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Operation Update Report Indonesia: West Sulawesi Earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRID020	GLIDE n° EQ-2021-000003-IDN
Operation update n° 1; 9 March 2021	Timeframe covered by this update: 15 January – 21 February 2021
Operation start date: 15 January 2021	Operation timeframe: 6 months (revised); End date: 31 July 2021
Category allocated to the disaster or crisis: Orange	
Funding requirements (CHF): 749,252 (second allocation of CHF 289,275 on top of initial allocation of CHF 459,977)	
N° of people being assisted: 40,000 people (10,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Indonesian Red Cross (Palang Merah Indonesia or PMI) – has 34 provincial chapters and 474 district branches nationwide. As per 15 February 2021, PMI has deployed a total of 403 volunteers and 79 staff from local branches and other provinces.	
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 BNPB), Indonesian Search and Rescue Authority (BASARNAS), and Department of Social Affairs (DINSOS), and Community Health Centre.	

Summary of major revisions made to emergency plan of action:

This operation is being revised to expand the scope of interventions to include livelihood and basic needs support in the form of cash transfers to allow households to meet their basic needs and could contribute to the early recovery of 2,000 households. Additional support to households to ensure access to safe water is also added to this plan, as well as for water distribution. Targets for emergency medical services or first aid are also being adjusted based on actual needs on the ground. This has resulted in a second allocation from DREF of CHF 289,285, bringing the total to CHF 749,262. Revisions done were based on the multi-sectoral assessments conducted from 28 January to 4 February 2021. This operation update also informs of the extension of this DREF operation by two months, ending on 31 July 2021.

The 2021 West Sulawesi Earthquake remains categorized as Orange by the IFRC system due to the geographical extent of the impact, the difficulties in access in some areas due to damage to infrastructure as well as vulnerability to landslides during the rainy season and the population density in the affected districts. International media interest and active participation of various actors which led to the activation of several cluster mechanisms also support this classification.

A. SITUATION ANALYSIS

Description of the disaster

On 15 January 2021, a magnitude 6.2 earthquake struck Majene district, West Sulawesi Province at around 1:30 am local time. The National Meteorology, Climatology, and Geophysical Agency (*Badan Meteorologi, Klimatologi, dan Geofisika* or BMKG) reported that there was one foreshock (3.1 M) and six aftershocks, the strongest of which measured magnitude of 4.1.

According to the BNPB, three districts were severely impacted, namely Majene Mamuju and Polewali Mandar districts. At least 107 people were killed by the quake – 97 in Mamuju and 10 in Majene – while 3 remain missing. More than 15,000 houses were also damaged, with latest reports also showing more than 71,000 people initially displaced, with some sheltering in 335 IDP camps across the province. Overall, 99,827 people (23,248 households) were affected.

Partner National Societies present in-country include American Red Cross, Japanese Red Cross Society, Qatari Red Crescent, and Turkish Red Crescent. ICRC is also present in-country. The Turkish Red Crescent, Singapore Red Cross and the Hong Kong Branch of the Red Cross Society of China have also provided bilateral support to the National Society. The Australian Department of Foreign Affairs and Trade (DFAT), as well as the Lichtenstein Red Cross also provided financial support to PMI for emergency response activities through the IFRC.

The CCD has organized a meeting to update partners on the situation, needs and the implementation, as well as coordinate the overall response.

Overview of non-RCRC actors' actions in country

The Provincial Disaster Management Agencies (*Badan Penanggulangan Bencana Daerah* or BPBD) from Majene, Mamuju, and Polewali districts have been mobilized rapidly and were 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 Bencana* or 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, National Border Management Agency (*Badan Nasional Pengelola Perbatasan* or BNPP), National Search and Rescue Agency (BASARNAS), the Indonesian Army (TNI), and the Indonesian Police (Polri) who have all deployed teams to the areas to assist with search and rescue efforts.



PMI health team, with logistics support from the national disaster agency (BNPB), provided emergency medical support to less accessible places (due to road damage) in the province during the height of the emergency. (Photo: PMI)

National health cluster meetings have been conducted, led by the National Health Crisis at Ministry of Health (MoH). These meetings were initially conducted daily during the first weeks of the emergency. The meetings are now held weekly. 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 MoH has mobilized its EMT (Emergency Medical Team) through support from Muhammadiyah Disaster Medical Care (MDMC), Dompot Dhuafa, and government hospital of Wahidin in Makassar (South Sulawesi). Additionally, 25 ambulance units, orthopedics kits, medicine, and PPE have been sent to affected areas.

Other organizations such as Islamic Relief, World Vision, CARE, ADRA and Save the Children are also providing various support in the sectors of health, WASH and food security.

Needs analysis and scenario planning

Needs analysis

Immediate needs as a result of the earthquake includes search and rescue, emergency health and ambulance services to treat the injured, temporary shelter support including household items such as family kits, blankets and sleeping mats, and the provision of food at evacuation centers.

Between January and early February 2021, PMI, with support from the IFRC deployed a team to conduct multi-sectoral assessments to identify needs and map capacities in the field. The assessment team also gathered information on actions by the government and other organizations to identify gaps in services. Feasibility of cash and voucher assistance was also assessed.

The key findings were regarding to shelter, where needs for emergency, transitional, and permanent shelter support exist. The Government of Indonesia (GOI) is planning to provide permanent support to households which sustained heavy damaged houses, while other organizations were requested to support affected households during the transition to recovery. However, as this planned assistance will take time, needs for emergency shelter including for essential household items will remain particularly as the rainy season approaches. Information on safer shelter construction will also be needed to prepare households for the government shelter support.

A total of 3,836 housing units were severely damaged or destroyed, 4,983 houses sustained medium to partial damage, and 6,703 houses were slightly damaged. Along with the damages to their houses or shop-houses, many people also lost their belongings, household items, and livelihood assets. Based on observations, the damage

was most extensive to houses or buildings that were built fairly new, while the relatively older buildings have less extensive or lightly damaged. This has raised questions if the newer buildings consist of low-quality material and compromised structure while the older ones demonstrated stronger reinforced concrete construction and show better resilience.

Due to the damage to housing and concerns about structural safety, families have been displaced, with around 41,012 people accommodated in 215 displacement sites in Mamuju district, 25,216 people in 20 displacement sites in Majene district and 4,268 people in 100 displacement sites in Polewali Mandar district. The number of displaced people has changed since the initial phase of the emergency, A week after the disaster, displaced people started to return home, some returned for good, while some returned during daytime to search for their belongings, to take water, clothes and/or clean debris in the surroundings, and they returned to the camp at night. Following the 5.2 magnitude aftershock on 3 February 2021, the number of displaced people increased again and caused bigger fear and trauma to return home, especially for those who live in the coastal areas in Majene district. The government has encouraged households which experienced slight to medium damage to their houses to return, while those whose houses were totally destroyed or severely damaged are expected to stay longer in displacement sites.

Collective accommodations have increased the vulnerability of people with disabilities, the elderly, children, and pregnant women, as these accommodations have not been equipped to meet their special needs. Affected populations, especially those accommodated in tents, have an urgent need for more durable solutions as rainy season is taking place, and groups such as pensioners and people with disabilities may need continuous medical or social care due to chronic illnesses and types of disabilities.

For livelihood, with most of the population working as farmers, unskilled laborers and small business owners, many were affected due to damage to infrastructure, as well as reluctance of some businesses to reopen or construction companies to continue due to fear of aftershocks. Based on the assessments, monthly income was severely affected. Some 80 per cent of those interviewed also said that they are relying on humanitarian aid for basic needs such as food. More than half also mentioned that they have delayed debt payments, while some have already sold assets to meet their needs.

Markets have also started to resume activities in Mamuju. Labour, supplies and materials have increased in their availability since the beginning of the emergency. In Majene, however, reopening has not been as quick. According to the multi-sectoral needs assessments, the markets in coastal areas of Majene are foreseen to resume in four to six weeks after the earthquake, assuming no further aftershocks take place that cause people to flee to higher place again.

Access to water has also been hampered as pipes and water sources have been damaged. In urban districts, most of the population accessed water through the water district, which has yet to be fully functional. Rural areas relied mostly on dug wells and community water systems. Pipelines connecting these systems to households were damaged, creating a need to distribute water to individual communities. Household latrines were also damaged.

In displacement sites such as evacuation centres and IDP camps, there is a need to intensify COVID-19 prevention messaging and protocols, as well as health and hygiene promotion to ensure prevention of the spread of communicable diseases. There have already been reports of increased cases of cold, flu-like and skin-related diseases. Furthermore, a significant part of the population is reluctant to have symptoms checked in fear of being tagged as a COVID-19 case and placed in isolation.

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
Diarrhea	Contamination of food/water	Safe water supply
ARI (Acute Respiratory Infection)	Lack of shelter and blanket	Shelter and clothes
Malaria/Dengue	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

Aside from emergency medical and first aid services, the affected population will also be provided with psychosocial support to help to cope with the trauma and stress caused by the disaster.

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. Provision of 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-19-safe implementation for PMI staff and volunteers. Minimizing non-essential travel as written in the PMI and IFRC BCP.
Increase of COVID-19 cases in the evacuation centres.	<ul style="list-style-type: none"> 3M protocols are 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, prioritization 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.
Earthquake aftershocks.	<ul style="list-style-type: none"> Active communication on what to do during an earthquake. Setting up the evacuation centres in the safe zone, open space, higher ground and far from the seaside

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

The objective of the operation is to provide targeted support to 40,000 people (10,000 households) affected by the earthquake to support them in meeting their immediate needs in the areas of shelter and settlements, health, livelihood and food security, and water, sanitation and hygiene (WASH). This will be achieved through coordinated and integrated efforts with government and other key stakeholders in the affected areas, as well as by promoting meaningful engagement of target communities and ensuring protection and inclusion principles are maintained.

Water trucks have been deployed to support the provision of water in areas where the main water supply has been disrupted. PMI has also mobilized three units of water treatment plants to be strategically placed, based on need, to provide clean water for 5,000 people at evacuation centers or IDP camps. The operation is also providing emergency medical support, including first-aid, ambulance services and psychosocial support.

The operation is also targeting 1,500 households (6,000 people) with emergency shelter and essential household items, including tarpaulins, blankets, family kits and baby kits. Furthermore, based on the needs assessments, cash will also be provided to 2,000 households (8,000 people) to enable them to meet their basic needs during the transition to early recovery. Based on discussions with the cash working group and other cluster meetings, the government is planning to provide early recovery assistance, with shelter and meeting basic needs as prime focus in the short term and other sectors focus in the longer-term.

Different intervention will be done alongside promotion of healthy and hygienic behavior, as well as risk communication regarding COVID-19 safety precautions and other diseases. Orientation on COVID-19-safe programming will also be conducted with PMI and IFRC personnel to ensure that health protocols are disseminated and observed. 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 will also be undertaken.

Operational Support Services

Human resources

PMI West Sulawesi provincial office will lead the operation. West Sulawesi has utilized the existing staff and volunteer base from the province, with support from NHQ and neighbouring provinces. PMI will hire or second additional temporary staff to support the implementation, as necessary. PMI NHQ is overseeing financial, administrative and general management of the operation. Staff and volunteers from neighbouring branches in South and Central Sulawesi and East Kalimantan have been deployed to support during the emergency phase. Insurance will be provided to the volunteers.

IFRC APRO, and CCD and Palu sub-office support services and technical teams are remotely supporting PMI. In addition, a technical staff and a driver from the Central Sulawesi operations were immediately deployed to support rapid assessments, while an IM and a logistics officer from the CCD and an operations coordinator from the Asia Pacific Regional Office was deployed to support the multi-sectoral assessment.

Community engagement and accountability

PMI has established community feedback mechanism for emergency and COVID-19 responses. A CEA rapid assessment was conducted immediately by the PMI CEA team with technical support of IFRC. PMI is monitoring online information for misinformation when there was a rumor of a bigger earthquake in Mamuju. PMI disseminated information in communities and via social media to encourage people to check the sources of information to verify them. Posters and stickers of trusted channels where communities can receive accurate and reliable information were posted, while hotline numbers and social media accounts of PMI and national agencies on disaster management and meteorology agency were promoted.

PMI also continues to share information on earthquake survival and safety tips through local PMI social media accounts. Further technical oversight will be monitored and supported by PMI NHQ, while CCD's DRM and CEA/PGI focal points will support the development and implementation of strategies for CEA based on the rapid assessment. PMI will continue to use its social media and hotline to receive, and address feedback (questions, concerns, thanks, complaints). A radio show is being established to ensure timely information sharing with the affected population. Existing feedback mechanisms were and continue to be adjusted to ensure that these mechanisms are promoted and accessible to the different communities and 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 PMI and IFRC's logistics standards, processes and procedures. Under the operation, IFRC is leading the procurement processes including for new purchases, replenishments, and financial service provider contracting. An IFRC senior logistic officer was also deployed to support PMI in overseeing the warehouse, trucking, and fleet services.

The deployed IFRC logistics officer is also leading the procurement process, while is being supported by procurement staff working under operation in the IFRC Palu sub-office. IFRC has been organizing the transportation of goods from the regional warehouses and where local procurement is not available. Logistics team will also support with the procurement process for the financial service provider supporting the multi-purpose cash grants.

Communications

IFRC and PMI will provide updates to partners on a need basis, ensuring timely and accurate information on the situation in the field and the interventions being implemented. Communications will focus on utilizing PMI's unique position to inform partners, stakeholders and the general public of the needs on the ground and the efforts to address them. Information on disaster awareness, COVID-19-protection, healthy and hygienic behaviours, social inclusion and others will also be promoted, while feedbacks will be encouraged. PMI and IFRC is working in close collaboration to ensure consistency in messaging and to expand the reach of communication materials.

Security

The National Society's security framework applies throughout the duration of the operation to their staff and volunteers. The National Society has been briefing its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. IFRC staff is monitoring progress remotely. The IFRC CCD Jakarta security focal point is working closely with the PMI NHQ and provincial branch to provide advice as required. The operation is following the existing security regulations of the IFRC. Volunteers are being provided with mobile phones in order to ensure they have means of communication at all times throughout the operation. COVID-19 safety will also be treated as a security concern – a COVID-19-safe guide translated into Bahasa Indonesia was shared with PMI.

Planning, monitoring, evaluation, & reporting (PMER)

The plan of action is guided and monitored by PMI West Sulawesi province with support from PMI NHQ and the IFRC Operation Manager in Jakarta. Updates on the event and response are being posted on IFRC GO Platform.

Reporting on the emergency plan of action will be carried out according to IFRC standards. Monitoring visits to the affected communities will be done by PMI branches aligned with the physical distancing measures for COVID-19. Additionally, monitoring will also be done through phone interviews or offline/online surveys or interviews 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 CCD is providing 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. IFRC administrative and finance teams are also supporting all procurement procedures. The IFRC finance focal point in Jakarta is providing oversight and two finance officers are supporting PMI directly on financial reporting to ensure timeliness compliance with IFRC procedures.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 6,364

Male: 3,194

Female: 3,170

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Indicators:	Target	Actual
# of people reached with safe and adequate shelter and settlement assistance	8,000	6,364

Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.

Indicators:	Target	Actual
# of households receiving essential household items	2,000	1,591

Progress towards outcomes

With support from the IFRC, PMI has been able to reach more than 1,591 households (6,364 people) with essential household items such as tarpaulins, family kits, and blankets. Items were not distributed in standard sets but based on field assessments by staff and volunteers and gaps of assistance on the ground. PMI has also been able to support 59 households with emergency shelters (tents) in two displacement sites. The sites were set-up with PMI support and are currently being managed by the community members.

of households reached with essential household items

(as of 21 February)

District	Tarpaulins	Family kits	Blankets	Baby kits
Majene	500	516	315	150
Mamuju	1,091	901	621	150
Total	1,591	1,417	936	300

Items distributed by PMI were immediately dispatched from local stocks as well as those from regional warehouses. These were also mobilized with the support of the DREF. PMI and IFRC offices in Central Sulawesi, where the 2018 earthquake and tsunami operation is winding down, also provided material, technical and personnel support to the operation.

Volunteers supporting the distributions were given proper orientation on COVID-19 prevention protocols, both by the government and the PMI/IFRC. Field operations continue to observe COVID-19-safe protocols.

PMI and IFRC, with the support from the Shelter Cluster¹, are also planning to disseminate build back safer information through IEC materials, an episode in the radio show, as well as other innovative ways based on the available and preferred communication channels in the communities.



Livelihoods and basic needs

People reached: Not yet started (Target: 8,000)

Male: 4,013 (target)

Female: 3,987 (target)

¹ Shelter cluster was activated for the 2018 earthquakes and tsunamis in Indonesia. CCD Jakarta continues to support the cluster within the MDRID013 appeal.

Outcome 1: Households in disaster-affected areas are supported to regain basic needs		
Indicators:	Target	Actual
<i># of households supported to obtain basic needs to meet survival threshold</i>	2,000	Not yet started
Output 1.1: Households are provided with unconditional and multi-purpose cash grants to address their basic needs		
Indicators:	Target	Actual
<i># of households that have enough cash to meet their survival threshold</i>	2,000	Not yet started
Progress towards outcomes		
<p>Provision of multi-purpose cash has been included in the plan of action based on emergency needs assessments conducted by PMI and IFRC showing the disaster's adverse impact to local economies particularly farmers, unskilled workers and small business owners. PMI and IFRC in Jakarta have mobilized personnel (some via the Central Sulawesi operation) to remotely support the cash assistance, including assessments, in West Sulawesi. Experienced cash assistance volunteers and staff from Central Sulawesi and Jakarta may also be requested to provide field support once the intervention is underway.</p> <p>IFRC will provide IDR 2 million (approximately CHF 130) to 2,000 households via a financial service provider. Households who have experienced medium-level damage to their shelters will be targeted with this intervention (heavily damaged households will be targeted by government permanent shelter assistance based on assessments and discussions with the cash working groups). These households will be supported to restore their abilities to meet their basic needs as they transition to early recovery.</p> <p>The amount was based on the Minimum Expenditure Basket identified by the National Cash Working Group (IDR 700,000). This was increased to IDR 2 million to enable households to partially meet early recovery needs in the area of shelter, WASH or livelihood. The additional amount was based on computation of shelter materials. Based on the assessments, many households also relied on their houses for their livelihood, particularly those who run small shops.</p> <p>Assessments and feasibility analyses are currently being undertaken to identify the best modality, as well as the scope of work which will guide the implementation of the cash transfers. Discussions with financial service providers are also underway. Coordination with government and technical working groups are maintained by PMI to avoid duplication of assistance and ensure organizations are following agreed standards. Distributions are planned to commence in April, provided preparatory activities remain on schedule.</p>		



Health

People reached: 4,726

Male: 1,753

Female: 1,715

No data: 1,258

Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Actual
<i>Immediate risks to health of the affected population are identified and mitigated</i>	Yes	Ongoing
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
<i># of assessments conducted based on standard IFRC assessment guidelines</i>	2	1
Progress towards outcomes		
<p>The multi-sectoral needs assessments conducted identified health needs in communities such as emergency medical assistance and first aid, as well as risks posed by displacement including communicable, vector and water-related diseases. Evacuation centres and IDP camps also increase the risk of COVID-19 transmission. The earthquake also caused significant mental trauma to some of the people affected.</p> <p>PMI has deployed volunteers and continues to coordinate with local health ministries to monitor health conditions in the affected villages and in displacement areas.</p>		

Based on the assessments, outputs and targets under the health programmes were updated. Targets for first aid and emergency medical services were reduced to reflect the actual needs on the ground. Health promotion and COVID-19 prevention messaging were also combined under one output with targets reduced, while activities involving epidemic control volunteers (ECVs) were cancelled due to unavailability of capacities in the field.

Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of people receiving First Aid Service	5,000	4,726

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
# of people receiving treatment through mobile medical clinic	5,000	4,726

Progress towards outcomes

Immediately after the disaster, PMI deployed medical teams to the affected villages to support local health authorities. West, Central and North Sulawesi chapters of PMI deployed ambulances and personnel who have been able to provide emergency medical and first aid services to 4,726 people.

PMI continues to mobilize mobile medical teams to provide medical services as well as to monitor health situations and promote COVID-19 safety in communities.



PMI volunteer providing emergency medical services to people affected by the earthquake. (Photo: PMI)

Output 2.3: Target population is reached with Search and Rescue activities

Indicators:	Target	Actual
# of people assisted through evacuations	22	22

Progress towards outcomes

PMI supported government efforts to evacuate and conduct search and rescue activities immediately after the earthquake struck. Overall, PMI was able to assist 22 people to evacuate. PMI continued to monitor and was on standby the situation after the initial quake as several aftershocks were reported, in case further needs for rescue and evacuations were necessary. Community volunteers were also engaged in coordinating with village leaders/authorities regarding the situation on the ground and relayed them to PMI personnel.

Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators:	Target	Actual
# of people reached with activities on disease control and health promotion	10,000	2,178

Output 4.1: Community-based disease control and health promotion is provided to the target population

Indicators:	Target	Actual
# of people reached with health promotion activities	10,000	2,178
# of people reached with COVID-19 protocol awareness (3Ms)	10,000	2,178

Progress towards outcomes

It was observed that general compliance to health protocols was low, particularly with regards to the use of masks. This was observed in markets, community areas and displacement sites and confirmed by the assessment findings. As the affected population lost assets, masks and hand sanitizers have not been a priority, while compliance to protocols was overcome by the need to access basic needs. Furthermore, there is reluctance in communities to

utilize health services from both the government and humanitarian agencies to avoid being tested for COVID-19, afraid of the possibility of being isolated from the rest of the family.

To ensure that the risk of contracting and transmitting COVID did not increase resulting from the disaster, PMI has been working with local communities to re-emphasize the need to strictly observe health protocols and healthy and hygienic behaviour.

Overall, PMI health promotion activities have reached 2,178 people as of reporting. COVID-19 risks and prevention messages are incorporated in these activities, particularly the 3Ms in Bahasa Indonesia which translate to wearing a mask, maintaining distance, and avoiding crowds. Other diseases such as dengue, malaria, and acute respiratory infections also continue to be highlighted.

Health promotion activities will continue throughout the emergency phase and will include key messages on COVID-19 vaccination, upon coordination with health officials at the provincial and district levels, as well the National vaccine authorities. PMI will utilize multiple channels, including social media and a radio show, to continue spreading disease and prevention awareness.

Output 4.2: Vector-borne diseases are prevented

Indicators:	Target	Actual
# of mosquito nets distributed	86	86

Progress towards outcomes

Overall, PMI has been able to distribute 139 units of mosquito nets, of which 86 were covered by this DREF. The distribution was done alongside orientation on use, as well as awareness raising on vector-borne diseases.

Outcome 6: The psychosocial impacts of the emergency are lessened

Indicators:	Target	Actual
# of people reached through psycho-social services	2,150	2,386

Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators:	Target	Actual
# of people in the communities reached with PSS	2,000	2,386
# of staff and volunteers who received PSS	150	Figures being validated

Progress towards outcomes

PMI continues to provide psychosocial support services to affected populations in Majene and Mamuju. Trauma experienced from the quake remains a cause for concern for some members of the population, including children. PMI is employing play therapy with kids, while adults are counselled or referred to professionals, as necessary. Continued displacement and economic hardships faced during COVID-19 restrictions which have been exacerbated by the quake's impact to small businesses and employment could lead to negative coping mechanisms and behaviour. PMI continues to monitor the situation in operational areas and coordinates with local health ministries and village leaders to provide psychosocial support services as necessary. As of reporting, PMI has reached at least 2,386 people with PSS.

PMI is also providing counselling to staff and volunteers, especially those who were also infected by COVID-19.



Water, sanitation and hygiene

People reached: 37,783

Male: 18,967

Female: 18,816

Outcome 1: The immediate reduction in risk of waterborne and water-related diseases in targeted communities

Indicators:	Target	Actual
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% of population that has access to sufficient safe water	25%	Not yet started																
Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in target communities																		
Indicators:	Target	Actual																
# of WASH sector assessment/monitoring undertaken and shared	4	2																
Progress towards outcomes																		
<p>WASH assessment was included in the initial and multi-sectoral needs assessments conducted by PMI and local community and government partners. Through the assessments, communities with difficulties in accessing safe water due to damaged sources and broken pipelines have been identified. These communities will be supported by PMI through water trucking as well as improvement of water systems (storage and piping) to ensure the community needs for safe water can be fulfilled.</p> <p>Based on the developments in water supply, deployment of water treatment plants was also put on hold while the strategy is being reviewed. PMI and IFRC are currently discussing other strategies to improve water supply in the province. The number of hand washing facilities were also reduced based on the remaining gaps in displacement sites and evacuation centres. PMI and IFRC also included distribution of water tanks to households or communities and connecting these to household taps to further improve access to water.</p>																		
Output 1.2: Daily access to safe water which meets WHO and SPHERE standards in terms of quality and quantity is provided to target population																		
Indicators:	Target	Actual																
# of people with access to clean water through trucking	40,000	37,783																
# of households supported with improved access to water through pipes and water tanks	500	Not yet started																
Progress towards outcomes																		
<p>As of reporting, PMI has been able to provide more than 1.7 million litres of clean water to 9,445 households (37,783 people) in Mamuju and Majene districts via water trucking. Water trucks were deployed from all over the region, including North and Central Sulawesi to augment the province's capacity.</p> <p style="text-align: center;">People reached via water trucking</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>District</th> <th>Number of households</th> <th>Number of people</th> <th>Litres of water</th> </tr> </thead> <tbody> <tr> <td>Majene</td> <td>2,324</td> <td>9,298</td> <td>359,060</td> </tr> <tr> <td>Mamuju</td> <td>7,121</td> <td>28,485</td> <td>1,362,200</td> </tr> <tr> <td>Total</td> <td>9,445</td> <td>37,783</td> <td>1,721,260</td> </tr> </tbody> </table> <p>Currently, the PMI water distribution activity depends on water source from local water company (PDAM) which also serve the community and other organizations. To reduce the load of water trucking, PMI initially planned to deploy one unit of NUF filtration system (water treatment plant) as a water station that can be accessed by the affected community especially those who still live in IDP camps. However, as PDAM has been able to repair some of their water supply systems, PMI will continue to source its water from PDAM for distribution.</p> <p>PMI is planning to install 650-litre water tanks in households and community areas across the affected villages. These will be connected to household taps and filled by PMI water trucks to ensure adequate safe water supply.</p>			District	Number of households	Number of people	Litres of water	Majene	2,324	9,298	359,060	Mamuju	7,121	28,485	1,362,200	Total	9,445	37,783	1,721,260
District	Number of households	Number of people	Litres of water															
Majene	2,324	9,298	359,060															
Mamuju	7,121	28,485	1,362,200															
Total	9,445	37,783	1,721,260															
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quality and quantity is provided to target population																		
Indicators:	Target	Actual																
# of people supported with emergency latrines in displacement/evacuation sites	400	Figures being validated																
Progress towards outcomes																		
<p>According to the findings of multi-sectoral assessment, sanitation facilities have been the major issue, displaced people have limited access to toilet in displacement sites. Cases of diarrhea increased for children under five recently, this may relate to the lack of handwashing facilities in displacement sites and also low level of awareness on hygiene practices and household water treatment.</p>																		

PMI has mobilised 20 units of portable latrine equipped with anal cleansing and handwashing facilities from their warehouse in Makassar and Serang, with about 10 units already installed and placed in displacement sites and volunteers' camp site in Mamuju and Majene. The remaining units will be installed by March 2021.

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

Indicators:	Target	Actual
# of people reached with hygiene promotion activities	10,000	5,632

Progress towards outcomes

PMI has been conducting hygiene promotion alongside other activities, reaching some 5,632 people as of reporting. Hygiene promotion modules include proper handwashing, solid waste management, diarrhea prevention, hygiene kit usage and hygienic and clean behaviour. PMI will also install 20 handwashing stations in different public areas and displacement sites to promote handwashing in high-risk areas.

PMI will continue to conduct hygiene promotion with target households as well as produce and display or distribute information and communication materials in the communities. Hygiene promotion activities not only develop community knowledge and awareness towards good hygiene behavior but also ensure that the hygiene materials distributed can be fully utilized by the community and the WASH facilities are well operated and maintained.

Output 1.5: Hygiene-related goods which meet Sphere standards and training on how to use those goods are provided to the target population

Indicators:	Target	Actual
# of households provided with set of essential hygiene items and orientation on their usage	2,045	1,408

Progress towards outcomes

With support from the DREF fund, PMI has been able to provide 1,408 households with hygiene kits. Each hygiene kit contains bath soaps, laundry detergent, shampoo, toothbrush and toothpaste, sanitary pads and towels. These are distributed in plastic containers.

Alongside the distribution, hygiene promotion was conducted to ensure proper knowledge on use of the kit as well as hygienic behaviour within the community.



Protection, Gender and Inclusion

People reached: 6,364

Male: 3,194

Female: 3,170

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable

Indicators:	Target	Actual
The operation demonstrates evidence of addressing specific needs to ensure equitable access to disaster response services	Yes	Yes

Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors

Indicators:	Target	Actual
The operation demonstrates evidence of compliance to IFRC minimum standard commitment to gender and diversity in emergency programming	Yes	Yes

Progress towards outcomes

The PGI component is being mainstreamed throughout the implementation of all activities, while promoting dignity, access and participation of target communities in the design and implementation of programmes. The strategy includes targeting of vulnerable households, socialization in communities, adaptation of distribution plans to accommodate different needs, and strict observance of child protection and sexual abuse prevention policies of PMI

and IFRC. Overall, the PGI component will be ensured with the support of the CEA team through monitoring of feedbacks from communities which are being gathered via multiple channels.

Furthermore, 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 in the following criteria:

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

Strengthen National Society

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

Indicators:	Target	Actual
# of volunteers safely mobilized under the operation	150	400

Output 1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers receiving briefings under the operation	150	400
# of volunteers insured under the operation	150	150

Progress towards outcomes

PMI has deployed some 400 volunteers to support the interventions in West Sulawesi (250 volunteers deployed from other provinces and regions). Volunteers from the province will be covered under the IFRC volunteer insurance while the surge volunteers are covered by existing insurance from their original branches or these are currently being finalized under PMI insurance policies.

All volunteers are provided basic personal COVID protection equipment such as masks and alcohol, as well as proper briefings on the activities and safety precautions and protocols. Field management of volunteers include ensuring safety of personnel and communities, strict observance of health protocols and proper representation of the Red Cross principles. Volunteers will also be provided with psychosocial support post-deployment as necessary.

International Disaster Response

Outcome S2: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
Lessons learned are undertaken on the start-up of the operation and considered in the revision process	Yes	Ongoing
Lessons learned are documented after the operation	Yes	Not started yet

Output 2.1.1: Effective and respected surge capacity is maintained

Indicators:	Target	Actual
# of staff and volunteers participating in the lessons learned	150	Not yet started

Progress towards outcomes

Lessons learned from previous operations are being incorporated in the West Sulawesi response, including with regards to COVID-safe programming, cash and voucher assistance roll out and remote monitoring. PMI and IFRC maintains close coordination to ensure that any changes to plans or adaptations in the implementation takes into account best practices from other operations within and outside Indonesia.

Output 2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities

Indicators:	Target	Actual
% of population satisfied with the level of consultation, information and involvement in the operation	85%	TBC
% of the population satisfied with the support received	85%	TBC

Progress towards outcomes

In the start of the operation, PMI's CEA focal person was deployed to the province to support with the rapid CEA needs assessment. A total of three IDP camps and seven villages in Mamuju, Majene and Ulumanda districts were assessed. The team interviewed 357 residents (185 men, 172 women), aged between 15 and 70 years old.

Main findings:

- Many vulnerable groups in IDP camps, mostly pregnant/lactating women, and older people above age 60, and children.
- Information needs by affected people are information on access to clean water, food and daily needs, health facilities, and items such as tents, household items, and blanket. In addition, information on the accuracy of aftershocks prediction is also highly required to avoid panic and misinformation.
- 77 people from different age groups, mostly between 18 to 49 years old chose that social media is the most trusted information source by the respondents – the social media channels where community looked for information are through Mamuju's Facebook group, Instagram, and WhatsApp group.
- In expressing the community's concerns and questions, communities in in all different age groups preferred to share feedback face-to-face as well as WhatsApp or Facebook.
- Community leaders in villages are chosen as the trusted group/agency/group by communities. PMI, government and BNPB are the other trusted organizations within the communities.

Based on the assessment, PMI has mobilized personnel to provide life-saving information through social media and are planning to provide posters and stickers with PMI contact information. PMI also recommends utilizing a hotline number to receive feedback through direct phone call, SMS as well as WhatsApp. It also will manage misinformation. In facilitating the communities and PMI for sharing feedback face-to-face, PMI branches have a post command which has trained to document the community feedback as well. A call-in radio show, similar to that of Lombok and Central Sulawesi operations, was recommended and is incorporated in the programming, as radios remain an accessible form of communication in communities. The radio shows, as with the other operations, could also provide a platform for PMI in providing information on diverse topics such as healthy lifestyles, COVID-19 safety, disaster awareness and protection and inclusion. PMI will also continue to record feedbacks and respond to them or refer them to the proper authorities, as necessary.

Since the beginning of the operation, PMI has received 129 feedbacks from affected community through Hotline (including WhatsApp, Call, and SMS) and face-to-face interactions, which was the most preferred option in the community. People from eight sub-districts including IDP camps shared feedback to PMI channels, most of whom were aged between 18 and 49 years old. Almost half of them were female.

According to the community feedback dashboard designed for West Sulawesi earthquake operation (click [here](#) for the dashboard), most of the feedbacks were requests (59 feedbacks), followed by compliments (40) and complaints (17), questions (7), and suggestions (5). Requests and questions were primarily about availability of aid items, access to assistance, including water. Complaints were primarily focused on unavailability of basic needs. As of reporting, 87 per cent of the feedbacks have been closed with the remaining either awaiting response or has been referred to the relevant government offices.

Output 2.2.5: Shared services such as IT, logistics and information management are provided

Indicators:	Target	Actual
Operation is 100% compliant with IFRC procedures	Yes	Yes

Progress towards outcomes

IFRC is supporting PMI in ensuring the availability of necessary assets and systems to implement the activities in the operation. This includes support for procurement and transportation of goods and equipment, management of assets and fleet, and other technical support. IFRC is also supporting PMI with information technology equipment, as well as augmenting its information management capacity by mobilizing personnel and tools (this is being funded

by DFAT and not part of the DREF budget). IFRC will continue to coordinate with PMI to provide adequate support services, as requested and necessary.

PMI and IFRC also mobilized information management staff to support the operation by developing reporting and monitoring tools utilizing open data kit systems like KoBo. The CVA component of this operation will also rely on existing IM structures of PMI to register beneficiaries and monitor the disbursement of cash. The IM team also regularly updates the 3W (who, what, where) data to support coordination and in avoiding duplication of assistance. Latest 3W information can be seen [here](#).

Output 4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicators:	Target	Actual
Operation is 100% compliant with IFRC financial procedures	Yes	Yes

Progress towards outcomes

Financial reporting, reconciliation and validation for this operation are supported by the finance team in the Jakarta CCD and PMI NHQ. Direct technical support to field personnel is provided as required, including deployment of personnel as necessary.

D. Financial Report

A financial report will be appended to the DREF final report to be issued within three months after operation ends. In the meantime, below is the revised budget for the operation.

International Federation of Red Cross and Red Crescent Societies

*all amounts in
Swiss Francs
(CHF)*

DREF OPERATION

MDRID020 - INDONESIA - WEST SULAWESI EARTHQUAKE

3/2/2021

Budget by Resource

Budget Group	Budget
Shelter - Relief	71,400
Clothing & Textiles	10,184
Water, Sanitation & Hygiene	114,226
Medical & First Aid	15,618
Teaching Materials	1,000
Other Supplies & Services	64,215
Cash Disbursement	270,000
Relief items, Construction, Supplies	546,643
Distribution & Monitoring	13,100
Transport & Vehicles Costs	24,000
Logistics, Transport & Storage	37,100
National Society Staff	24,150
Volunteers	60,930
Personnel	85,080
Workshops & Training	2,100
Workshops & Training	2,100
Travel	1,400
Information & Public Relations	10,300
Office Costs	500
Financial Charges	4,800
Other General Expenses	15,600
General Expenditure	32,600
DIRECT COSTS	703,523
INDIRECT COSTS	45,729
TOTAL BUDGET	749,252



Click here for:

- [DREF Operation](#)

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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**.