeframe covered by this update: September 2018 – September 2020 |
| Operation start date: 28 September 2018 | Operation timeframe: 36 months End date: 31 August 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: The Indonesian Red Cross (PMI) works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) implementing the operation, and received support from Albanian Red Cross, American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Flanders), 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 Society, 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 Society, 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. | |

This operation update informs of the extension of the MDRID013 Indonesia earthquake and tsunami emergency appeal, specifically the operations in Central Sulawesi, Lombok, Shelter Cluster Coordination and overall Coordination by six months to end on 31 August 2021. Due to previous implementation delays, exacerbated by movement restrictions and regulations on social gatherings imposed to curb COVID-19 transmission, this appeal is being extended to allow the completion of the recovery and longer-term objectives set. PMI and IFRC have allocated resources and reassessed plans to fulfil the objectives by August 2021. COVID-safe implementation strategies are already in place to ensure safety of Red Cross personnel as well of communities being supported.

The Central Sulawesi operation is expected to complete the recovery programmes by end of August 2021 including Disaster Risk Reduction (DRR) and National Society Development (NSD) components. In case the DRR and NSD components will require timeline extensions to ensure quality programming, the support will be continued beyond August 2021 by the IFRC Country Cluster Support Team (CCST) and PMI.

Lombok operation will see the completion of recovery programmes by end of February 2021, with NSD components expected to continue until the end of the appeal. More details will be published on the 26-month report for Lombok to be published on 31 October 2020.

Shelter Cluster Coordination is planned to phase out by the end of February 2021.

Sunda operation has closed on 30 September 2020 – the final report for Sunda operation will be published on 31 December 2020.

A. SITUATION ANALYSIS

Appeal History

- **29 July 2018:** A 6.4 magnitude earthquake strikes off Lombok, province of West Nusa Tenggara
- **31 July:** IFRC allocates CHF 211,569 from the [Disaster Relief Emergency Fund](#) (DREF) to enable PMI to meet the humanitarian needs of 1,000 households (4,000 people).
- **5 August:** A second and stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok
- **7 August:** An [Emergency Appeal](#) seeking **CHF 8.9 million** is launched to support PMI in providing assistance to 20,000 households for **18 months**. DREF loan is increased to a total of CHF 500,000.
- **9 and 18 August:** New 5.9 and 6.4 magnitude earthquakes strike Lombok. According to BNPB, the four quakes killed more than 510 people, injured at least 7,100 others, and displaced more than 431,000 people.
- **21 September:** The Emergency Plan of Action (EPoA) for Lombok operation is issued.
- **28 September:** A 7.4 magnitude earthquake at a depth of 10km strikes Central Sulawesi, followed by a tsunami which hit coastal areas of Donggala and Palu regencies.
- **29 September:** IFRC allocates CHF 750,000 from DREF, bringing the total DREF advance for this Emergency Appeal to CHF 1.25 million.
- **30 September:** A [Revised Emergency Appeal](#) incorporating the Sulawesi earthquake and tsunami is issued, seeking **CHF 22 million** to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for **20 months**.
- **31 October:** The EPoA for Sulawesi operation is issued.
- **8 November:** The [Emergency Appeal](#) is further revised to include mid- to longer-term recovery needs in the affected areas as well investing in increased preparedness and resilience for both affected communities and local actors such as PMI's branches, seeking up to **CHF 38.5 million** to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for **30 months**.
- **25 November to 4 December:** Recovery needs assessment is carried out for Lombok & Sulawesi earthquake and tsunami operations. The assessment recommendations inform an integrated multi-sectoral recovery programme approach and revision of the emergency appeals.
- **22 December:** Coastal areas around the Sunda Strait, specifically in Pandeglang, South Lampung and Serang districts are hit by waves caused by a massive landslide on Mount Kakatoa, an active volcano in the center of the strait.
- **27 December:** The [Emergency Appeal](#) is revised for a third time, incorporating the Sunda Straits tsunami, seeking up to **CHF 38.9 million** to enable PMI to deliver assistance to 41,400 households – 20,000 in Lombok, 20,000 in Central Sulawesi and 1,400 in areas affected by the Sunda Straits Tsunami for 30 months.
- **15 January 2019:** [Operations update 10](#) (Sulawesi operation) is published
- **11 March:** The Revised EPoA is published. This latter aims to support PMI in delivering relief and 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 EPoA is published. This latter aims to support PMI in delivering relief and recovery assistance to 40,000 households (160,000 people) in Central Sulawesi for **30 months**
- 13 July: [Operations Update 23](#) is published, covering 20 months (September 2018 to May 2020) of the operation.

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 epicenter in Donggala Regency, close to the provincial capital Palu. The earthquake triggered a tsunami which reached up to three meters in some areas, striking Talise beach in Palu and Donggala shores. 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 100,405 houses destroyed, damaged or lost due to the earthquake, tsunami or liquefaction. Of these, 30,148 houses were severely damaged while more than 4,050 were lost (mainly due to liquefaction). In its wake, almost 173,000 people were displaced. According to the shelter cluster updates ([link](#)) published on 28 February 2020, 66 governmental and non-governmental agencies constructed temporary shelter (collective and individual) for 23,672 households.

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

The focus of government response is on the recovery phase.

COVID-19 in Indonesia and Central Sulawesi province

On March 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 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



Access to water across the four operational districts have been enhanced through the support of PMI and IFRC. More than 150 water access points have been repaired and installed with 2,000 litre water tanks.
(Photo: PMI/IFRC)

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 2020, 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 2020.

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 26 October 2020)

| No. of positive cases | No. of recovered patients | Active cases | No. of deaths |
|-----------------------|---------------------------|--------------|---------------|
| 389,712 | 313,764 | 62,649 | 13,299 (3.4%) |

In Central Sulawesi, the number of positive cases of COVID-19 has steadily increased. Several hospitals have been appointed by the Provincial Health Office as COVID-19 referral hospitals. The testing capacity in the province remains low. The Sulawesi Government maintains information related to COVID-19 through daily release from Central Sulawesi Data and Information Centre and the website of Provincial Health Office of Central Sulawesi <https://dinkes.sultengprov.go.id/category/covid-19/>.



PMI volunteer in Central Sulawesi supporting manufacturing of masks for distribution as part of PMI's COVID-19 prevention campaign. (Photo: IFRC/PMI)

The provincial governor also decreed various regulations on the COVID-19 situation management specifically on population movements in attempt to stem the transmission of the virus. Roads, airports and seaports have been regulated with cross-boundary movements allowed only from 06:00 to 22:00 and submission of valid PCR test. Physical distancing regulations are also in place, particularly in public places and markets. The gatherings should be approved by SATGAS (provincial emergency health body). Wearing facial masks is obligatory at all times in public.

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 was responding on the ground from the onset of Central Sulawesi disaster, deploying over 1,400 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 PMI 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 the response. PMI, with the support of IFRC, had initially set up a base camp to accommodate 350 volunteers. With the directive from BNPB (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, was entrusted 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 of the operation, and especially during the recovery stage, PMI has encouraged 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

The IFRC CCST for Indonesia and Timor Leste consists of a Head of CCST and staff with technical capacities in disaster management, risk management, health, water, sanitation and hygiene (WASH), 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, Japanese Red Cross, Qatary Red Crescent, Turkish Red Crescent and German Red Cross. ICRC is also present 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, adapted 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.

IFRC participates in meetings of the Humanitarian Country Team (HCT) chaired by 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 in the HCT.

Needs analysis, targeting, scenario planning and risk assessment

No update as of reporting. See [Operations Update 23](#) for latest information.

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 people of the most vulnerable affected people, as well as providing up to at least 9,250 households (40,000 people) with medium-term and longer-term assistance in a timely, effective and efficient manner; and increase resilience to disasters of 16 communities in the four districts. The recovery operation for Central Sulawesi is expected to conclude by August 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 after being 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 integrate the COVID-19 protocols. Recovery assistance as per required sectors is provided through health, WASH, livelihoods and shelter assistance. The specific assistance for each village is 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 recovery activities within the communities using a strong community-driven approach in implementing the identified activities and resources mobilized from Movement and non-Movement sources.

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 is 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.

Challenges

Human resources gap both from PMI and IFRC in terms of numbers of people and capacity to support the implementation of different activities has been an issue during the implementation across all the emergency appeal programmes. IFRC has been supporting PMI to ensure that there is enough personnel and capacity in the operation by deploying staff and personnel from different areas, as well as providing remote support.

In implementing the operation, a general challenge for most of the programmes was the insufficient number of volunteers from the region. The number was constantly augmented by deploying volunteers from other PMI chapters. More than 1,500 volunteers from outside Central Sulawesi were deployed to support the operation. PMI Central Sulawesi is now intensifying efforts to recruit and mobilize more volunteers, while IFRC has and will continue to support the capacity building of PMI volunteers involved in the operation.

Volunteer deployment has also been hampered by the significant bottleneck in cash flow that suffered delays before being solved. Furthermore, without the necessary staff in the provinces, volunteer activities have not been adequately supervised, making impact difficult to fully measure.

Delays in transfer of funds from PMI NHQ to the branches have also hampered the implementation of the activities of all the programmes. IFRC and PMI have installed a finance desk in the province and in the national headquarters to ensure accountable and transparent process on the compilation and review of financial documents, ensuring timely and compliant financial reports being submitted on a timely basis.

Central Sulawesi has also been experiencing heavy rainfall across the province, hampering movements and project implementation. COVID-19 has also created unique challenges, not only in implementation but also for monitoring and quality assurance. PMI has also been responding to several emergencies, including for recent floods in Sulawesi, outside of the earthquake and COVID-19 operations, stretching local and national capacities and resources and diverting some of the focus on life-saving activities in these areas.

The COVID-19 pandemic has also brought new challenges on implementing activities, particularly those which require social gatherings or face-to-face interactions.

Adaptation of implementation strategy due to the COVID-19 situation

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-19 are distributed or provided to communities; SMS blasts on COVID-19 are also sent
- Daily 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


No further update as of reporting. See [Operations Update 23](#) for complete information.

Operational support services

No update as of reporting. See [Operations Update 23](#) for latest information.

C. DETAILED OPERATIONAL PLAN

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

| | | |
|---|---|---------------|
|  | <p>Shelter People targeted: 80,000 (20,000 households) People reached: 176,328 (44,082 households)</p> | |
| 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 |



During distribution of ATM cards for the cash assistance, PMI and IFRC strictly followed physical distancing regulations, limited the number of people accommodated and provided masks to staff and volunteers, and beneficiaries without masks.

(Photo: PMI/IFRC)

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)

Distribution of essential household items was completed December 2019. See [Operations Update 23](#) for latest information.

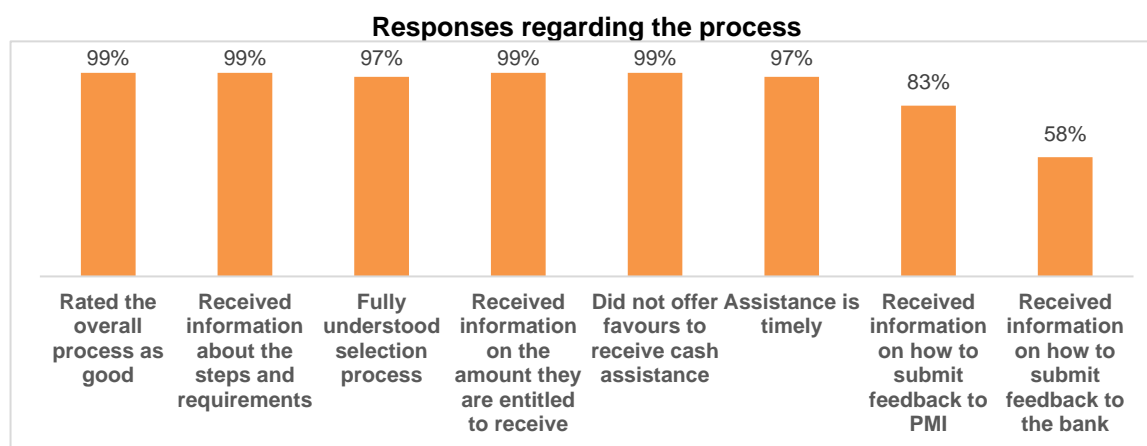
Multi-purpose cash grants (shelter)

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 livelihood.

IFRC is supporting PMI in providing multi-purpose cash grants to 10,000 households. The previous target of 9,250 was increased to ensure that more vulnerable households have the resources for their basic needs and shelter repairs, particularly due as recovery from the 2018 earthquakes and tsunami have been delayed, while the COVID-19 pandemic has also impacted their economic situation.

As of reporting, the cash and voucher assistance project, unrestricted and unconditional in nature, has registered 10,011 households and provided PMI beneficiary cards and ATM cards to 9,928 households. In total, 9,062 households have been reached with the shelter component of the cash (all tranches). The remaining households are in process of being completed PMI with IFRC support aiming to end this activity by end of October 2020.

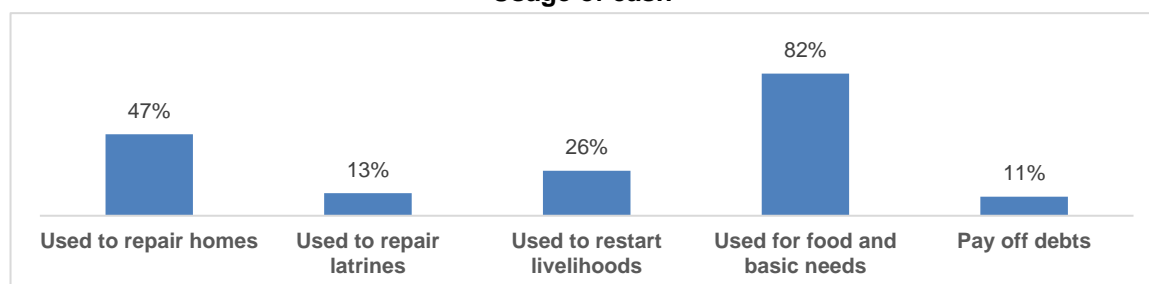
A post-distribution monitoring survey is also being conducted after the first tranche and after the second and third tranche, within one month using ODK in the field and via phone calls after COVID-19 outbreak, to gauge the efficiency of the service delivery by both the PMI/IFRC and the bank. A random sample was selected (based on 95 per cent confidence level and 5 per cent confidence interval). A total of 877 respondents have been interviewed. Of the respondents, 32 per cent were female; 53 per cent were between the age of 18 to 49 years old, while almost 22 per cent were 60 years old or above. Some of the initial findings are below:



Responses on usage of ATM

Of the respondents, 45 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, 37 per cent said it took less than 10 minutes to reach the ATM points, while 50 per cent said it took between 10 to 30 minutes and 12 per cent said it took more than 30 minutes. For half of the respondents, 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 cash¹



Technical shelter support

No update as of reporting. See [Operations Update 23](#) for latest information.



Livelihoods and basic needs

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

People reached: 36,248 people (9,062 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 | 9,062 |
| Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population | | |
| Indicators: | Target | Actual |
| # target population with improved access to employment or self-employed in sustainable livelihood activities | 2,000 | On-going |
| 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 | 9,062 |
| Progress towards outcomes | | |

¹ Not mutually exclusive options. Cash grants are unrestricted to allow households to prioritize their most immediate needs.



One of the recipients of the cash programme who utilized the grants to restart their small businesses. More than 20 per cent of the recipients utilized the cash for livelihood.

Photo: PMI/IFRC

Basic needs distribution

Distribution of essential household items was completed December 2019. See [Operations Update 23](#) for latest information.

Multi-purpose cash grants

Beneficiaries of the multi-purpose cash grant are in process to receive IDR 2 million (~CHF 130) 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.

As of reporting, the cash and voucher assistance project, unrestricted and unconditional in nature, has registered 10,011 households and provided PMI beneficiary cards and ATM cards to 9,928 households. In total, 9,062 households have been reached with the livelihood component of the cash (second and third tranche). See [shelter section](#) for results of the post-distribution monitoring survey.

Vocational training

PMI and IFRC are currently finalizing the contracts with the vocational service training providers. Commencement of trainings is expected early October.

PMI and IFRC selected 5 training institutes to provide a total of 14 types of training divided in 87 trainings. So far, PMI and IFRC have registered 1,804 individuals of the initial target of 2,000 to these trainings. Beneficiaries were selected based on the vulnerabilities and impact of the disaster which utilized the list of beneficiaries for the multi-purpose cash as the pool of possible beneficiaries. As the intervention is targeting youth and women, the list was further filtered for other criteria such as age, position in the family, socio-economic condition and others. The candidates were then sent application forms through WhatsApp for verification and validation by PMI and IFRC staff prior to registration. Due to delays encountered by the operation added to those generated by the current COVID-19 emergency the final target of those who will benefit of vocational trainings and small business support is set to 1,800 beneficiaries.

Registered individuals for the vocational training

| District | Age | Male | Female | Total |
|----------------|------------------|------------|--------------|--------------|
| Donggala | <18 y/o | 5 | 8 | 13 |
| | 18 to 40 | 141 | 254 | 395 |
| | 41 to 59 | 1 | 77 | 78 |
| | Sub-total | 147 | 339 | 486 |
| Palu | <18 y/o | 6 | 5 | 11 |
| | 18 to 40 | 159 | 322 | 481 |
| | 41 to 59 | 1 | 120 | 121 |
| | Sub-total | 166 | 447 | 613 |
| Parigi Moutong | <18 y/o | - | - | - |
| | 18 to 40 | 10 | 19 | 29 |
| | 41 to 59 | 1 | 3 | 4 |
| | Sub-total | 4 | 22 | 26 |
| Sigi | <18 y/o | 12 | 13 | 25 |
| | 18 to 40 | 219 | 321 | 540 |
| | 41 to 59 | 4 | 110 | 114 |
| | Sub-total | 235 | 444 | 679 |
| Overall | <18 y/o | 23 | 26 | 49 |
| | 18 to 40 | 522 | 916 | 1,438 |
| | 41 to 59 | 7 | 310 | 317 |
| | Total | 559 | 1,252 | 1,811 |

Type of trainings selected (first choice²)

| Type of training | Male | Female | Total |
|---|------------|--------------|--------------|
| Computer technician | 125 | 108 | 233 |
| Sewing | 8 | 167 | 175 |
| Welding | 15 | - | 15 |
| Electronics servicing | 75 | 7 | 82 |
| Culinary (variety) | 43 | 481 | 524 |
| Culinary (cakes and drinks) | 15 | 238 | 253 |
| Cosmetology (manicure, pedicure, skin care) | - | 24 | 24 |
| Cosmetology (hair and make-up) | 6 | 221 | 227 |
| Airconditioning technician | 4 | 1 | 5 |
| Electrician | 16 | - | 16 |
| Motorcycle technician | 196 | 3 | 199 |
| Mobile phone technician | 14 | 1 | 15 |
| Brick laying | 27 | 1 | 28 |
| Carpentry | 15 | - | 15 |
| Total | 559 | 1,252 | 1,811 |

Mid-line surveys will be conducted at the 25 per cent and 60 per cent points of the training to assess the progress of the intervention as well as see challenges/issues with the implementation including regarding the performance of the training institute.

The curriculum will also require trainees to complete a plan which will be funded by PMI and IFRC. After successful completion of the vocational trainings the graduates will be receiving IDR 3.5 million to help them in setting their own business or researching for a new job. The grant will be given in two tranches wherein the second tranche will be provided after validation by PMI/IFRC of the usage of the first tranche based on the plans they submitted.

**Health**

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

People reached: 19,829

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 | 19,829 |
| 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 | 4 |
| Output 1.3: Capacity of PMI emergency health response is strengthened | | |
| Indicators: | Target | Actual |
| # of participants certified on EMT | 40 | 40 |
| Output 1.4: Capacity of PMI on coordination is strengthened | | |
| Indicators: | Target | Actual |

² Beneficiaries were asked to select courses from the options provided by the vocational training service providers.

| | | |
|---|---------------|---|
| <i>Surveillance system linked to MoH is established</i> | Yes | In process |
| Output 1.5: Community-based disease prevention is provided to the target population | | |
| Indicators: | Target | Actual |
| <i># of people reached with community-based disease prevention and health promotion programming</i> | 80,000 | 14,033 |
| Output 1.6: Community-based activities for malaria prevention and care | | |
| Indicators: | Target | Actual |
| <i># of households who received mosquito nets</i> | 18,574 | 17,491 |
| Output 1.7: Psychosocial support provided to the target population | | |
| Indicators: | Target | Actual |
| <i># of people reached by psychosocial support</i> | 40,000 | 19,789 |
| Output 1.8: Target population is reached with Search and Rescue activities | | |
| Indicators: | Target | Actual |
| <i># of volunteers deployed</i> | 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 |
| <i>Blood bank equipment and devices rehabilitated</i> | Yes | 95% |

Progress towards outcomes

Emergency medical services

Emergency medical services were completed in 2019. See [Operations Update 23](#) for latest information.

Rehabilitation/reconstruction of health facilities

All target health facilities have been completed, namely rehabilitation of rural dispensary (pustu) in Tanjung Padang, reconstruction of rural dispensary in Tondo and Lende, the construction of a temporary puskesmas and the rehabilitation of the blood bank. In addition the various medical furniture was also procured and provided to these facilities. See [Operations Update 23](#) for latest information.

Psychosocial support services

No update as of reporting period. See [Operations Update 23](#) for latest information.

Disease prevention and health promotion programming

As the threat of COVID-19 transmission continues, PMI branches in Central Sulawesi continues to reinforce prevention messaging in communities. In all target districts Kota Palu, Sigi, Donggala and Parigi Moutong, a refresher on epidemic control for volunteers was conducted, attended by 55 participants, to emphasize the PMI role in preparedness, alert, response and evaluations during pandemic. COVID-19 guidelines such as mask-wearing, physical distancing, hand washing and disinfecting were also disseminated.



PMI volunteers display COVID-19 prevention and action IEC materials across Central Sulawesi. (Photo: PMI/IFRC)

Socialization on epidemics was also conducted for the community-based action teams in Kota Palu, Sigi, Donggala and Parigi Moutong. The 4-day activity aimed to ensure that community volunteers are aware of their roles within three activity streams – prevention, health promotion and case management and referral as well government restrictions. PMI remains high on the trusted information sources (based on survey done by COVID-19 team based in Jakarta) and plans to continue to utilize this platform to support government efforts in curbing the transmission of the virus. More than 600 banners and 5000 fliers related to COVID were distributed

In response to COVID-19, PMI Central Sulawesi continues to operate as auxiliary to the government. IFRC has been providing technical support to PMI provincial counterparts particularly in integrating COVID-19 messaging into earthquake programming.

PPE in form of surgical masks have been distributed to all PMI and IFRC staff and volunteers contributing directly or indirectly to Sulawesi operation. In addition, 1,000 sets of PPE materials to be used by the PMI ambulances have been purchased and handed over to PMI Central Sulawesi province.

Development of blood service capacity

The rehabilitated blood bank also received medical equipment from this appeal to improve services with only one equipment remaining to be delivered by mid-November. The blood bank continues to operate, however, with stocks below target. Blood donation campaigns are organized periodically to improve donor turnout. In addition, prior COVID-19 pandemic the operation supported 3 Blood Bank staff from Central Sulawesi to undergo specialized trainings. The appeal will also support a mobile blood unit which is expected to be received by November 2020. This will also improve the overall blood service of PMI Central Sulawesi



Water, sanitation and hygiene

People targeted: 160,000 (40,000 households)
People reached: 148,136

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 | 40,000 | 37,034 |
| Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities | | |
| Indicators: | Target | Actual |
| # of assessment conducted | 25 | 8 |
| 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 | 148,136 |
| 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 personal disinfection kits | 40,000 | not yet started |

Progress towards outcomes

No update as of reporting period. See [Operations Update 23](#) for latest information.

In an attempt to reinforce the hygiene at the household level and contribute to bend the spreading curve of COVID-19 targeting an already vulnerable population 48,000 personal disinfection kits the procurement process is being

finalized, with distribution expected to be completed by end of November. The distribution will be done respecting PMI distribution health protocols during pandemic trough drop off points.

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

| Indicators: | Target | Actual |
|---|--------|----------------------|
| # of people having access to sustainable supply of 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 | 100 | 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 |

Progress towards outcomes

PMI, with the support of IFRC, 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. Installation of these water tanks to water towers are ongoing (78 per cent completed). *No further update as of reporting period. See [Operations Update 23](#) for latest information.*

| 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 |



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 |
|--|--------|--------|
| Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services? | 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 |
|--|--------|--------|
| Does the operation demonstrate evidence of compliance with IFRC minimum standard commitments to gender and diversity in emergency programming? | Yes | Yes |

Progress towards outcomes

No update as of reporting period. See [Operations Update 23](#) for latest information.



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

No update as of reporting period. See [Operations Update 23](#) for latest information.



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 | In progress |

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

Progress towards outcomes

PMI supported by IFRC has continued to further develop and implement the ICBRR approach.

Key implementation approaches

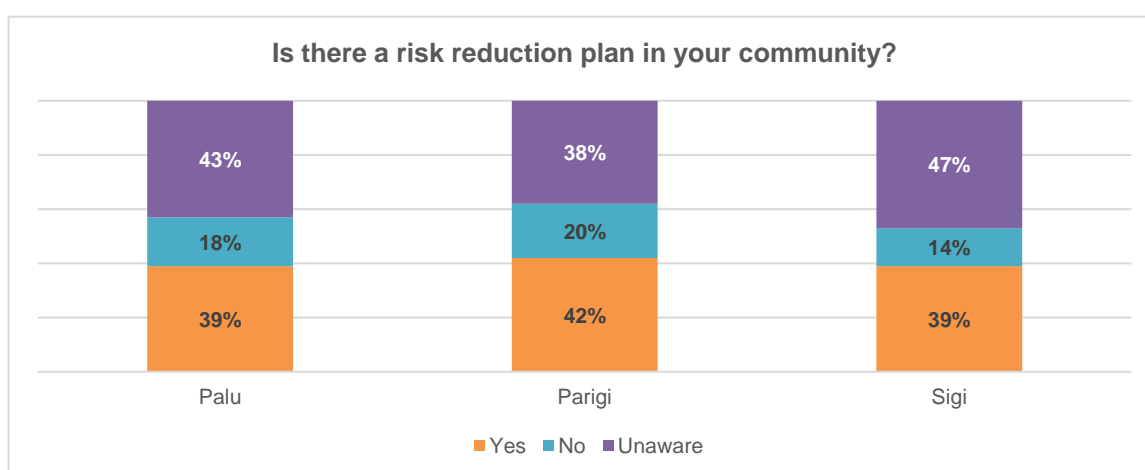
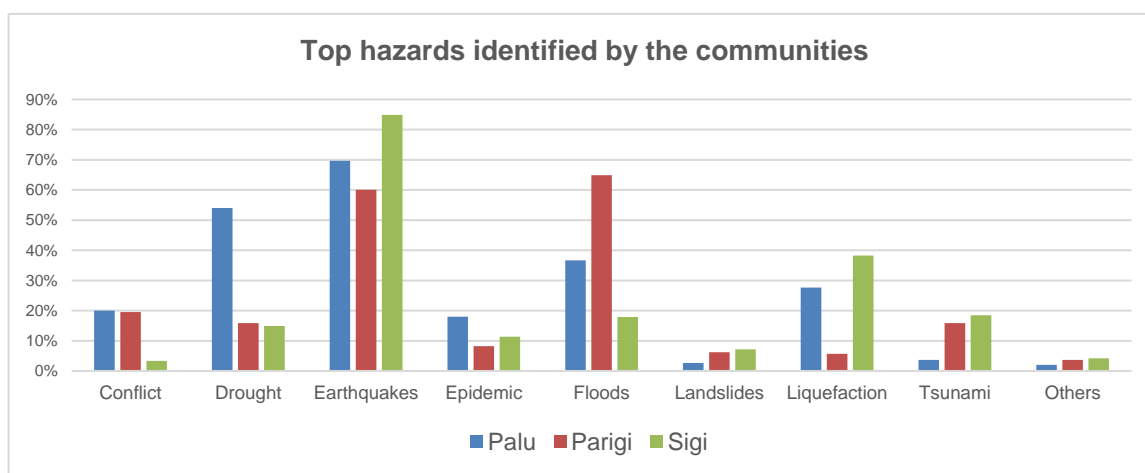
1. **Risk informed** – to identify and analyse range and trends of hazardous events that communities face.
2. **Holistic (system oriented)** – analysing interdependence of different aspects of well-being, safety and prosperity.
3. **Demand-driven** – resilience support should respond to communities' 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.

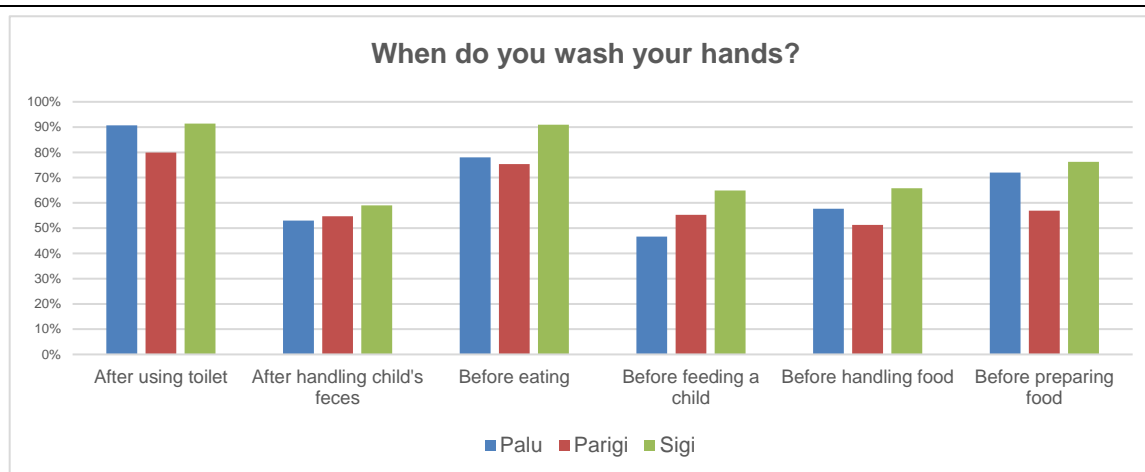
Vulnerability and capacity assessments have been conducted in each target village. The reports containing the VCA results are completed. As of end of September, 10 validation meetings of the VCA findings have been conducted at the village level and 10 draft individual plans to reduce the risks identified through structural and nonstructural mitigation activities developed, pending the technical validation.

| District | Village | SIBAT | | VCA | | Risk maps | Micro-mitigation | |
|-----------|------------|------------|-----------|-----------|-----------|-----------|------------------|---------|
| | | # trained | Equipment | Report | Validated | | Planned | Started |
| Sigi | Langaleso | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Mpanau | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Sibowi | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Sidera | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Lolu | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Sambo | 20 | Received | Submitted | Done | Completed | Drafted | No |
| Parigi | Jono Oge | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Dolago | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Petapo | 20 | Received | Submitted | Done | Completed | Drafted | No |
| Kota Palu | Bantaya | 20 | Received | Submitted | Done | Completed | Drafted | No |
| | Balaroa | Finalizing | Pending | Submitted | Pending | Pending | Pending | No |
| | Layana | Finalizing | Pending | Submitted | Pending | Pending | Pending | No |
| | Panau | Finalizing | Pending | Submitted | Pending | Pending | Pending | No |
| | Petobo | Finalizing | Pending | Submitted | Pending | Pending | Pending | No |
| | Tipo | Finalizing | Pending | Submitted | Pending | Pending | Pending | No |
| Tondo | Finalizing | Pending | Submitted | Pending | Pending | Pending | No | |

DRR equipment, consisting of boots, cap, t-shirts, vests, raincoat, helmet, gloves, ear noise protection, protective glasses and masks, has been distributed to the SIBAT in 10 villages.

Some key findings from the VCA baseline survey





The

participatory approach has ensured communities' commitment to their proposals. However, most of the community gatherings and meetings required to finalize the plans have limited number of participants or have been postponed due to COVID-19 pandemic.

Strengthen National Society

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

| Indicators: | Target | Actual |
|--|--------|--|
| # of NS branches that are well functioning | 5 | Outcome indicator will be reported in final report |

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 | 5 |

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

Necessary infrastructure and systems in place

Three 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 by two PMI containers and existing PMI warehouse in Kota Palu.

After commissioning the design of future PMI Branches, IFRC is finalizing the tender process to support PMI in constructing offices for the four branches.

Personnel of the four branches in Sulawesi were also involved in peer-to-peer learning activities with the Jogjakarta chapter. The personnel from Sulawesi were deployed for two weeks with PMI Jogjakarta followed by personnel from Jogjakarta spending two weeks with PMI Central Sulwaesi.

IFRC continues to support PMI in implementing activities and ensuring that PMI systems are observed. IFRC also provides technical assistance to staff and volunteers of PMI, as well as opportunities for capacity enhancements through online platforms, peer-to-peer support and ad hoc trainings.

| 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 ³ |
| #/% 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 | | |
| No update as of reporting period. See Operations Update 23 for latest information. | | |
| Community feedback database recorded 2,681 feedbacks received by face to face, hotline channel and radio program since the beginning of the operation until end September 2020. | | |
| Outcome S2.2: The complementarity and strengths of the Movement are enhanced | | |
| Indicator: | Target | Actual |
| Complementarity and strengths of the Movement are enhanced | 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 |
| # of RCRC coordination meetings | As necessary | Ongoing |
| Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided | | |
| Indicator: | Target | Actual |
| IM system is implemented | Yes | Yes |
| Progress towards outcomes | | |
| No update as of reporting period. See Operations Update 23 for latest information. | | |
| The RCRC operational coordination meetings continue to be held at local and national level on planned or ad hoc basis, in person or using virtual platforms | | |

³ Radio broadcasts, Social media platforms including Facebook, Twitter and Instagram.

Influence others as leading strategic partner

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

| Target | Actual | Actual |
|---|--------|--------|
| <i>The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels</i> | Yes | 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

A research piece on localisation is currently being conducted by a third-party. The overall purpose of this research is to provide a comprehensive review and deep analysis of implementation of emergency relief and recovery responses guided by the localization principle and approach. By doing so, IFRC and PMI aim for an improved humanitarian response in the future, ensuring access for all in need to fast, quality, impactful and sustainable humanitarian assistance that is efficient, effective and fit for purpose. Local actors are key for this and have distinct strengths, as they often play a crucial role in ensuring early response and access, acceptance, cost effectiveness, and link with development (i.e. reducing the impact of future crises).

The localisation research will subsequently provide a clear picture on the advantages of localisation, the contexts to adequately operationalize the approach, ways forward to fully harness local capacities, reduce risks and enhance resilience for future emergency responses and reference towards future reviews and analyses of the Grand Bargain, which established localisation as a key normative principle of humanitarian action. The research will also inform advocacy activities by IFRC and PMI towards government and other institutional partners towards the operationalization of the localisation principle.

It is expected that a roadmap stemming from this research will support PMI and IFRC in advocating localization approaches not just in Indonesia but with other government or intra-government bodies. As co-convenors of the Localization Workstream of the Grand Bargain, IFRC has been organizing consultations and have been engaging with a wide range of stakeholders on how localisation can and should take place and what it should look like. While implementing its mandate, IFRC CCST Indonesia and Timor Leste found it would be beneficial to contribute to the global discourse on workstream two of the Grand Bargain, through this research.

Communications

To commemorate two years after the triple disaster in Central Sulawesi PMI and IFRC produced the following materials:

- Short videos highlighting the achievements of the appeal - <https://www.instagram.com/p/CFts6yWhezi/>
- Health facilities supported - <https://www.instagram.com/p/CFrjCTehm2s/>
- Key figures from the recovery programmes - https://www.instagram.com/p/CFrhd_uBYfr/
- Stories of people supported by PMI and IFRC - <https://www.instagram.com/p/CFrfbREB9Kw/>
- Media release - twitter.com/IFRCAsiaPacific/status

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

No update as of reporting period. See [Operations Update 23](#) for latest information.

Effective, credible and accountable IFRC

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

| Indicator: | Target | Actual |
|---|--------|--------|
| % of operations in accordance to established guidelines | 100% | 100% |

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

| Indicator: | Target | Actual |
|--------------------------------------|--------|--------|
| % compliance with IFRC HR procedures | 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 |
|---|--------|--------|
| % compliance with IFRC financial procedures | 100% | 100% |

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

| Indicator: | Target | Actual |
|---|--------|--|
| # of updated security guidelines produced before second month | 1 | 1 Updates will be made as necessary |

Progress towards outcomes

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

Budget

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

Reference documents



Click for:

- [Appeals and updates](#)

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How we work

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

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 | 2018/7-2020/9 | Operation | MDRID013 |
| Budget Timeframe | 2018-2021 | Budget | APPROVED |

Prepared on 27 Oct 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 27 Oct 2020 | 37,391,542 |
| Appeal Coverage | 96.12% |

II. IFRC Operating Budget Implementation

| Thematic Area Code | Budget | Expenditure | Variance |
|---|-------------------|-------------------|------------------|
| AOF1 - Disaster risk reduction | 620,756 | 143,626 | 477,129 |
| AOF2 - Shelter | 5,303,377 | 3,880,504 | 1,422,873 |
| AOF3 - Livelihoods and basic needs | 6,164,118 | 5,287,612 | 876,506 |
| AOF4 - Health | 2,329,070 | 1,695,679 | 633,392 |
| AOF5 - Water, sanitation and hygiene | 2,298,588 | 1,372,945 | 925,643 |
| AOF6 - Protection, Gender & Inclusion | 6,910 | 6,910 | 0 |
| AOF7 - Migration | 537,692 | 537,692 | 0 |
| SFI1 - Strengthen National Societies | 1,521,601 | 481,814 | 1,039,786 |
| SFI2 - Effective international disaster management | 2,334,950 | 2,012,252 | 322,698 |
| SFI3 - Influence others as leading strategic partners | 357,039 | 256,698 | 100,341 |
| SFI4 - Ensure a strong IFRC | 1,315,631 | 1,138,727 | 176,904 |
| Grand Total | 22,789,731 | 16,814,459 | 5,975,273 |

III. Operating Movement & Closing Balance per 2020/09

| | |
|---|------------------|
| Opening Balance | 0 |
| Income (includes outstanding DREF Loan per IV.) | 22,992,414 |
| Expenditure | -16,814,459 |
| Closing Balance | 6,177,955 |
| Deferred Income | 0 |
| Funds Available | 6,177,955 |

IV. DREF Loan

| | | | | | | |
|----------------------------------|--------|-----------|--------------|-----------|----------------------|----------|
| * not included in Donor Response | Loan : | 1,578,621 | Reimbursed : | 1,578,621 | Outstanding : | 0 |
|----------------------------------|--------|-----------|--------------|-----------|----------------------|----------|

Emergency Appeal

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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 | 891,101 | | | | 891,101 | | |
| 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 | 3,384,099 | 79,353 | | | 3,463,452 | | |
| 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*) | 331,047 | | | | 331,047 | | |
| 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

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| 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 | 20,749,387 | 2,177,371 | 68,321 | -2,665 | 22,992,414 | 0 |
| Total Income and Deferred Income | | | | | 22,992,414 | 0 |