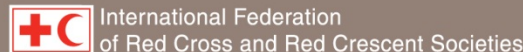


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Emergency Plan of Action Operation Update: Lombok Earthquakes 26 months update



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: 6 November 2020	Timeframe covered by this update: 31 July 2018 to 30 September 2020
Operation start date: 31 July 2018	Operation timeframe: 37 months End date: 31 August 2021
Emergency appeal budget¹: CHF 8,077,623 DREF allocated loan: CHF 500,000	
N° of people being assisted: 80,000 (or approximately 20,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Indonesian Red Cross (PMI) works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) as well as American Red Cross, Turkish Red Crescent, Qatar Red Crescent and Japanese Red Cross Society in-country on this operation and longer-term programmes. The American Red Cross, Australian Red Cross, Hong Kong Branch of the Red Cross Society of China, the Canadian Red Cross Society, Italian Red Cross, Belgian Red Cross (Flanders), Danish Red Cross, Finnish Red Cross, Japanese Red Cross Society, Czech Red Cross, Lichtenstein Red Cross, Spanish Red Cross, Swiss Red Cross, British Red Cross, Austrian Red Cross, Swedish Red Cross and the Netherlands Red Cross are contributing financially to the response. The Singapore Red Cross and Qatar Red Crescent Society are contributing bilaterally to the Lombok Earthquake Operation.	
Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. These include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies. DG ECHO, the Governments of Australia (DFAT), the Netherlands, New Zealand, Italy, Lichtenstein, Ireland, Spain, Czech Republic, Monaco, Malta, Cyprus, Luxembourg and Switzerland, the OPEC Fund for International Development (OFID), Coca-Cola Foundation, Facebook, the Intercontinental Hotel Group, Western Union, IKEA Foundation, Grab, Tides Foundation and private donors from Ireland, Netherlands and the United States provided financial support to the emergency appeal as well.	

This operation update delivers Lombok Earthquake Operation achievements of the past 26 months and informs of the extension of the MDRID013 Indonesia earthquake and tsunami emergency appeal, specifically the operations in Lombok, Central Sulawesi, 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.

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

The Lombok operation will see the completion of recovery programmes by end of April 2021, with NSD components expected to continue until the end of the appeal. The emergency appeal operation will lay the foundation for the longer-term programmes, which are expected to be taken over by the IFRC Country Cluster Support Team (CCST) in Jakarta as part of Indonesia's operational plan for 2022.

Summary of major revisions made to emergency plan of action:

29 July 2018: A 6.4 magnitude earthquake strikes off Lombok, province of Nusa Tenggara Barat (NTB), at 05:47 local time.

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 stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok at 19:46 local time.

7 August: The [Emergency Appeal](#) (EA) was launched, seeking CHF 8.9 million to assist 80,000 people affected by earthquakes in Lombok for 18 months.

9 and 18 August: Magnitude 5.9 and 6.4 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.

17 August: [Operations Update No 1](#) is published to highlight PMI response with support from IFRC.

26 August: The transition process from emergency to recovery phase in Lombok starts following the announcement by the Indonesian National Board for Disaster Management (BNPB)².

21 September: The Emergency Plan of Action (EPoA) for Lombok operation is issued.

28 September: [Operations Update No 2](#) is published to provide notification on the EPoA issuance to the public, Movement partners and other partner organizations. It was also to inform the operational budget and key interventions that can be supported with the amount of funding received and expected to be received.

1 October: [Emergency Appeal revision 1](#) is published incorporating the Sulawesi earthquake and tsunami operation, seeking CHF 22 million to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi.

7 November: [Operations Update 5](#) published to provide a comprehensive summary on current response situation for the Lombok earthquake.

08 November: [Emergency Appeal revision 2](#) is published 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, and includes mid-term 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.

11 December: [Operations Update 7](#) is published to provide a comprehensive summary on current response situation for the Lombok earthquake.

27 December: [Emergency Appeal revision 3](#) is published to include response to Sunda Straits Tsunami of 22 December 2018.

14 January 2019: [Operations Update 9](#) is published to provide a comprehensive summary on current response situation for the Lombok earthquake.

² Information from National Disaster Management Agency (BNPB) on 1 October 2018, <http://bnpb.go.id/tanggap-darurat-penanganan-gempa-lombok-berakhir-dilanjutkan-transisi-darurat-ke-pemulihan>

11 March: [Revised Emergency Plan of Action 1](#) for Lombok earthquake operation is published, seeking CHF 10,340,223 to assist 80,000 people in 30 months, until 28 February 2021.

29 March: [Operations Update 11](#) is published to inform the publication of the revised Emergency Plans of Action for operations in Lombok, Sulawesi and Sunda Straits.

03 May: [Operations Update 13](#) is published to provide a comprehensive summary of the current response situation for the Lombok earthquake.

10 June: [Six-month report](#) is published to provide a comprehensive summary of the progress of the Lombok operation after six months.

16 August: [Operation Update 16](#) is published to provide a comprehensive summary of the current response situation for the Lombok earthquake.

27 September: [12-month update](#) published to provide a comprehensive summary of 12-month progress of the Lombok earthquake operation.

2 December: Revised EPoA 2 for Lombok earthquake operation is published, seeking CHF 8,077,623 to assist 80,000 people in 22 months, until 30 June 2020.

10 December: [Operation Update 19](#) is published to provide a summary of current response in Lombok, Sulawesi, and Sunda Strait, and major revisions made to emergency plan of action.

2 March 2020: The first confirmed cases of COVID-19 in Indonesia were announced.

24 March: The first confirmed cases of COVID-19 in Nusa Tenggara Barat province were announced.

13 April: Indonesian government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia.

15 April: Nusa Tenggara Barat (NTB) government declared a state of emergency for COVID-19 as a non-natural disaster in NTB province.

5 May: PMI NHQ issued directive to limit the earthquake and tsunami recovery activity in the community in Lombok and Palu to reduce risks of COVID-19 transmission amongst PMI and IFRC staff and volunteers, as well as the target population. PMI chapter and branches are instructed to implement and facilitate implementation of COVID-19 preventive protocols while maximizing desktop and virtual work.

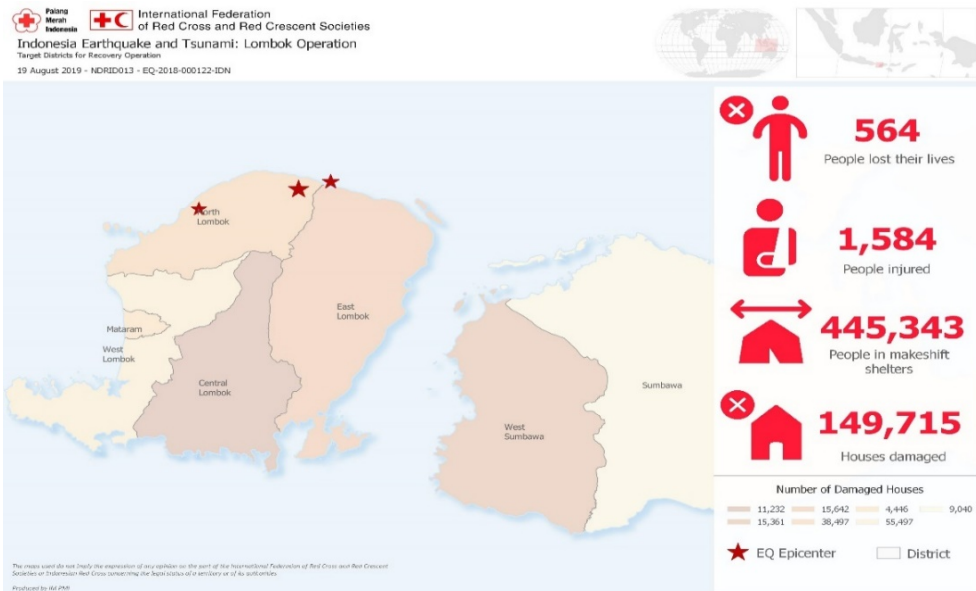
29 May: [Operation Update 21](#) is published to inform extension of the Lombok earthquake operation until 28 February 2021 to accommodate changes in the strategies to implement recovery programmes considering the COVID-19 context and impact on the needs of the vulnerable population, and in-line with government regulations regarding social gatherings.

A. SITUATION ANALYSIS

Description of the disaster

Since the first 6.4 magnitude earthquake hit Lombok, province of Nusa Tenggara Barat, Indonesia, on 29 July 2018, four further earthquakes and multiple aftershocks impacted the districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, and Sumbawa island, in addition to Bali island. The Indonesian National Board for Disaster Management (*Badan Nasional Penanggulangan Bencana* or BNPB) reports that, as of 1 October 2018, the impacts of the disaster are as in the infographic below³.

³ Information from National Disaster Management Agency (BNPB) on 1 October 2018, <https://bnpb.go.id/jangan-lupa-ribuan-korban-gempa-lombok-sumbawa-juga-masih-memerlukan-bantuan-kita>



Infographic on impacts of earthquakes in Lombok. (Photo: IFRC)

The districts' governments affected by the disaster issued a decree⁴ on verification of the number of severe damages that are eligible for government housing assistance within the categories of RISHA, RIKO, RIKA, RISBA, RISBARI. The Government has committed to provide the following cash stimulus for permanent shelter reconstruction:

1. Households with destroyed/heavily damaged houses: 50 million rupiah (approximately CHF 3,473) in 3 installments (target 75,138 units across the 7 Districts);
2. Households with moderately damaged houses: 25 million rupiah (approximately CHF 1,737) – target data not available; and
3. Households with lightly damaged houses: 15 million rupiah (approximately CHF 1,042) - target data missing

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

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

COVID-19 Pandemic

On 13 April 2020, the Government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia. The number of confirmed cases has continued to increase significantly since the announcement of the first two cases in March 2020. Based on Indonesia Ministry of Health data as of 1 October 2020, 291,182 people have tested positive, of which 10,856 cases have been fatal. The Indonesian Ministry of Health on 10 March 2020 activated 132 referral hospitals in 33 provinces for COVID-19 case management. The government also established an emergency hospital for COVID-19 quarantine and treatment in Galang Island of Riau Islands Province.

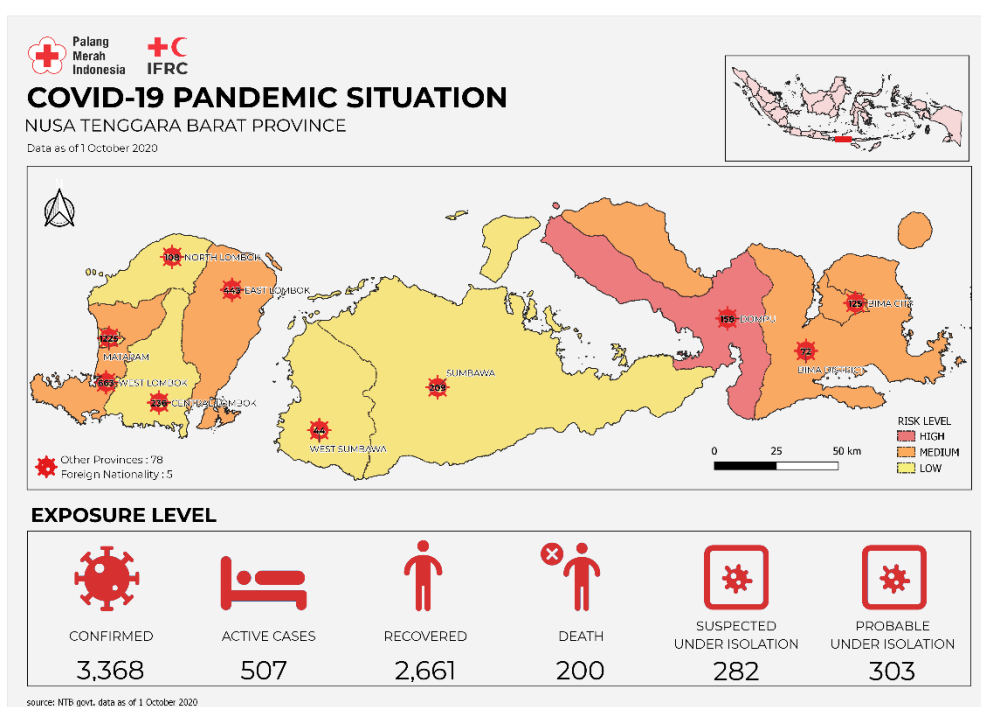
The declaration allows the government to invoke powers to ease the entry of international aid, as well as to generate or allocate funds to respond to the pandemic. The president also formed the COVID-19 acceleration Task Force, with the Head of BNPB as leading the task force. BNPB stated a 91-day emergency 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.

⁴ Presidential Decree No.5 Year 2018 issued on August 23, 2018

Nusa Tenggara Barat (NTB) province was one of the emergency red zone provinces due to the number of COVID-19 cases. The Provincial Health Office has been coordinating with health posts of ports and harbors as well as with Provincial Tourism Office for regular monitoring of people in and out of the province, especially those arriving from countries/provinces with confirmed cases. Thermal scanners have been made available in all entry points such as Lombok airport and seaports. Governor of Nusa Tenggara Barat signed Governor Decree Number 360 – 405 of 2020 concerning the Status of the Non-Natural Disaster Emergency Response COVID-19 in Nusa Tenggara Barat Province, which came into force on 15-28 April 2020 and to be extended by existing conditions and developments. The Corona Crisis Centre was established as the COVID-19 public information center.

Government at provincial and district levels imposed strict restrictions to reduce the risk of spreading COVID-19. The NTB provincial government has urged communities across NTB to halt and not to participate in any social, cultural, and religious activities in all public places. All transportation lines via air, land, and sea entering NTB and between Lombok and Sumbawa Islands was terminated from 24 April to 1 June 2020. A curfew from 22:00 to 05:00 was imposed. Neighbourhood-based social restrictions and movement limitations were imposed in several areas around NTB, particularly on areas identified as COVID-19 red zones (Mataram, East Lombok, and West Lombok). Wearing of face masks was mandated throughout the province. As of June 2020, all transportation lines via air, land, and sea entering and away NTB and between Lombok and Sumbawa Islands have reopened, requiring travellers to present additional documents and requirement, including RDT/PCR test result.

As of 1 October 2020, more than 3,300 positive cases have been reported, of which more than 500 remain active. The NTB fatality rate is 6%, higher than the national fatality rate⁵ of 3.7%; while the NTB recovery rate is 79%, higher than the national recovery rate of 75%. Dompu is currently declared as COVID-19 red zone (high risk). Mataram, West and East Lombok, Bima district, and Bima City are in orange COVID-19 zone status (medium risk). Central Lombok, Sumbawa, and West Sumbawa are in yellow status (low risk). *More details on the infographic below.*



Infographic on COVID-19 pandemic situation in Nusa Tenggara Barat Province as of 1 October 2020. (Photo: IFRC)

Summary of current response

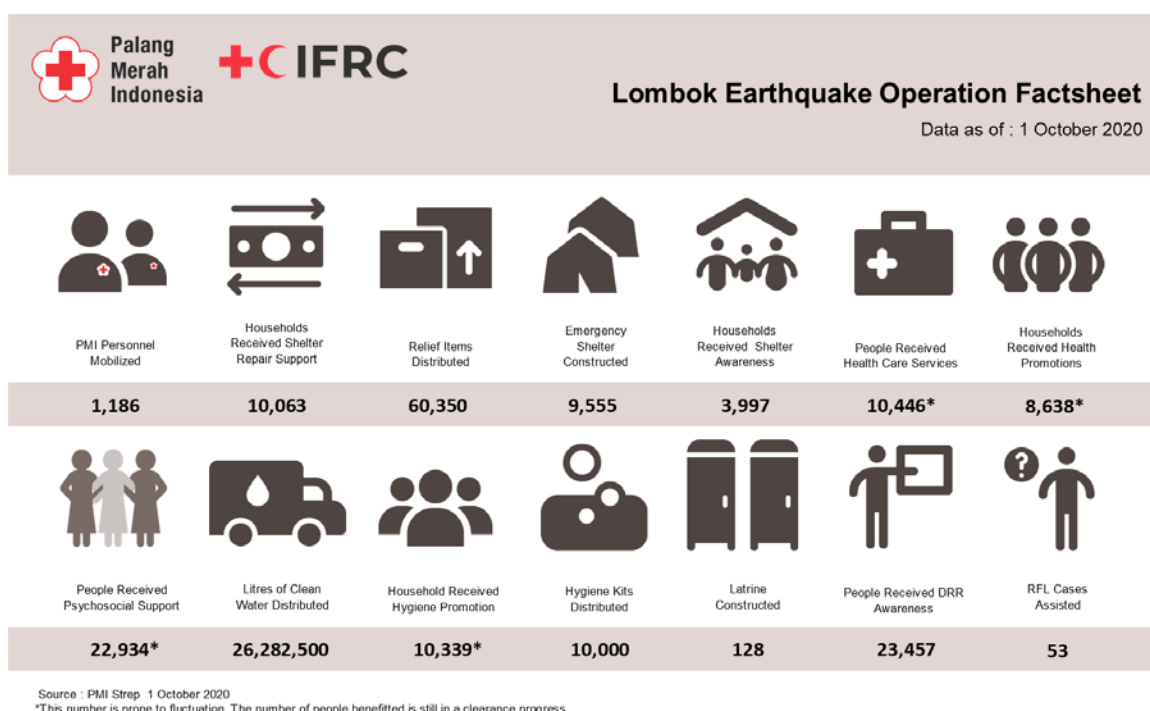
Overview of Host National Society

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

⁵ Source from Indonesia govt. <https://www.covid19.go.id/situasi-virus-corona/>

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

The following infographic indicates the sectoral highlights of the emergency relief phase and services provided by PMI through the support of the IFRC and the partner national societies as of 1 October 2020.



Response to COVID-19

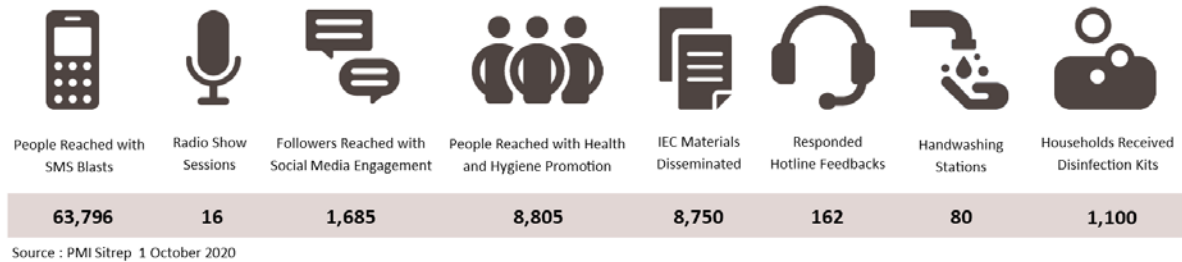
On 5 February 2020, PMI NHQ released circular to PMI Chapter and Branches informing the emerging of COVID-19 pandemic all over the world as well as disseminating COVID-19 preparedness organisation protocol. On 5 May, PMI NHQ issued a directive to halt the earthquake and tsunami recovery activities in the communities in Lombok and Palu to reduce risks of COVID-19 transmission amongst PMI and IFRC staff and volunteers, as well as the target population. PMI is also adapting activities such as hygiene promotion and educational campaigns to the context of COVID-19 prevention and is providing psychosocial support (PSS) for families with confirmed cases. PMI chapters all over Indonesia are also providing disinfectant spraying in public facilities/private premises and ambulance services, as requested by the provincial government.

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

The plan of action for COVID-19 control and preparedness has been developed which outlines actions to be taken, including the following:

1. Active coordination of the PMI NTB with the Provincial Health Office to update information on govt action for pandemic control and management as well as to communicate and consult PMI plan activities to be carried out.
2. Improve risk communication and health promotion to public by SMS Blast, IEC material dissemination, social media engagement, radio show, hotline number, and small group socialization.
3. Establish washing hand stations in public facilities and distribution of household disinfection kit to vulnerable groups who have to conduct self-quarantine.

The following infographic indicates COVID-19 response services provided by PMI through the support of the IFRC and the partner national societies as of 1 October 2020.



COVID-19 Prevention and Periodic Office Disinfection Protocol (IFRC and PMI Lombok) has been developed to provide office regulation and security measure responding to the increasing cases of COVID-19. In correspond to CCST, mitigation measure during Orange Phase for Lombok Operation has been developed and circulated internally to adapt all programming to reduce exposure and/or increase protection, particularly tight health, safety, and security management needed.

On 1 September 2020, PMI resumed the implementation of Lombok Earthquake Operation following strict observance of COVID-19 preventive health protocols. Monitoring/control tools are being developed to ensure the protocols are implemented.

Overview of Red Cross Red Crescent Movement in country

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

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

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

Inter-agency coordination

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

responses in Central Sulawesi (Palu) and Western Nusa Tenggara (Lombok), as well as strengthening the capacity of both the Ministry and cluster partners for this and future responses.

Over the last 18 months, the SCST has been assisting the MOSA to lead the National Shelter Sub-Cluster. The activation of the sub-cluster was the first time since 2013. The primary role of the IFRC SCST has been to support the MOSA in their role as lead coordinator of the shelter sector. The SCST continues to coordinate with MOSA and other partners. Recently and in response to the covid context, the sub cluster supported MOSA in developing Bahasa guidelines promoting community based practices related to shelter facility quarantine and isolation.as well as guidelines for humanitarian workers and volunteers

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

Overview of non-RCRC actors in country

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

Needs analysis and scenario planning

Needs analysis

An in-depth assessment was conducted from November to December 2018 by a team of experts to analyse the cross sectoral recovery needs and support in designing an effective recovery programme. Findings of the recovery assessment were disseminated to PMI, IFRC, ICRC and Partner National Societies (PNSs) to support early recovery response. The original strategy which was based on the recovery assessment team's recommendation entailed a household core package with priority for shelter and latrine targeting 7,000 families and resilience packages prioritising health, PSS, WASH, DRR, and livelihoods targeting 20,000 households in 20 communities were approved by the PMI Province Nusa Tenggara Barat. However, the situation on the ground evolved with the acceleration of the government's recovery plans, and as a result PMI shifted their plans based on the premise that the Government of Indonesia would provide permanent shelter solutions for the affected people.

The needs for shelter, WASH, health and psychosocial support, household relief items and disaster risk reduction were identified from the need assessment and analysis of secondary data. Over 149,000 houses were damaged, and more than 445,000 people have been internally displaced following the earthquake. Displaced families set up temporary camps across 2,700 small-scale displacement sites in proximity of their villages, as well as with host communities. Affected households have resorted to various emergency shelter solutions with some using salvaged materials from the damaged houses while some used relief materials from local NGOs and PMI. However, in the transition to recovery phase, the affected population still need other shelter items to complement the temporary shelter assistance provided by Government, as well as to anticipate the upcoming rainy season.

Health services were also disrupted by the earthquakes resulting in damaged health facilities – 90 units in North Lombok, 84 units in West Lombok, 35 units in East Lombok, 95 units in Central Lombok, 21 units in Mataram, 21 units in Sumbawa⁶.

In terms of livelihoods, the recovery assessment found that livelihoods were not seriously affected. Consideration was given to the fact that markets and supply chains were not significantly disrupted, price increases have been modest, and the Government of Indonesia is planning interventions to replace lost/damaged assets in agriculture and fisheries. It was therefore recommended that interventions focusing on livelihoods be excluded.

⁶ Information from National Disaster Management Agency (BNPB) on 1 October 2018 <https://www.bnpb.go.id/jangan-lupa-ribuan-korban-gempa-lombok-sumbawa-juga-masih-memerlukan-bantuan-kita>

Alongside recovery, psychological support services had shifted from efforts to overcome trauma to efforts to encourage participation in the community activities, together with the CEA team, especially by the heads of households, for disease prevention and maintenance of healthy environments. Furthermore, in order to improve individual and community resilience, activities to strengthen existing livelihoods, such as training the masons and carpenters in Building Back Better, will be incorporated under the DRR, WASH and shelter programmes. However, community work has since been postponed due to the COVID-19 pandemic.

PMI and IFRC have been assessing the changing needs in relief and recovery phases. The preliminary assessment report was presented to the PMI Leadership in Jakarta on December 2018 (recovery planning workshop), and recommended the Integrated Model for Recovery⁷, namely:

a) Household 'Core Package':

- Targets 8,000 households (shelter and WASH) targeting up to 20 communities in Lombok;
- Build back safer and general improvements will contribute to improve local capacity to mitigate future disaster risks;
- Requires household-level selection and targeting. This in turn drives which communities are targeted for the community resilience package;
- There are no concerns regarding the use of CTP and locally procured building materials and tools.

b) Community Resilience Component:

- Targets the entire population across up to 20 communities (\pm 20,000 households);
- Health, PSS, and DRR, plus 'software' components of Shelter/WASH;
- Approach and activities are integrated to streamline and avoid duplication;
- Integrated training, vulnerability and capacity assessments, mobilization, and community action plan;
- Good integration will require villages to own the processes and prioritize/integrate sectors and activities in one harmonized/customized package;
- Integration should be reflected in recovery operation management structure;
- Use the recovery phase to build capacity of local PMI branches for a stronger exit strategy.

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

Need analysis of COVID-19 in NTB

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

Risk communication, community engagement and accountability, and health and hygiene promotion

Misconceptions about the virus and rumours regarding the origin and severity of the virus exist and are limiting community perception and awareness towards COVID-19 risks. Rumors and misconception about COVID-19 dead body management contradicting religious funeral, fear for donating blood during pandemic, use of traditional medicine and herbs to treat corona virus, debates on rapid test validity, impact on economy, and conspiracy ideas around COVID-19 are among those identified in affected community in NTB. These highlight the need for a comprehensive risk communication and community engagement (RCCE) strategy, including using community engagement and accountability (CEA) methodologies to design approaches and services to track information gaps and rumours and address misconceptions before they spread and cause panic. General health promotion and behaviour change communication, with focus on handwashing, social distancing and care-seeking behaviours, can have a significant impact on individual and population-level risk. Risk communication has been delivered by PMI NTB via a series of radio talkshows, SMS blasts, social media contents, and IEC material installation.

Strengthening organizational capacity to provide services

In PMI NTB, the head of PMI NTB Office leads the COVID-19 response activities, assisted by the Health Division. PMI has modified its strategies for services delivery, as direct interaction with the targeted communities are limited.

⁷ Lombok Recovery Assessment Report, December 2018, page 4

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

Targeting

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

In order to assist the vulnerable groups affected by the outbreak, PMI, supported by IFRC, will strengthen community level prevention, detection of cases, and referral through existing and scaled-up community-based health activities and community-based surveillance (CBS), point of entry/point of control screening, timely sharing of verified health information, and stigma and fear-prevention activities. PMI will also support emergency services to reduce the impact of public health measures and ensure infection prevention and control (IPC). IFRC is also support the refinement of PMI's Business Continuity Plan for COVID-19, strengthening of PMI's Emergency Operation Centre (EOC) and support for data readiness for COVID-19. For personnel safety and security, PMI and IFRC reviewed epidemic guidelines in accordance to NHQ and CCST standards and activity/implementation SOP for COVID-19 prevention protocol, and deployed volunteers with PPE and covered by the Global Insurance scheme.

Operation Risk Assessment

Based on field observations, asbestos is widely used in roof construction for many houses in Lombok and Sumbawa. However, there is no map of high-risk zone for asbestos exposure issued by the local government. The risk of exposure to asbestos due to the large number of houses damaged and asbestos pieces in the rubble is significant, which poses a potential risk to health with diseases such as asbestosis and lung cancer. At the moment, there is no report available on the intensity of asbestos particle in the air that could be a reference for raising community awareness on health risks. On 20 December 2018, IFRC Shelter Cluster consultants visited affected locations in North Lombok and found that debris from the asbestos roof were still scattered and at the moment, the asbestos debris has yet to be removed and disposed properly. An asbestos assessment was conducted by shelter cluster in July 2019.

As a result, PMI is taking initiative on promoting asbestos disposal, training of trainers and community sensitization. Personal protective equipment (PPE) for volunteers are also being provided accordingly.

The rainy season in Lombok is typically from November to March. Flash floods and landslides triggered by heavy rainfall are possible during the rainy season which may cause access to be hampered and living conditions of the displaced people to deteriorate. The PMI has worked to support the community on the arrival of rainy season.

COVID-19 risk assessment:

Risk Area	Controls
Staff health: risk of contracting COVID-19 through clinical or community-based activities	<ol style="list-style-type: none"> 1. Information and training for staff and volunteers 2. PPE for all frontline volunteers and staff in high-risk affected areas 3. Minimise non-essential travel
Services disrupted due to restrictions to movement or illness of personnel	<ol style="list-style-type: none"> 1. Activate Business Continuity Plan including tasks for finance, admin, IT, HR 2. Set up flexible working arrangements 3. Identify essential and non-essential services that could be prioritised during period of hibernation or withdrawal
Negative media coverage related to handling of the response operation	<ol style="list-style-type: none"> 1. Proactive communication with media and stakeholders 2. Community engagement and accountability 3. Thorough needs analysis, planning, prioritisation, and reporting

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of the operation has shifted from immediate relief assistance to recovery activities that will enable affected people to recover their normal lives. This operation aims to support the needs of 20,000 of the most vulnerable households (80,000 people) from 20 affected communities in 7 districts, namely: North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, Sumbawa and West Sumbawa with appropriate medium-term and longer-term assistance in a timely, effective, and efficient manner, as well as accompany them to recover from the impact of the earthquake and increase their resilience to future shocks.

Proposed strategy

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

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

IFRC will continue to provide technical support on shelter, WASH, health, DRR, PMER, cash and voucher assistance, information management, CEA, PGI and national society capacity building.

With the support of IFRC, PMI is progressing with:

- Integrated programming across sectors and resilience building.
- Identifying the changing needs from relief to recovery phase through VCA, evaluation of activities and direct observation.
- Focusing on recovery, DRR mainstreaming and Building Back Safer.
- Participating in the cluster meetings and better coordination with other local agencies to provide relief and recovery assistance.
- Ensuring community and local government participation, and programme accountability to affected people;
- Providing training on community engagement and accountability and protection, gender and inclusion to volunteers and staff.
- Addressing the health risk of malaria and dengue fever as well as the exposure to asbestos in the community, as well as the COVID-19 pandemic.
- Ensuring volunteers' safety and security and providing volunteer protection equipment including masks and helmets.
- Conducted a real-time evaluation to review the Disaster Management Law in Indonesia and PMI's humanitarian role under the localization principle espoused by the International Red Cross and Red Crescent Movement and the Indonesian government.

Operational Strategy for COVID-19 pandemic response

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

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

As the outbreak evolves, the National Society will:

1. Prepare for cases imported to the country or new communities in order to be able to respond quickly, appropriately and effectively

2. Support rapid containment of localised outbreaks when they occur
3. Mitigate the health and social impacts of large-scale outbreaks

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

PMI and IFRC staff and volunteers are well placed to carry out health, disaster risk reduction, and other programmes at the community level, give accurate information based on community questions and concerns, provide communities tools for positive behaviour change to reduce the risk of disease, document and correctly answer community feedback (questions, concerns, rumours), and communicate risk information. The National Society may also be called upon to help detect and support people who contract the virus.

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

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

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

As social distancing regulations continue to be enforced in the province, PMI and IFRC decided to postpone and scale-down recovery activities which would require field visits, gatherings and/or extensive face-to-face interactions including community based approach related activities. The extension of this operation to February 2021 has enabled IFRC to continue to support PMI Lombok's COVID-19 response, in line with the appeal's objective of reducing risks to and mitigating impacts of disasters to communities made vulnerable by the 2018 earthquakes. As of 1 September 2020, PMI resumes the recovery activities implementation, with application of COVID-19 preventive health protocol and continuous monitoring of COVID-19 situation in the region.

Operational support services

Human resources

The operation is being implemented by PMI base units in the affected districts in Lombok utilizing existing staff, with support of the Nusa Tenggara Barat Provincial chapter and the NHQ. Where needed and as the situation evolves, the National Society may hire additional project staff, 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, a team comprising of an operations coordinator and specific technical support from the CCST were deployed to Lombok for sectors including cash and voucher assistance (CVA) program, shelter and shelter cluster coordination, WASH, DRR, IT and information management, communications, and CEA. This was further supported by additional technical specialists in logistics, procurement, resource mobilization and field coordination in-country, with the Asia Pacific regional office team providing technical advice and support remotely.

The operation is now supported by a programme support delegate based in Lombok, acting as Field Coordinator since August 2020. Additional staff, one manager since July 2020 and two recovery officers since October 2020, have been deployed to support DRR Program and integration of health, WASH, shelter, and PGI component on ICBRR program. During pandemic, staff work is under a working from home arrangement. Recruitment process for new staff follows COVID-19 prevention health protocol for travel, 14-days self-isolation, and PCR test obligation on the fifth day after arrival.

Additional technical support is available from both within the CCST as well as the Asia Pacific Regional Office (APRO), as needed.

Logistics and supply chain

PMI Logistics with support from IFRC is aiming at effectively managing the supply chain, following the Government of Indonesia's regulations and guidance as well as IFRC's logistics standards, processes, and procedures. PMI has its own provincial logistics team based in Mataram provincial office. However, during the emergency stage, due to scope of the disaster, local resources were overwhelmed, and PMI National Head Quarter (PMI NHQ) deployed its emergency logistics team to support the provincial office. Furthermore, the IFRC deployed surge logistics delegate for three weeks from the onset of the operation to support PMI logistics with initial needs assessment and emergency logistics; ensuring timely and efficient support to the relief operation. Simultaneously, the regional senior procurement officer from IFRC AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department was also deployed to support PMI with local procurement followed by the deployment of the regional logistics coordinator for coordination and technical support.

Logistics ERU and procurement RDRT supported the operation until end of January 2019. System improvements were introduced, including the use of Logistics Inventory and Control system (Logic) and general warehouse management capacity building for local PMI staff/volunteers. A longer-term Logistics delegate supported Lombok Operations from February 2019 until July 2020. The current logistics and procurement team consists of seven IFRC national staff (2 officers, 1 assistant, and 4 drivers) and two PMI logistics staffs.

With the support from IFRC, local procurements for various relief and sectoral activity items were completed which most have been distributed to the affected community. IFRC has established framework agreements with three local hotels in Lombok to accommodate PMI/IFRC needs of a safe and reliable accommodation and meeting venues. SMS (short message services) blast campaign framework agreement has also been established for sub-offices (Lombok and Palu) and CCST. Radio show service contract was established, currently led and managed by Lombok CEA team. Procurement process is currently progressing for DRR, emergency response and emergency warning equipment, PPE and cleaning item for CBAT, WASH water supply system equipment, items for PMI branches rehabilitation/capacity building, as well as IEC material for sectoral and COVID-19 responses. Process and delivery of the remaining procurement are expected to be completed within December 2020 – February 2021.

Some procurement processes have been delayed due to delivery and supply stock constraint during COVID-19 mobilization restriction. Most items procured are supplied from outside NTB area by the providers, hence, import and supply mobilization restriction from some country of origin and throughout the country has affected their stock availability. Procurement cost of imported items escalated beyond budget allocation due to increasing exchange rate which affected market price. Most supplier in Mataram/NTB area were also closed for business during March – August 2020.

PMI has no rented warehouses earlier this year. PMI Provincial office is currently used as temporary warehouse to store operational items prior distribution to the targeted locations and/or direct deliver to PMI Districts offices.

PMI continues to run its existing fleet, including three units of light fleet, which were rented during November & December 2019 to transport volunteers and staff to the CVA intervention areas of North Lombok, East Lombok and West Lombok. The current four vehicles that IFRC operated have been in service of PMI/IFRC operation to transport PMI/IFRC staff to various intervention areas around Lombok since March 2019.

Community engagement and accountability

CEA components were integrated from the start of the operation and continue to be refined and expanded. These components ensure systematic community participation, regular consultation and feedback from affected population and enable PMI and IFRC to deliver effective and appropriate services that meet people's needs on the ground.

The provision of information and two-way engagement with the affected population will be a key part of the response design and implementation. Accessible and inclusive feedback and response/referral mechanism are being incorporated across the various programme sectors and services, including through face-to-face interactions. Recognizing that affected people are not passive recipients of assistance but rather at the core of the operation, the operation aims to ensure adequate measures for community participation in the design, implementation and evaluation of plans and implementation processes.

A recovery assessment was conducted involving 275 respondents from the heavily affected areas in East, North, and West Lombok to identify their needs of information, preference on communication channel and feedback mechanism, as well as community dynamics in decision making. The result shows that information regarding relief items, health

service, and disaster preparedness are the top three demands from the community. The result also indicated that affected people need timely, relevant, and accurate information from credible and reliable sources through trusted channels. The affected communities rely on information and trusted decision making to official community leaders and informal social or traditional leaders (e.g. heads of village, religious teacher or leader, elders, etc.). Face-to-face dialogue is their preferred method for receiving information and providing feedback/inputs. Social media and internet are popular in the population but limited to communicate with relatives and acquaintance only. Community has limited trust to information in internet and social media due to large number of hoax and false information spread. Access to communication channels, the provision or availability of timely, relevant, and accurate information, as well as participation in decision-making concerning their recovery were a major challenge at the early stages of operation. Remote area settlement, particularly in North Lombok, exacerbated by damaged road, bridge, and communication infrastructure post earthquake have further limited delivery of timely information to the community. PMI, together with IFRC, is on the continuous process of strategizing and finding key spots in communication channels and provide relevant information based in the interventions and addressing rumours as per need.

PMI aims to scale-up and mainstream CEA approaches across all its sectors, integrating CEA activities at each stage of programme intervention and service delivery, from design and development to implementation and monitoring. This recovery operation will seek to meet IFRC minimum standards on accountability to affected population and Core Humanitarian Standard on Quality and Accountability (CHS) and mainstream the movement-wide commitments and minimum actions for CEA.

Communications

Maintaining a flow of timely and accurate information to the public focusing on humanitarian needs and the Red Cross 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 give a huge advantage in external communications. In the first month, the operation received high media coverage both locally and globally with media outlets quoting Red Cross sources and using Red Cross audio-visual material. Local capacity was supported by surge deployments.

The communications coordinator continues to generate and share materials (photos, videos, and stories) on social media and within the Red Cross Red Crescent network. Packages of communications material were shared with the global network including through Newswire for the six-month and one-year marks.

Information management and information technology

IFRC ERU IT/Telecom visited Lombok during the immediate emergency phase to assess the IT system and reviewed provincial and district existing IT requirement and challenges. FACT Information Management (IM) also provided support to review and strengthen the PMI information management system and develop staff capacities on data reporting quality. RDRT information management support took over the task of FACT IM until the first week of April 2019.

PMI utilizes existing capacity to facilitate the collection, collation, analysis and dissemination of relevant multi-sectoral data and information to support evidence-based decision making that contributes to an effective humanitarian intervention. IFRC CCST has installed Radio Communications in all POSKO of PMI District as well as PMI Province NTB, connected by VHF (Very High Frequency). PMI province NTB, PMI North Lombok and East Lombok PMI are also equipped with HF (High Frequency) radios to communicate directly with the POSKO PMI NHQ. Support is also being provided to the sectoral and cross-cutting teams to manage and process information and data including beneficiary lists recorded through assessments utilizing the ODK tool (Open Data Kit/mobile data collection tools).

Security

The National Society's security framework will apply to PMI staff and volunteers. For personnel under IFRC security responsibility, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply. An area-specific security risk assessment has been conducted; a safety and security framework with contextualized operating procedures was finalized. Security guidelines, briefings, trainings and operating procedures were developed in close coordination with PMI to both reflect and enhance their processes already in place. To meet this requirement, the APRO security delegate was deployed on August 2018, along with the IFRC CCST security focal point to Lombok 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.

Adapting to the COVID-19 pandemic situation, the Business Continuity Plan (BCP) has been written to prepare IFRC Country Cluster Support Team (CCST) Indonesia and Timor Leste (including offices in Palu, Lombok and Timor Leste) for COVID - 19. It is designed to help ensure that the office can continue to deliver its essential functions and services despite disruptions and protect vital human and material assets. IFRC CCST Indonesia and Timor Leste has supported PMI to develop their own BCP and it has been adapted by PMI NTB. COVID-19 health protocol has been developed for various activities and personal protective equipment has been partially distributed to the staff and volunteers.

Planning, Monitoring, Evaluation, & Reporting (PMER)

IFRC PMER in APRO has been supporting the operation since the beginning of the operation by providing reporting guidelines, information on appeal update, and have assisted in the development of relevant communication materials. A PMER delegate was mobilized to Lombok until May 2019 to support the team in monitoring and planning the activities implemented in the field and prepare the weekly situation reports as well as operations updates. The operation is now supported by a PMER national staff based in Lombok and a PMER coordinator based in Jakarta covering all operations under the MDRID013 appeal.

With the technical support of IFRC PMER, PMI has assisted various monitoring and evaluation surveys and analysis for CVA, WASH, and DRR. A post distribution monitoring (PDM) survey is planned for the CVA Phase 3.0. The methodology has been developed with a statistical sample size of the total beneficiaries. Data collection exercise was planned to start in March 2020 but postponed to late October 2020 due to the developing situation of COVID-19 in the region.


A lessons-learned workshops for CVA and a final evaluation of the overall operation are planned to bring together PMI branches, chapter, national headquarters and IFRC to look at the success and challenges of the operation and identify lessons learned for future operations.

Administration and Finance

The joint IFRC Lombok and PMI finance desk provide the necessary operational support for review and validation of budgets, bank transfers, and technical assistance to PMI 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 teams in Lombok and Jakarta CCST continue to provide support to the operation as requested by PMI and the IFRC program manager/budget holder.

C. DETAILED OPERATIONAL PLAN

The summary of progress detailed under each sector are only related to the current response in **Lombok and Sumbawa, Nusa Tenggara Barat (NTB)**.

 <p>Shelter</p> <p>People targeted: 40,000 (10,000 households) Male: 19,416 Female: 20,584 People reached: more than 40,252 (10,063 households)⁸</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 household living in shelter meeting Sphere standards	10,000	10,063
Shelter Output 1.1: Short, medium, and long-term shelter and settlement assistance is provided to affected households		
Indicators:	Target	Actual
# of households provided with cash grants	4,000	3,997
# of households provided with shelter support	6,000	6,066
Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households		
Indicators:	Target	Actual
# affected community members trained in block production	100	60
# of households reached with awareness raising activities on safer shelter	8,000	3,997
Progress towards outcomes		
<p>Shelter and settlement assistance</p> <p>Since the beginning of the emergency up to reporting period, it is estimated that more than 10,063 households have been reached with relief items and other shelter assistance. PMI has supported the affected communities in the relief construction of 9,555 emergency shelters⁹, distributed various relief items, and reached 6,066 households with cash assistance through e-vouchers and 3,997 households with cash assistance through ATM/Bank Account transfer.</p>		
Table 1: Number of emergency shelter constructed		
District	No. of shelter sites (sub-villages)	No. of emergency shelter constructed
East Lombok	28	4,274
North Lombok	33	3,116
West Lombok	16	1,468
Central Lombok	18	467
Sumbawa	7	230
Total	102	9,555
<p>Along with 9,555 emergency shelters construction, various key-relief shelter and household items are distributed to the affected communities. Relief item distribution was not done with standard sets of items but based on needs of households. The items distributed are detailed in Table 2.</p>		

⁸ The actual number of beneficiaries receiving shelter assistance is beyond the stated number. To avoid duplication, number of households receiving cash and voucher assistance represents the overall shelter beneficiaries.

⁹ See detail districts in [12-month report](#).

Table 2: NFI items distribution

Districts	Number of items distributed ¹⁰						
	Blanket	Family kit	School kit	Shelter toolkit	Solar lamp ¹¹	Tarpaulin	Total
Central Lombok	6,726	0	300	513	500	2,340	10,379
East Lombok	6,083	0	300	73	1,250	2,780	10,468
Mataram	1,908	0	0	25	250	315	2,498
North Lombok	6,752	332	500	300	1,750	4,871	14,505
Sumbawa	1,259	0	0	330	250	1,000	2,839
West Lombok	3,780	0	560	656	750	3,885	9,631
West Sumbawa	806	0	0	0	250	42	1,098
Nusa Tenggara Barat	4,192	0	40	3	0	4,679	8,914
Total	31,506	332	1,700	1,900	5,000	19,912	60,350

An exit survey was conducted during solar lamps involving 423 samples from seven affected districts in Lombok and Sumbawa Islands. Most respondents reported that they spent under 30 minutes to reach distribution point and waited under 30 minutes. This reflected PMI effort on having distribution nearest to beneficiaries' residence (each distribution point in each sub-village). Distribution was scheduled to serve each sub-village per session ensuring all communities reached on PGI as well as solar lamp usage and maintenance session. Most respondents admitted that they are satisfied with PMI service during distribution process and are grateful for having the solar lamp which illuminate their night activity when the electricity is out and their way fetching water to water source at dawn (which mostly done by women). Furthermore, no one reported to pay or give a favor to someone to be selected as beneficiaries.

Cash and Voucher Assistance (CVA) to support shelter needs

A total of 10,063 families have been supported with cash and voucher assistance (CVA) to support the affected community regaining and restore their houses damaged due to the earthquake. Of these, 6,066 households were supported with vouchers which were exchanged for household items from local vendors and another 3,997 households have been assisted with conditional cash assistance for shelter, to complement government housing support.

Table 3: Cash and voucher assistance distribution

Cash and Voucher Assistance	Distribution Month	Districts	No. of beneficiaries	No. of beneficiaries by gender		No. of Services provider (vendor/bank)
				Female HH	Male HH	
CVA Phase 1.0 (e-voucher) – CHF 65	Oct-18	North Lombok	2,085	294	1,791	2
CVA phase 2.0 (e-voucher) – CHF 65	Feb-20	Mataram	400	68	332	4
		Central Lombok	1,907	419	1,488	7
		Sumbawa	792	1	791	4
		West Sumbawa	882	126	756	3
CVA phase 3.0 (ATM/Bank Account transfer) – CHF 500	Dec-19	North Lombok	1,997	355	1,642	1
		East Lombok	1,372	354	1,018	
		West Lombok	628	148	480	
Total			10,063	1,765	8,298	21

¹⁰ Figures provided have been adjusted to cover only items supported by MDRID013 appeal.

¹¹ See distribution details in [18-month report](#).

CVA phase 1.0

E-vouchers worth IDR 930,000 (CHF 65), were distributed to the selected households who had redeemed it for shelter toolkit, kitchen utensil, school kit, or electrical items from accredited vendors. School kits were also provided based on needs assessment result in the communities whereby it became an immediate need of the children as they started returning to school after the emergency. The first round of distribution (CVA phase 1.0) was done on October 2018 in Santong village, North Lombok. A total of 2,085 households have redeemed the e-vouchers, out of which 294 are female-headed households.



CVA phase 1 beneficiaries in North Lombok established semi-permanent houses utilizing plywood and iron roofing she redeemed with e-voucher provided by PMI. (Photo: PMI/IFRC)

A post-distribution monitoring (PDM) survey¹² for CVA phase 1.0 was conducted in January 2019 whereby 206 beneficiaries were surveyed to ascertain the effectiveness and appropriateness of the implementation. 95% of reached population sample expressed that the distribution was timely to cover their needs. There are several examples of good impact observed after the distributions where families have repaired their houses by replicating the design of the houses from neighbours that did not collapse after the earthquake, creating semi-permanent structures with the materials exchanged by vouchers with concrete foundations up to 1 meter deep and lighter materials for walls up to the roof or exchanging the vouchers for corrugated iron sheets to replace asbestos roofing.

CVA phase 2.0

The second round of cash for shelter support (CVA phase 2.0) was completed in February 2019 in Central Lombok, Mataram, Sumbawa and West Sumbawa. A total of 3,981 households redeemed the e-vouchers worth IDR 930,000 (CHF 65), out of which 614 are female headed households.

The CVA phase 2.0 PDM¹³ was conducted on 21-26 September 2019 involving 351 households and 18 vendors in four districts. Overall, most respondents (99%) claimed their satisfaction with the assistance received. They felt safe and respected during distribution (99%) and fully understood the process of voucher redemption (86%). Most respondents exchanged their vouchers for kitchen items (87%) and shelter items (45%). Additionally, 88% vendors reported that most beneficiaries could redeem their voucher easily. 82% vendors claimed their satisfaction with the payment timing and the process, except for two (18%) complains about late payment due to extended period for verification and validation. Moreover, 88% vendors reported to have no difficulties on procuring and transporting the items supplies to their shop for redemption process. Some vendor reported increased price on their supplier but opted not to increase item prices for beneficiaries.

CVA phase 3.0

The last round of cash for shelter support (CVA phase 3.0) was conducted during December 2019 – February 2020 to support 3,997 households (857 of which are female-headed households) in West Lombok, North Lombok and East Lombok. Each household received IDR 7,000,000 (CHF 500), split in two tranches through ATM/bank account transfer to allow beneficiaries to manage and plan for spending, prevent sudden increase on demand and supply prices in the market, and also to allow technical support for quality assurance of the works done. This assistance was intended to support community transition to permanent housing which enabled them to retrofit/repair/rehabilitate their houses and household water sources or pipeline networks, as well as in procuring household items and toolkits.

Beneficiaries are required to attend cash, shelter, and WASH sessions which provide information on cash management, Build Back Safer and safe shelter construction, as well as hygiene promotion and national standardized safe latrine construction with septic tank. Booklets containing information and sensitization messages were distributed to each household. See detail process of CVA phase 3.0 in [18-month report](#).

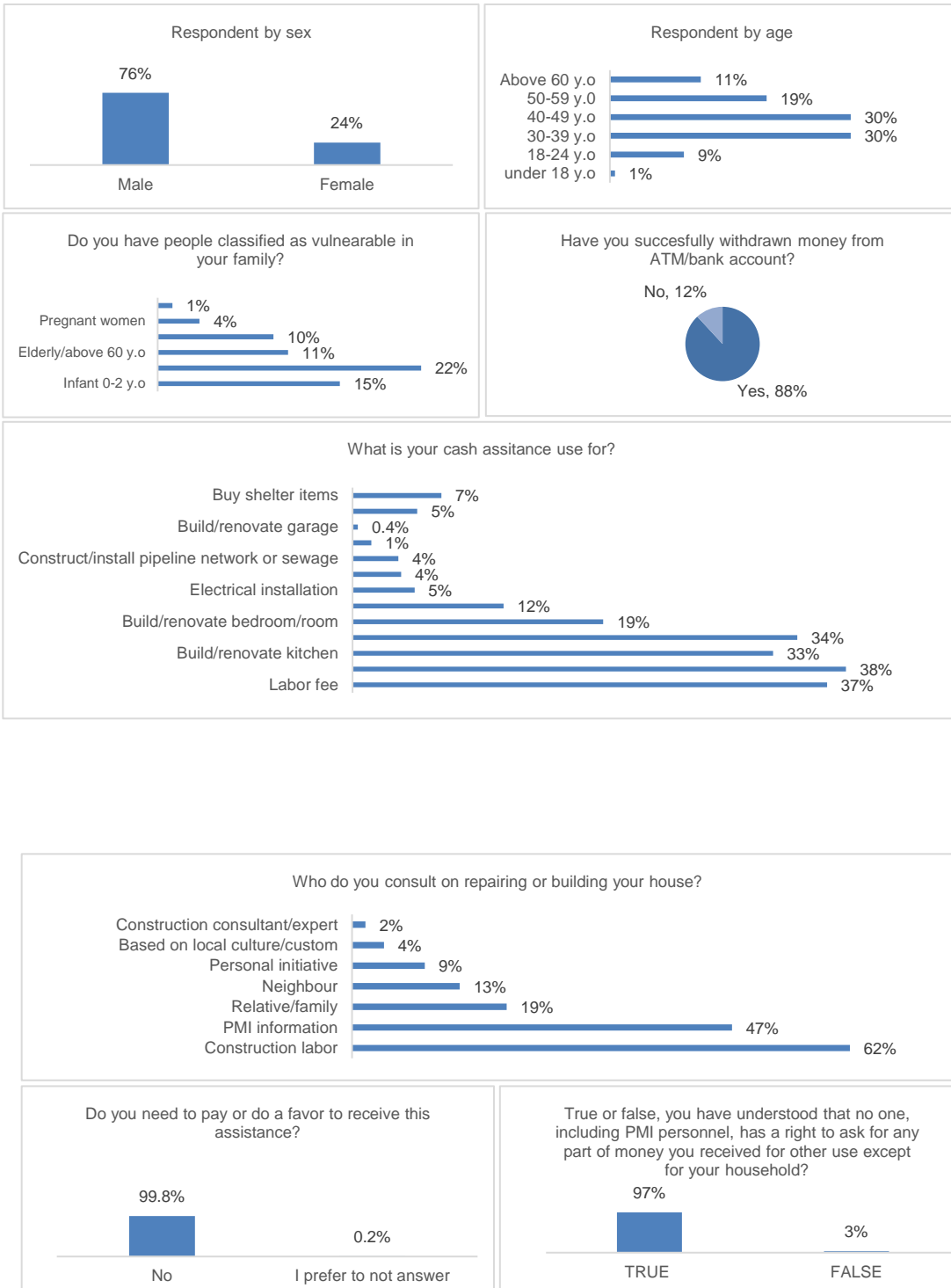
CVA phase 3.0 utilization monitoring field visit and survey was conducted since end of January 2020, a month after the first tranche, to monitor the use of CVA as well as identify and provide technical support on shelter and toilet with septic tank construction for the community. A total of 480 random household samples of assisted beneficiaries were visited to participate in monitoring survey. Among the sample, 24 per cent were female and 76% percent were male, ranging on various ages. Survey results shows that 68 per cent respondent have been identified having a vulnerable people in their family; of which 22% have toddlers and 15 per cent have babies. These findings point out

¹² More result of PDM CVA phase 1.0 can be found at [six-month report](#).

¹³ More result of PDM CVA phase 2.0 can be found at [18-month report](#).

that the assistance given has not only served people affected by the impact of the earthquake, but also people indicated as vulnerable groups towards disaster to regain their living condition post disaster.

Highlight of monitoring survey on the use of CVA Phase 3.0 first tranche



Most respondents reported to have no difficulties and has successfully withdrawn the money. Only 3 per cent stated that they faced difficulties due to unfamiliarity to ATM machine (2 per cent), elderly (0.4 per cent), illiterate (0.2 per cent), and has not received bank account/transferred (0.4 percent). Both PMI and bank personnel have informed beneficiaries on how to use ATM to withdraw money, however, some beneficiaries reported they found constrains in withdrawing money. Despite of difficulties experienced, bank transaction report showed that most beneficiaries had been successfully transferred and have made withdrawal transaction, except for 76 beneficiaries whose first tranche transfer was delayed due to incomplete bank requirement. These remaining beneficiaries were successfully transferred on 6 February 2020, after the survey was conducted.



A beneficiary in North Lombok utilized CVA for constructing toilet and shared her construction progress during monitoring survey. (Photo: PMI)

Respondents reportedly used their money for shelter needs (57 per cent), WASH needs (24 per cent), and labor fee (19 per cent), which indicated that the purpose of CVA is indeed reflect the needs in the community during recovery and transition to permanent housing. Most respondents consulted construction labor (62 per cent) and PMI (47 per cent) in renovating or building their house. Session conducted prior cash tranche as well as printed IEC material on safe shelter and proper WASH facilities were also considered useful and insightful to assist them renovating house. Additionally, most of beneficiaries reported that they were not required to pay or do a favor to anybody to receive CVA assistance and understood that they have the sole right power of the assistance and in deciding the use of money.

Post-distribution monitoring surveys, with a Kobo Collect-based questionnaire, was planned to be conducted in March 2020 with 351 randomly selected samples to ascertain the effectiveness and appropriateness of assistance given. This survey has since been postponed for late October 2020 due to COVID-19. A lesson learnt workshop to further elaborate challenges, findings, and lesson learned throughout the implementation of CVA phase 3.0 was also planned after the PDM is completed.

Shelter technical support, guidance, and awareness raising for safe shelter

Safe shelter and block production training for volunteer

To provide shelter technical support for community, appropriate training material for awareness raising/training have been conducted for PMI personnel in chapter and branches. This training was conducted during November - December 2019, involving 35 PMI personnel from Central Lombok, East Lombok, North Lombok, Sumbawa, West Lombok, and West Sumbawa, and supported by six (6) facilitators from PMI NHQ and additional four (4) facilitators from PMI NTB. This training includes simulation of safe shelter construction in emergency responding to flood, earthquake, and typhoon disaster in the urban and rural setting. Trained personnel will assist CBAT team in integrating shelter and PASSA to ICBRR program and provide technical support to those beneficiaries who have received CVA for shelter. The participants were also exposed to the theory of proper production process of cement block and standard of materials used as well as exercised block production using the block mold procured. Trained personnel are becoming trainers for block production in the community and assisting CBAT team in integrating shelter and PASSA to ICBRR program. However, these community activities have been hampered and postponed due to COVID-19.

Protecting the volunteer from the exposure of asbestos debris during their activities in the earthquake affected area. Personal protective equipment (PPE) was provided for the PMI chapter province and districts branches. A set of PPE comprises of safety helmet, safety glasses, asbestos fiber filter masks, gloves, raincoat, and safety rubber boots.

“Build Back Safer” and “All Under One Roof” shelter sensitization

This activity was conducted on December 2019 as part of the compulsory sessions for CVA phase 3.0 targeting beneficiaries in East, West, and North Lombok. During the sessions, 3,997 households were sensitised with safe construction of latrines and eight safe shelter key messages as follows:

1. Simple construction design
2. Material and building quality
3. Joint of structure
4. Good roofing

5. The importance to consult construction expert for building works
6. Proper and safe location to build a permanent shelter
7. Good foundation
8. The use of light weight material for building

Table 4: number of households reached with shelter sensitization

District	Sub-district	Village	# of beneficiaries
West Lombok	Gunung Sari	Dopang	154
		Gelangsar	174
		Guntur Macan	300
East Lombok	Sambelia	Belanting	802
		Dara Kunci	570
North Lombok	Bayan	Loloan	521
	Kayangan	Pendua	537
		Salut	939
Total	4	8	3,997

A total of 480 (12 percent) out of 3,997 households reached with this session were also visited by PMI personnel to monitor the use of cash assistance and provide technical advices for the community ensuring the proper construction works conducted. Further shelter technical support was given as requested.

Safe shelter training for masons and carpenters

This training has been conducted during October - December 2019, participated by 59 masons and carpenters from West Lombok, Central Lombok, North Lombok, East Lombok, and Mataram and facilitated by a total of seven (7) facilitator from PMI NHQ, IFRC Shelter Cluster, Construction Services Agency of Government's Public Works Office, and Government's Vocational Training Centre. During the training, the participants had sessions on asbestos awareness, theory of earthquake resistance building, concept and theory of retrofitting technique, concept and theory of joint technique for wood and light steel, and introduction to RC/RC movement. Trained masons and carpenter will be engaged in ICBRR program implementation to complement action in shelter components.

A block production training for the community producing block

This training was expected to be conducted on March 2020 in the village implementing ICBRR program. Due to COVID-19 situation, this activity is gradually commencing by September 2020. The current activity progress is detailed in below table. In the coming months, block production training for the community producing block will continue in the rest of ICBRR villages



PMI personnel demonstrated and assisted community exercising block production. (Photo: PMI)

Table 5: Number of community member trained in block production

Districts	No. of Male	No. of Female	Total
West Lombok	14	6	20
Central Lombok	12	8	20
East Lombok	20	0	20
Total	46	14	60

In the next months, the shelter activity will be continued with the integration in DRR activity. Safe shelter campaign and "All Under One Roof" sensitization as well as block production will be continued in the communities implementing integrated DRR activities. Implementation of PASSA components in integration with preparedness activity in the community and formulation of village response and risk reduction plan has been cancelled due to COVID-19 situation.



Health

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

Male: 19,416

Female: 40,584

People reached: 22,934¹⁴

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

Indicators:	Target	Actual
# of people in target communities' health risks are reduced	40,000	22,934

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

Indicators:	Target	Actual
# of targeted people received health services	40,000	10,446 with basic health care; 8,638 with health promotion ¹⁵

Output 1.2: Psychosocial support provided to the target population

Indicators:	Target	Actual
# of people reached by psychosocial support	as required	22,934

Progress towards outcomes

Health care services

PMI has continuously provided health services for the community. Since August 2018 to September 2020, PMI has reached 10,446 people with basic health care services (home-based care, basic medical check, and first aid) and 8,638 people have been reached with health promotion. Additionally, 9,201 people were reached for health promotion under COVID-19 response.

During the emergency, a total of 36 mobile medical teams were mobilized to provide services in 97 villages/sub-villages in five districts. The medical teams were comprised of one medical doctor, one nurse/midwife, one assistant pharmacist in each and supported by 30 volunteers. Transitioning from emergency, health services and regular home-based care to the community were provided by three volunteers in PMI NTB chapter, five volunteers in PMI North Lombok branch, five volunteers in PMI East Lombok branch, two volunteers in PMI West Lombok branch, three volunteers in PMI Central Lombok branch, and two volunteers in Mataram branch. The home-based care services given are mainly monitoring of patients with bone fractures and referring them to get plate implant surgery in public hospitals, as well as treating the immobilized patients to recover. By October 2019, the health services and mobile clinic service have concluded, with a total of 10,446 people reached with health services.

Table 6: People benefitted from basic health care services since July 2018 – October 2019¹⁶

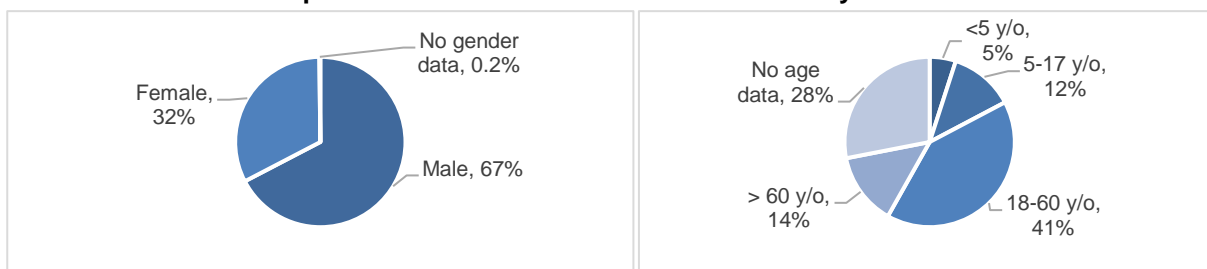
Districts	No. of people benefitted	No. of Male	No. of Female	No. with no gender data	No. of <5 y/o	No. of 5 – 17 y/o	No. of 18-60 y/o	No. of > 60 y/o	No. with no age data
West Lombok	466	243	223	0	62	121	176	107	0
Central Lombok	2,146	1,917	229	0	53	406	1,324	363	0
East Lombok	2,806	2,520	286	0	141	279	1,974	412	0
North Lombok	4,971	2,332	2,620	19	255	451	777	557	2,931
Mataram	57	25	32	0	9	28	20	0	0
Total	10,446	7,037	3,372	19	520	1,285	4,271	1,439	2,931

¹⁴ The actual number of beneficiaries receiving health assistance is beyond the stated number. To avoid duplication, number of people receiving PSS service represents the overall health beneficiaries. This number, however, is in a clearance progress which is prone to fluctuation.

¹⁵ The number of people reached with basic health care and health promotion might include some duplication due to limitation of detailed beneficiary information. This number has been adjusted post clearance.

¹⁶ This number has been adjusted following data clearance, however, is still prone to fluctuation.

Number of People Reached with Health Care Services July 2018 - October 2019



Health promotion services

A total of 8,638 people have been reached with health promotion activities until 2019. Most health promotion sessions were conducted in integration with other related sectoral promotion activities such as hygiene, asbestos or basic disaster awareness. An average of two to five PMI personnel were mobilized for each session. During the sessions, PMI incorporated information, education, and communication (IEC) materials on dengue fever prevention and proper waste disposal with the support from CEA team. PMI also broadcasted videos to raise awareness of emerging health risks in the intervention areas, e.g. leptospirosis during flooding through PMI social media and interactive radio show on dengue fever/malaria prevention and control. Details of basic health promotion provided by PMI in the affected area is presented in the below table.

Table 7: People reached by health promotion during 2018 - 2019¹⁷

Districts	No. of people reached	Male	Female	No gender data
East Lombok	1,477	538	678	261
West Lombok	1,482	0	0	1,482
Central Lombok	1,322	159	224	939
North Lombok	3,984	98	46	3,840
Mataram	373	0	0	373
Total	8,638	795	948	6,895

Responding to COVID-19, PMI, with IFRC support, implemented risk communication and community engagement strategy through provision of IEC materials on COVID-19 prevention (stay at home, physical distancing, the use of mask, frequent handwash with soap, and healthy lifestyle messages). IEC materials include recorded public information, posters, billboards, and SMS, with an estimated reach of 74,852 people. A total of 9,201 people were reached by direct health and hygiene promotion in a small group (two to five people) during IEC material installation, which are detailed in table below. More than 63,000 SMS were sent to communities near the harbour, airport, and traditional markets in Mataram, West Lombok, North Lombok, East Lombok, Sumbawa, and Central Lombok. A total of 16 radio shows were aired across NTB province, covering various topics around COVID-19 such as information on symptoms, treatment, and pandemic control and management; preventive action and protocol; new norm adaptation; village community role during pandemic; as well as misconduct, social stigma, hoaxes, and misinformation. PMI maintains coordination NTB Ministry of Health (MoH) for consultation on PMI activities.



PMI personnel installing baliho covering COVID-19 information in public places in North Lombok. (Photo: PMI)

¹⁷ This number has been adjusted following data clearance, however, is still prone to fluctuation.

Table 8: number of ppl reached by health promotion on COVID-19 during March - September 2020¹⁸

Districts	No. of people reached	Male	Female
East Lombok	1,012	701	311
West Lombok	1,349	944	405
Central Lombok	498	200	298
North Lombok	6,054	1,817	4,237
Mataram	72	35	37
West Sumbawa	6	4	2
Sumbawa	210	84	126
Total	9,201	3,785	5,416

Psychosocial Support Services (PSS)

Psychosocial support has been an integral part of the operation, aimed at assisting individuals and communities to recover from the trauma after an emergency or a critical event. From July 2018 to October 2019, a total 22,934 people, including 28 PMI personnel have been reached with psychosocial support. At the start of the the emergency, around 7 trained PSS volunteers from other provinces, supported by 38 trained local volunteers were deployed to provide PSS. A total of 24 PMI personnel from seven affected districts were trained in PSS on 27-29 September 2018 to prepare them to deliver PSS service. One volunteer in Province NTB, three volunteers in North Lombok, six volunteers in East Lombok, four volunteers in West Lombok, three volunteers in Central Lombok, and three volunteers in Mataram were mobilized to run PSS activities until the activity concluded on October 2019, mostly conducted along with other sectoral activities particularly health care, DRR, WASH, and safe shelter promotion. Additional IEC materials and toolkits for PSS have been procured by PMI on September 2019.

Table 9: People reached from PSS since July 2018 – October 2019¹⁹

Districts	No. of people reached	Male	Female	No gender data
West Lombok	3,735	1,559	1,776	400
Central Lombok	616	304	311	1
East Lombok	5,573	2,133	3,104	336
North Lombok	12,709	1,361	1,587	9,761
Mataram	128	50	78	0
West Sumbawa	0	0	0	0
Sumbawa	173	0	0	173
Total	22,934	5,407	6,856	10,671

Under PMI COVID-19 response in NTB, PSS webinar was conducted on July 2020 participated by 12 PMI PSS personnel from 7 districts to refresh and improve their capacity in providing psychological first aid and stress management services based on needs identified in the community.

Ambulance procurement and service provision

Procurement of ambulances for transportation and emergency response has been completed. The ambulances are fitted with emergency medical equipment. Workplan for ambulance services is currently being developed to have a strategic guidance on the use of the ambulance and health services provided to the communities. PMI ambulance service concept note, capacity assessment, guideline, SOP, and operational budget plan are currently under PMI NHQ review. PMI health personnel in chapter and branches are now completing the required files for registering PMI Ambulance service into the Public Command Centre (PCC) and Public Service Centre (PSC) of NTB MoH. PCC and PSC is a newly established department under the ministry and currently have not finalised their ambulance service registration protocol. This situation has delayed the progression of PMI ambulance service registration. Coordination with NTB DoH has been made to accelerate the registration process. NTB has also been engaged during discussion with PMI NHQ on strategy to activate the PMI Ambulance Service in PMI NTB. PMI ambulance service is expected to operate by December 2020, with provision of standardized PPE for the ambulance crew.

¹⁸ This number has been adjusted following data clearance, however, is still prone to fluctuation..

¹⁹ This number has been adjusted following data clearance, however, is still prone to fluctuation.

Community health promotion and communication will be continued with integration to ICBRR programme to raise community awareness to prevent and mitigate health risks. This activity will continue to cover COVID-19 prevention messages and other emerging health risks as identified in the region. PSS services will be made available should needs be identified in the community.

Health training for PMI personnel

To date, four health related trainings have been conducted to develop the capacity of the PMI personnel. The trainings are as follow:

Specialization of first aid training

This training was conducted in September 2019, participated by 40 PMI personnel from North Lombok, Mataram, Central Lombok, East Lombok, Sumbawa, West Sumbawa and West Lombok branches, and PMI NTB chapter. This training aimed to build the capacity, knowledge, and skill of the PMI personnel in delivering first aid service for future emergency response. This marks a total of 80 PMI volunteers trained as first aider (40 from the affected areas), to support emergency response and evacuation. The trained personnel will be supporting health and ambulance services that are currently being developed. PMI appointed at least 30 personnel trained on this training to also participate in ambulance crew training, emergency and referral service, as well as the commercial first aid programme.

Ambulance crew training

This training was conducted in November 2019, involving 36 participants from PMI North Lombok, Central Lombok, Mataram, East Lombok, West Lombok and PMI NTB chapter. This training aims at building the capacity of PMI personnel to operate and provide ambulance services, particularly on planning, budgeting, managing human resource and assets, operating, monitoring and evaluating the ambulance services, as well as maintenance of ambulance medical equipment.

CBHFA training for volunteer

CBHFA (Community-based Health and First Aid) training was conducted during December 2019 – January 2020. A total of 22 PMI personnel from PMI NTB and all seven affected districts participated in the training. This training aimed to improve PMI volunteers' capacity to support health risk prevention and health promotion in the community. PMI personnel were trained on how to assess the capacity and vulnerability in the intervention areas, health risk reduction and basic first aid services provision at the community level; advocacy and coordination with the local authority for collaboration, and personnel's role on preventing and managing specific health cases arising at the community-level which relates to basic first aid, health promotion, preparedness and outbreak control, communicable and non-communicable diseases, and behaviour changing of the community.

ECV training

ECV (Epidemic Control for Volunteer) training was conducted in October 2019, participated by 24 PMI personnel from West Lombok, Central Lombok, North Lombok, East Lombok, Mataram, Sumbawa, and West Sumbawa branches, as well as PMI NTB chapter. This training aimed to increase the knowledge and skill of the personnel on outbreak control, knowledge on the cycle of outbreaks, the risk factors of an outbreak, and the role of PMI volunteers in the prevention and control the outbreaks. All 24 trained personnel have been assisting the community during COVID-19 response in NTB through COVID-19 prevention communication and be community examples who maintain preventive protocol implementation.

First aid kit provision

In order to support the first aid services and for the sustainability of PMI services, IFRC supported the provision of first aid kits in portable and trauma bags in target PMI offices. These kits are expected to support PMI providing service and offering commercial First Aid to commercial enterprises in NTB, such as resorts and hotels. All portable and trauma First Aid Kits have been handed over to PMI Province and Branches.

Table 10. Number of FA bag received by PMI Chapter and Branches

PMI Chapter/Branches	FA Big Bag (Trauma Bag)	FA Portable Bag
NTB	1 set	3 set
East Lombok	1 set	3 set
West Lombok	1 set	3 set
North Lombok	1 set	3 set
Central Lombok	1 set	3 set
Mataram	1 set	3 set
Sumbawa	0	3 set
West Sumbawa	0	3 set
Total	6 set	24 set

Commercial First Aid Services

Development of PMI commercial First Aid service is one of the targets to sustain both PMI and its service in the community. The commercial First Aid service concept and strategy are currently under development. A set of advance First Aid training kit was procured and to be handed over during Training of Trainer (ToT). ToT for commercial First Aid will be conducted in early November 2020 to train 10-15 personnel from 7 districts to deliver the service. PMI NHQ will select and mandate personnel for this task with several consideration on personnel eligibility (education, commitment, training records, etc.).

PMI Ambulance crew training will be conducted in mid-November 2020 to support PMI East Lombok, which will be receive the emergency ambulance, to provide emergency ambulance service to community. The training aims to improve crew ambulance capacity on basic trauma and cardiac life support required for emergency ambulance service. COVID-19 and use of PPE orientation will be mainstreamed in the training.



Water, sanitation and hygiene (WASH)

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

People reached: 187,381 people²⁰

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

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

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

Indicators:	Target	Actual
# of people provided with safe water according to WHO standards	10,000	187,381 people or 46,845 households

Output 1.2: Community access to the sanitation facilities is improved

Indicators:	Target	Actual
# of households provided with safe sanitation (excreta disposal) facilities	4,000	1,372

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

Indicators:	Target	Actual
# of households reached with hygiene promotion activities	4,000	10,339 ²¹

Progress towards outcomes

WASH assessment

Water source and supply assessments were conducted from December 2019 to January 2020 in 16 villages in 6 districts namely North Lombok, East Lombok, West Lombok, Central Lombok, Sumbawa, and West Sumbawa, identifying 23 water supply systems. The assessments were done by a WASH consultant, who was also hired to develop detailed engineering designs for the target water supply systems.

²⁰ Water distribution beneficiary is displayed as the overall people reached by WASH intervention..

²¹ This number adjusted post clearance progress.

To ensure compliance with Sphere standards and/or national regulations on drinking or clean water, PMI procured water quality testing equipment in February 2020 to allow quality examination of the water to be supplied through either water trucking or water system rehabilitation work before being supplied to communities. SOP has been developed to guide equipment utilization and maintenance.

Daily access to safe water

A total of 26,282,500 litres of water were distributed through water trucks in 5 districts since the start of the emergency. The distribution of clean water was concluded on November 2019. To date, it is estimated that water distributed benefitted 46,845 households. During water distribution, PMI volunteers conducted community sensitization on WASH components, such as the importance of treating water (i.e. boiling) prior to consumption, proper handling and storage, proper hand washing with soap, etc.

A post distribution monitoring (PDM)²² survey was conducted in September 2019 in the districts of Central, North, East, and West Lombok, participated by 382 respondents who received PMI water distribution services. Most respondents reported that they started receiving water distributed by PMI in the early emergency phase (August-September 2018), reflecting that PMI water distribution reached them in the most critical period. However, only 14 percent²³ of respondents received water in accordance with Sphere standards (15 litres/person/day). Most beneficiaries received less than 15 litres per distribution and a small number received more than 15 litres due to unavailability of containers with capacity specific to Sphere standards for water collection and storage. Therefore, it was recommended to have at least two 10-20 litre water containers container included in essential household items to be distributed to the communities.

Sustainable access to water for communities

PMI is improving access to water to the affected communities by rehabilitating community water points through installation or fixing of pipelines to deliver water from water springs all the way to the settlement. This has been done since the emergency with instalment of a network of 46,907 metres of pipe²⁴, serving approximately 24,714 people or 4,834 households. These households were amongst the 46,845 households in villages that also received water through water trucks during the emergency phase of the operation.

Based on PDM result on water distribution, purchasing water and fetching water from communal wells/boreholes and springs/river remain the options for most respondents. Therefore, PMI water supply systems rehabilitation efforts through improvement of water sources, construction of water pipeline networks, boreholes, or rainwater catchment, would contribute to ensure a better and more sustainable access to water for surrounding communities.

Development of water supply systems is progressing in affected villages to support sustainable access to water sources. This includes development of water sources (spring catchments, surface water dams, wells), treatment systems (water filtrations) and distribution systems (reservoirs, pipelines, tap-stands). Some 23 potential water supply systems were identified across Lombok and Sumbawa Islands; however, PMI decided to prioritize and rehabilitate/reconstruct only 14 water supply systems due to time limitation due to implementation delays, exacerbated by the restrictions resulting from the pandemic. Communities with immediate water supply needs and gaps as well as commitment to provide land use permit, maintenance plan, and human resources to support system development are selected to receive this assistance.

Community access to sanitation facilities

At least 1,372 households (7,200 people) have been supported with sanitation access during the emergency phase until September 2020. These households were provided with squat toilet bowls to support household latrine construction. A total of 20 model latrines with septic tanks were constructed during October to November 2019 in villages targeted for squat toilet bowls distribution to provide community with reference of proper latrine construction. During emergency, at least 428 households (approximately 1,712 people) were provided with 108 emergency communal sanitation facilities (20 bathrooms and 88 latrines) in 22 sub-villages from 10 villages.

²² Highlight of post distribution monitoring survey of water distribution can be found in [18-month report](#).

²³ This percentage is derived from dividing average amount of water received by household each distribution with the number of people each household.

²⁴ This pledge did not cover the procurement of water pipe, however, it covered personnel mobilization cost.

Table 11: Number of emergency latrines constructed

Districts	# of latrines construction
West Lombok	2
East Lombok	1
North Lombok	105
Total	108

Table 12: Number of model latrines constructed

Districts	# of model latrines construction
West Lombok	6
East Lombok	7
North Lombok	7
Total	20

A total of 4,000 squat toilet bowls will be distributed to 4,000 households in East, North, and West Lombok to improve their access to sanitation facilities. PMI North Lombok and East Lombok plan to produce 2,628 and 1,372 bowls, respectively. PMI North Lombok and East Lombok Branches have squat closet production workshops and were supported with 50 moulds and other materials. To date, PMI East Lombok has produced 1,372 closets and distributed them to community. PMI North Lombok has produced 500 out of 2,628 bowls and have yet distributed any.

Hygiene promotion

Around 29 local PMI personnel were involved in hygiene promotion activities, with a total of 41,356 people²⁵ reached, including the 10,000 households provided with hygiene kits. Alongside distributions, hygiene promotion activities were conducted to raise beneficiaries' awareness on proper hygiene practices as well as provide orientation on the proper use of the kits. Hygiene kits comprised of soaps, towels, sanitary pad, toothpaste, toothbrush, shampoo and detergent. The last of the hygiene kit distribution was completed in August 2019. The number of people reached from hygiene promotion and number of distributed hygiene kits are detailed in table below:

Table 13: People reached with hygiene promotion and hygiene kit distribution

Districts	# of hygiene kits distributed	# of people reached
North Lombok	3,521	16,720
East Lombok	2,175	9,620
West Lombok	1,325	6,704
Central Lombok	1050	3,640
Mataram	725	1,500
Sumbawa	375	1,672
West Sumbawa	375	1,500
Nusa Tenggara Barat	454	1,816
Total	10,000²⁶	41,356

Hygiene promotion covered several topics aligned with the Indonesian government health ministry messages for hygienic and healthy life. Proper hand washing, domestic waste management, grey water, stopping open defecation and suitable quality for drinking water were among topics covered. PMI produced IEC materials such as banners and posters as tools for promoting hygiene and healthy lifestyle. The awareness raising session was also complemented with simulations and exercises.

Based on PDM water distribution, most respondents reported that they received sensitization on water storage and treatment prior to consumption during water distribution, yet most communities did not practice this, which has continually exposed the community to risks of water-borne diseases. PMI has intensified efforts for hygiene promotion activities, particularly on water treatment to cultivate the habit as most water sources available in the community have been contaminated with e-coli bacteria²⁷.

²⁵ This number is prone to fluctuation. The number of people benefitted is still in a clearance progress.

²⁶ Data has been adjusted to those covered by MDRID013 appeal only.

²⁷ Result from water quality testing of five water sources in East Lombok and North Lombok, released by testing centre of department of public work and public housing. Testing result indicates e-coli contamination of 7-70 MPN/100ml (this number should be zero for drinking water based on Regulation No. 492/2010 Indonesian Ministry of Health for Drinking Water Quality). Therefore, boiling water prior consumption is highly recommended.

To improve PMI personnel capacity in delivering hygiene promotion, Participatory Hygiene and Sanitation Transformation (PHAST) training was conducted from 23-27 September 2019, participated by 25 PMI personnel (1 female and 24 males) and facilitated by PMI NHQ, PMI East Lombok, IFRC and Provincial Health Office of NTB. Following the training, PHAST Steps Four – Selecting Options, and Five – Planning for new facilities and behaviour change was organised in Sintung Villages, Central Lombok District, involving 25 CBAT volunteers.

Hygiene promotion activities were also conducted at schools targeting students and teachers. Sessions were delivered through education sessions, quizzes, games and roleplays. Approximately 180 students and teachers were reached with hygiene promotion in East Lombok, Central Lombok, North Lombok, and West Lombok.

In response to COVID-19, PMI, supported by IFRC, installed 80 handwashing facilities in the public places such as traditional market, health care facilities, and sub-district and village government offices to improve community access. PMI also distributed 1,100 packages of household disinfection kits to the underprivileged households who undergo self-isolation or self-quarantine. These kits contained detergent, cloth masks, rubber gloves, soaps, disinfectant agent, microfiber rag, bucket, as well as leaflet guidance for proper household disinfection, handwashing with soap, and mask wearing. Below table detailed the distribution of handwashing facilities and self disinfection kits by district.



PMI personnel installing hand washing facility equipped with hand soap and IEC materials for handwashing tutorial in North Lombok. (Photo: PMI)

Table 14: Handwashing facilities distribution

Districts	No. of handwashing facilities established	Household disinfectant kits	
		# of unit	# of households benefitted
North Lombok	8	110	110
East Lombok	12	165	165
West Lombok	16	220	220
Central Lombok	8	110	110
Mataram	24	330	330
Sumbawa	8	110	110
West Sumbawa	4	55	55
Total	80	1,100	1,100

In the coming months, the rehabilitation of 14 water supply systems will be started through community based project approach. Technical coaching will be given to the PMI provincial and district offices, as well as communities including how to operate and maintain the facilities. Furthermore, hygiene promotion activities will be conducted as an integral part of ICBRR in 16 villages. The main focus of of these activities will be efforts to sustain good hygiene behaviour and provision of WASH facilities to support good hygiene behaviour. IFRC hygiene promotion guideline will be adapted and used as an approach to implement the activities.



Protection, Gender and Inclusion

People targeted: All people affected

People reached: To be confirmed

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

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

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

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

Progress towards outcomes

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 for all. Early recovery planning incorporated PGI aspects, which remain an important element factored in programming. For example, ensuring latrines are accessible to people with disabilities, specifically people with mobility restrictions; dedicated hygiene kits for women, separation of areas for latrines/bathrooms between men and women, determination of locations of latrines to provide access to everyone and inclusion of lighting at the latrines and bathrooms for safety.



A PGI workshop was held for PMI volunteer to ensure mainstreaming of PGI components into all intervention of the operation. PGI integration also enabled for dignified distribution process, particularly in adherence to PGI minimum standards, considering the specific need of population served, i.e. people with disability. Communication and coordination between PMI NHQ, NTB chapter, district branches, and IFRC need to be reinforced to allow smooth and effective implementation.



PGI tagline and hotline numbers to report harassment and GBV report case are available in the solar lamp flyers. (Photo: IFRC)

PGI message on protection and hotline numbers both of PMI and government agency for SGBV and child protection are included in flyers distributed alongside 5,000 solar lamps distributed to all seven districts in NTB province done on September-October 2019. Around 30 volunteers were mobilized during the distribution and sensitization on solar lamp usage and maintenance, including protection awareness session.



Migration and displacement

People targeted: To be confirmed
People reached: 53

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

Indicators:	Target	Actual
<i># of people reached with services for migration assistance and protection</i>	TBC	53

Output 1.1:
“Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster”

Indicators:	Target	Actual
<i># of people reached with services for migration assistance and protection</i>	TBC	53

Progress towards outcomes

A total of 53 cases of Restoring Family Links (RFL) have been registered and resolved. The RFL services have been discontinued after the early emergency phase. Improvements on this service will be discussed with the National Society wherein lessons learned from the workshop held on January 2019 will be incorporated to future PMI plans and capacity enhancement programs. The workshop was led by the ICRC, with support from IFRC and PMI in Lombok.



Disaster Risk Reduction

People targeted: 62,476 (16 villages)

People reached 23,457 people

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

Indicators:	Target	Actual
<i>Community preparedness plans in place</i>	yes	Outcome indicator will be reported in final report

Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters

Indicators:	Target	Actual
<i># of contingency plans/early warning systems developed among target population</i>	16	0
<i># people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks</i>	62,476	23,457

Output 1.2: NS Capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
<i># of community-based action teams provided with proper training and equipment for emergency response</i>	16	0
<i>Advocacy with local governments and village committees on disaster risk reduction</i>	Yes	On-going

Progress towards outcomes

Communities take active steps to strengthen their preparedness for effective response to disasters:

To date, a total of 23,457 people in Central Lombok, West Lombok, North Lombok, Sumbawa, and West Sumbawa have been reached with basic awareness on DRR. These activities were conducted in schools and communities, providing knowledge on how to evacuate safely in case of disaster. The details of DRR awareness session are provided in the table below:

Table 15: People reached with disaster risk reduction awareness session:

Districts	# of Reached Individual
West Lombok	1,798
Central Lombok	720
North Lombok	10,778
Sumbawa	9,901
West Sumbawa	260
Total	23,457

Integrated Community-Based Risk Reduction (ICBRR)

DRR activities in the community is implemented through ICBRR approach which integrates modules of community-based disaster risk reduction, community-based health and first aid, participatory approach on hygiene and sanitation transformation, and participatory approach on safer shelter awareness. ICBRR will be implemented within Tier 1 and Tier 2 areas. A total of 11 villages will implement ICBRR Tier 1 and another 5 villages will be selected to implement ICBRR Tier 2. Tier 2 has two more activities (mitigation and procurement of emergency response equipment) compared to Tier 1. Those villages are determined based on scoring matrix of selection criteria such as highly affected by the Lombok earthquake, exposed to multi-hazard with high risk levels, being among PMI intervention areas, showing acceptance and commitment to the programme, and agreed by inter-cluster members to avoid overlapping of intervention areas.

Table 16: Selected villages to implement ICBRR

Districts	Selected villages
West Lombok	Gelangsar, Lembah Sari, and Guntur Macan
Central Lombok	Sintung and Selebung
North Lombok	Pendua, Rempek, Loloan, Gumantar, and Jenggala
Sumbawa	Labuan Mapin
West Sumbawa	Lamunga
East Lombok	Labuan Pandan, Gunung Malang, Madayin and Sugian

Community socialization is one of the crucial steps in the IFRC's Road Map to Community Resilience to Engage the Community. This activity is to engage and gain communities' and stakeholders' appraisal for programme implementation. The community engagement for DRR recovery program started end of July 2019 and continuously done through the meetings, village visits and monitoring, until January 2020.

Vulnerability and Capacity Assessment (VCA)

VCA was conducted in 16 selected villages in Lombok and Sumbawa Island to understand village's vulnerabilities and capacities to prepare its communities for future hazards. The VCA process includes an integrated baseline survey, participatory rural appraisal (PRA), and risk mapping. Communities, with support from PMI, listed their villages' vulnerabilities, capacities, potential assets to eliminate and/or mitigate the risks, as well as proposed for structural and non structural mitigation initiatives such as tree plantation, family resiliency training, etc. which are contributing to their resiliency. Matrix of Hazard, Vulnerability, Capacity, and Risks (HVCR) is used to verify VCA results by triangulating primary data (VCA results) with village's secondary data (government data). This analysis was conducted with support from DRR ad-hoc team²⁸ and PMI branches' personnel. HVCR summarized results of community vulnerabilities under geographical, socio-economic, environmental, and human development indicators.

In January 2020, focus group discussions were held in 16 villages to finalize their priorities selection and propose risk mitigation measures to reduce vulnerabilities. FGD results set the foundation for risk reduction plans in the communities. A workshop was conducted mid-January 2020 to analyze VCA and FGD results and set priority actions to be implemented under PMI ICBRR programme, in consideration of time and budget constraints. The proposed actions which are not implemented under PMI programme will be advocated to local governments and relevant stakeholders for their consideration and action.

The VCA reports for each 16 villages have been finalized and endorsed by PMI NHQ on June 2020. The VCA reports have been shared other sectoral team to allow integration of activities into the ICBRR programme. The report will be handed over to the village government together with village map.

CBAT formation and training

Community-based action team (CBAT) is a group of community members assembled to champion disaster preparedness in the community. CBATs consist of 25 community members including community leaders, village officials, youth, health units, and other key village people. The member selection process and formation of CBATs were started in August 2019 involving local village governments with guidance on selection provided by PMI. Village governments released villages decree letters to officially acknowledge and strengthen the CBAT structure.

To date, 14 CBATs were formed and trained by PMI to lead DRR activities and be the first responder for emergencies in their village. PMI, supported by IFRC, equipped CBATs with visibility gear (shirt, vest, hat, safety helmet, and mask) as well as radio communication equipment and megaphone. Several CBATs will receive additional protective and lifesaving equipment such as life jackets, uniform, gloves, safety glasses, torch, etc., as needed. Procurement of additional CBAT equipment is expected to be completed by October 2020.

Basic CBAT trainings were conducted on October 2019 to February 2020 in 14 villages, involving 348 participants. CBAT members were introduced to the RC/RC Movement, disaster risk reduction, participatory approach, facilitation skills, risk mapping, PGI, communication and community mobilization, as well as organizing awareness and campaign. The training aimed to ensure CBAT readiness and capacity to facilitate the integrated recovery program activities at the village level. Basic CBAT training in the remaining two villages; Labuhan Mapin, Sumbawa and

²⁸ Team established in the Province Level to supervise ICBRR implementation. This team consists of people of DRR and PMER both IFRC and PMI.

Lamunga, West Sumbawa, was postponed due to restrictions resulting from the COVID-19 pandemic. This training is planned to be held on mid-November 2020.

Emergency Response Capacities for CBAT

Emergency response training for CBATs in the target 16 villages is designed to enhance and strengthen villages' community preparedness including by raising their awareness on the importance of preparedness in overcoming disasters or potential hazards. The training will provide CBATs with skills for responding to emergency, such as conducting rapid needs assessment and analysis, coordination with stakeholders, organizing public kitchens, setting-up and managing camps, and utilizing the emergency equipment provided. Considering the development of COVID-19 situation in the region, this training has been postponed to end of November 2020. The procurement of emergency response equipment is expected to be completed by end of October 2020.

Village Response SOPs and Simulation/drill

Ensuring 16 villages capacities responding to emergency, each village will be provided with the followings:

1. Early Warning System (EWS) SOPs
Of all district implementing ICBRR program, East Lombok is the only district proposing to have villages response and EWS SOPs and have completed their SOP development for 4 villages in September 2020.
2. Evacuation plan and routes
Evacuation route signs have been distributed to six PMI Branches and will be installed in 16 villages by CBAT members from October to November 2020. The locations for evacuation signs installation are determined by VCA result and risk maps for each village.
3. Village contingency plan
This activity will commence in mid November 2020.
4. Integration of risk reduction plan into village development plan
The advocacy and integration activity will commence in October 2020.
5. DRR socialization and awareness campaign in the community.
Socialization and awareness campaign under ICBRR program will commence in November 2020.
6. Simulation of EWS, evacuation plan, and contingency plan
This activity will commence in November 2020.

School-based DRR

Due to COVID-19, school interaction has shifted to online learning which constraint implementation of school-based DRR activities. Therefore, the operation is now exploring alternative activities such as online trainings and workshops for teachers and facilitators, as well as provision of school-based DRR reference books and audio visual material collection for school and universities.

Challenge in DRR:

Delay in most DRR activities amid the COVID-19 pandemic has required PMI and IFRC to reconsider and reprioritize strategy for ICBRR activity implementation. Prior restart of the implementation of recovery activities in the community in September 2020, the DRR team was engaged in the development of COVID-19 preventive protocols and provision of personal protective equipment (PPE) for PMI volunteer and CBAT.

NS Capacity improvement on DRR

Training of ICBRR facilitators was conducted in September-October 2019 participated by 51 PMI staff and volunteers. These trainings aim to enhance VCA technical skills of PMI staff and ensure adequate resources to carry VCA process in the beginning of ICBRR intervention. The training concluded with an exercise to practice facilitating sessions on VCA.

GIS and information management training, as well as ODK-based baseline training and VCA orientation in October 2019, participated by 21 PMI personnel (15 males, 6 females). The training aimed to prepare the PMI facilitators with skill sets and knowledge to support VCA, particularly in developing a digital risk map using applicable mapping tools for ICBRR program, as well as specific skill sets and expertise to develop questionnaires, conduct data collection and analysis of surveys in an ODK/Kobo server. These skill sets are expected to complement the VCA process through the digitalisation of baseline information and development of risk maps.

In the coming months, ICBRR activities will be continued in the targeted community. Training will be conducted in October 2020 to build PMI personnel capacity to support CBAT with technical assistance during contingency plan

development. This activity will be followed by advocacy for integration of DRR activities under village government medium term development plan. CBAT foundation trainings for the remaining villages, disaster response management training for CBATs, villages risk mapping, evacuation route installation, distribution and installation of disaster response and CBAT equipments, as well as village contingency plan development are scheduled to commence on November 2020. Structural and nonstructural small mitigation project are discontinued due to time constraint.

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 S1.1.1: National Society has effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers insured	1,000	1,084
# of volunteers involved in the operation	750	1,084

Output S1.1.2: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
NS has necessary infrastructure and systems in place	Yes	Yes

Progress towards outcomes

Volunteers:

PMI NHQ managed the rotation of some 1,000 specialized and regular volunteers from outside Lombok between August and November 2018. During the recovery phase, PMI volunteers will continue to be deployed from outside Lombok as the need arises, who will coach local volunteers. Over 169 volunteers from PMI branches across Lombok have been rotated to each branch to support the operation. Whenever necessary, PMI volunteers will have refresher training/orientation related to recovery activities. The following table listed training/orientation provided for PMI.

Table 17: list of trainings facilitated for PMI personnel

Name of Trainings	Date conducted	Number of participants
On-the-job training	During emergency	166 personnel
RFL Training	30 July – 4 August 2018	18 personnel
CTP Workshop	19-24 December 2018	31 personnel
IM Workshop	24-25 January 2019	19 personnel
PGI Workshop	1-2 February 2019	25 personnel
IM Refresher Workshop	18 March 2019	8 personnel
Cash Training in Jakarta	20-24 May 2019	4 personnel
Training of Facilitators ICBRR batch 1	8-15 September 2019	26 personnel
WASH Training	23-28 September 2019	24 personnel
First Aid Specialization Training	23-30 September 2019	40 personnel
Training of Facilitators ICBRR batch 1	7-11 October 2019	26 personnel
GIS and Information Management Training	7-11 October 2019	20 personnel
Master ToT of e-Community Based Health and First Aid in Jogjakarta	19-24 October 2019	1 personnel
Epidemic Control for Volunteer Training	27-31 October 2019	24 personnel
Transportation Ambulance Crew	6-22 November 2019	36 personnel
Safe Shelter Training	15-22 November 2019	35 personnel
Block Production Training	20-21 November 2019	35 personnel
Finance Training	11-14 December 2019	18 personnel
Community based Health and First Aid Training	25 December 2019 - 1 January 2020	22 personnel
Total number of PMI personnel trained as of September 2020	approximately 252 personnel (some personnel attended more than 1 training)	

Necessary infrastructure and systems in place

- PMI NTB chapter has IM personnel monitoring and maintaining IM systems. PMI personnel both in chapter and branches have been provided with 20 laptops and other IT equipment to support the operation monitoring and reporting.
- Office construction is planned for PMI North Lombok and Central Lombok. The procurement process is on-going.
- Office rehabilitation and furnishing are planned for PMI East Lombok, West Lombok, Sumbawa, and West Sumbawa. The procurement process is on-going.
- PMI NTB chapter has appointed NSD focal point to manage NSD files and activities.
- IFRC CCST installed radio communications in all POSKO in PMI districts as well as PMI NTB chapter, connected through VHF (Very High Frequency). PMI NTB chapter, PMI North Lombok and East Lombok branches are also equipped with HF (High Frequency) radio to ensure direct communication with the POSKO PMI NHQ. A refresher training is needed for radio operators of all POSKO.

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	17

Output S2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities

Indicators:	Target	Actual
% of complaints and feedback received and responded to by the NS	85% responded	100% responded (1,656 feedbacks)
# of volunteers and staff trained in CEA		

Output S2.1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced

Indicators:	Target	Actual
A coherent shelter strategy is developed in response to the earthquake	Yes	Yes

Progress towards outcomes

Human Resources mobilized mechanism is maintained:

The operation teams boosted the capacity of PMI province and branches to deliver immediate needs to affected community and management since the early stage of operation (emergency phase). The support continued to early recovery phase in development of local capacities and provided minimum infrastructure and systems required to implement recovery activities. As of 30 September 2020, the current human resources support for the operation are detailed below:

Table 18: number of human resources mobilized to support the operation

Human Resources	Current Active Staff	Cumulative staff
Field Coordinator	1	3
IFRC staff recruited for Lombok office/National staff	25	29
IFRC international delegates recruited for Lombok office	-	4
IFRC CCST and APRO/MENA staff on short mission to Lombok	-	13
IFRC national staff consultant	-	1
FACT/RDRT (PMER, IM, CASH, Shelter. etc.)	-	17
Partner NS staff, under IFRC coordination (national and international)	-	5
ERU (IT&T & LOGS)	-	1
Global shelter cluster international and national staff	-	4
Total	26	77

Community Engagement and Accountability (CEA):

CEA has continuously supported all sectors and remains integrated within the various components of the operation. The team continues to share timely, actionable and potentially life-saving information with communities efficiently and at scale.

SMS blasts were used for health and hygiene promotion reaching 20,000 people – 10,000 were targeted malaria prevention messages and 10,000 with hygiene promotion messages. Targeting of the messages were based on feedbacks gathered by the CEA teams regarding cases of malaria and other common diseases in the target areas. PMI has developed partnership with telecommunication service providers for future SMS blasts in all services. This method can be applied to inform beneficiaries regarding the programmes (i.e. CVA and WASH) or to non-beneficiaries to provide information as aid. On CVA, SMS notification was utilized as one of the information channels to reach the beneficiaries directly and connect them with PMI feedback channels. PMI NTB hotline services continues to be promoted throughout all the activities in the communities.

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

To gather feedbacks from communities, various CEA approaches are being used to correspond with specific context and objectives set. PMI has been managing a hotline to receive feedback, conducting SMS blasts and notifications, and developed feedback channels on social media, radio show sessions, information hub and helpdesks in distribution centre, as well as face-to-face communication. In PMI NTB provincial chapter, CEA activities have been expanded and managed with a mix of information, communication and feedback channels. These channels have been consistently promoted to affected communities and their representatives. The radio show and PMI NTB social media are also used to share up-to-date information on activities to promote participation and accountability, and counter misinformation spread in communities regarding earthquake issues and dengue prevention.

All feedbacks from communities are recorded and documented through the CEA logbook. As of 30 September 2020, PMI has received 1,656 feedbacks. Most feedbacks were responded to in under 24 hours with a smaller number being responded to within 48 hours. PMI volunteers were determined to respond to and close the feedback loop with the communities. The feedbacks were analysed with sectors accordingly to develop and improve programming and service delivery. A feedback manager (volunteer) is responsible to compile all the feedbacks. Feedback summaries are regularly shared with sector leads to adjust and develop activities according to input by communities. Feedback SOPs have been developed and implemented to guide staff and volunteers on receiving and responding to communities' feedbacks to ensure better communication and protect all personal data. Tables below provide details regarding feedback for each sector and preferable communication channels. Details of feedback derived from the community is presented in the table below:

Table 19: Number of feedbacks derived from the community regarding PMI services per sector

Sector	Questions	Requests	Suggestions and information	Compliments	Complaints	Mis-information	Total
CVA	331	26	81	69	55	1	563
Health	134	54	63	27	17	6	301
WASH	25	192	23	31	17	1	289
Relief	50	54	58	19	25	1	207
PSS	2	15	10	15	2	0	44
Shelter	13	6	2	13	3	0	37
Others	81	23	36	64	7	4	215
Total	636	370	273	238	126	13	1,656

Table 21: Number of feedbacks derived from the community regarding PMI services

Comm. Channel	Complaints	Requests	Questions	Compliments	Mis-information	Suggestions and Information	Total
Face-to-face	62	117	304	209	8	188	888
Telephone	24	158	142	10	2	21	357
WhatsApp	19	43	77	8	2	18	167
SMS	13	19	26	7	1	9	75
Twitter	3	18	32	1	-	3	57
Facebook	2	12	28	3	-	10	55
Instagram	-	3	18	-	-	20	41
Radio	3	-	9	-	-	4	16
Total	126	370	636	238	13	273	1,656

The CEA team also supported the production of various IEC materials, particularly supporting sectoral teams to align messaging to communities' needs and contextual issues to more effectively deliver information as aid and promote behavioural changes in the communities.

Table 21: IEC material produced and disseminated

No	Sector	Topics	Types	Produced	Distributed	Stock
1	Shelter and DRR	Anti asbestos sensitization	Poster	4,000	3,638	362
			Banners	375	184	191
2	Health and DRR	Do not litter campaign	Poster	4,000	3,550	450
			Banners	375	375	0
3	Health	Malaria prevention	Poster	4,000	3,500	500
			Banners	150	34	116
			Stickers	4,000	3,875	125
4	WASH	Washing hands	Poster	4,000	4,000	0
5	DRR	Earthquake Mitigation	Poster	4,000	3,773	227
6	DRR	Landslide Mitigation	Poster	4,000	3,640	360
7	PSS	Disaster Mitigation Floor Game	Gameboard	10	7	3
8	PSS	Domestic Violent Prevention	Flyer	5,000	5,000	0
9	Health	COVID-19 Prevention	Brochure	1,000	1,000	0
			Flyer	850	850	0
			Baliho	81	81	0
			Banners	1,046	1,046	0
			Poster	3,130	3,130	0
			Stickers	2,319	2,319	0
			Audio Files	5	5	0
Roll Banners	319	319	0			
10	Relief	Solar Lamp Manual	Flyer	5,000	5,000	0
11	Shelter and Relief	CASH distribution	Banners	60	60	0
			Booklet	4,200	4,200	0
Total				51,920	49,586	2,334

For COVID-19 pandemic response within the operation, CEA has been working with the health and WASH sectors to enhance and strengthen risk communication and community engagement (RCCE) strategies. Key messages and FAQs for staff and volunteers have been developed to answer communities' questions and feedbacks. Close coordination with local government is established to ensure activities are in accordance with government's actions and regulations. CEA-supported COVID-19 RCCE activities include:

1. Mass SMS blast

SMS to 63,796 telephone numbers have been sent containing messages on maintaining physical distance, washing hands with soap, and direction for staying at home were sent to people in traditional markets, airport, and ports in PMI intervention areas and communities. The next round of SMS Blast is planned on October 2020 with COVID-19 prevention during new normal messages.

2. Interactive radio talk shows with province-wide local radio stations

A series of discussion on common issues regarding COVID-19 with PMI representatives and experts, including government agencies and stakeholders, were broadcasted to reach communities in remote areas which have limited information sources. Radio is one of the preferred communication channels in Lombok because of its accessibility. Radio shows have also allowed communities to give their feedback and raise their concerns via phoning in. As of September 2020, 16 episodes have been aired with various COVID-19 discussion including PGI crosscutting issue. Radio show series will be concluded by December 2020.

Table 22. Radio show sessions aired during May - September 2020.

Episode	Date	Topic	Speaker
1	18-May-20	Postponing Homecoming (Ied Exodus)	PMI: Ir. H. Rudy Razak Guest: Ir. H. Ahmadi (NTB Regional Disaster Management Agency - RDMA)
2	28-May-20	COVID-19 symptoms	PMI: Ns. L. R. Dody Setiawan Guest: Dr. Nurhandiani Eka Dewi SPA., MPH (NTB DoH)
3	04-Jun-20	COVID-19 Social Stigma in Communities	IFRC: Septian Fajar NTB RDMA: Ir. H. Ahmadi
4	10-Jun-20	Self-isolation and Quarantine	PMI: Ns. L. R. Dody Setiawan Guest: Dr. Zainul Arifin, MPH (NTB DoH)
5	17-Jun-20	Stay at Home Campaign	PMI: Ns. L. R. Dody Setiawan Guest: Dr. Zainul Arifin, MPH (NTB DoH)
6	24-Jun-20	Combating Hoax and Misinformation	PMI: Aulia Arriani Guest: Ir. H. Ahmadi (NTB RDMA)
7	01-Jul-20	Pandemic Risk Communication	IFRC: Septian Fajar Guest: Dr. Zainul Arifin, MPH (NTB DoH)
8	08-Jul-20	Human Resources Development in Communities During Pandemic	PMI: Abdul Majid Guest: Ir. H. Ahmadi (NTB RDMA)
9	15-Jul-20	Body Management on COVID-19	PMI: Mahfud Guest: Dr. TGH. Lalu Ahmad Zainuri, LC. MA (NTB Ulama Council)
10	22-Jul-20	First Aid and Family Treatment COVID-19	PMI: Ns. L. R. Dody Setiawan Guest: Dr. Zainul Arifin, MPH (NTB DoH)
11	29-Jul-20	Engaging People with Disabilities on COVID-19 Management	IFRC: Septian Fajar Guest: Sri Sukarni (NTB association for women with disabilities)
12	19-Aug-20	Resiliency and Optimism Post COVID-19	PMI: Ns. L. R. Dody Setiawan Guest: Cukup Wibowo (COVID-19 survivor)
13	26-Aug-20	Recent COVID-19 Rumours	PMI: Ns. L. R. Dody Setiawan Guest: Dr. Zainul Arifin, MPH (NTB DoH)
14	02-Sep-20	Enhancing Immunities to Fight COVID-19	PMI: Ns. L. R. Dody Setiawan Guest: Dr. Zainul Arifin, MPH (NTB DoH)
15	09-Sep-20	Stress Management on Pandemic Situation	PMI: Wahyu Nurwasi Guest: Mario Manuhutu (Stress Counselor)
16	30-Sep-20	Self-disinfection on Daily Life	PMI: Hery Diyanto IFRC: Fakhri Ridwan

3. Printed IEC

Various IEC material has been installed in public places and PMI social media platform. In coordination with government's effort on risk communication and community engagement, PMI developed and distributed IEC materials, such as stickers, poster, banners and billboard, which has been designed according to local context and needs. These were attached in public places such as public transportation vehicles, religious places, markets and tourism spots. A total of 8,750 IEC materials have been installed to complement governments' communication products in 7 districts.

An Asia Pacific CEA training was conducted in Myanmar on May 2019, focusing on the theory and the current practice on how to integrate CEA within the Red Cross and Red Crescent programme cycle during emergency operations, longer-term protracted crises – both in contexts of natural disasters and armed conflict – as well as

development programmes. Five personnel, two personnel from PMI NHQ and three personnel from IFRC, participated in this training.

Coordinating role of the IFRC within the international humanitarian system is enhanced

The SCST consists of teams in Lombok, Palu and Jakarta, and includes seconded staff from cluster partners assisting with technical support and as district coordination focal points. The team has provided support to the Ministry to run regular coordination meetings, manage and analyse response and assistance information, and develop technical guidance and sector strategies. The team has also provided technical support to both the Ministry and partners, including dedicated support on specific technical issues that have arisen from the current responses. Examples of issues requiring specific technical support include Asbestos contamination in the Lombok response, Forced Relocation and Collective Shelters in the Palu response, and HLP (Housing, Land and Property Rights) in both responses. The team is also assisting the Ministry in the development and improvement of national shelter guidelines, standards and laws, training of Ministry staff, and assisting the Ministry in its role in the reassessment and improvement of the National Disaster Management System.

The SCST's biggest goal and most significant achievement has been empowering and strengthening of the Ministry of Social Affairs to better understand and fulfil their role as lead of the National Shelter Sub-Cluster within the national protection and Displacement Cluster. Key notable achievements of the Shelter Coordination Support team include:

1. Successful coordination of 67,000 household's worth of Emergency Shelter Assistance, along with 74,811 households of NFIs, and 48,743 households of Temporary Shelter assistance.
2. Initial early agreement with the Ministry on coordination support needs, followed by rapid deployment of a SCST and agreement on emergency shelter strategy, IM systems, etc.
3. Adoption of the PMI Shelter Guidelines as the Indonesian National Shelter Guidelines.
4. Development of provincial shelter strategies on Temporary Shelter Assistance by nongovernment actors, which was then passed into a legally binding Provincial Decree (this appears to be the first time a shelter strategy has been enshrined in law globally).
5. Advocating for permission to deploy an additional coordination support team to Lombok, where international assistance had previously been blocked.
6. Creation of national Asbestos Risk Reduction Guidelines endorsed by the Ministry and HCT.
7. Conducting an international standard Coordination Skills Training for Ministry and Department of Social Affairs staff, as well as sending National SCST staff to Global Humanitarian Shelter Coordination Training.
8. Releasing National Recommendations on Housing, Land and Property Rights.
9. Supporting the Ministry to host the first ever Indonesian National Shelter Week in Lombok with over 200 participants from 80 agencies across 14 countries. This included the first National Shelter Workshop, the Asia Pacific Regional Shelter Practitioners Forum and a Regional meeting of the Global Shelter Cluster.
10. Supporting and accompanying Ministry staff to attend the Global Shelter Cluster Meeting in Geneva, who were recognised as the world's leading example of successful localization and nationalisation of shelter coordination.
11. Coordinating safe reconstruction training for women in Palu.
12. Facilitating the creation of a Provincial Strategy on the role of NGOs in Permanent Housing Reconstruction, which was then also passed into law as a Ministerial Decree in Palu. This provided guidance and enshrined the right of NGOs to assist. It also for the first time provided a legal framework for supported self-relocation to self-selected sites, rather than mandatory relocation to government specified locations.
13. Negotiating for asbestos to be banned from all Public Works reconstruction efforts in Palu and then facilitating the passing of a Ministerial Decree banning the use of asbestos by all agencies assisting in disaster response in the province. This is the first time a province in Indonesia has banned asbestos in a country where it is still legal for sale.

National Level Coordination

The SCST has three offices, one in Palu, Lombok and one at the national level. The National team is the largest of the three teams, providing logistics and technical support to both responses as well as hosting specialist consultants and/or seconded staff from cluster partners to assist on particular projects. The National team coordinates closely with the field offices, ensuring representation of field level concerns and issues in the broad range of National and International coordination meetings that occur at the Jakarta level. While the field offices are primarily focused on direct coordination and technical support to agencies, the national team is more focused on larger strategic issues and logistics. This includes working closely with the Ministry on development of overall sector strategy and support plans, as well as working closely with the IFRC Global Shelter Cluster team in Geneva on funding proposals, TORs for assessments, trainings and job descriptions for staff and consultants. The team also works closely with the IFRC

Jakarta office to fulfil IFRC administrative, financial, HR and logistics requirements and ensure the smooth operation of the overall team.

At the national level, the twin disasters of 2018 have brought about a concerted effort to re-think and improve the national disaster management system. The success of the National Shelter Sub-Cluster has meant that the team is heavily engaged with both the National and International humanitarian community in rethinking and advising on the restructuring or improvement of the national system and the development of improved SOPs. Additional specific activities of the national team are listed below:

Support to TAGANA Shelter training and other Ministry events

In addition to supporting the current responses the national team supports the Ministry in other shelter related activities. One of these activities is the training of the Ministry's pool of over 30,000 TAGANA volunteers. The MoSA TAGANA program trains and deploys a pool of over 30,000 volunteers across Indonesia. Prior to 2017 these volunteers played a generic role, supporting newly affected areas in disaster response and their own provinces in disaster preparedness. The 2018 disasters have made MoSA aware of the need to train more senior TAGANA for more advanced roles, including the provision of shelter assistance. For the past year, the SCST has helped MoSA facilitate the shelter components of these trainings. In addition to supporting TAGANA training, the Ministry hosts or participates in a broad range of national events where they would like the support or participation of the SCST. This can involve a broad range of events such as the upcoming National Volunteers Day, National inter-cluster coordination meetings and reviews.

The SCST will continue to support shelter specific TAGANA training and participate in other important Ministry events over the next year, although this will remain only a small component of the work of the SCST as resources permit.

Information Management

The national coordination support team includes the National IM Manager who has worked closely with the Global IM Coordinator and the provincial IM staff to develop and maintain the national shelter 3W database to track the activity of cluster members. The IM team is continuously developing new tools for improved and better automated reporting and gap analysis. The team has recently launched a new interactive online dashboard and is perfecting and documenting this for use in future response. The IM team is currently working with OCHA and the PP Cluster to organise a national IM Working Group Workshop to discuss and agree upon a common IM support strategy for the year ahead. The team plans to design and deliver an IM training based on the findings of the workshop.

Information Management plans over the next six months include:

- a. Continuing to maintain 3Ws, mapping for Lombok and Palu
- b. Provide IM support for other minor disasters as they may occur
- c. Designing and delivering a national Shelter IM training

Communications and Social Media

A critical aspect of the work of the SCST has been in the area of communications. The entire response to both the Palu and Lombok disasters has been run by both the Indonesian Government and the national response community in real time in WhatsApp Groups (WAGs). As well as speeding up communication and in many ways improving the response, this medium has posed significant challenges to ensuring transparency, accountability and open participation. The SCST Communications team continues to administer dozens of WhatsApp groups, monitoring and moderating them to ensure that questions are answered, appropriate information supplied and recorded. At the peak of the response this involved monitoring hundreds of postings per hour, cross posting key documents to appropriate groups as well as cataloguing and storing important postings to the clusters Google drive for future reference.

At the start of the Palu response the Indonesian Government made it very clear that all disaster management would be happening through the Indonesian National Disaster management system, not through the international system, and that all meetings were to be conducted in Bahasa Indonesia, preferably by Indonesians. This decision ensured that the National DM system was tested in full and pushed national actors to step up to the plate and play a more active role in disaster management. Supporting this decision proved challenging in many ways for the SCST.

High speed WhatsApp messaging in a second language was extremely challenging for non-Bahasa speakers. The SCST also spent a lot of time simultaneously translating back into English for English native speakers, as well as

trying to produce as many documents as possible bilingually to ensure access to information for international donors and agencies. Finding and then engaging high level bilingual staff has also proved challenging.

In addition to the coordination work conducted largely through Whatsapp, the national communications team also manage the sub-cluster's Facebook, Twitter and Instagram accounts, as well as developing visual tools to help communicate sector's messaging and supporting MoSA staff to develop bilingual presentations and other documents as needed. The team is currently creating a short video to explain and promote the concept of shelter as a participatory people centred process and not just a product.

The Communications team plans over the next months include:

- a. Managing and moderating Shelter Sub-cluster coordination Whatsapp Groups
- b. Managing Shelter Sub-cluster Social Media; Facebook, Instagram, Twitter
- c. Translating documents as required to ensure cluster's bilingual capacity
- d. Creating more simple visual content for social media to explain shelter concepts
- e. Assisting the ministry and SCST in the preparation of PowerPoints and PDFs

Regional Shelter Coordination

In addition to direct support to the current response, the SCST provides support to the Ministry to play a stronger role in both regional and global shelter coordination. In August 2019 with the support of the SCST, the Ministry of Social Affairs hosted the first Indonesian National Shelter Week. The week was formally opened by the head of the National Disaster Management Agency, along with the Deputy Director of the MoSA and the Global head of the Shelter Cluster. The week brought together more than 200 shelter practitioners from more than 80 agencies across 14 countries in the region. The week started with a two-day National Shelter Workshop focusing on lessons learned in the recent responses. This event provided a unique opportunity for the community of Indonesian shelter practitioners to come together and reflect on their experiences and engage in detailed discussions on a broad range of shelter issues in a way that has never happened before in Indonesia. The results of the workshop are being used to guide the ongoing work of the Cluster. The week included two significant regional events, the first of which was a regional meeting of the Global Shelter Cluster. This provided a unique opportunity for local and regional actors to participate and be heard in global level discussions. The second regional event was the Asia Pacific Shelter Practitioners Forum. This was the third regional shelter forum to be conducted in Asia, with the first two happening in Bangkok. The forum brings together shelter practitioners from across the region, allowing them to meet their counterparts in other countries and discuss openly the similarities and differences of response across the region. The forum aims to strengthen the regional community of practitioners and build inter-country relationships for future response. The week culminated with a one-day field trip throughout the affected areas in Lombok, allowing many international participants to visit affected areas that had previously been barred to foreigners. At the end of the week, Indonesia formally handed on the baton for the hosting of the next Regional Shelter Week to Nepal who will host a similar event later this year.

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

Indicator:	Target	Actual
<i>Complementarity and strengths of the Movement are enhanced</i>	Yes	Outcome indicator will be reported in final report

Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

Indicator:	Target	Actual
<i># of RCRC coordination meetings</i>	As necessary	Ongoing

Output S2.2.2: Shared services in areas such as IT, logistics and information management are provided

Indicator:	Target	Actual
<i>IM system is implemented</i>	Yes	Yes

Progress towards outcomes

Regular weekly coordination meetings are held within PMI/IFRC to discuss ongoing operational progress and challenges. During emergency and early recovery, IFRC/PMI also maintained coordination with partner and was a member of the shelter sub-cluster group which regularly update the 5W matrix data which contains integrated information from all sectors (with detail of activities of who, what, when, where, how many) and was used as a tool to coordinate with relevant government agencies and non-governmental organizations to improve coordination and prevent duplication of interventions. Several joint Shelter/WASH meetings and meetings for shelter sub-cluster took place in the provincial social service office. PMI was represented in these meeting along with other CSOs and NGOs.

Emergency Needs Assessment training of trainers for surge capacity enhancement was conducted from 8-12 April 2019 in Semarang. This training aimed at equipping assessment coordinators and information analysts with the necessary frameworks, skills and knowledge to successfully design and implement emergency needs assessments and deliver high quality end products usable for planning and strategic decision making. Participants from National Societies in Indonesia, Bangladesh and Philippines attended this training.

Mobile data collection training of trainers was also conducted in Semarang from 13-17 May 2019. The training aimed at strengthening the capacities of NS and standardizing the process of data collection, management and analysis using mobile devices to be at par with global best practices. Participants from Asia Pacific National Societies and IFRC offices, including the field officer and PMER officer in Lombok participated the training.

Information technology (IT) and information management (IM)

PMI utilizes its existing capacity to facilitate the collection, collation, analysis, and dissemination of relevant multisectoral data and information to support evidence-based decision making that can contribute to an effective humanitarian intervention. However, support is being provided by IFRC to sectoral and cross-cutting teams to manage and process information and data including beneficiary lists, recorded through the ODK system (Open Data Kit/mobile data collection tools).

IFRC ERU IT/Telecom visited Lombok in the early stages of the emergency to assess the IT system and reviewed provincial and district existing IT requirement and challenges faced. Some recommendations were provided based upon observation. FACT and RDRT IM personnel also arrived to review and strengthen the PMI information management system and also develop staff capacities on data reporting quality during the initial stages of the operation.

Influence others as leading strategic partner

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

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

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

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

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

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

Progress towards outcomes

Media relations:

Since the first earthquake, PMI has communicated actively through the traditional media, PMI website and social media platforms. IFRC communications personnel (CCST, APRO and surge staff) supported PMI to deal with extensive international media and partner National Society interest by developing key messages, issuing information including social media content, gathering and distributing audio visual material, and conducting media trips to the field.

Red Cross actions after the earthquakes were almost 5,000 times in media and social media from 5 to 13 August 2018, international media coverage has included live and recorded interviews with CNN, Al Jazeera, France 24, Washington Post, Voice of America and Euro news, and with the arrival of surge communications, Finnish media.

Items posted on IFRC channels include:

- [In pictures: A sign of hope and recovery one year after the earthquakes](#)
- [Indonesia: Homes, food, water still top priorities six month after the Lombok Earthquake](#)
- [In pictures: Lombok earthquake runs the risk of becoming a silent disaster](#)
- [Indonesia Lombok earthquakes: Tears of relief as first help reaches remote villages](#)
- [In pictures: Survivors of Lombok earthquakes tell their stories](#)

- [In pictures: Finding the new normal through multiple earthquakes and aftershocks](#)
- [In pictures – Lombok Earthquake: One month and more than 1,500 aftershocks later](#)
- [Lombok earthquakes: First aid family gets back up from Indonesia Red Cross](#)
- [Indonesia: In wake of “exceptionally destructive” earthquake, Red Cross announces major recovery and rebuilding operation](#)
- [PMI/IFRC Humanitarian Digest – August 2020 : CVA benefit for families amid pandemic.](#)

The communications team generated and shared communication packs which included key messages and figures, photos, infographics and videos to showcase the work of the PMI, particularly on shelter cash assistance, shelter, WASH, health, DRR. Communication products has been shared and published by local online and conventional media. Press has been invited in PMI activity and engaged as partner for public relation.

To commemorate 2 years after the disaster, IFRC and PMI released several articles and publications regarding the operation on mainstream media in regional and national level. The publications also linked to humanitarian day celebration to echo the spirit of PMI NTB volunteers assisting the community during the recovery phase. Additionally, a set of visual content is planned to be developed summarizing the process and the impact operation brings to earthquake affected community in Lombok.

Assessments and evaluations:

A recovery assessment was conducted on November 2018, which informed the revisions of the Lombok EPOA. (*results are on the needs analysis section*). Real Time Evaluation (RTE) was also conducted in Lombok and Sulawesi provinces on December 2019 to review the effectiveness of the operation and feed into further planning, as well as assess the operationalization of the localization principle. FGD exercises in three selected areas showed that shelter and WASH was the best entry point to start recovery interventions while the other sectors such as health, PSS, DRR, CEA, NSD are designed to be complementary components aimed towards community resilience.

PMI and IFRC have been assessing the changing needs in from the emergency to the recovery phase based on exit surveys, PDM surveys and general observation of personnel. Implementation strategies are contiously updated based on results of these informal assessment activities.

The progress of the operation is closely monitored and reported weekly to CCST Jakarta office and regularly provided to the general public through operation updates. IM personnel and sector leads are consulted throughout the process of generating reports to ensure high quality and validity of data reporting. Additionally, a mid-term review, covering operations in Lombok and Sulawesi, is expected to be conducted in February 2020 but has been cancelled due to travel restriction and COVID-19 situation in the region. A final evaluation of the whole appeal (including Sulawesi and Sunda operations), however, will be conducted on June 2021.

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

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

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

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

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

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

Progress towards outcomes

Partners who have contributed to the IFRC Emergency Appeal can be found in the [donor response](#) list. IFRC's resource mobilization team has been actively coordinating with donors (via partners call and meetings). Partners are also continuously informed of the situation on the ground, most recently with a partners call held on July 2020 which informed donors of adjustments made in response to the COVID-19 pandemic. The partners call was attended by technical and senior management staff of PMI and IFRC, as well as more than a dozen representatives from partner NSs.

Situation reports were issued during the response phase while operation updates have been continuously issued according to appeal guidelines. PMER continuously monitors and liaises with sectoral teams on issuing donor reports based on donor earmarked funding for the operation.

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%	Outcome indicator will be reported in final report

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

Indicator:	Target	Actual
% compliance with IFRC HR procedures	100%	100%

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

Indicator:	Target	Actual
% compliance with IFRC financial procedures	100%	100%

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

Indicator:	Target	Actual
# of updated security guidelines produced before second month	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. Security plans are also in place to ensure safety and wellbeing of staff and volunteers.

To further develop financial reporting and compliance to finance procedures, finance training for PMI personnel was held in Mataram, Lombok on 10-13 December 2019 with finance staff working on earthquake operation across PMI province and branches in NTB, Central Sulawesi and PMI NHQ participating. The training focused on basic financial management with a thorough discussion around practical challenges, reporting deadlines, as well as lessons learnt from all finance colleagues. Continuous mentoring was provided as the part of their capacity building, more accurate and timely financial reporting from PMI branches is expected which will enable IFRC to provide a more updated financial report to its management and stakeholders. In addition, IFRC finance team in Lombok will continue its close collaboration with its counterpart to actively collect reports from branches.

Adapting to the COVID-19 pandemic situation, the Business Continuity Plan (BCP) has been written to prepare IFRC Country Cluster Support Team (CCST) Indonesia and Timor Leste (including offices in Palu, Lombok and Timor Leste) for COVID - 19. It is designed to help ensure that the office can continue to deliver its essential functions and services despite disruptions and protect vital human and material assets. IFRC CCST Indonesia and Timor Leste has supported PMI to develop their own BCP and it has been adapted by PMI NTB. COVID-19 health protocol has been developed for various activities and personal protective equipment has been partially distributed to the staff and volunteers.

D. BUDGET

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

Reference documents



Click here for:

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

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

In the Indonesia Red Cross (Palang Merah Indonesia)

- **Sudirman Said**, secretary general; phone: +62 217 992 325; email: pmi@pmi.or.id
- **Arifin M. Hadi**, head of disaster management; mobile: +62 812 9777 7755; fax: +62 217 995 188; email: arifinmuhammadhadi@gmail.com

In IFRC Country Cluster Support Team, Jakarta:

- **Jan Gelfand**, head of CCST and representative to ASEAN; email: jan.gelfand@ifrc.org
- **Rad Al Hadid**, operations manager; email: rad.alhadid@ifrc.org
- **Moosa Shifaz**, program support delegate - acting field coordinator; email: moosa.shifaz@ifrc.org
- **Musfarayani**, communication coordinator; email: musfarayani.musfarayani@ifrc.org

In IFRC Asia Pacific Regional Office, Kuala Lumpur:

- **Gwendolyn Pang**, deputy regional director a.i.; email: gwendolyn.pang@ifrc.org
- **Necephor Mghendi**, head of disaster and crisis unit (DCPRR); Mobile: +60 12 224 6796; email: necephor.mghendi@ifrc.org
- **Nur Hayati Ahmad**, Operations Coordinator; email: nurhayati.ahmad@ifrc.org
- **Antony Balmain**, manager regional communication; 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	2018/7-2020/9	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	568,246	185,742	382,504
AOF2 - Shelter	3,899,399	3,981,274	-81,875
AOF3 - Livelihoods and basic needs	69,822	69,822	0
AOF4 - Health	294,440	231,778	62,662
AOF5 - Water, sanitation and hygiene	695,300	402,035	293,265
AOF6 - Protection, Gender & Inclusion	20,570	18,759	1,811
AOF7 - Migration	19,166	19,166	0
SFI1 - Strengthen National Societies	890,593	243,909	646,684
SFI2 - Effective international disaster management	1,066,972	856,214	210,757
SFI3 - Influence others as leading strategic partners	156,372	119,051	37,321
SFI4 - Ensure a strong IFRC	574,918	430,964	143,954
Grand Total	8,255,797	6,558,715	1,697,082

III. Operating Movement & Closing Balance per 2020/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,245,743
Expenditure	-6,558,715
Closing Balance	1,687,028
Deferred Income	0
Funds Available	1,687,028

IV. DREF Loan

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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2020/9	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

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	879,254				879,254		
Australian Government	359,802				359,802		
Australian Red Cross	88,438				88,438		
Austrian Red Cross (from Austrian Government*)	639,965				639,965		
Belgian Red Cross (Francophone)	54,711				54,711		
British Red Cross	635,614				635,614		
China Red Cross, Hong Kong branch	24,758				24,758		
Czech Red Cross (from Czech private donors*)	4,260				4,260		
Danish Red Cross	30,000				30,000		
European Commission - DG ECHO	729,328				729,328		
Finnish Red Cross	84,505				84,505		
Government of Malta	23,603				23,603		
Grab-GP Network Asia PTE LTD	12,464				12,464		
IFRC at the UN Inc (from Coca Cola Foundation*)	470,445				470,445		
IFRC at the UN Inc (from Facebook*)	425,632				425,632		
IFRC at the UN Inc (from Tides Foundation*)	119,182				119,182		
IKEA Foundation	15,000				15,000		
Intercontinental Hotels Groups(IHG)	24,354				24,354		
Ireland - Private Donors	114				114		
Italian Red Cross	34,235				34,235		
Japanese Red Cross Society	314,794				314,794		
Liechtenstein Government	35,000				35,000		
Liechtenstein Red Cross	121,288				121,288		
Luxembourg Government	41,257				41,257		
Netherlands - Private Donors	114				114		
New Zealand Government	332,409				332,409		
On Line donations	831				831		
OPEC Fund For International Development-OFID	389,264				389,264		
Other	1				1		
Red Cross of Monaco	34,031				34,031		
Spanish Government	115,436				115,436		
Spanish Red Cross	45,002				45,002		
Swedish Red Cross	8,291				8,291		
Swedish Red Cross (from Swedish Government*)	157,535				157,535		
Swiss Government	300,000				300,000		
Swiss Red Cross	130,000				130,000		
The Canadian Red Cross Society	56,514				56,514		
The Canadian Red Cross Society (from Canadian Gov	146,726				146,726		
The Netherlands Red Cross (from Netherlands Govern	1,135,981				1,135,981		
The Republic of Cyprus	22,538				22,538		
The Republic of Korea National Red Cross	188,602				188,602		
United States - Private Donors	4,981				4,981		
Western Union Foundation	9,484				9,484		
Total Contributions and Other Income	8,245,743	0	0	0	8,245,743	0	
Total Income and Deferred Income					8,245,743	0	