

## Operation Update Report Indonesia: Floods in South Kalimantan

<b>DREF n°</b> MDRID021	<b>GLIDE n°</b> FL-2021-000005-IDN
<b>Operation update n°</b> 1; 27 May 2021	<b>Timeframe covered by this update:</b> 19 January – 18 May 2021
<b>Operation start date:</b> 19 January 2021	<b>Operation timeframe:</b> 4 months, ending 31 May 2021 (extended 2 months until 31 July 2021)
<b>Funding requirements (CHF):</b> CHF 346,255	
<b>N° of people being assisted:</b> 8,000 people (ongoing)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</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 staff members and volunteers to the affected sites. The team assists in evacuating affected people, conducting rapid assessment, distributing relief items and clean water, operating emergency kitchens, and providing first aid.	
<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.	

### Summary of major revisions made to emergency plan of action:

*This Operation Update is published to formalize **the non-cost extension of the implementation timeframe from 31 May 2021 to 31 July 2021** due to challenges in the procurement process:*

- *The submission of Logistics Request (LR) was delayed due to complexity in the field. The amount of each item was revised several times due to rapidly evolving situation in the field. The LR was finalized on 23 February 2021 and approved on 3 March 2021.*
- *The tender process was delayed due to the lack of bid from the invited suppliers. The initial deadline was on 24 March 2021; however, it was extended until 29 March 2021.*
- *Since a medical item (surgical mask) is listed in the LR, approval from MedLog is required. The Request was sent to MedLog on 7 April 2021; however, many suppliers did not pass minimum requirements. Approval from MedLog was granted on 16 April 2021.*
- *Procurement of household items (1,000 blankets, 1,000 sleeping mats, 2,000 family kits, 350 baby kits, 200 tarpaulins, 250 boxes of surgical mask, 1,000 hygiene kits, 250 shelter tool kits, and 100 kitchen sets) could not be done locally. There are no local suppliers available to supply the requested quantity. As a result, procurement must be done in Java, and it takes approximately 30 days to deliver the household items to South Kalimantan. Moreover, further delays occurred due to Eid Holidays, in which all suppliers and logistics companies ceased their operations for about a week.*
- *All household items will be delivered to PMI's regional warehouse in Banjarbaru. Then, PMI branches at the district and city level are expected to acquire the household items from the regional warehouse for distribution in their respective area. Delays in the procurement procedure will automatically delay distribution process. The operation is being extended to implement the remaining activities which includes distribution of items that were delayed.*
- *Some of the affected area, such as in Hulu Sungai Tengah, have reportedly been inundated for four months. It means the household items are still needed for distribution to the affected population. For that reason, extension of time frame is necessary to accommodate the finalization of procurement process.*

## A. SITUATION ANALYSIS

### Description of the disaster

Areas prone to flooding in Indonesia are approximately 39,371,167 hectares.<sup>1</sup> Large floods usually occur in Indonesia due to prolonged rainfall especially in rainy season (usually occurs between October and March). This year, the peak of La Nina (that occurred across the months of December 2020 and January 2021<sup>2</sup>) coincided with the peak of rainy season (that occurred between January and February 2021<sup>3</sup>). The simultaneous occurrence of these two events has triggered torrential rains across the country.

The anomaly has also triggered torrential rains in South Kalimantan. Torrential rains which began on 9 January 2021 have caused province-wide flooding. As of 12 January 2021, floods have inundated 11 out of 13 districts in South Kalimantan. The floods lasted for months with water level varied between 30 centimeters to even 3 meters in some areas. This series of floods have been considered as one of the worst natural disasters in the history of the province.

PMI had estimated that 176,290 households/ 633,723 people in 11 districts were affected by the floods. There have been 46 reported deaths and about 60,000 people were evacuated to evacuation centers across the province. Approximately 123,410 houses and 2,844 public facilities (including 1,435 schools, 184 health facilities, and 129 bridges) were damaged or destroyed.

### Summary of current response

#### Overview of host National Society

PMI NHQ is closely monitoring the situation and coordinating the response with the government through respective Regional Disaster Mitigation Agencies at district level. PMI volunteers in branches throughout the affected area have been active since the early stage of the disaster and throughout the operation. PMI has mobilized approximately 200 staff members and volunteers throughout the operation. They have been working alongside the authorities in addressing community needs in relief centres and in villages. Below are the details of food and household items that has been delivered by PMI throughout the operation:

No	Items	Quantity
1	Ready meals	219,663 boxes
2	Blankets	2,011 pcs
3	Sleeping mats	200 pcs
4	Hygiene kits	1,232 pcs
5	Tarpaulins	112 pcs
6	Body bag	30 pcs
7	Diapers	6,508 pcs
8	Sarong	1,263 pcs
9	Family kit	86 pcs
10	Baby kit	161 pcs
11	Kitchen set	122 pcs
12	Groceries	13,502 packages
13	Water tank	560 unit
14	Cleaning kit	438 pcs

PMI has been involved in different sectors with details as follows:

No	Intervention	Quantity/Beneficiaries
1	Clean water	1,953,152 litres
2	Health services	3,498 beneficiaries
3	PSS	2,372 beneficiaries
4	Ambulance services	347 beneficiaries
5	Evacuation of vulnerable people	347 beneficiaries
6	Post-flood clean-up and restoration	2,754 beneficiaries

#### Overview of Red Cross Red Crescent Movement 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

<sup>1</sup> [Inarisk.bnpb.go.id](http://Inarisk.bnpb.go.id), 2021. *Infografis Dampak Bencana*.

<sup>2</sup> [Antaraneews.com](http://Antaraneews.com), 13 October 2021. *BMKG: Waspadai Puncak La Nina Saat Musim Hujan Desember-Januari*.

<sup>3</sup> [Medcom.id](http://Medcom.id), 13 October 2021. *Peak of La Nina is Predicted to Occur in December: BMKG*.

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.

### **Overview of non-RCRC actors in country**

The Government of Indonesia through National Disaster Mitigation Agency is coordinating the rescue and relief efforts. In the affected area, Regional Disaster Mitigation Agency oversee the relief operations, establishing evacuation centres, and liaising with other actors including PMI. The police and armed forces also assist the evacuation efforts of those who were trapped in remote locations. The office of social affairs operates field kitchens, and each local health department provides first aid. During the early stage of the disaster, several local and faith-based organizations were involved in the relief efforts. These organizations mainly assisted with the distribution of food and non-food items.

## **Needs analysis and scenario planning**

### **Needs analysis**

PMI NHQ has mapped the current condition in the five target districts based on rapid needs assessments conducted by volunteers in the five respective districts, since the floods affected a large area of South Kalimantan province. As a result, needs from affected people in the five districts may be varied from one district to another. Based on the needs from affected people, PMI will focus on five districts namely Tanah Laut, Banjar, Hulu Sungai Tengah, Barito Kuala, and Banjarbaru. PMI continued the support and provided assistance accordingly to the DREF plan of action. However, in February 2021, the situation improved, and flood receded at most of the affected area. Therefore, displaced communities started to return to their villages and began cleaning their houses.

Therefore, several activities and targeting locations moved from providing support at the evacuation centre to residential area, public places or infrastructure. To support the community cleaning their houses and surrounding environment, PMI distributed cleaning kits, whilst volunteers provided extra assistance. Water tanks were also distributed at public spaces such as markets, schools, mosques and offices in the area to help maintain hygiene level in the area. To complement the distributed water tanks, PMI also provided water and filled the tanks daily.

Even though the floods have receded in almost all of the affected areas, PMI has identified several villages or sub-districts that are prone to flood. This was due to the geographical location of the villages that are located along the main river and with poor drainage system. Therefore, flooding may occur and inundated these areas every time heavy rainfall occurs and the river overflows.

### **Tanah Laut**

In general, floods in Tanah Laut have receded. However, parts of sub-district such as Bumi Makmur and Kurau are still inundated. However, since the floods were severe, the after-effects are still lingering. Volunteers in Tanah Laut have conducted follow-up needs assessments. In general, the affected families are requesting health services due to the spike of flood-related diseases such as itching and skin irritations. The team also captured the need of conducting health and hygiene promotion, to encourage the affected population to live a healthy life through hygienic lifestyles especially in the post-flood period where health risks related to water, and vector borne diseases are on the rise. There are requests from affected families to continue distributing household items such as sleeping mats and hygiene kits.

### **Banjar**

As per March 2021, no household/ persons continue to live at the evacuation centre. However, there are four sub-districts in Banjar that are still inundated by the flood namely, West Martapura, East Martapura, Sungai Tabuk and Cintapuri Darussalam. Even though the areas are still inundated by the flood, displaced households prefer to live with their relatives rather than staying at the evacuation centre. Immediate needs identified were:

- Household items such as sleeping mats, tarpaulins and blankets
- Basic health service
- Water due to the contaminated water resource in the area.

### **Hulu Sungai Tengah**

Condition in Hulu Sungai Tengah has been improved, however, some area such as the district capital and Pandawan are still flooded, especially when it rains. The team recently conducted surveys, with results showing that people in the affected area are still in need of assistance from different sectors. In terms of health sector, health services are in demand due to the spike of flood-related diseases (such as vector and water borne diseases), trauma healing is also in demand as many people are still struggling with mental trauma, for example many people afraid to hear rain. In terms of WASH needs, clean water distribution remains one of the most requested assistance since water sources in the affected area are still not fully recovered. Household items distribution, in particular tarpaulins, hygiene kits, and baby kits are also requested by the affected families.

### **Barito Kuala**

In Barito Kuala emergency response phase ended on 26 March 2021. In general, the floods have receded, however, three sub-districts namely Jangkit, Mandasana, and Alalak with total population approximately 60,000 people are still inundated from time to time. The team in Barito Kuala has conducted follow-up needs assessments and based on the results the team decided to continue providing health services, distributing household items (such as blankets and tarpaulins), and distributing clean water to villages that have not received assistance from the local waterworks. The team is planning to target 2000 households in three sub-districts.

### **Banjarbaru**

In Banjarbaru, the flood has receded in most of the area and displaced communities have returned to their houses. However, there are two sub-districts identified as flood-prone areas namely Kemuning village, located in Banjarbaru sub-district and Guntung Payung village, located in Landasan Ulin sub-district. Both areas are located along the Kemuning river. Therefore, if the river overflows due to heavy-rainfall, flooding will continue to inundate the two villages. The last flood was reported in April 2021. Based on observation, the flood started at around 01.10 local time with a water level of 50 - 90 cm. However, the flood receded as soon as the rain stopped.

Due to the situation and communities who are live in Kemuning and Landasan Ulin village, PMI will continue to provide essential household items when the flood inundates the area. Items such as tarpaulins, hygiene kits, family kits and sleeping mats are in-stocks and can be distributed to the community as soon as needs are justified.

### **Operation risk assessment**

The floods affected a large area of South Kalimantan province. It would be difficult to reach all the affected area, especially due to the challenges of road access in some affected areas. Moreover, there is increased health risks due to vector and water-borne diseases, in addition to the ongoing COVID-19 pandemic. Vector and water-borne diseases are on the rise due to the extended timeframe of inundation, with some affected areas inundated for months. Some of the affected areas have also been declared as high-risk areas for COVID-19. The number of COVID-19 cases will likely increase over the upcoming weeks after the Eid holiday. PMI staff members and volunteers are still allowed to operate as per usual, considering PMI are providing essential services to affected communities. In order to reduce the risk of PMI staff members and volunteers contracting COVID-19 while on duty, PMI staff members and volunteers are instructed to follow guidance from the existing government and movement related to COVID-19.

## **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/ 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 Inclusion (PGI) for a six-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 household items such as family kits, baby kits, tarpaulins, and blankets to 2,000 families/ 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 both evacuation centers, and at houses of family members, there is a high risk for the development of new clusters of COVID-19, which in turn, will increase risks 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 outbreaks 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. Movement-wide commitments and minimum actions for CEA will be mainstreamed into the operation where possible.

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 the COVID-19 context and safety guidance. Following MoH's data on pandemic situation in South Kalimantan, all affected districts are identified for community transmission with high-risk zone due to

limited capacities of health system. As required by MoH, all personnel mobilized to these areas should undertake health screenings with at least rapid antigen and apply strict COVID-19 protocols.

## C. DETAILED OPERATIONAL PLAN



### Shelter

People reached: 1572

Male: tbc

Female: tbc

**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	1,572

**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	393

### Progress towards outcomes

Responding to the situation, PMI Banjar Baru, Banjar and Tanah Laut deployed their evacuation team to support the evacuation efforts in their area. Evacuation activities were carried out from 12 January - 16 January 2021. PMI managed to evacuate 347 people (156 men and 191 women), mainly evacuated from their houses and transported to the nearest evacuation centre in the area. As per this submitted report, PMI deployed 18 people to support the evacuation process.



PMI Volunteers evacuating flood affected people to temporary evacuation centres. (Photos: PMI)

At the evacuation centre, PMI established a field kitchen to provide the evacuated communities with meals while they are displaced. While operational costs for the field kitchen are not covered by the DREF support, through their own funding PMI ran 16 units of field kitchens from 10 January until 7 March 2021 to 16 different locations in five sub-districts. By deploying field kitchens, PMI managed to distribute 219,663 meal packages and served 30,857 evacuated people. PMI deployed 37 people to operate the field kitchens and food distribution within the evacuation centre.



PMI volunteers operating field kitchen and distributing ready meals to flood affected people. (Photos: PMI)

In addition to evacuation and deploying field kitchens, PMI also distributed essential household items such as tarpaulins, blankets, sleeping mats, family kits, cleaning kits and baby kits to the affected communities. Detailed item distributed can be seen in the table below:

Items	Total	
	Target	Actual
Tarpaulins	500	25
Blankets	2,000	786
Sleeping Mats	2,000	156
Family kits	1,000	195
Cleaning kits	1,000	261
Baby kits	750	603

To avoid overlapping support, especially for the household items distribution at the evacuation center, PMI maintained coordination and communication with BPBD assigned in the various affected locations. Therefore, PMI only distributed items based on reports and distributed to the most vulnerable households identified.





PMI volunteers distributing household items to flood affected people. (Photos: PMI)

**Challenges:**

There were too many organizations/donors or actors distributing food items and non-food items at the evacuation center. Coordination at field level remains the primary challenge. Some donors only drop their support at the evacuation center without clear information or instructions regarding support distribution and utilization.



**Health**

People reached:4,510

Male: tbc

Female: tbc

**Outcome 1: The immediate risks to the health of affected populations are reduced**

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	8,000	4,510

**Output 1.1: The health situation and immediate risks are assessed using agreed guidelines**

Indicators:	Target	Actual
Detailed health needs assessment completed	Yes	Yes

**Output 1.2: Target population is provided with rapid medical management of injuries and diseases**


Indicators:	Target	Actual
# of people reached by first aid, ambulance and mobile clinic services	3,000	3,498

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

Indicators:	Target	Actual
# of people assisted through evacuations	1,000	347

**Outcome 4: Transmission of diseases of epidemic potential is reduced**

Indicators:	Target	Actual
# of people who are reached to lessen potential epidemic transmission	8,000	tbc

<b>Output 4.1: Community-based disease control and health promotion is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of volunteers trained by NS in epidemic control	150	tbc
<b>Output 4.2: Vector-borne diseases are prevented</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of mosquito nets distributed	500	26
<b>Output 4.6: Improved knowledge about public health issues among 8000 in five sub-districts.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with health promotion activities	8,000	tbc
<b>Outcome 6: The psychosocial impacts of the emergency are lessened</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached through psycho-social services	8,000	2,372
<b>Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of staff and volunteers receiving PSS support	150	tbc
<b>Progress towards outcomes</b>		
<p>Responding to the situation and needs on the field, three PMI districts namely, Tanah Laut, Banjar and Hulu Sungai Tengah deployed their ambulance units along with the ambulance crew to support the affected communities. PMI began the ambulance services from 14 to 26 January 2021, and from the activity PMI managed to support 21 people in the three districts. Most of the supported people were injured due to the evacuation process.</p> <p>To further support the evacuation efforts, PMI deployed a search and evacuation team to the affected area. The team was equipped with rescue boats to access the affected communities that were trapped at their house due to the surrounding water level. In total 347 people (156 male and 191 female) were evacuated by PMI to the nearest evacuation centre. The activities carried out from 12 to 14 January 2021 and PMI deployed 17 personnel to carried out the services.</p> <p>Along with the ambulance services, PMI also deployed volunteers and staff to provide basic health service to the affected communities in four affected districts. The services began from 10 January 2021 and lasted until 23 February 2021. PMI managed to provide service to 3,498 people (1,804 male and 1,654 female). In addition, PMI also provided services to 265 children under 5 years old and 325 elderly people. Most of the activities were carried out at the evacuation centre and with the support from the local health authority. In addition to the basic-health service, PMI also provide Psychosocial Support (PSS) at the evacuation centres. For the children, various activities such as playing games, drawing and learning were provided to keep them active and engaged whilst staying in the evacuation centre. For adults and elderly people, PMI would conduct praying session and reciting Quran. In total, 87 PSS sessions were conducted between 14 January - 3 March 2021 and an estimated 2,372 people were reached with the support from PMI.</p>		
		



PMI volunteers providing flood affected people with basic healthcare services. (Photos: PMI)



PMI volunteers creating safe space for children to play and stay active while in temporary shelter. (Photos: PMI)

### Challenges:

Out of five affected districts, only three PMI branches the capacity to provide basic health services such as ambulance services and provide volunteers for first aid and PSS assistance. The other two chapters must rely on local health authority capacity to respond to the needs. PMI branches in the affected areas are also limited in their capacity in terms of facilities and human resources. To carry out activities such as ambulance services, mobile clinics, and PSS, PMI branches require specific instruments and human resources capacity. Not all branches possess ambulance vehicles or have trained volunteers in PSS ready to be deployed. As a result, this would impede basic health implementation in the emergency response period at Tanah Laut and Barito Kuala districts.



## Water, sanitation and hygiene

People reached: 27,398

Male: tbc

Female: tbc

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

Indicators:	Target	Actual
# of vulnerable population has access to sufficient safe water, appropriate sanitation and hygiene service.	8,000	27,398
<b>Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
Indicators:	Target	Actual
# of assessments/monitoring visits undertaken and shared	4	tbc
<b>Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>		
Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	5,000	27,398
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
Indicators:	Target	Actual

# of households reached with key messages to promote personal and community hygiene	8,000	664
# of volunteers involved in hygiene promotion activities	10	tbc
<b>Output 1.5: Hygiene-related goods which meet Sphere standards and training on how to use those goods is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of households provided with a set of essential hygiene items	2,000	1,232

**Progress towards outcomes**

As soon as evacuation centres were established in the five affected districts, PMI provided clean water to the evacuation centres and to the surrounding villages. PMI has provided water to 27,398 people from 11 January to 5 March 2021. On average, PMI distributed four times a day to two or three distribution points.



PMI mobilized water trucks to supply clean water to flood affected people, PMI obtained water supply from local waterworks and PMI-owned water purification machine. (Photos: PMI)

To address the needs for essential hygiene items, hygiene kits were distributed to those displaced at the evacuation centres. As of March 2021, a total of 1,232 hygiene kits have been distributed to the affected households benefitting 4,928 people. PMI distributed 261 cleaning kits to public facilities such as mosques, residential areas, markets and schools. In addition, to further support post-flood debris cleaning activities, PMI volunteers and staff were deployed to clean up debris to regain access to these affected areas.





PMI volunteers assisted flood affected people during post-flood clean-up and restoration. (Photos: PMI)

PMI volunteers were also involved in organizing health and hygiene promotion, covering topics such as proper handwashing technique, and clean and healthy lifestyle. Such activities aim to curb the risk of flood-related diseases such as diarrhoea, dengue fever, and leptospirosis.



PMI volunteers briefing the community on the importance of clean and healthy behaviour to curb the risk of flood-related diseases. (Photos: PMI)

PMI distributed and set up 61 water tanks in 25 different locations in highly accessible areas for everyone to access, such as markets, schools, bus stations, community centres and other public facilities or offices. These water tanks are essential to maintain hygiene level of the people living around these areas. Currently PMI oversees the refilling of these tanks, until the community decides who will take over the refilling process after PMI ceased operations. IEC materials were also distributed in the affected areas.



PMI volunteers distributing and refilling water tanks. (Photos: PMI)



## Protection, Gender and Inclusion

People reached: *same as people reached by the AoFs*

Male:

Female:

**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 the specific needs to ensure equitable access to disaster response service	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 with IFRC minimum standard commitment to gender and diversity in emergency programming.	Yes	Yes

**Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children**

Indicators:	Target	Actual
# of volunteers who have signed the code of conduct	250	331

### Progress towards outcomes

Throughout the operation, PMI ensured that recipient lists are sex and age segregated.

## Strengthen National Society

**Outcome 1.1: 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	250	331

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

Indicators:	Target	Actual
# of volunteers receiving briefings under the operation	250	331
# of volunteers insured under the operation	250	331

**Output 2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved**

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

**Outcome 2.1: Effective and coordinated international disaster response is ensured**

Indicators:	Target	Actual
Effective and coordinated international disaster response ensured	Yes	Yes

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

Indicators:	Target	Actual
Ns is provided with shared services	Yes	Yes

**Outcome 3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**

Indicators:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes
<b>Output 3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>		
Indicators:	Target	Actual
Communications materials are produced	Yes	tbc
<b>Output 3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
Indicators:	Target	Actual
# of lessons learned workshop	1	tbc
# of staff and volunteers participating in the lessons learned	50	tbc
<b>Outcome 4.1: The IFRC enhances its effectiveness, credibility and accountability</b>		
Indicators:	Target	Actual
Operations in accordance to established guidelines	Yes	tbc
<b>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</b>		
Indicators:	Target	Actual
Compliance with IFRC HR & Admin procedures	Yes	tbc
<b>Output 4.1.4: Staff security is prioritised in all IFRC activities</b>		
Indicators:	Target	Actual
Staff security is prioritised in all IFRC activities	Yes	Yes
<b>Progress towards outcomes</b>		
<p>PMI Province will continue to provide briefing on volunteers' roles and risks they face, as well as their rights and responsibilities throughout the operation from briefing and debriefing session with the volunteers. With the support from PMI NHQ, 331 volunteers registered and insured under the <i>Badan Penyelenggara Jaminan Sosial Kesehatan</i> or Health Social Security Authority.</p>		

## D. Financial Report

The current operational budget is CHF 346,225. This operation update does not request for additional funding. Detailed current expenditure will be provided in the upcoming DREF Operation Final Report.

## Reference documents



Click here for:

- [DREF Operation](#)

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

### **In Indonesian Red Cross (Palang Merah Indonesia), Jakarta:**

- Sudirman Said, Secretary General; Email: [sudirman\\_said@pmi.or.id](mailto:sudirman_said@pmi.or.id)
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### **In the IFRC Country Cluster Delegation, Jakarta:**

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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**.