



# Emergency Plan of Action (EPoA)

## Indonesia: Floods in South Kalimantan



<b>DREF Operation</b>	MDRID021	<b>Glide n°:</b>	<a href="#">FL-2021-000005-IDN</a>
<b>Date of issue:</b>	20/01/2021	<b>Expected timeframe:</b>	4 months
		<b>Expected end date:</b>	31/05/2021
<b>Category allocated to the of the disaster or crisis:</b> Orange			
<b>DREF allocated:</b> CHF 346,255			
<b>Total number of people affected:</b>	342,219 people (as per 19 January 2021, in all of South Kalimantan districts)	<b>Number of people to be assisted:</b>	<b>8,000 people</b>
<b>Provinces affected:</b>	214,123 people (as per 19 January 2021, in PMI's targeted areas) South Kalimantan	<b>Regions targeted:</b>	<ul style="list-style-type: none"> <li>• Tanah Laut</li> <li>• Banjar</li> <li>• Hulu Sungai Tengah</li> <li>• Tapin</li> </ul>
<b>Host National Society(ies) presence:</b> The Indonesian Red Cross (Palang Merah Indonesia – PMI) is Indonesia's largest humanitarian organization. PMI works through 34 provincial chapters and 474 district branches covering all major cities and administrative districts in the country. PMI has approximately 1.5 million volunteers and supporters nationwide. With regard to this situation, PMI has deployed more than 200 personnel to the affected sites. The team assists in evacuating victims, conducting rapid assessment, distributing relief items and clean water, operating emergency kitchens, and providing first aid.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> PMI will lead the overall response operation. This action is supported by the International Federation of Red Cross and Red Crescent Societies (IFRC).			
<b>Other partner organizations actively involved in the operation:</b> At the national level, government response is coordinated by Indonesia's national disaster mitigation agency. On the field, several government agencies have been responding to the situation. Disaster mitigation agencies in each district coordinates the evacuation efforts. The police and armed forces also assist the evacuation efforts. The office of social affairs operates field kitchens, and each local health department provides first aid.			

## A. Situation analysis

### Description of the disaster

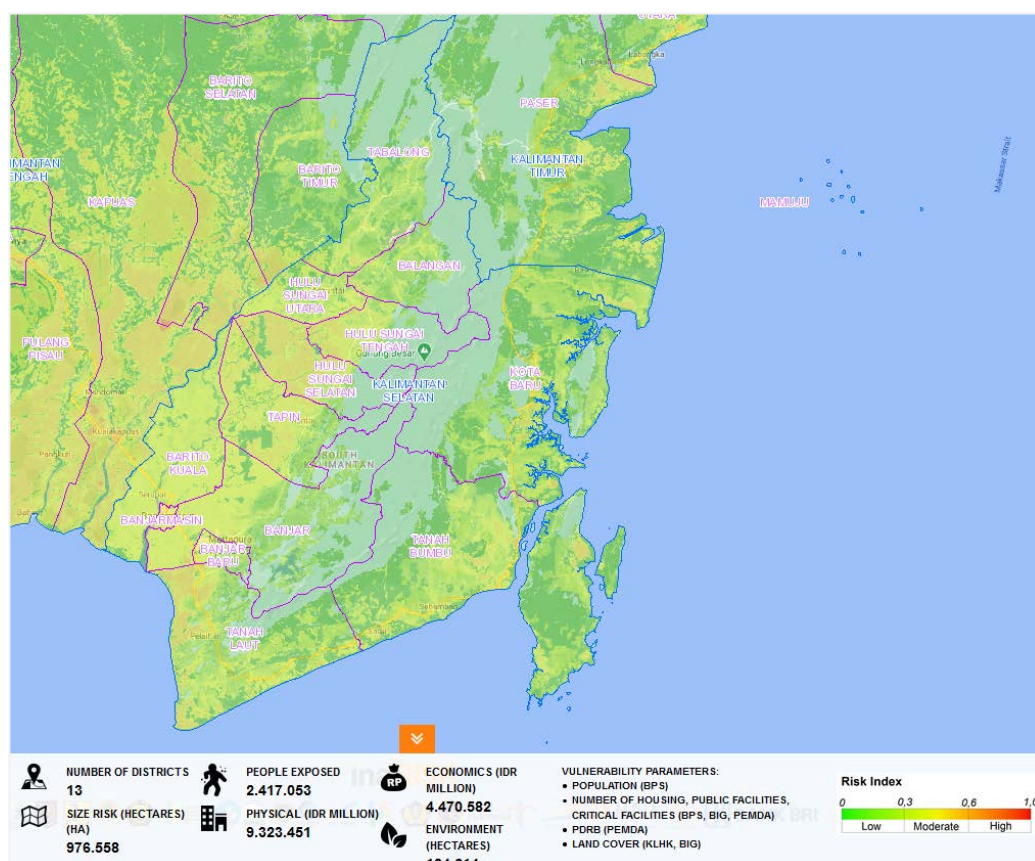
Indonesia has high level of precipitation and is prone to flooding during rainy season. According to Indonesia's Disaster Mitigation Agency, areas prone to flooding in Indonesia are approximately 39,371,167 hectares.<sup>1</sup> These areas are inhabited by approximately 100,814,666 people.<sup>2</sup> Indonesia's Meteorology, Climatology, and Geophysical Agency (Indonesian: *Badan Meteorologi, Klimatologi, dan Geofisika*, abbreviated BMKG) predicted the peak of La Nina would

<sup>1</sup> Inarisk.bnpp.go.id, 2021. Infografis Dampak Bencana. Available at: <http://inarisk.bnpp.go.id/infografis>

<sup>2</sup> Ibid.

occur across the months of December 2020 and January 2021.<sup>3</sup> The peak of La Nina is coinciding with the peak of the rainy season which usually occurs between January and February.<sup>4</sup> The simultaneous occurrence of these two events has triggered heavy rainfall across the country.<sup>5</sup> Since December 2020 PMI has responded to around 14 different flooding events across several provinces. The most recent event, which commenced on 15 January 2021, has resulted in flooding and landslides in several districts in South Kalimantan province including in Tapin, Hulu Sungai Tengah, Hulu Sungai Utara, Hulu Sungai Selatan, Tanah Laut, Tabalong, Banjar, Banjarbaru, Banjarmasin, Balangan, and Barito Kuala.

Through its disaster monitoring portal - InaRisk, Indonesia's Disaster Monitoring Agency has listed 13 districts<sup>6</sup> in South Kalimantan as moderate-risk and high-risk flood areas. Moreover, Indonesia's BMKG has also issued flood warnings for the above-mentioned districts. All districts currently affected by flooding are included in the list.



South Kalimantan Flood Risk map (Source: <http://inarisk.bnpb.go.id>)

### **Flooding in Banjar, 12 January 2021**

On 12 January 2021, significant heavy rain, which started in the first week of January caused Martapura and Riam rivers to overflow, flooding seven sub-districts in Banjar. As of 19 January, seven sub-districts; Karang Intan, East Martapura, Martapura, Astambul, Sungai Pinang, Pengaron, and Tabuk River were inundated with water level ranging from 20 - 100cm.

Based on PMI Situation Report no. 7 dated 19 January 2021, PMI estimated that 27,368 housing units inundated, and 4 bridges have been destroyed. Approximately 30,778 families and 120,416 people are affected by the floods. Over 32,113 people have been evacuated to several temporary shelters that are using school buildings, village halls, mosques, and a football stadium. A more detailed information regarding current evacuation centres is still unavailable.

<sup>3</sup> Antaranews.com, 13 October 2021. BMKG: Waspada Puncak La Nina Saat Musim Hujan Desember-Januari. Available at: <https://www.antaranews.com/berita/1780289/bmkg-waspada-puncak-la-nina-saat-musim-hujan-desember-januar>

<sup>4</sup> Medcom.id, 13 October 2021. Peak of La Nina is Predicted to Occur in December: BMKG. Available at: <https://www.medcom.id/english/national/xkEyEm3k-peak-of-la-nina-is-predicted-to-occur-in-december-bmkg>

<sup>5</sup> Thejakartapost.com, 3 October 2020. La Nina to Cause Heavy Rainfall Across Indonesia until February: Weather Agency. Available at: <https://www.thejakartapost.com/news/2020/10/03/la-nina-to-cause-heavy-rainfall-across-indonesia-until-february-weather-agency.html>

<sup>6</sup> Balangan, Banjar, Barito Kuala, Hulu Sungai Selatan, Hulu Sungai Tengah, Hulu Sungai Utara, Kota Banjarbaru, Kota Banjarmasin, Kotabaru, Tabalong, Tanah Bumbu, Tanah Laut, and Tapin

### **Flooding in Tanah Laut, 12 January 2021**

In Tanah Laut, on 12 January 2021, heavy rainfall which started in the prior week caused severe flooding. In this region, the ongoing high tide further deteriorates the flooding situation. Flooding impacts nine sub-districts; Pelaihari, Bati-bati, Kurau, Bumi Makmur, Tambang Ulang, Bajuin, Takisung, Jorong, and Kintap were affected. In some areas the water level reaches 150 - 200cm.

The impacts of flooding in Tanah Laut are severe. About 8,506 houses are inundated. Several public facilities such as schools, places of worship, hospitals, and markets have also been impacted. Several roads are also completely submerged in water, including the Trans Kalimantan Access Route. Approximately 8,870 families and 27,815 people are affected by the floods. There have been 10 reported fatalities as a result of being swept away by current and buried by landslide. So far, 13,062 people have sought safety in several temporary shelters. The displaced persons are taking shelter in school buildings and relatives' homes.

### **Flooding in Tapin, 14 January 2021**

Excessive rainfall on 14 January caused the flooding to spread to wider areas. Flooding in Tapin Regency was observed at 01:00 local time, occurred in Binuang sub-district, Raya Belanti Village. As of 16 January, 515 households and 1,492 people have been affected. As of 19 January, 328 people have sought safety to temporary shelters.

### **Flooding in Hulu Sungai Tengah, 14 January 2021**

In Hulu Sungai Tengah district, flooding occurred on 13 January 2021, at 23.00 local time. Two sub-districts were inundated, namely Barabai and Hantakan. In some areas, the water level was reaching 200cm. As of 19 January 2021, 16,100 households and 64,400 people have been affected by the floods. There have been 3 reported fatalities in the district. Thus far, 11,200 people have sought safety to temporary shelters.

### **Flooding in other regions (Balangan, Banjarbaru, Hulu Selatan, and Hulu Sungai Utara), 14 January 2021**

In Balangan district, floods occurred because of the overflowing of the Balangan and Pitap Rivers, affecting Tebing Tinggi sub-district (Mayanau Village, Gunung Batu, Sungsum, Ju'uh, Bumbu'an Simpang, Simpang Nadung and Tebing Tinggi), and Awaran sub-district (Putat Basiun Village, Awaran Market, Badalungga, Badalungga Hilir, Pulantan and Muara Jaya). In this district, 3,941 houses inundated and 6,235 families or 19,100 people have been affected.

In Banjarbaru, flooding is caused by high intensity rain which overflowed the Kemuning River. Flooding was observed at around 01:10 local time with a water level of 50 - 90cm. Two sub-districts affected are Kemuning Village (Banjarbaru sub-district) and Guntung Payung Village (Landasan Ulin sub-district). As of 19 January 2021, 2,116 households and 5,752 people have been affected by the flood. There has been one reported fatality.

Flooding also occurred in Hulu Sungai Selatan district, inundated six sub-districts: Loksado, Padang Batung, Kandangan, Angkinang, Telaga Langsat and Sungai Raya, with water levels reaching 150cm. In this district, 1,000 housing units submerged in water, affecting about 3,138 families and 6,690 people. As of 19 January 2021, the water has receded.

In Hulu Sungai Utara, flooding is caused by high intensity rain which overflowed Balangan and Tabalong rivers, flooding 4 sub-districts. According to PMI's situation report dated 19 January 2021, 7,865 households and 25,189 people have been affected by the flood. A total of 6,804 housing units were inundated.

As of 19 January 2021, in PMI's targeted areas approximately 39,874 houses have been inundated. About 56,263 families and 214,123 people are affected by the floods. Indonesia's meteorological agency has warned that heavy rainfall with thunderstorm and wind is still expected to occur over the next few days in almost all districts in South Kalimantan.

Although this flooding event is only impacting one province, it is impacting over 300,000 people and all districts within the province and has the potential to worsen further in the coming weeks as heavy rains continue. Furthermore, the flood response and evacuation efforts face considerable complications due to the ongoing COVID-19 pandemic. Indonesia is currently experiencing a surge in COVID-19 cases. COVID-19 also poses great risk in South Kalimantan since there have been a total of 16,505 cases detected in the province as of 15 January 2021, with 1,250 active cases. Due to these complexities the disaster has been classified as a category orange.



## Summary of the current response

### Overview of Host National Society Response Action

PMI is closely monitoring the situation and coordinating the response with relevant government agencies. At the district level, PMI volunteers in branches in the affected areas, have been deployed to the sites since the early stage of the disaster.

**PMI Banjar** district has deployed 101 personnel, including 21 trained medic volunteers. The team assists evacuation efforts, distributes ready meals, provides first aid, and is conducting rapid field assessments. The team has evacuated 129 people, distributed at least 1240 food packages, 89 boxes of mineral water, 77 hygiene kits, 2,150 pieces of clothes, 26 mattresses, 124 adult blankets, 20 children blankets, 246 candles, and 1,273 skin ointments for those who experienced skin problems due to the flood water.

Their health services have benefited at least 568 people, among which 34 of them have been evacuated and referred to the hospital, and 32 for psychosocial support. Furthermore, PMI has distributed at least 10,000 litres of water to temporary shelters benefiting 667 people.

**PMI Tanah Laut** district has deployed 53 personnel. The team is assisting evacuation efforts, conducting rapid field assessments, distributing relief items and clean water, and operating a field kitchen. PMI Tanah Laut has been a part of Emergency Response Task Force established by the local disaster management agency. PMI is given the responsibilities to support the evacuation processes, health services, and public kitchen. As of 17 January 2021, PMI Tanah Laut has distributed 108 *sembako* packages consisting of rice, sugar, cooking oil, protein, chicken eggs, milk, corn, kerosene, and iodized salt. Furthermore, PMI also provided 40,000 food packages in two sub-districts, distributed 30 blankets, 15 mattresses, 14 tarpaulins, and 20,000 litres of clean water to support the public kitchen. PMI is also carrying out psychosocial support in the affected community. At least 800 adults and 25 children living in evacuation shelters have benefited from these activities.

**PMI Hulu Sungai Tengah** has deployed 50 volunteers to distribute food, bread and mineral water and support to establish public kitchen. PMI Hulu Sungai Tengah evacuated their base camp to the local college building, which also set up as a temporary shelter.



*PMI Banjar distributing food aid to Lok Buntar vilage, with a help from SIBAT members.  
(Photo: PMII)*



*PMI Tanah Laut is supporting the field kitchen. (Photo: PMI)*

**PMI Tapin** district has distributed clean water to several sub-districts, 100 hygiene kits and 54 sacks of clothes. Furthermore, there are 15 volunteers on standby at any given time for response. In the coming days, PMI will distribute disinfectant kits to areas where the floodwaters have receded.

During the emergency period, PMI South Kalimantan province has implemented the zoning system which allows neighbouring PMI district and city branches to support other branches. For example, PMI Barito Selatan district of Central Kalimantan province has deployed their personnel to PMI Hulu Sungai Tengah district for response, PMI Central Kalimantan province is also conducting fundraising activities for South Kalimantan flood and has appointed several personnel to be part of a coordinated response team established by Central Kalimantan National Disaster Management Agency (BPBD Kalimantan Tengah) for deployment. As of 16

January, PMI East Kotawaringin of Central Kalimantan has deployed their ambulance, supported the evacuation efforts and distribution of clean water in designated areas of South Kalimantan.

PMI East Kalimantan province has dispatched 200 food parcels, and 2 units of NUF water purifier with a capacity of 1-hour 1200 L to PMI Hulu Sungai Tengah along with its personnel. PMI Samarinda city donated food and non-food items such as rice, instant noodles, mineral water, sugar, baby diapers, baby shampoo, sanitary napkins, candles, blankets, which is a result of fund-raising activity for South Kalimantan in Samarinda city.

In total, as of 17 January, PMI has distributed 43,434 food packages, 200 hygiene kits, 530 blankets, 300 sarong, 200 diapers, 130 mattresses, 34 tarpaulins, 30 body bags, which have been mobilized from PMI regional warehouse in Banjarmasin and distributed 30,000 litres of clean water. PMI has also mobilized one water truck, one truck, two ambulances, and three operational vehicles.

Some of the biggest challenges in South Kalimantan at the present time are power outages and a disrupted communication system which are hampering coordination with PMI NHQ. In addition, in some of the inundated areas, evacuation efforts are occasionally being delayed due to the lack of inflatable boats which are in short supply and are owned by the district management agency and the armed forces.

PMI is currently managing five ongoing DREF operations in response to various events in the country, including floods, population movement, volcanic activity and an earthquake. These operations are being implemented in Aceh, West Kalimantan, South Sulawesi, North Sulawesi, East Nusa Tenggara and West Sulawesi. 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 13 other small-medium scale flooding events, connected to the moderate-strong La Nina that is currently in effect.

In anticipation of La Nina, at organizational level, PMI conducted a webinar on review of contingency plan and emergency response protocol during pandemic with all PMI branches. PMI through its Command Post and IM at national level have been intensely monitoring BMKG Signature (System for Multi Generations Weather Model Analysis and Impact Forecast) and BNPB Inasafe platforms that are accessible for public. The information obtained from the platforms are being reviewed, shared to relevant PMI branches and translated into community-based actions.

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.

#### *COVID-19 Safe Operation*

As of 17 January 2021, COVID-19 still poses a risk considering there are 1,250 active cases in South Kalimantan. To ensure the operation is COVID-19 safe, PMI staff and volunteers in the field will be provided with personal protective equipment and will be provided with orientation on the 3M protocols (Mencuci tangan or handwashing, Menggunakan masker or mask-wearing and Menjaga jarak or to maintain physical-distancing) to ensure safety of personnel and to prevent transmission of the virus to the community. IFRC has been discussing with PMI about the provision of COVID-19 safe training for all their volunteers, this will be extended to volunteers working under this operation.

For further information on COVID-19 safe operation in Indonesia, please refer to IFRC [GO platform](#).

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

IFRC Country Cluster Support Team (CCST) for Indonesia and Timor-Leste consists of a head office and technical capacities in disaster management, shelter, health, water, sanitation, and hygiene (WASH), national society development, communication, community engagement and accountability (CEA), support services in finance, human resources, and administration. Partner national societies present include American Red Cross, Japanese Red Cross Society, German Red Cross Society, and Qatari Red Crescent. The International Committee of the Red Cross (ICRC) is also present in the country to offer its services if required.

IFRC team is monitoring the current situation with the disaster and other public health risks, including to the transmission rates of COVID-19 in the affected area. Further, the health team is monitoring national epidemiological data, health indicators, disaster and disease patterns for analysis and early detection of public health concerns, disease outbreaks or epidemics, in order to facilitate the identification of necessary readiness and response actions to be taken through the Emergency Plan of Action.

### Overview of other actors' actions in country

On 14 January 2021, the Governor of South Kalimantan province declared an emergency alert status for flooding, landslides, high tide, and tornado. Government agencies throughout the affected areas have been responding to the situation. The Disaster Management agency and armed forces led the evacuation efforts. The police assist in data and information collection. The office of social affairs operates emergency field kitchens, and the department of health provides first aid.

Following the inundation of community health centres (*Puskesmas*), at a height of one to two meters, there has been significant disruption of health care services in affected areas. In response to this the Provincial Health Office (PHO) and surrounding District Health Office (DHO) have mobilized mobile clinics to ensure medical services can reach the affected population.

Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

The destruction caused by flooding had major impacts on the following sectors which quickly emerged as the priority areas: **shelter and settlements, health, water, sanitation and hygiene, livelihoods, and restoration of family links**. These findings are based on a combination of rapid assessments in areas that have been accessed, coordination with actors on the ground, secondary data analysis, as well as extrapolation from previous experience.

One of the mitigating factors in the needs assessment is that some of the population affected by flooding, have migrated temporarily out of the area. More than 100 people of Banjar have arrived in Banjar Baru, these people have received services from PMI Banjar Baru, including medical care and clothes. Needs will therefore vary depending on where the affected people are located and will evolve quickly as the floodwaters recede and people return to their homes. As flood affected people are located in urban, peri urban and rural areas, the socio-economic profile and needs of the affected communities are diverse. At the moment, most of the population affected who were living in their inundated houses have difficulties to get supplies for food and medical cares while people who work in informal sectors might temporary stop working and lose their income or daily wage earners. The initial phase of response will be focused on saving lives and meeting the most urgent needs (included food supplies and relief items) and continual assessments will be conducted to address evolving needs.

There is the potential for an increase in sex gender-based violence (SGBV) as frustrations are amplified due to loss of livelihoods and perceptions that assistance is slow or insufficient in reaching the affected community. Referral systems will be needed to ensure that survivors of SGBV can access support services. Also, due to the destruction or disruption of communication and power lines, the community are currently lacking accurate and up to date information about the situation and what supporting agencies are planning or doing to support them, this has the potential to encourage the emergence of rumours which may be further stoked by fear and uncertainty. It will therefore be essential that a solid risk communication and community engagement strategy be developed to ensure that affected communities receive timely and accurate information regarding the response efforts and available services.

Health effects observed during and after floods include injuries, infections, a rise in water-borne diseases and mental-health problems. Longer-term health effects may result from displacement, shortages of safe water, injuries, disruption of access to health services and delayed recovery. The flooding of health facilities disrupts services including the provision of routine care for patients with chronic diseases, at a time when admissions increase. The affected population will therefore need access to mobile health services while health facilities are restored to treat sickness and injuries. In addition, psycho-social support services will be needed to support the affected population with their recovery.

In three districts with the most affected areas (Banjar, Tanah Laut and Hulu Sungai Tengah), road access to Primary Health Centres (*Puskesmas*) has been disrupted due to water inundated, therefore the high-risk groups which need basic health cares were restrained in their houses or other temporary shelter. Those who are affected by the flood are at risk of getting infected with water borne and other communicable diseases, as a result of being in direct contact with polluted waters and living in crowded conditions. Crowded population and poor air circulation have impacted to increasing number of diseases. Children under five years and elderly would be the most vulnerable population for disease transmission.

In the period immediately after flooding, the risk of acquiring malaria and dengue may increase because of the number of puddles for breeding places of the local vectors. However, the epidemiological situation is likely to change a few weeks later. It is necessary to watch for indirect effects of the disaster. Destruction of aqueducts will prompt the population to accumulate fresh water in temporary containers, which constitute an ideal breeding place for dengue carrying mosquitoes. Immediate medical care services with mobile clinics and early actions to mitigate public health threats will be addressed as priority needs.

The disruption of water supply and sanitation systems in affected areas mean that affected persons will need access to safe water and temporary sanitation, particularly in evacuation areas, while flood waters recede and these services are being restored.

COVID-19 also presents a major challenge with increasing risk of transmission within the affected population. As of 17 January 2021, Provincial Health Office (PHO) has recorded a total of 16,742 COVID-19 cumulative confirmed cases, while total active cases are 1,250. Herewith detail number of COVID-19 cases in four targeted areas of the operation:

No	District	Number suspect	Positive Case	Discharge	Hospitalized	Death
1	Tanah Laut	-	1,191	1,429	238	42
2	Banjar	40	1,191	1,620	111	60
3	Tapin	3	540	524	37	19
4	HS. Tengah	10	764	647	14	63

Source : [www.corona.kalselprov.go.id](http://www.corona.kalselprov.go.id)

Further, most roads are submerged, and many people are without transportation means due to lack of availability and financial accessibility to vital services. Many have evacuated to limited elevated spaces and live-in crowded conditions. Access to handwashing facilities, hygiene items and PPE will therefore be essential to minimise the risk of further transmission.

People living temporarily in evacuation centres will need clothing, blankets, mattresses, and access to services such as water and sanitation. It has been mentioned before that several governmental organizations are providing emergency relief items and health services. However, the provision of existing services and household items have not been able to reach all the evacuated people because resources are limited in comparison to the number of households located in the evacuation zone. Moreover, since access to affected districts remains difficult, the distribution of food items and household items is progressing slowly. At a later stage, it is also expected that affected communities will need support with cleaning debris and mud in their villages resulting from inundation.

### Targeting

The operation aims to support the needs of most vulnerable population affected by the impact of flooding in the districts of Tanah Laut, Banjar, Tapin, and Hulu Sungai Tengah. Due to the ongoing assessment on the field, target areas at the sub-districts level in each district will be determined once the assessment have been completed.

PMI with support from the IFRC coordinates with local authorities in identifying targeted population for the response considering cultural sensitivity, gender, most vulnerable groups, and ensuring inclusivity in the beneficiary selection process. For initial response, the operation will be targeting 2,000 households or 8,000 people.

### Estimated disaggregated data for population targeted

Category <sup>7</sup>	Estimated % of target group	% female	% male
Young Children (under 5 years)	9.12 %	49%	51%
Children (5-14yrs)	18.5%	49%	51%
Adults (15-19 yrs)	8.2%	49%	51%
Adults (20-49 yrs)	45.8%	49%	51%
Elderly (>50 yrs)	14.9%	49%	51%

### Scenario planning

The disaster poses several challenges with potential impact on the current situation. More in-depth scenario planning will be conducted by early assessment to monitor and mitigate if/as identified scenarios occur.

One of the potential scenarios of the operation would be escalation of the upcoming rainy season and secondary disasters. Rains have already started in the affected areas and will increase with the onset of the rainy seasons during next three months as La Nina continues until April. This will pose a challenge in terms of shelter, and it carries significant

<sup>7</sup> Currently accurate disaggregated data of the affected population is not available as needs assessments are ongoing. According to the Centre of South Kalimantan Statistics, in 2020 the ratio of men and women in the region is 51:49. The following data has been extrapolated from the 2020 consensus on age-based population and ratio data.



risks of outbreak of diseases, resulting to potential increase in the demands for health services. Plans for a scale-up of PMI health services, including the number of mobile clinics and referral services, will have to be considered. Furthermore, the rainy season is likely to trigger potential landslides across the affected areas, constraining humanitarian access to affected populations. Some of the risks related to the rainy seasons, as well as possible secondary events (i.e. new flooding), will also have to be factored into PMI preparedness planning in terms of preparedness stocks in the affected areas as well as plans for additional mobilization of volunteers.

Scenario	Humanitarian Consequence	Potential Response
Floods keep spreading to areas which are not part of the PMI's targeted areas.	Responding agencies on the ground may not be able to reach newly affected communities with timely support which may impact their health, livelihoods and ability to recover	Drafting operational update when needed to include additional areas based on the vulnerability criteria. Considering increase and scale up of the operation.
Heavy rainfall further deteriorates the existing flood situation in areas already impacted, leaving temporarily displaced persons unable to return home for extended period of time.	This will place displaced people at further risk of health and livelihood impacts. It may also leave them displaced for a longer period of time which may trigger outward internal migration.	Scale-up the operation under a revised DREF, including an increase in funding and timeframe.
Potential COVID-19 outbreak in evacuation centres	This may lead to COVID-19 related deaths in the affected community as well as increasing transmission rates in the province, placing additional stress on an already burdened health system.	<ul style="list-style-type: none"> <li>• 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</li> <li>• Mask distribution for IDPs in evacuation centres</li> </ul> Shelter/evacuation centre arrangement to meet safe distancing and COVID -19 protocols
PMI personnel contracting COVID-19 while responding to the situation.	This will slow down the implementation rate of the operation and place personnel at risk of death and ongoing health complications	Ensure PMI volunteers are insured under the operation and well oriented in COVID-19 safe implementation approaches.

### 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"> <li>• Information and training for staff and volunteers.</li> <li>• PPE and orientation on the proper use and disposal of PPE for all frontline volunteers and staff in high-risk affected areas.</li> <li>• Training on COVID-safe implementation for PMI staff and volunteers.</li> <li>• Minimise non-essential travel as written in the PMI and IFRC BCP.</li> </ul>
PMI are currently managing multiple operations which is stretching their capacity to implement	<ul style="list-style-type: none"> <li>• IFRC Disaster Risk Management team are providing support to PMI in implementation and are liaising directly with implementing branches</li> <li>• The operational budget will make provisions for PMI to hire dedicated staff to help manage the operation.</li> </ul>
Negative media coverage related to handling of the response operation.	<ul style="list-style-type: none"> <li>• Proactive communication with media and stakeholders.</li> <li>• Community Engagement and Accountability.</li> <li>• Thorough needs analysis, planning, prioritisation and reporting.</li> </ul>
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"> <li>• Mapping alternative routes and transportation</li> </ul>



## B. Operational strategy

### Overall Operational objective:

The primary objective of this operation is to provide support to PMI branches in South Kalimantan region in assisting 2,000 families or 8,000 people directly impacted by the floods. This operation will fulfil the immediate needs of affected population in health and WASH sectors, shelter and protection, gender and integration (PGI) for a four-month period.

The proposed operation is based on the short term needs of the affected population and aligned with the government's response plan. PMI aims to provide shelter needs through the distribution of essential non-food items such as family kits, baby kits, tarpaulins, and blankets to 2,000 families or 8,000 people in Hulu Sungai Tengah district, Tanah Laut district, Tapin and Banjar district. Due to the high number of community transmission in the province, the ongoing COVID-19 emergency operation will cover some of the needs of the activities including rapid antigen testing and procurement of hygiene kits.

As disaster affected areas establish evacuation centers and internally displaced people (IDPs) seek refuge at evacuation centers, as well as the houses of family members, they will be at high risk of becoming new clusters of COVID-19, which in turn, will increase risk for the surrounding community and volunteers. For this reason, IDPs will be one of the target groups of Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC) interventions. Three-M (3M) protocols (wearing a mask, physical distancing and handwashing) will be strongly promoted in the evacuation centers as well as to the volunteers on the ground.

PMI will also focus strongly on hygiene and health promotion considering the ongoing rainy season and pandemic that is likely to cause outbreak of vector and water borne diseases. Health and hygiene promotion will be implemented in a coordinated and integrated way, by conducting Community Engagement and Accountability (CEA) assessments to identify relevant community questions and concerns determine the most appropriate and trusted channels, sources and preferred formats of communication, which will feed into a consolidated strategy on RC/CEA for the operation and form the basis to providing actionable information in appropriate formats.

In addition, PMI will distribute mosquito nets to help prevent any potential outbreak of dengue or malaria, which will be accompanied by vector prevention and awareness activities. Provision of first aid and psychological support will also be provided during an emergency period to address psychological distress caused by the disasters.

With support from IFRC, PMI will adjust the response to COVID-19 context and safety guidance. Following MoH's data on pandemic situation in South Kalimantan, all affected districts are identified community transmission with high-risk zone due to limited capacities of health system. As required by MoH, all personnel who being mobilized to these areas should take health screening with at least rapid antigen and applied strict COVID-19 protocols.

### Operational Support Services

#### Human Resources

PMI South Kalimantan province will lead the operation and coordinate the need for personnel capacity to support the implementation of activities in various sectors. PMI NHQ will oversee the management of the operation and support the finance management. PMI district branches in South Kalimantan province will use their existing staff and volunteers with a support from PMI province. There will be 250 volunteers supporting the flood operation who will be insured and rotated. Due to the ongoing pandemic, field visit by PMI NHQ staff for monitoring and coordination may be restricted. Due to movement restriction, IFRC CCST will assist the overall management of the operation remotely, reporting, administration, and financial control of the operation remotely.

#### Community engagement and accountability

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

PMI has a well-established community feedback mechanism that can ensure safety, confidentiality and dignity for COVID-19 pandemic operation which will be adjusted to support this floods operation in South Kalimantan province. This will be done with the support of IFRC's CEA focal point. Community feedback mechanism will be integrated into the operation to ensure that affected populations have access to timely and accurate information on the nature and scope of services provided. PMI with IFRC support, will conduct CEA rapid assessment to identify the information needs, concerns, suggestions and proposed solutions for program adaptation. Technical oversight will be monitored and supported by PMI NHQ, while the CCST's DRM unit and CEA/PGI focal point will support the development of

assessments and strategies for community engagement and accountability using social media and other feedback channels such as PMI hotline or radio.

### **Logistics and supply chain management**

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. The operation includes a mixture of new procurement and procurement for replenishment for stocks that have been mobilized from PMI regional warehouse in Banjarmasin and Banten for immediate support and takes into account other logistics support needs such as the transportation costs and mobilization of fleet personnel. Considering the availability of the supply's quantity and standard quality, IFRC will support PMI with in country procurement of household items for the operation.

### **Communications**

IFRC will support the communications team of PMI to communicate with external audiences on the situation and the flood response in South Kalimantan, with the aim of generating visibility and support for the humanitarian needs. Close collaboration will be maintained between the IFRC Asia Pacific Regional Office in Kuala Lumpur, IFRC CCST and the National Society to ensure a coherent and coordinated communications approach. As appropriate, written and visual content will be produced for IFRC social media. Communications content will be also be shared with National Societies in the IFRC network aimed at effectively telling stories of PMI response.

Communication will also focus on effective engagement of communities by listening to public concerns and sharing messages to communities addressing their questions, concerns and suggestions, which will be supported by IFRC's CEA focal point. Key messages based on community input, high quality audio-visual material, press releases, etc with regards to the operation will be updated on a need basis by IFRC CCST in close coordination with the PMI and IFRC Asia Pacific Regional Office, across all communications and media as needed. Updates will be provided to public, media, partners, and other stakeholders via social media or other appropriate communication channels. This will be done with close collaboration between the PMI communications team and IFRC CCST.

### **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. 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. 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.

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

This operation will be guided and monitored by PMI South Kalimantan province with the support from PMI HQ and the IFRC Operations Manager based in CCST Jakarta office. Updates on the event and response will continue to be posted on IFRC [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, whenever possible, monitoring can also be done through phone interviews and/or offline or online questionnaire with beneficiaries, volunteers and others participating in the response to assess progress at regular intervals. At the end of the operation, a lesson learned workshop may be carried out by PMI staff, volunteers, and relevant stakeholders either physically or remotely in accordance with existing safety regulations.

### **Administration and finance**

Operational expenses such as volunteer per-diem, accommodation, transportation, communication, and coordination activities are factored in. 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 CCST Jakarta office will provide oversight on financial matters.

## C. Detailed Operational Plan



### Shelter

**People targeted: 8,000 people**

Male: 51% (4,080 people)

Female: 49% (3,920 people)

**Requirements (CHF): 110,078**

#### Needs analysis:

In total, it is estimated that floodwaters have inundated and damaged 31,451 houses across the province, resulting in displacement and evacuation. Based on the assessment results, many of the affected communities opted to stay put, while some families evacuated to their relative's house. Around 9,285 people in Banjar have been evacuated to six temporarily shelters, in Tanah Laut it is estimated that 6,000 people have been displaced, in Tapin 328 have been displaced, while in Hulu Sungai Selatan, 1,000 people are displaced. Noting that assessments are still ongoing, and some areas are still inaccessible and bad weather is predicted to continue this week, this number is likely to increase in the coming days. People who are displaced will need essential household items such as blanket, family kits, baby kits, and tarpaulins. Additionally, people will also need cleaning kits to help remove water, dirt and debris from their homes.

**Risk analysis:** Given the large area that has been affected by the floods the needs are likely to be greater than the support available through the collective response effort. This may also lead dissatisfaction in the affected population. PMI will coordinate closely with agencies on the ground to develop a clear CEA strategy to engage the affected population and will ensure the selection of beneficiaries for the distribution of household items are well-targeted based on clear criteria, targeting those who are most in need. In addition, distributions will be designed to avoid any mass gathering to reduce the risk of increasing COVID-19 transmission rates.

**Population to be assisted:** PMI will assist 2,000 families or 8,000 people in four districts of Banjar, Hulu Sungai Tengah, Tapin and Tanah Laut, with emergency shelter assistance through non-food items such as family kits<sup>8</sup>, blankets, tarpaulins, cleaning kits.<sup>9</sup>

**Programme standards/benchmarks:** *This operation will seek to meet **Sphere** standards. meet.*

P&B Output Code	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								# of people reached with safe and adequate shelter and settlement assistance (target 2,000 families)									
	Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.								# of households receiving essential household items (target 2,000 families)									
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP005	Assessment of shelter needs, capacities, and gaps		x	x	x	x	x	x	x	x								

<sup>8</sup> Consists of body soap, detergent powder, shampoo, toothpaste, toothbrush, towel, dishwashing detergent, water dipper, plates, glasses, spoon, candles, napkins, flip flops, sarong, garbage bags, and container box.

<sup>9</sup> Consists of broomstick, floor mop, dustpan, floor wiper, bucket, rubber gloves, plastic sack, door mat, brush, and mopping liquid.

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	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 500 tarpaulins	x	x	x	x	x	x	x	x	x	x						
AP005	Distribution of 2,000 blankets	x	x	x	x	x	x	x	x	x	x						
AP005	Distribution of 2,000 sleeping mats	x	x	x	x	x	x	x	x	x	x						
AP005	Distribution of 1,000 Family Kit	x	x	x	x	x	x	x	x	x	x						
AP005	Distribution of 1,000 cleaning kits	x	x	x	x	x	x	x	x	x	x						
AP005	Distribution of 750 baby kit	x	x	x	x	x	x	x	x	x	x						
AP005	Monitoring of the use of distributed shelter and household items	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP005	Evaluation of the shelter support provided				x				x				x				x



## Health

**People targeted: 8.000 people**

Male: 51% (4,080 people)

Female: 49% (3,920 people)

**Requirements (CHF): 52,411**

### Needs analysis:

With the ongoing La Nina phenomena which is forecasted by BMKG to end in April, and high tides which caused overflowing of a number of rivers in South Kalimantan province, flooding may still continue in the region. Those who are affected by the flood are at risk of getting infected with water borne and other communicable diseases, as a result of being in direct contact with polluted waters and living in crowded conditions. The flood water also serves as a prime breeding site for mosquitos which can lead to increase in incidence of vector borne diseases. This situation compounded with the ongoing pandemic calls for strong health promotion to minimize the risks of contracting diseases such as diarrhoea, dengue, chikungunya and COVID-19. In addition, PMI will also assist the prevention of vector borne disease through the distribution of mosquito nets. PMI will also continue to provide first aid and psychological support to those who need such medical care. In the face of the COVID-19 pandemic, any activities require mobilization of PMI personnel will be conducted with health protocol in place. Following MoH's data on pandemic situation in South Kalimantan, all affected districts are identified to be located in a high-risk zone for community transmission due to limited capacities of the health system. As required by MoH, all personnel being mobilized to these areas should be screened with rapid antigen tests and should apply strict COVID-19 protocols.

### Risk analysis:

The key risks will be the challenges involved in maintaining Physical distancing given the high level of displacement amongst the affected population which will place beneficiaries, staff and volunteers at risk of contracting COVID-19.





AP021	Identification and mobilization of CBHFA volunteers for integration into emergency response			x	x	x	x	x	x									
P&B Output Code	<b>Health Output 4.2: Vector-borne diseases are prevented</b>	# of mosquito nets distributed (Target:500)																
	<b>Activities planned</b>	<b>Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
AP021	Distribution of 500 mosquito nets			x	x	x	x	x	x									
AP021	Vector control as early action for potential public health risks			x	x	x	x	x	x	x	x	x	x	x	x			
P&B Output Code	<b>Health Output 4.6: Improved knowledge about public health issues among [target population] in [area].</b>	# of people reached with health promotion activities Target:8,000 people																
	<b>Activities planned</b>	<b>Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
AP021	Health awareness activities to reduce spread of COVID-19 and monitor on implementation of COVID-19 precaution measures during the operation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Health and hygiene awareness campaigns on prevention and control of diseases such as malaria, diarrhoea and dengue.			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 relevant media of communication.			x	x	x	x	x	x	x								
P&B Output Code	<b>Health Outcome 6: The psychosocial impacts of the emergency are lessened</b>	# of people reached through psycho-social services Target: 8,000 people																
	<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>	# of staff and volunteers receiving PSS support (target 150 volunteers)																
	<b>Activities planned</b>	<b>Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
AP023	Identification of and orientation for volunteers in psychosocial support		x	x	x	x												
AP023	Assessment of PSS needs and resources available in the community		x	x	x	x												
AP023	Provide PFA and extended PSS to people affected by the crisis/disaster through different methods and media of PSS	x	x	x	x	x	x	x	x	x	x	x	x	x				
AP023	Provide PSS to staff and volunteers (including debriefing)	x	x	x	x	x	x	x	x	x	x	x	x	x				









AP031	Support sectoral teams to ensure collection of sex-age and disability-disaggregated data	x	x	x	x													
P&B Output Code	<b>Protection, Gender &amp; Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.</b>	# of volunteers who have signed the code of conduct (target: 250)																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP033	Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard	x	x	x	x	x	x	x	x	x								

## Strategies for Implementation

Requirements (CHF): 51,599

P&B Output Code	<b>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</b>	# of volunteers safely mobilized under the operation (target: 250)																
	<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>	# of volunteers receiving briefings under the operation (target:250) # of volunteers insured under the operation (target: 250)																
	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	x	x										
AP040	Ensure volunteers are aware of their rights and responsibilities		x	x	x	x	x	x	x									
AP040	Ensure volunteers' safety and wellbeing PPE provided for volunteers, including health duty care for staff and volunteers, health screening for COVID-19. These initiatives will be shared support under this operation (100 people covered) and remain under COVID-19 operation		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP040	Ensure volunteers are properly trained		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	x	x						
P&B Output Code	<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>	% of target population satisfied with level of consultation, information and involvement in the operation (target 85%) % of target population satisfied with support received. (target 85%)																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16







## Funding Requirements

International Federation of Red Cross and Red Crescent Societies

*all amounts in  
Swiss Francs  
(CHF)*

### DREF OPERATION

MDRID021 - Flooding in South Kalimantan

18/1/2021

#### **Budget by Resource**

<b>Budget Group</b>	<b>Budget</b>
Shelter - Relief	9,500
Clothing & Textiles	23,360
Water, Sanitation & Hygiene	118,000
Medical & First Aid	16,438
Teaching Materials	2,500
Other Supplies & Services	40,000
<b>Relief items, Construction, Supplies</b>	<b>209,798</b>
Distribution & Monitoring	17,600
Transport & Vehicles Costs	2,000
<b>Logistics, Transport &amp; Storage</b>	<b>19,600</b>
National Staff	200
National Society Staff	20,100
Volunteers	59,025
<b>Personnel</b>	<b>79,325</b>
Workshops & Training	4,500
<b>Workshops &amp; Training</b>	<b>4,500</b>
Travel	200
Information & Public Relations	500
Office Costs	9,600
Communications	800
Financial Charges	800
<b>General Expenditure</b>	<b>11,900</b>
DIRECT COSTS	325,123
INDIRECT COSTS	21,133
<b>TOTAL BUDGET</b>	<b>346,255</b>

## 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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**For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)**

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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.

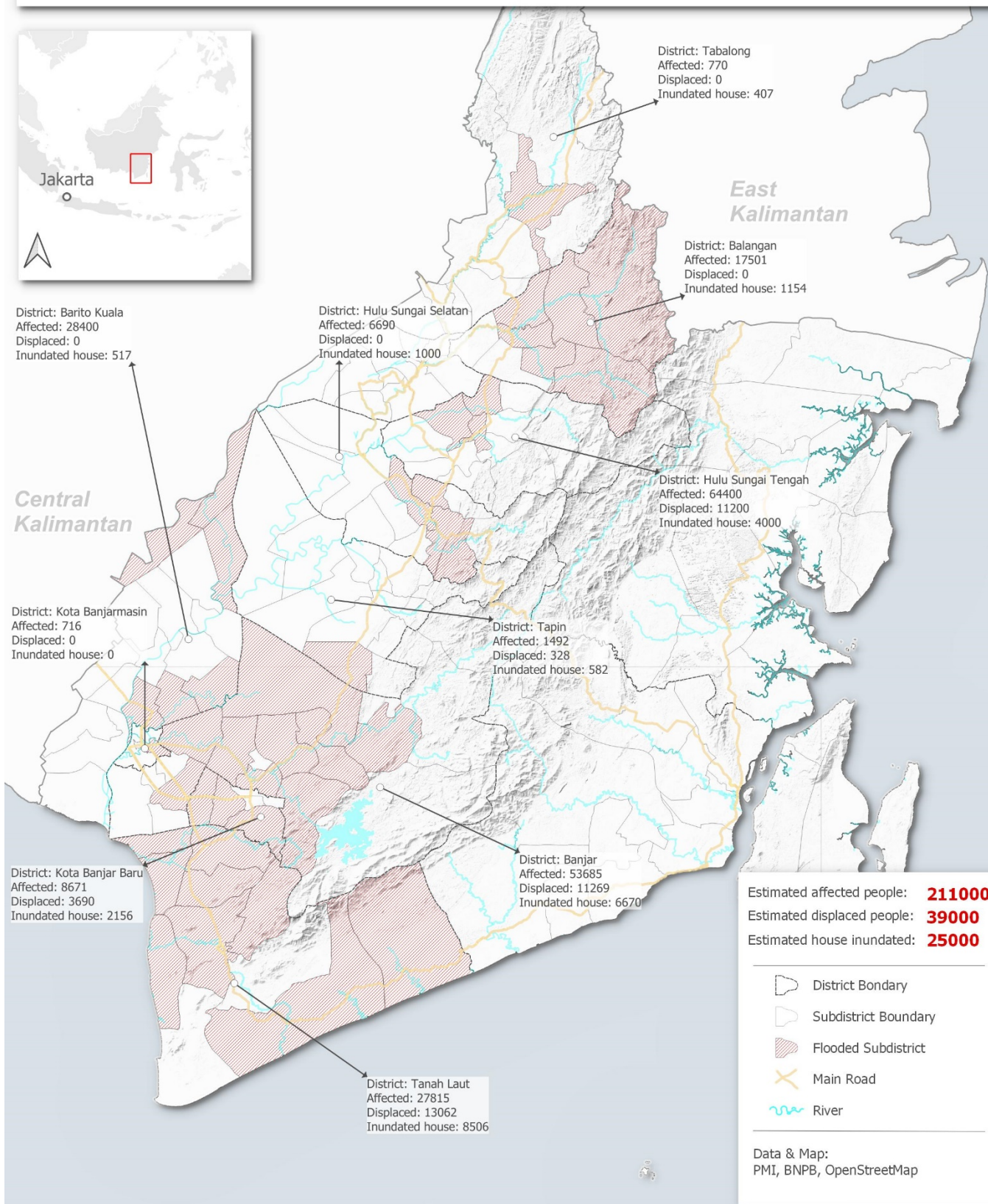


Promote social inclusion  
and a culture of  
**non-violence** and peace.



## Indonesia, South Kalimantan Flood

Flood affected area as of 17 January 2021



Estimated affected people: **211000**  
 Estimated displaced people: **39000**  
 Estimated house inundated: **25000**

- District Bondary
- Subdistrict Bondary
- Flooded Subdistrict
- Main Road
- River

Data & Map:  
 PMI, BNPB, OpenStreetMap

