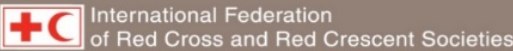




Emergency Plan of Action (EPoA) Indonesia: West Sulawesi Earthquake



DREF Operation n° :	MDRID020	Glide n°:	EQ-2021-000003-IDN
Date of issue:	16/01/2021	Expected timeframe:	4 months
		Expected end date:	31/05/2021
Category allocated to the of the disaster or crisis: Orange			
DREF allocated: CHF 459,977			
Total number of people affected:	77,000 (initial estimate based on shake map)	Number of people to be assisted:	20,000
Provinces affected:	West Sulawesi	Provinces/Regions targeted:	3 districts (Mamuju, Majene and Polewali Mandar)
Host National Society(ies) presence (n° of volunteers, staff, branches): Indonesian Red Cross (Palang Merah Indonesia or PMI) – has 34 provincial chapters and 474 district branches nationwide. As per 15 January 2021, PMI has deployed 145 Red Cross personnel, including staff and volunteers.			
Red Cross Red Crescent Movement partners actively involved in the operation: The IFRC Country Cluster Support Team (CCST) in Jakarta is providing technical support to PMI in planning and implementing DREF Operation.			
Other partner organizations actively involved in the operation: Provincial and district government agencies such as provincial level; Indonesian Disaster management Authority (<i>Badan Nasional Penanggulangan Bencana Daerah</i> or BNPDA), Indonesian Search and Rescue Authority (BASARNAS), and Department of Social Affairs (DINSOS), and Community Health Centre.			

A. Situation analysis

Description of the disaster

A strong earthquake with a magnitude of 6.2 occurred in Majene, West Sulawesi Province, on Friday 15 January 2021 at 1:28:17 Western Indonesia Time (or 02.28 WITA, local Indonesia time). The epicenter was located at 2.98 South Latitude and 118.94 East Longitude (or 6 km northeast of Majene-Sulbar). The earthquake did not trigger tsunami warning.

According to the Indonesian Meteorology, Climatology and Geophysics Agency (BMKG), the earthquake was a type of shallow earthquake that occurred due to local fault activity. Monitoring results show there was one foreshock (M 3.1) and six aftershocks with a maximum magnitude of 4.1. The earthquake was felt for about 5-7 seconds quite strongly in Majene district and Polewali Mandar district, causing the local community to panic. There are three districts impacted, in Polewali Mandar the damage reported has been minimal with only minor damage to some public buildings but no loss of lives or totally collapsed buildings. Majene and Mamuju experienced the most damage. In Majene 300 houses, a health center and a military office have been damaged. BPBD Majene advise that there are 3 points where landslides have occurred along the Majene-Mamuju damaging the main road and one bridge which has cut off access between Makassar and Mamuju. However, the road between Palu and Mamuju is safer and can be accessed.

Electricity and communication networks have been temporarily disrupted making it difficult to communicate with Mamuju. It has been reported that people in the affected areas are staying out of their houses in anticipation of aftershocks. It has been reported that the office of the Governor of West Sulawesi and the Maleo Hotel in Mamuju, West Sulawesi were heavily damaged. Furthermore, a major hospital in Mamuju has collapsed. Media reports also suggest that patients and hospital staff are trapped under the rubble of the hospital and that three other hospitals in the district have also been heavily damaged.



Initial assessments have confirmed that 46 people have died in the earthquake and a further 826 people have been injured. About 15,000 people have been displaced to 10 evacuation points in Majene. There are a further 5 evacuation points in Mamuju although the number of displaced in this district is not yet confirmed. It is believed that there are still people trapped in the rubble from collapsed buildings in Mamuju. Heavy damages have been reported by both districts, including the Governor's office, two hospitals, 25 schools, two hotels, a minimarket, a community health centre, Mamuju Seaport, a bridge, a TNI office and over 300 houses also sustained damages. These figures are likely to rise as damage assessments results become available.

In the early afternoon of 15 January 2021, the Indonesian Meteorology, Climatology and Geophysics Agency (BMKG) indicated that there is still the potential for aftershocks in Majene, which may cause landslides to occur under the sea potentially generating a tsunami. The agency is urging people to stay away from vulnerable buildings and coastal areas.

Summary of the current response

Overview of Host National Society Response Action

The PMI branch in Majene immediately mobilised 11 personnel, including 9 volunteers and 2 staff to conduct assessments, support evacuations from the affected area and provide ambulance services. The branch is also coordinating with relevant agencies on the ground. PMI HQ was unable to

communicate with the PMI team in Mamuju for the first 24 hours after the event occurred.

PMI headquarters is in close coordination with their branches in Palu, South and Central Sulawesi and Makassar to ensure sufficient surge capacity. PMI national headquarters has mobilised 200 family kits and 200 blankets from their warehouse in Makassar with support from the Tentara Nasional Indonesia Angkatan Udara (Indonesian Airforce) who are deploying a Hercules to the affected area. In addition, they are mobilising 100 hazmat PPE, 1,500 face masks, 2 rolls of tarpaulin measuring 4 x100m, 50 vests and 30 pair of boots. They are also deploying 2 personnel from Jakarta to support the assessments in Mamuju.

PMI's branch in South Sulawesi is mobilising 50 volunteers from Makassar City and Pinrang Regency along with 3 ambulances and 1 truck to assist with transportation of equipment and PPE to Majene. PMI's Central Sulawesi branch has mobilised 47 personnel, 2 ambulances, 1 water truck, 4 vehicles and 1 motorbike to Mamuju. West Sulawesi provincial branch is deploying 30 volunteers and a further 12 volunteers are being deployed from the branch in east Kalimantan. The East Kalimantan branch is also mobilising 200 family kits, 200 blankets, 6 water containers and a water treatment plant.

PMI is currently managing 4 ongoing DREF operations in response to various events in the country, including floods, population movement and volcanic activity. These operations are being implemented in Aceh, West Kalimantan, South Sulawesi, North Sulawesi and East Nusa Tenggara. In addition, the national society is managing its COVID-19 response

operation under the Global Emergency Appeal, which is targeting nine of the most affected provinces in the country. PMI's human resources are therefore at full capacity. Further, since the beginning of January PMI has been responding to 14 different small-medium scale flooding events, connected to the moderate-strong La Nina that is currently in effect. IFRC's disaster risk management team is providing intensive support to the implementation of the DREF operations, with the agreement of PMI headquarters, by liaising directly with the branches, responsible for implementation. Implementation is made even more challenging by the COVID-19 context in Indonesia which has seen COVID-19 positive cases and the rate of transmission double in the last 6 months. Despite these challenges, the operations are progressing, with two operations in Aceh and West Kalimantan and South Sulawesi due to conclude at the end of January.

Overview of Red Cross Red Crescent Movement Actions in country

IFRC have a country cluster support team (CCST) for Indonesia and Timor-Leste in Jakarta consisting of a head of office and technical capacities in disaster management, shelter, health, water, sanitation and hygiene (WASH), national society development (NSD), communication, protection gender and inclusion (PGI), community engagement and accountability (CEA) and support services in finance, human resources and administration. IFRC's CCST office in Jakarta is liaising closely with national headquarters and branches in Majene regarding damages and needs. IFRC's office in Palu has deployed one staff member to support PMI's assessment team from the national headquarters. In addition, IFRC have mobilised 199 family kits, 45 hygiene kits, 86 mosquito nets, 100 hazmat suits, 30 boxes of masks and 30 pairs of boots from stocks in Central Sulawesi.

Partner National Societies who are currently present in-country are American Red Cross, Japanese Red Cross Society, and Qatari Red Crescent. Besides partner National Societies, The International Committee of the Red Cross (ICRC) is also present in-country. The CCST is in the process of organising a meeting to update partners and coordinate on support to the operation.

Overview of other actors' actions in country

The provincial disaster management agencies Badan Penanggulangan Bencana Daerah (BPBD) from Majene, Mamuju and Polewali districts mobilised rapidly and are carrying out emergency response activities such as providing medical treatment to the injured, evacuating people from unsafe areas, collecting data and establishing evacuation sites.

The Head of the National Disaster Management Agency, Badan Nasional Penanggulangan Benaca (BNPB) and the Minister of Social Affairs have deployed to Mamuju to assess the situation. BNPB is monitoring all emergency response activities being carried out by different agencies including BPBD, Badan Nasional Pengelola Pebatasan (BNPP – the National Border Management Agency), BASARNAS (Search and Rescue), the Indonesian Army (TNI), and the Indonesian Police (Polri) who have all deployed teams to the areas to assist with search and rescue efforts.

A national health cluster meeting was conducted, led by National Health Crisis at Ministry of Health (MoH). The first health advance team was being mobilized to affected areas in collaboration with the Provincial Health Office to undertake a rapid health assessment. The national doctor and midwife association have mobilized its personnel to assist immediate medical cares in Mamuju. The health clusters in Mamuju and West Sulawesi have been activated.

The Ministry of Health (MoH) has mobilized its EMT (Emergency Medical Team) through support from MDMC (Muhammadiyah Disaster Medical Care), Dompot Dhuafa, and government hospital of Wahidin in Makasar (South Sulawesi). 25 ambulance units, orthopaedics kits, medicine and PPE have been sent to affected areas.

In addition, Indonesian Police has extended its support to affected population by mobilizing 136 personnel, 15 medical team, disaster victim identification (DVI) and Search and Rescue (SAR) team to assist initial needs of the emergency response. The assistance is coming through air assets deployment with two aircrafts due to disruption of access to locations.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

An earthquake causing significant damage has occurred in Mamuju, West Sulawesi, producing enormous losses, including: loss of life and injuries; damage to critical infrastructure such as the local hospital and local water supplies and; damage to the surrounding environment. Immediate needs include search and rescue to help extricate people stuck in the rubble; health and ambulance services to treat the injured; temporary shelter, including household items such as family kits, blankets and sleeping mats and; the provision of food at evacuation centres.

Given the damage to housing, the local hospital and central water supply, a timely public health response is crucial to reduce the public health risks resulting from the interruption to safe water access and sanitation facilities, and increased exposure and susceptibility to communicable diseases resulting from population displacement which will lead to

overcrowding in evacuation centres and as households take shelter with family members. Based on a health profile analysis of Mamuju the following table depicts the public health risks following the earthquake and the contributing factors as well as activities that can support prevention:

Disease	Contributing factors	Prevention
Diarrhoea	Contamination of food/water	Safe water supply
ARI (Acute Respiratory Infection)	Lack of shelter and blanket	Shelter and clothes
Malaria	New environment – poor environment status after the disaster	Mosquito net
Measles	Over-crowding – low coverage of MR immunization	Immunization
Tuberculosis	Over-crowding	Early detection/treatment
Tetanus	injuries	Clean treatment
Parasite disease	Contamination of water	Safe water supply and treatment
COVID-19	Overcrowding leading to lack of physical distancing, lack of masks	Provision of PPE, shelter allowing for physical distancing

Referring to national COVID-19 task force's updates, during September to November 2020, there was increasing data of the number of the confirmed COVID-19 cases in West Sulawesi and Mamuju district which has contributed the highest numbers to provinces cumulative cases. Up to September 2020, there were 504 COVID-19 confirmed cases in West Sulawesi, and Mamuju district recorded 208 cases (50% from province total cumulative number). Both Mamuju and Majene were identified community transmission for COVID-19 and flagged as high-risk or red zone areas of transmission in West Sulawesi province. With this in mind the COVID-19 operation will also contribute to the response in the affected area by supporting the procurement and mobilisation of 1,000 hygiene kits to the affected areas

To address these health risks, support will be required to try and ensure that evacuation centres allow adequate physical distancing and that displaced persons are provided with adequate household items such as blankets and sleeping mats. Water trucking will be needed for the emergency phase until the public water supply can be re-established. Installation of hand washing stations and emergency latrines at evacuation sites and the distribution of hygiene kits, including masks to prevent the spread of communicable diseases, among the population will be needed. Health and hygiene promotion will also be an important need among the affected population.

With around 15,000 people displaced, loss of livelihoods and overcrowding likely to be a factor in the emergency response phase, the risks of psychosocial impacts and sex and gender-based violence (SGBV) are reasonably high. Referral and psycho-social support services will be needed to support survivors of SGBV and the affected population at large.

PMI supported by IFRC is collecting the community feedback through social media monitoring in the local social media channels (Info Mamuju). According to feedback collected, the community requested for a clean water and the contact information to search their affected relatives. PMI is in discussions with ICRC on whether they are in a position to support RFL services.

Targeting

The bulk of support under the operation will initially target 20,000 people (5,000 households) directly impacted by the earthquake in the districts of Majene, and Mamuju, which have been most heavily impacted by the earthquake. A small amount of support will also be directed for households that evacuated from Majene to Polewali Mandar. The number of households that evacuated is only estimated at 160. The operation will target those who have been displaced and are staying in evacuation centres or with relatives. These figures may be adjusted in the coming days as the impacts and the profile of the affected population become clearer.

To ensure that interventions are aligned with both its own and IFRC minimum standards for protection, gender and inclusion in emergency programming, PMI will prioritise households with the following criteria:

- Families who have been displaced
- Pregnant or lactating women
- Female headed households
- Elderly people who live by themselves
- Families caring for a person with a disability

Estimated disaggregated data for population targeted.

At the current time accurate disaggregated data of the affected population is not available as needs assessments are ongoing. The following data has been extrapolated from the most recent census conducted in 2018.

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	8.44 %	49.2%	49.8%
Children (5-14 yrs)	21.4 %	49.2%	49.8%
Teenagers (14-19 yrs)	10.26 %	49.2%	49.8%
Adults (20 – 49 yrs)	43.55 %	49.2%	49.8%
Elderly (>50 yrs)	16.33 %	49.2%	49.8%

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Aftershocks occur causing a tsunami or further buildings to collapse	This is likely to cause further loss of life and livelihoods, damage to infrastructure and further displacement	<ul style="list-style-type: none"> As an auxiliary to government, PMI will support the collection of information and data while monitoring the situation in the affected areas. PMI will scale up their response through the DREF or an Emergency Appeal and will deploy further resources to support the response efforts
The affected area is impacted by another hazard such as a flood	This will expose the displaced population further and make them more vulnerable to health impacts and further displacement	PMI will scale up their response, coordinating closely with the government to prioritize displaced persons. Further financial and human resources will need to be deployed to the area.
Affected land is rezoned by government as no-build area	Shelter needs will take a long time to address and IDPs will have to remain in evacuation camps for an extended period IDPs may be removed from their livelihoods. This may lead to internal migration and long-term psychosocial and livelihood impacts.	PMI may consider supporting the affected communities through long-term recovery programming.

Operation Risk Assessment

Risk area	Controls management
Staff and volunteer health: risk of contracting COVID-19 through clinical or community-based activities in the response.	<ul style="list-style-type: none"> Information and training for staff and volunteers. PPE and orientation on the proper use and disposal of PPE for all frontline volunteers and staff in high-risk affected areas. Training on COVID-safe implementation for PMI staff and volunteers. Minimise non-essential travel as written in the PMI and IFRC BCP.
PMI is currently managing four ongoing DREFs as well as a COVID-19 operation. With limited human resource capacity there is a risk that they may find it difficult to deploy someone experienced to support the branch with implementation.	<ul style="list-style-type: none"> Central and South Sulawesi as well as West Kalimantan branches have already deployed staff and volunteers to the affected areas. These branches have good capacity to implement emergency operations. Salary for short-term staffing needs for PMI have been factored in to the budget and IFRC will be encouraging PMI to either recruit or relocate an experienced operations manager to support the branch with implementation.

Risk area	Controls management
Increase of COVID-19 cases in the evacuation centres	<ul style="list-style-type: none"> • 3M protocols (<i>Menggunakan Masker</i> or wear mask, <i>Menjaga jarak</i> or maintain safe space and <i>Mencuci tangan</i> or wash hand) in place • Mask distribution for IDPs in evacuation centres • Shelter/evacuation centre arrangement to meet safe distancing and COVID -19 protocols
Negative media coverage related to handling of the response operation.	<ul style="list-style-type: none"> • Proactive communication with media and stakeholders. • Community Engagement and Accountability. • Thorough needs analysis, planning, prioritisation and reporting.
Disruption on the access to deliver support such as road cut off, bridge collapsed, airport damaged as the impact of earthquake	<ul style="list-style-type: none"> • Mapping alternative routes and transportation
Aftershocks	<ul style="list-style-type: none"> • Active communication on what to do during the earthquake • Set up the evacuation centres in the safe zone, open space, higher ground and far from the seaside

B. Operational strategy

Overall Operational objective:

The main objective of the operation is to provide targeted support to 20,000 people (5,000 households) directly impacted by the earthquake to meet their immediate needs in the areas of shelter, health, WASH and PGI. This will be achieved through coordinated and integrated efforts with government and other key stakeholders in the affected areas.

All 5,000 households will be targeted with health and WASH activities. Five water trucks will be deployed to support the provision of water in areas where the main water supply has been disrupted. Three water treatment plants have been mobilized and will be strategically placed, based on need, to provide clean water for 5,000 people at evacuation centers. Hygiene and health promotion will be delivered as a priority in evacuation centers targeting 10,000 people. 1045 hygiene kits, designed to meet the hygiene needs of a family for 1 month, will be covered under the DREF operation. A further 1,000 hygiene kits will be covered under the ongoing COVID-19 operation.

While assessments are still ongoing, a smaller number of households (2,000) will be targeted initially, to provide more intensive support, based on needs assessments, through the provision of sheltering items such as blankets, tarpaulins, family kits and baby kits.

Ambulances have already been deployed to the affected area. Two mobile medical units will be deployed, one to Majene and the other to Mamuju to provide first aid and pre-hospital medical services to 5,000 people. In addition, PMI will target 5,000 people for psycho-social support.

PMI will be undertaking rolling assessments in the coming weeks to assess the evolving needs in the affected areas. They are making the most of their available resources in surrounding provinces with teams, stocks, vehicles and equipment being deployed from South Sulawesi, Central Sulawesi, East Kalimantan and headquarters. Currently approximately 145 staff and volunteers have been deployed to the affected areas.

One of PMI's CEA specialists has been deployed as part of the assessment team traveling from Central Sulawesi. A CEA assessment will be undertaken to determine the immediate information needs of the affected population and support the development of a CEA strategy for the operation as well as to establish feedback mechanisms for the affected population.

Referring to data, during September to November 2020, there was increasing data of the number of confirmed COVID-19 cases in West Sulawesi and Mamuju district, which has contributed the highest numbers to provinces cumulative cases. Up to September 2020, there were 504 COVID-19 confirmed cases in West Sulawesi, and Mamuju district recorded total 208 cases (50% from province total cumulative number). Both Mamuju and Majene were identified community transmission for COVID-19 and flagged as high-risk or red zone areas of transmission in West Sulawesi province.

Following the current situation of COVID-19 transmission in affected areas, Ministry of Health through National Health Crisis required rapid antigen test for COVID-19 to all personnel who being mobilized to affected areas. Since health system, government hospital and Primary Health Care (Puskesmas) were collapsed due to disaster, the COVID-19 screening was provided by EMT team of MoH with supported by other partners.

Given the high rates of COVID-19 in the area prevention interventions for both staff and volunteers and affected people will be a priority for the operation. PMI will conduct orientation on COVID-19 case management for volunteers in the affected areas to support local surveillance and referral. Basic health screening will be undertaken by mobile health clinics and volunteers and evacuation centers and case referrals will be made through local referral systems as necessary. Staff and volunteers will receive PPE and regular health screening of staff and volunteers under the operation will also be undertaken. IFRC will support with training on COVID safe implementation guidelines for relevant branches. A small provision to support testing of volunteers and staff who are suspected to be COVID-19 positive has been made.

Operational Support Services

Human resources

PMI West Sulawesi provincial level will lead the operation and will hire or second additional temporary staff to support with daily activities and implementation of the operation focusing on WASH and emergency health and the operation services, while PMI NHQ will oversee the management of the operation and support the financial management. Staff and volunteers from neighboring branches in South and Central Sulawesi and East Kalimantan have been deployed to support the initial emergency phase. Insurance will be provided for volunteers. For the initial response to the earthquake, PMI has utilized the branch's existing staff and volunteer base, with support from PMI NHQ. To support the assessment and set-up the operation on the field, IFRC field team based in Palu, deployed 1 staff to join the response activities in West Sulawesi. On the other hand, the Jakarta based Disaster Risk Management Officer from CCST will assist in the overall management, reporting and financial control of the operation.

Community Engagement and Accountability

PMI has established community feedback mechanism for emergency and COVID-19 responses. A CEA rapid assessment will be conducted immediately by the PMI CEA team with technical support of IFRC. The rapid assessment will look closely at information needs of the displaced community as well as feedback channels and other concerns. The rapid assessment will target various community groups including women, children, elderly, and vulnerable group. The PMI CEA team in national headquarters has good coordination with CEA focal point in PMI Central Sulawesi who has been deployed to the affected area to collect information. PMI headquarters team is monitoring online as well as to share information on earthquake survival and safety tips through local social media. According to feedback collected from local social media, the community requested water and the contact information to search their affected relatives. Further technical oversight will be monitored and supported by PMI NHQ, while CCST's DRM and CEA/PGI focal point will support the development of strategies for CEA based on the rapid assessment result while continue using social media and PMI NHQ hotline as feedback mechanism. Existing feedback mechanisms will be adjusted to support the whole operation.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Under the operation PMI will be leading on procurement with a mix of new procurement and replenishment of stock that has been distributed. PMI branches in Sulawesi will work directly with PMI NHQ for the transport of goods to the location where local procurement is not available.

Communications

IFRC will support the Indonesian Red Cross communications team to communicate with external audiences with a focus on the earthquake and the Red Cross humanitarian action assisting people affected by the disaster. The communications will generate visibility and support for the humanitarian needs and the Red Cross Red Crescent response. Close collaboration will be maintained between the Asia Pacific IFRC regional communications unit, IFRC CO/CCST and the National Society to ensure a coherent and coordinated communications approach.

Written and audio-visual content will be produced, along with relevant social media and digital products, as appropriate. Communications content will be promoted on regional and global IFRC channels and shared with National Societies in the IFRC network. Media and social media scanning will aim to increase effectiveness and contribute to assessing and managing risks.

Security

The National Society's security framework will apply throughout the duration of the operation to their staff and volunteers. The National Society will brief its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. IFRC staff will monitor progress remotely; there will be no deployments or visits conducted due to current security regulations. The IFRC CCST Jakarta security focal point will work closely with the PMI NHQ and provincial branch to provide advice as required. The operation will follow the existing security regulations of the IFRC. Volunteers will be provided with mobile phones in order to ensure they have means of communication at all times throughout the operation. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

Planning, monitoring, evaluation, & reporting (PMER)

The Plan of Action will be guided and monitored by PMI West Sulawesi province with support from PMI HQ and the IFRC Operation Manager in Jakarta. Updates on the event and response will be posted on GO Platform.

Reporting on the emergency plan of action will be carried out according to IFRC standards. Due to COVID-19 situation, monitoring visits to the affected communities will be done by PMI branches aligned with the social and physical distancing measures for COVID-19. In addition, monitoring can also be done through phone interviews and or offline/online questionnaire with beneficiaries, volunteers and others participating in the response to assess progress at regular intervals. At the end of the operation, a lessons-learned workshop may be carried out by PMI staff, volunteers and relevant stakeholders.

Administration and Finance

IFRC CCST will provide the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Society on procedures for justification of expenditures, including the review and validation of invoices. The IFRC finance focal point in Jakarta will provide oversight.

AP005	Identification of caseloads and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response	X	X	X	X												
AP005	Coordination with other relevant sectors for integrated programming	X	X			X	X			X	X			X	X		
AP005	Coordination with government and other stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AP005	Distribution of the shelter and household items to the affected population (blankets, tarpaulins, sleeping mats, baby kits and family kits)	X	X	X	X	X	X	X									
AP005	Monitoring of the use of distributed shelter and household items				X		X			X			X				
AP005	Evaluation of the shelter support provided													X	X	X	X



Health

People targeted: 10,000 people

Male: 4,000

Female: 6,000

Requirements (CHF): 51,815.50

Needs analysis:

The earthquake has generated large volumes of disaster waste, comprised of a mixture of soil and sediments, building rubble, fallen trees, fishing boats, municipal waste, hazardous materials, as well as human and animal remains. Water supply is still one of the major needs for the affected people. The most common diseases presenting to health facilities are skin conditions, diarrhea, fever, influenza-like illnesses (ILI) and injuries. Outbreak potential diseases include Acute Flaccid Paralysis (AFP), Measles, bloody diarrhea, watery diarrhea, jaundice, hemorrhagic fever, and malaria. Water borne diseases and vector borne diseases (malaria, dengue, and chikungunya) are expected to increase, especially as rains are expected in the next few weeks. Mapping the targeted high-risk areas for public health emergency interventions will be essential in the coming days, this activity will be coordinated through actors in the local health cluster, which has been activated, including the provincial health office (PHO) the District Health Office(DHO) as well as local health centers (Puskesmas).

Earthquakes cause high mortality due to trauma, wounds and Injuries will be numerous due to the initial impact of the earthquake and subsequent rescue and clean-up activities. Surgical needs are critically important during the first days and weeks. The majority of the injured are likely to have minor cuts and bruises, a smaller percentage will suffer from simple fractures, and a minority (but a significant number) will present with serious multiple fractures or internal injuries and crush syndrome requiring surgery and other intensive treatment. These serious injuries are likely to overwhelm existing treatment capabilities, resulting in further delays. Risk of wound infection and tetanus are high due to the difficulties with immediate access to health facilities and delayed presentation of acute injuries.

Some survivors are displaying signs of trauma, with several apprehensive of going indoors for fear of aftershocks. The intensity of damage and need for psychosocial support (PSS) is huge particularly as many people may remain displaced for a long time. Generally, people were concerned about basic supplies, food, water, shelter. Health workers have experienced trauma and are in need of psychological first aid and PSS. There is the need to provide psychosocial support in affected communities.

For the estimation of the new cases and fatalities due to COVID-19, the main hypothesis is that the population left homeless will be particularly vulnerable to infection due to the inability to comply with the safety regulations. Some of the factors could include the inability to maintain proper physical distancing during temporary housing, lack of protective equipment caused by disruption of supply chains, or the need to use healthcare facilities due to injuries, which might be overwhelmed and unable to maintain all safety measures. We note once again that during the simulation of the new cases, both the uncertainty in the estimation of the displaced population and the R_t factor¹ are propagated, leading to hundreds of simulations of new COVID-19 cases.

On 6 January 2021, the government hospital in Mamuju District has to close temporary four doctors at the government hospital were confirmed positive for COVID-19. During the closing period of the Mamuju COVID-19 Health District Task Force has sterilized the areas and do infection prevention and control to ensure covid-19 case management.

Population to be assisted:

At least 10,000 people to be reached with psychosocial support (support also extended to operation staff and volunteers), people with emergency medical services through mobile and fixed emergency clinic and first aid posts; and referral service as needed. All households assisted through this operation will also be reached with community-based disease prevention and health promotion.

Programme standards/benchmarks: *this operation will meet WHO standards, Ministry of Health, Minimum standards for PGI in emergencies and Sphere Standard*

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	# of people reached by NS with services to reduce relevant health risk factor (Target: 10,000)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of assessments conducted based on standard IFRC assessment guidelines (Target: 2)															
	Activities planned week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	In coordination with health authorities, undertake detailed initial and continuing assessments to identify health needs, number/type/location of damaged health facilities and/or medical service gaps in target communities.	X	X	X	X												
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	# of people receiving First Aid Service (Target: 5,000)															
	Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.	# of people receiving treatment through mobile medical clinic (Target:5,000)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	First aid and ambulance orientation to 50 volunteers	X	X	X	X	X											
AP022	Rapid deployment of medical mobile clinic and set up referral system	X	X	X	X	X	X	X	X	X	X	X					
AP022	Quality assurance of medical services	X	X	X	X	X	X	X	X	X	X	X					
AP022	Mobilize medical and non-medical staff for PMI's ERU	X	X	X	X	X	X	X	X								

¹ R_t factor is a key measure of how quickly a virus will spread. If it is above 1 it will spread quickly if it is below 1 it will stop spreading

AP022	Replenishment of FA, medicine and consumables for PMI's medical ERU	X	X	X	X	X	X	X	X										
P&B Output Code	Health Output 2.3: Target population is reached with Search and Rescue activities	# of people assisted through evacuations Target: 2,000																	
	Activities planned week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP082	Search and rescue teams mobilised	X	X	X															
P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of people reached with messaging on disease control and health promotion (Target: 10,000)																	
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	# of volunteers trained on ECV (Target: 50)																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Rapid rollout trainings in Epidemic Control for Volunteers with focusing on water/sanitation/hygiene-related and foodborne diseases; diseases associated with crowding in IDPs; vector borne diseases; and COVID-19		X	X	X	X	X	X											
AP021	Identification and activation of CBHFA volunteers for integration into emergency response		X	X		X	X	X	X	X	X	X	X	X	X				
AP084	CEA activities to promote community-based disease control and health promotion			X	X	X	X	X	X	X	X	X	X	X	X	X			
P&B Output Code	Health Output 4.2: Vector-borne diseases are prevented	# of mosquito nets distributed: Target: 86																	
		# of mosquito nets received by the community: target 86																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Distribution of mosquito nets	X	X	X	X	X													
AP021	Dengue and malaria awareness and prevention conducted in IDP camps		X	X	X	X	X	X	X	X	X	X	X	X	X				
P&B Output Code	Health Output 4.6: Improved knowledge about public health issues among [target population] in [area].	# of people reached with health promotion activities (Target: 10,000) # of ECVs deployed (Target: 50)																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	CBHFA volunteers are identified and activated for emergency response	X	X	X	x	x	x	x											
AP021	Health and hygiene promotion campaigns on prevention and control of common communicable diseases such as dengue, acute watery diarrhoea, bloody diarrhoeas, dermatitis, COVID-19 and other outbreaks likely to occur during emergency situations			X	X	X	X	X	X	X	X	X	X	X	X				

AP021	Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health promotion, complemented by the use of social media and youth as agents of behavioural change (YABC).			X	X	X	X	X	X	X	X	X	X	X			
P&B Output Code	Health Output 4.7: Control of endemic transmissible diseases during emergencies	# of people reached with COVID-19 protocol awareness (3 Ms) (Target: 10,000)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP020	Outbreak-prevention is promoted and implemented throughout the emergency phase					X	X	X	X	X	X	X	X	X	X		
AP020	Basic health screening for COVID-19 is undertaken on the affected population by mobile health clinics and volunteers and suspected cases are referred	X															
P&B Output Code	Health Outcome 6: The psychosocial impacts of the emergency are lessened	# of people reached through psycho-social services (Target: 2,000)															
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	# of staff and volunteers receiving PSS support (Target: 150)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP023	Identification of and orientation for volunteers in psychosocial first aid (PFA) support	X	X	X	X												
AP023	Assessment of PSS needs and resources available in the community		X	X	X												
AP023	Provide PSS to people affected by the crisis/disaster		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
AP023	Provide PSS to staff and volunteers		X	X	X	X	X	X	X	X	X	X	X	X	X	X	



Water, sanitation and hygiene

People targeted: 10,000

Male: 4,000

Female: 6,000

Requirements (CHF): 174,477.10

Needs analysis: While damage and needs assessments are still ongoing, based on initial reports of it is clear that water supplies, public facilities and houses have been damaged. Considering the intensity of the earthquake, the number of people that have been displaced (15,000) and the initial reports regarding damage, there are likely to be large scale needs for water and sanitation facilities in the affected areas. Access to clean water will be essential in the coming weeks as the main water supplies are fixed. Access to sanitation and hygiene materials will also be essential particularly in evacuation centres where the risk of COVID-19 and spread of other communicable diseases will be high. Hygiene promotion in evacuation centres will also be a key need.

AP030	Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.				X	X				X	X								
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Protection, Gender and Inclusion

People targeted: 10,000

Male: 4,000

Female: 6,000

Requirements (CHF): 1,600

Needs analysis: Based on lessons learned from the recent operations, and global standards, men and women experience disaster differently, with women usually staying in camps longer, and taking on the burden of household clean up. A large proportion of the households being targeted by PMI are displaced which will place these families and particularly women and children, at greater risk of sexual and gender-based violence as multiple households live in close proximity and come under pressure from reduced financial resources. The households located in the IDP camps are at high risk in this respect. IFRC CCST will support PMI to undertake an assessment of protection, gender and inclusion needs in the camps with consideration of issues such as accessibility of all services by people with disabilities, adequate lighting, privacy, separate bathing areas and latrines for men and women and safe spaces for children to play. In addition, the PGI team will also support the different technical teams to mainstream PGI in their respective responses by taking into consideration Dignity, Access, Participation and Safety (DAPS) in their respective response plans. Based on the outcomes from this assessment the operation will be adjusted to address needs and where appropriate other agencies will be engaged to help address needs.

Risk analysis: The greatest risks are increased exposure to SGBV and other protection issues due to displacement and disaster impacts.

Population to be assisted: The PGI assessment will focus upon the affected household in Mamuju, Majene and Polewali Mandar affected districts.

Program standards/benchmarks: The operation will follow IFRC's Minimum Standards on PGI in Emergencies throughout the different components of this operation

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	<i>The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services. (target: Yes)</i>															
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	<i>The operation demonstrates evidence of compliance with IFRC minimum standard commitment to gender and diversity in emergency programming. (Target: Yes)</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP031	Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.	X	X	X	X	X	X	X	X								

AP031	Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning and implementation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AP031	Coordinate with all response teams to ensure that all staff and volunteers involved in the response have been sensitized on Code of Conduct.	X	X	X	X												
AP031	Monitor feedback mechanisms for possible breach of the Code of Conduct by staff and volunteers and provide appropriate response based on PMI and/or IFRC PSEA protocols	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Strategies for Implementation

Requirements (CHF):31,850

P&B Output Code	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	# of volunteers safely mobilized under the operation Target: 150															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of volunteers receiving briefings under the operation Target:150 # of volunteers insured under the operation Target: 150															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AP040	Provide complete briefings on volunteers' roles and the risks they face	X	X	X	X												
AP040	Provide briefings or orientation on COVID-19 safer access in emergency operation	X	X	X	X												
AP040	Ensure volunteers' safety and wellbeing (provide essential PPE to minimize COVID-19 transmission risk)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement	X	X	X	X	X	X	X	X								
AP040	COVID-19 prevention is supported for volunteers through health screening and COVID-19 testing (if needed)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	Lessons learned are undertaken on the start-up of the operation and considered in revision process Target: Yes															
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.	Lessons learned are documented after the operation Target: Yes # of staff and volunteers participating in the lessons learned Target: 150															

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

*all amounts in
Swiss Francs
(CHF)*

DREF OPERATION

MDRID020 – INDONESIA - WEST SULAWESI
EARTHQUAKE

16/01/2020

Budget by Resource

Budget Group	Budget
Shelter - Relief	104,800
Clothing & Textiles	17,978
Water, Sanitation & Hygiene	136,511
Medical & First Aid	14,823
Teaching Materials	2,500
Other Supplies & Services	30,000
Relief items, Construction, Supplies	306,612
Distribution & Monitoring	14,600
Transport & Vehicles Costs	2,000
Logistics, Transport & Storage	16,600
National Staff	200
National Society Staff	25,100
Volunteers	68,391
Personnel	93,691
Workshops & Training	3,600
Workshops & Training	3,600
Travel	200
Office Costs	9,600
Communications	800
Financial Charges	800
General Expenditure	11,400
DIRECT COSTS	431,903
INDIRECT COSTS	28,074
TOTAL BUDGET	459,977

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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How we work

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

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.



**Indonesia, West Sulawesi Earthquake
Emergency Plan of Action (EPoA)**

16 January 2021



★ Epicenter District Border
○ MMI 6 Subdistrict Border
○ MMI 5 Settlement

Estimated Number of People Exposed to MMI 6: 77000
Estimated Number of People Exposed to MMI 5: 526000

Intensity	District	Subdistrict	People Exposed	SIAK
6	Majene	Malunda	23000	19472
6	Majene	Ulumanda	15000	9689
6	Mamuju	Tapalang	14000	23158
6	Majene	Tubo Sendana	9000	9725
6	Polewali Mandar	Tubbi Taramanu	8000	25265
6	Mamuju	Tapalang Barat	3000	12979

Data: BNPB, USGS, HRSL, OpenStreetMap