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# Operation Update

## Indonesia: Lombok Earthquake



<b>Emergency Appeal</b>	<b>Operation n° MDRID013</b>
<b>Date of Issue:</b> 13 July 2021	<b>Glide number:</b> <a href="#">EQ-2018-000156-IDN</a> ; <a href="#">EQ-2018-000135-IDN</a> ; <a href="#">EQ-2018-000127-IDN</a> ; <a href="#">EQ-2018-000122-IDN</a>
<b>Date of disaster:</b> 29 July 2018	
<b>Operation start date:</b> 31 July 2018	<b>Operation end date:</b> 31 August 2021
<b>Host National Society:</b> Indonesian Red Cross (PMI)	<b>Operation budget:</b> Emergency appeal budget <sup>1</sup> : CHF 8,077,623 DREF allocated loan: CHF 500,000
<b>Number of people affected:</b> at least 445,000 people	<b>Number of people assisted:</b> 80,000 (approximately 20,000 households)
<b>National Societies involved in the operation:</b>	
<p>The Indonesian Red Cross (PMI) works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) as well as the American Red Cross, the Australian Red Cross and the Japanese Red Cross Society in-country on longer-term programmes. The American Red Cross, Australian Red Cross, Hong Kong Branch of the Red Cross Society of China, the Canadian Red Cross Society, Italian Red Cross, Belgian Red Cross, Danish Red Cross, Finnish Red Cross, Japanese Red Cross Society, Czech Red Cross, Lichtenstein Red Cross, Spanish Red Cross, Swiss Red Cross, British Red Cross, Austrian Red Cross, Swedish Red Cross and the Netherlands Red Cross are contributing financially to the response. The Singapore Red Cross and Qatar Red Crescent Society are contributing bilaterally to the Lombok Earthquake Operation.</p>	
<b>Other partner organizations involved in the operation:</b>	
<p>Mainly national agencies are actively involved in the response. These include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies. DG ECHO, the Governments of Australia (DFAT), the Netherlands, New Zealand, Italy, Lichtenstein, Ireland, Spain, Czech Republic, Monaco, Malta, Cyprus, Luxembourg and Switzerland, the OPEC Fund for International Development (OFID), Coca-Cola Foundation, the Intercontinental Hotel Group, Western Union, IKEA Foundation, Grab, Tides Foundation and private donors from Ireland, Netherlands and the United States provided financial support to the emergency appeal as well.</p>	

**This operation update for the Lombok operation covers the community-level relief and recovery interventions which have concluded in February 2021. This report reflects the overall achievements of the Lombok operation, except for the remaining National Society Development projects which are expected to be completed before the closure of the appeal. This report also includes information from the Shelter Cluster Support Team which concluded its activities in March 2021.**

**The final report for the appeal, which will include Sunda and Central Sulawesi operations, will be published in November 2021, three months after the closure of the appeal. The final report will reflect the overall context of the disasters, the operational strategy, the overall achievements (in numbers), operational support and coordination component, the PMI branch construction projects, and findings and recommendations from the CVA lessons learned and the Final Evaluation.**

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

## History of the emergency plan of action:

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

**31 July:** IFRC allocates CHF 211,569 from the [Disaster Relief Emergency Fund](#) (DREF) to enable PMI to meet the humanitarian needs of 1,000 households (4,000 people).

**5 August:** A second stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok at 19:46 local time.

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

**9 and 18 August:** Magnitude 5.9 and 6.4 earthquakes strike Lombok. According to BNPB, the four quakes killed more than 510 people, injured at least 7,100 others, and displaced more than 431,000 people.

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

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

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

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

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

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

**08 November:** [Emergency Appeal revision 2](#) is published seeking up to CHF 38.5 million to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for 30 months and includes mid-term to longer-term recovery needs in the affected areas as well investing in increased preparedness and resilience for both affected communities and local actors such as PMI's branches.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6 November:** [Operation Update 25](#) is published to deliver Lombok Earthquake Operation achievements of the past 26 months and inform the extension of the MDRID013 Indonesia earthquake and tsunami emergency appeal by six months to end on 31 August 2021 to allow the completion of the recovery and longer-term objectives set which have been delayed, exacerbated by movement restrictions and regulations on social gatherings imposed to curb COVID-19 transmission.

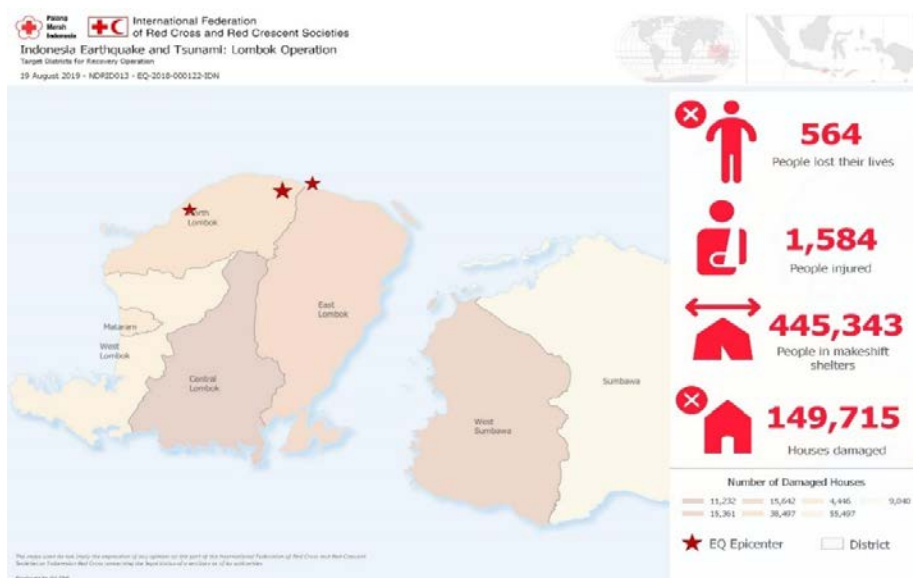
## A. SITUATION ANALYSIS

### Description of the disaster

Since the first 6.4 magnitude earthquake hit Lombok, province of Nusa Tenggara Barat, Indonesia, on 29 July 2018, four further earthquakes and multiple aftershocks impacted the districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, and Sumbawa Island, in addition to Bali Island. The Indonesian National Board for Disaster Management (*Badan Nasional* or BNPB) reports that, as of 1 October 2018, the impacts of the disaster are shown in the infographic below<sup>3</sup>.

The districts' governments affected by the disaster issued a decree<sup>4</sup> on verification of the number of severe damages that are eligible for government housing assistance within the categories of RISHA, RIKO, RIKA, RISBA, RISBARI. The Government has committed to provide the following cash stimulus for permanent shelter reconstruction:

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



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

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

### COVID-19 Pandemic

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

The declaration allowed the government to invoke powers to ease the entry of international aid, as well as to generate or allocate funds to respond to the pandemic. The president also formed the COVID-19 acceleration Task Force, with the Head of BNPB as leading the task force. BNPB stated a 91-day emergency status on the pandemic starting from 29

<sup>3</sup> Information from National Disaster Management Agency (BNPB) on 1 October 2018, [Jangan Lupa, Ribuan Korban Gempa Lombok-Sumbawa Juga Masih Memerlukan Bantuan Kita - BNPB](#)

<sup>4</sup> Presidential Decree No.5 Year 2018 issued on 23 August 2018

February until 29 May 2020. Task forces have also been established for 25 provinces, of which 11 provinces have declared an emergency status. The task force is assigned to lead the prevention, response and recovery activities, as well as to employ experts to support the responses. The task force is also required to consult the policy plan with the head of the national task force.

Government at provincial and district levels imposed strict restrictions to reduce the risk of spreading COVID-19. The NTB provincial government urged communities across NTB to reduce any social, cultural, and religious activities in all public places. All transportation via air, land, and sea entering NTB and between Lombok and Sumbawa Islands was terminated from 24 April to 1 June 2020. A curfew from 22:00 to 05:00 was imposed. Wearing of face masks was mandated throughout the province. As of June 2020, all transportation access for NTB and between Lombok and Sumbawa Islands have reopened, requiring travelers to present additional documents and requirement, including RDT/PCR test result.

For latest COVID-19 figures, click [here](#).

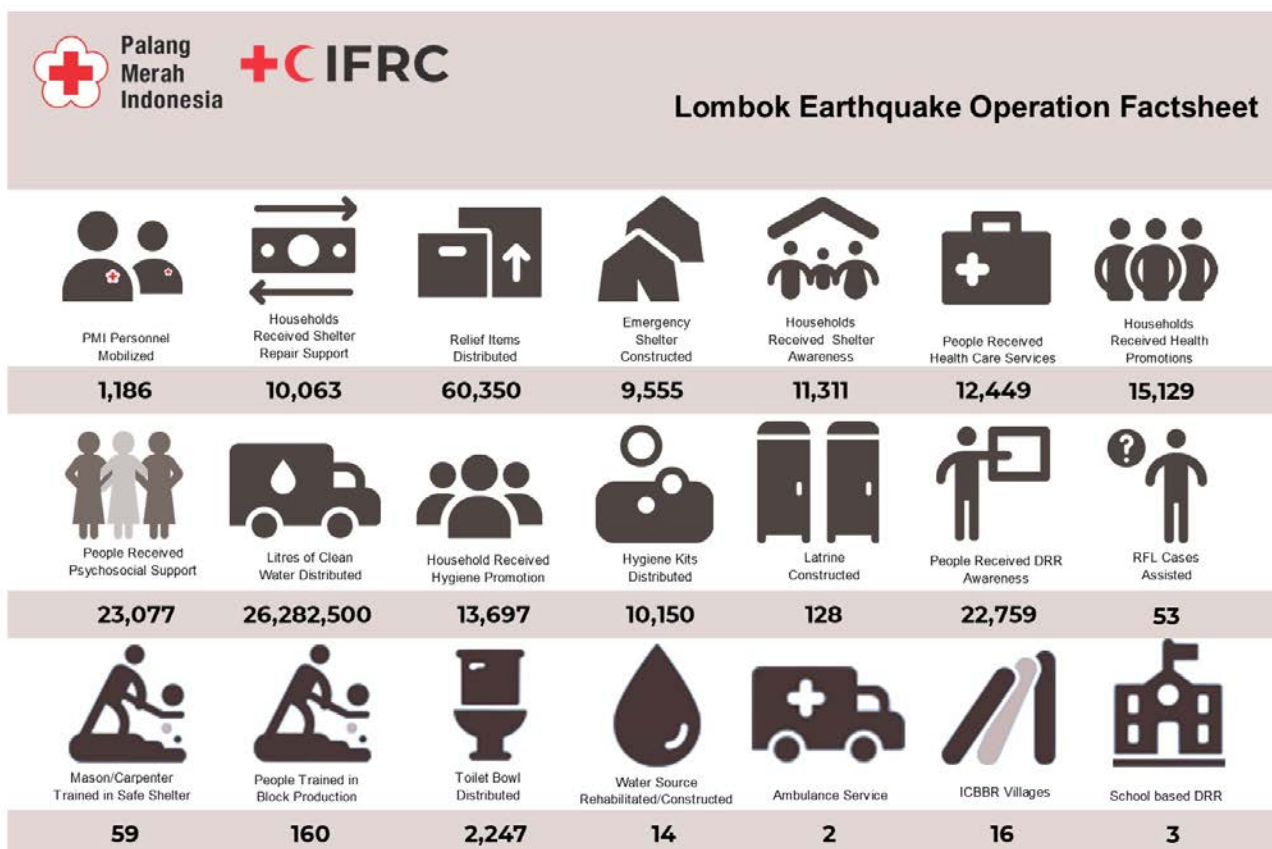
## Summary of response

### Overview of Host National Society

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

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

The following infographic indicates the sectoral highlights of the emergency relief phase and services provided by PMI through the support of the IFRC and the partner national societies until concluded on 28 February 2021.



Source : PMI & IFRC database 28 February 2021

### Response to COVID-19 Pandemic

On 5 February 2020, PMI NHQ released a memorandum circular to PMI chapters and branches informing the emerging of COVID-19 pandemic as well as disseminating COVID-19 preparedness protocols. On 5 May, PMI NHQ issued a

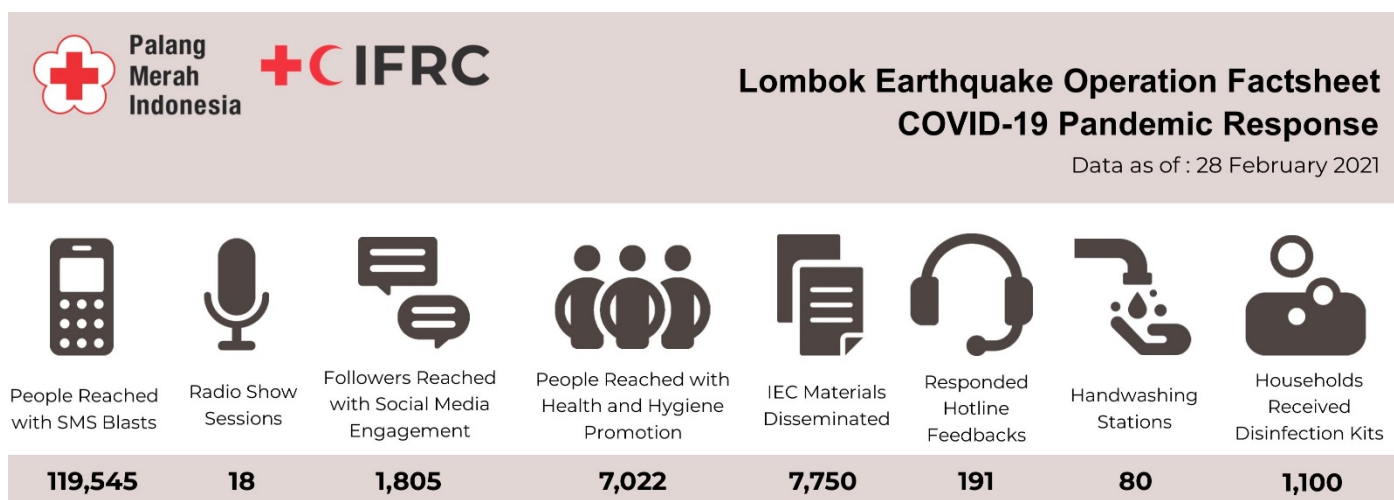
directive to halt the earthquake and tsunami recovery activities in the communities in Lombok and Central Sulawesi to reduce risks of COVID-19 transmission amongst PMI and IFRC staff and volunteers, as well as the target population. PMI also adapted activities such as hygiene promotion, risk communication and community engagement messages and educational campaigns to the context of COVID-19 prevention and has been providing psychosocial support (PSS) for families with confirmed cases.

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

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

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

The following infographic reflects the COVID-19 response services provided by PMI in Lombok through the support of the IFRC and the partner national societies as of 28 February 2021.



Source : PMI and IFRC database

COVID-19 Prevention and Periodic Office Disinfection Protocol (IFRC and PMI Lombok) has been developed upon declaration of Covid cases in the country. This protocol includes office regulations and security measures responding to the increasing cases of COVID-19. Mitigation measures, based on the IFRC Jakarta country cluster delegation (CCD) regulations wherein the Lombok Operation was regarded in the orange phase, was developed and circulated internally to provide guidance for adapting all programmes to reduce exposure and increase protection, particularly tight health, safety, and security management needed.

On 1 September 2020, PMI resumed the implementation of remaining activities in Lombok, following strict observance of COVID-19 preventive health protocols. Monitoring and control tools were developed to ensure the protocols are implemented.

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

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

PMI works with the IFRC in the country. IFRC Country Cluster Delegation (CCD) for Indonesia, Timor-Leste and Representative to ASEAN, Jakarta consists of a head of office and technical capacities in disaster management, health, water, sanitation and hygiene, national society development, including protection gender and inclusion (PGI), communication, community engagement and accountability (CEA) and support services in finance, human resources and administration. Movement coordination meetings were conducted with partners and held as necessary.

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

### **Inter-agency coordination**

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

Over the last 18 months, the SCST has been assisting the MOSA to lead the National Shelter Sub-Cluster, its first activation since 2013. The primary role of the IFRC SCST has been to support the MOSA in their role as lead coordinator of the shelter sector. The SCST continued to coordinate with MOSA, and other partners supported by the appeal. Recently and in response to the COVID-19 pandemic context, the sub cluster supported MOSA in developing Bahasa guidelines promoting community-based practices related to shelter facility quarantine and isolation, as well as guidelines for humanitarian workers and volunteers

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

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

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

## **Needs analysis and scenario planning**

### **Needs analysis**

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

The needs for shelter, WASH, health, PSS, household relief items and DRR were identified from the needs assessment and analysis of secondary data. Over 149,000 houses were damaged, and more than 445,000 people had been internally displaced following the earthquake. Displaced families set up temporary camps across 2,700 small-scale displacement sites in proximity of their villages, as well as with host communities which were mostly managed by the community themselves. Affected households resorted to various emergency shelter solutions, some using salvaged materials from the damaged houses or relief materials from local NGOs and PMI. However, in the transition to recovery phase, it was ascertained, mainly through CEA processes that the affected population still needed other shelter items to complement the temporary shelter assistance provided by Government, as well as to anticipate the upcoming rainy season.

Health services were also disrupted by the earthquakes resulting in damaged health facilities – 90 units in North Lombok, 84 units in West Lombok, 35 units in East Lombok, 95 units in Central Lombok, 21 units in Mataram, 21 units in Sumbawa <sup>5</sup>

In terms of livelihoods, the recovery assessment found that livelihoods were not severely affected. Markets and supply chains were not significantly disrupted, price increases were modest, and the Government of Indonesia was planning interventions to replace lost/damaged assets in agriculture and fisheries. It was recommended that interventions focusing on livelihoods be deprioritized.

Alongside recovery, psychological support services had shifted from efforts to overcome trauma to efforts to encourage participation in the community activities, together with the CEA team, especially by the heads of households, for disease prevention and maintenance of healthy environments. Furthermore, to improve individual and community resilience, activities to strengthen existing livelihoods, such as training the masons and carpenters in Building Back Better, were incorporated under the DRR, WASH, and shelter programmes. However, community work has since been postponed due to the COVID-19 pandemic and resumed by September 2020 and concluded in February 2021.

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

**Risk Analysis**

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

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

**COVID-19 risk assessment:**

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

**Risk communication, community engagement and accountability, and health and hygiene promotion in relation to COVID-19**

Misconceptions about the virus and rumours regarding the origin and severity of the virus exist and are limiting community perception and awareness towards COVID-19 risks impacting activities such as dead body management contradicting religious funeral, fear for donating blood during the pandemic, use of traditional medicine and herbs to treat corona virus, debates on rapid test validity, impact on the economy, and conspiracy ideas around COVID-19 are among those identified in the affected community in NTB. These highlights the need for a comprehensive risk communication and community engagement (RCCE) strategy, including using CEA methodologies to design approaches and services to track information gaps and rumours, addressing misconceptions before they spread, causing panic. Risk communication has been delivered by PMI NTB via a series of radio talk shows, SMS blasts, social media content, and IEC material installation.

<sup>5</sup> Information from National Disaster Management Agency (BNPB) on 1 October 2018 <https://www.bnpb.go.id/jangan-lupa-ribuan-korban-gempa-lombok-sumbawa-juga-masih-memerlukan-bantuan-kita>

## B. OPERATIONAL STRATEGY

The overall objective of the operation encompassed immediate relief assistance for recovery activities that enable affected people to recover their normal lives. This operation aimed to support the needs of 20,000 of the most vulnerable households (80,000 people) from 20 affected communities in seven districts, namely: North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, Sumbawa and West Sumbawa with appropriate medium-term and long-term assistance in a timely, effective, and efficient manner, as well as accompany them to recover from the impact of the earthquake and increase their resilience to future shocks. Of those target communities, 16 communities were targeted for integrated communities-based risk reduction (ICBRR) programme which prioritized them receiving DRR, shelter, WASH, and health assistance during recovery phases.

### Proposed strategy

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

The assessment report, presented to the PMI Leadership in Jakarta in December 2018 (recovery planning workshop), recommended the Integrated Model for Recovery:

#### a) Household 'Core Package':

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

#### b) Community Resilience Component:

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

PMI's operational strategy also focused on the localization principle wherein the provincial branch of Nusa Tenggara Barat took the lead on the recovery operation in Lombok and Sumbawa. The core PMI recovery team was shaped based on the provincial organizational structure while the PMI NHQ provided technical support as necessary.

IFRC provided technical support on shelter, WASH, health, DRR, PMER, CVA, IM, CEA, PGI and national society capacity building.

With the support of IFRC, PMI was able to:

- Integrate programming across sectors and resilience building.
- Identify the changing needs from relief to recovery phase through vulnerability and capacity assessments (VCA), evaluation of activities and direct observation.
- Focus on recovery, DRR mainstreaming and Building Back Safer.
- Participate in the cluster meetings and better coordination with other local agencies to provide relief and recovery assistance.
- Ensure community and local government participation, and programme accountability to affected people.
- Provide training on CEA and PGI to volunteers and staff.
- Address health risk of malaria and dengue fever, exposure to asbestos in the community, and COVID-19.
- Ensure volunteers' safety and security and providing volunteer personal protection equipment including masks and helmets.
- Conduct a real-time evaluation to review the Disaster Management Law in Indonesia and PMI's humanitarian role under the localization principle espoused by the Movement and the Indonesian government.

## **Operational Strategy for COVID-19 pandemic response**

IFRC CCD Jakarta, as part of the global Movement-wide appeal, is supporting PMI in implementing its COVID-19 national response plan which includes activities on health, WASH, risk communication and community engagement. IFRC is also supporting to mobilize personnel and assets to target areas and provinces.

The COVID-19 response strategy is based on the phase of the pandemic and the National Society's role to support the local response.

PMI staff and volunteers, with support from IFRC, have carried out health, DRR, and other programmes at the community level. PMI also leads in giving accurate information based on feedback mechanisms, providing communities tools and information for positive behaviour change.

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

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

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

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

## **Operational support services**

### **Human resources**

The operation was implemented by PMI branches in the affected districts in Lombok utilizing existing staff, with support from the Nusa Tenggara Barat (NTB) Provincial chapter and the NHQ. Where needed and as the situation evolved, the National Society hired additional staff, supported by the emergency appeal.

The IFRC continuously provided technical support and guidance to PMI, both remotely from Jakarta and through personnel based in Lombok. During the onset of the disaster, a team comprising of an operations coordinator and specific technical support from the CCD were deployed to Lombok to support sectors including CVA, shelter and shelter cluster coordination, WASH, DRR, IT and IM communications, and CEA. This was further supported by additional technical specialists in logistics, procurement, resource mobilization and field coordination in-country, with the Asia Pacific regional office (APRO) team also providing technical advice and support remotely.

During the pandemic, some staff worked from home and while others followed shifting office schedules. Recruitment process for new staff followed COVID-19 prevention health protocol for travel, 14-day self-isolation, and RT-PCR test obligation on the fifth day upon arrival.

### **Logistics and supply chain**

PMI Logistics, with support from IFRC, aimed at effectively managing the supply chain, following the Government of Indonesia's regulations and guidance as well as IFRC and PMI's logistics standards, processes and procedures. PMI had its own provincial logistics team based in Mataram provincial office. During the emergency phase and the scope of the disaster, local resources were overwhelmed. PMI NHQ deployed its emergency logistics team to support the

provincial office. IFRC also deployed a surge logistics delegate for three weeks from the onset of the operation to support PMI logistics with initial needs assessment and emergency logistics, ensuring timely and efficient support to the relief operation. An Emergency Response Unit logistics delegate was also deployed from the Central Sulawesi operation to support Lombok for three months.

The regional senior procurement officer from IFRC AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department was also deployed to support PMI with local procurement followed by the deployment of the regional logistics coordinator for coordination and technical support.

Logistics ERU and procurement RDRT supported the operation until the end of January 2019. System improvements were introduced, including the use of the Logistics Inventory and Control (LOGIC) system and general warehouse management capacity building was conducted for local PMI staff/volunteers. A longer-term logistics delegate supported Lombok Operations from February 2019 until January 2021, who also provided guidance and training to local logistics personnel as well as other PMI logistics personnel from other provinces and offices supporting the Lombok operation.

PMI closed its rented warehouses in February 2020. The PMI Provincial office was used as temporary warehouse to store operational/programme goods and assets prior delivery to PMI districts office or distribution to the target locations.

### **Community engagement and accountability**

The operation aimed to ensure adequate measures for community participation in the design, implementation and evaluation of plans and implementation processes. Information gathered from communities ensured systematic community participation, regular consultation and feedback from the affected population and enabled PMI and IFRC to deliver effective and appropriate services that meet people's needs on the ground.

This recovery operation was committed to meet IFRC minimum standards on accountability to the affected population and Core Humanitarian Standard on Quality and Accountability (CHS) and mainstream the movement-wide commitments and minimum actions for CEA.

The provision of information and two-way engagement with the affected population became a key part of the response design and implementation and were incorporated across the various programme sectors and services. These mechanisms include radio shows, SMS blast, hotlines and face-to-face interactions.

### **Communications**

Maintaining a flow of timely and accurate information to the public focusing on humanitarian needs and the RCRC response was vital to support resource mobilization and enhance collaboration with partners and stakeholders.

PMI's unique access, expertise, geographic coverage, and local knowledge was an advantage in developing and disseminating external communication materials. The operation received high media coverage both locally and globally with media outlets quoting Red Cross sources and using Red Cross audio-visual material, particularly in the first months of the operation. Local capacity was supported by surge deployments, including from PMI NHQ and IFRC APRO.

Communications products (photos, videos, and stories) were continuously generated and shared on social media and within the RCRC network. Packages of communication materials were shared with the global network including through Newswire for the six-month and one-year marks. At the end of the operation, communication products ([click here](#)) in the form of video and articles were also produced to highlight various activity achievements the operation delivered.

### **Information management and information technology**

IFRC ERU IT/Telecom was deployed to Lombok immediately after the disaster to assess the IT systems, focusing on the provincial and district IT requirements and challenges. IFRC CCD has installed Radio Communications in all POSKO of PMI District as well as PMI Province NTB, connected by VHF (Very High Frequency). PMI province NTB, PMI North Lombok and East Lombok PMI are also equipped with HF (High Frequency) radios to communicate directly with the POSKO PMI NHQ.

FACT IM also provided support to review and strengthen PMI information management systems and supported the enhancement of staff capacities on data reporting quality. RDRT information management took over the task of FACT IM until the first week of April 2019.

PMI has since used existing capacity to facilitate the collection, collation, analysis and dissemination of relevant multi-sectoral data and information to support evidence-based decision making that contributes to an effective humanitarian intervention. Support was also provided to the sectoral and cross-cutting teams to collect, manage, and process data including recipient lists, assessments, monitoring, and evaluation of activity through the utilization of the mobile data collection tools such as ODK and Kobo.

## Security

The National Society's security framework applied to PMI staff and volunteers. For personnel under IFRC security responsibility, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management, applied. An area-specific security risk assessment was conducted and safety and security framework with contextualized operating procedures was developed. APRO security delegate was deployed in August 2018, along with the IFRC CCD security focal point to Lombok to prepare and put these plans in place. Security guidelines, briefings, trainings, and operating procedures were also developed in close coordination with PMI to reflect and enhance their processes already in place. Direct security support for the operation continued through the IFRC CCD security focal point. Coordination was also maintained with the ICRC through regular information-sharing in accordance with the existing arrangements.

Adapting to the COVID-19 pandemic situation, the Business Continuity Plan (BCP) was prepared by the IFRC Jakarta CCD for COVID-19. It was designed to help ensure that the offices can continue to deliver its essential functions and services despite disruptions while also protecting human resources and other assets. IFRC Jakarta CCD also supported PMI to develop its own BCP. This was adapted by PMI NTB to fit its local context. COVID-19 health protocols were developed for various activities and personal protective equipment were distributed to the staff and volunteers.



*PMI volunteer explains the uses and features of beneficiary card during distribution in Santong village. Photo: PMI*

## Planning, Monitoring, Evaluation and Reporting (PMER)

A PMER team was mobilized until the end of operation to support the managers and sectoral heads in developing monitoring tools and plans, and in developing the emergency plans of action. PMER team also prepared weekly situation reports, operations updates and donor reports. IFRC PMER in APRO has been providing support since the beginning of the operation to ensure quality reporting and also assisted in the development of communication materials.

With support from IFRC PMER personnel, PMI was able to conduct several monitoring and evaluation surveys and analyses for CVA, WASH, health, and DRR. The survey and analysis methodology has been developed with a statistical sample size of the total recipients for data collection.

Lessons -learned for CVA and a final evaluation of the overall earthquake and tsunami operations under MDRID013 appeal are planned.

## Administration and Finance

The IFRC and PMI finance teams provided the necessary operational support for review and validation of budgets, bank transfers, and technical assistance to PMI on procedures for justification of expenditures, including the review and validation of invoices. The administration teams also provided support for travel arrangements, housing for international staff, exits/end of mission, and other administrative functions throughout the length of the operation.

The IFRC finance and administration teams in Lombok and Jakarta CCD provided support based on requests from PMI and IFRC project managers.

## C. DETAILED OPERATIONAL PLAN

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



### Shelter

People reached: **63,012 (15,753 household)**

Male: 30,875

Female: 32,137

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

Indicators:	Target	Actual
# of household living in shelter meeting Sphere standards	10,000	15,753

**Shelter Output 1.1: Short, medium, and long-term shelter and settlement assistance is provided to affected households.**

Indicators:	Target	Actual
# of households provided with cash grants	4,000	3,997
# of households provided with shelter support	6,000	6,066

**Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households.**

Indicators:	Target	Actual
# affected community members trained in block production.	100	160
# of households reached with awareness raising activities on safer shelter	8,000	11,311

Narrative description of achievements

#### Shelter and settlement assistance

At the time of this report, it is estimated that more than 15,000 households were reached with shelter related assistance. This includes the construction of emergency shelters, distribution of various essential household items, distribution of CVA, and enhancement of local construction capacities.

A total of 9,555 unit of emergency shelter units were built in five districts in Lombok and Sumbawa Islands. The emergency shelters were constructed utilizing tarpaulins (2-3 unit) and shelter toolkits distributed by PMI.



Emergency shelter construction for affected community in East Lombok. Photo: PMI

**Table 1: Emergency shelters constructed**

District	No. of shelter sites (sub-villages)	No. of emergency shelters constructed
East Lombok	28	4,274
North Lombok	33	3,116
West Lombok	16	1,468
Central Lombok	18	467
Sumbawa	7	230
<b>Total</b>	<b>102</b>	<b>9,555</b>

Essential household items were also distributed to the affected communities, estimated reaching more than 15,000 households. Items distributed were based on actual needs of households and not in standard sets. The items of each kits were detailed in the following table.

**Table 2: Essential household item distribution**

District	Number of items distributed					
	Blanket	Family kit	School kit	Shelter toolkit	Solar lamp	Tarpaulin <sup>6</sup>
Central Lombok	6,726	0	300	513	500	2,340
East Lombok	6,083	0	300	73	1,250	2,780
Mataram	1,908	0	0	25	250	315
North Lombok	6,752	332	500	300	1,750	4,871
Sumbawa	1,259	0	0	330	250	1,000
West Lombok	3,780	0	560	656	750	3,885
West Sumbawa	806	0	0	0	250	42
Nusa Tenggara Barat	4,001	0	40	3	0	4,679
<b>Total</b>	<b>31,506</b>	<b>332</b>	<b>1,700</b>	<b>1,900</b>	<b>5,000</b>	<b>19,912</b>

**Contents of the kits**

Shelter Toolkit (IFRC Standard)	Family Kit (PMI Standard)	School Kit (PMI Standard)
<ul style="list-style-type: none"> <li>• Rope, polypropylene, black, 12mm diam., twisted - 30m in Length</li> <li>• Handsaw, for timber 1 piece</li> <li>• Nail, for roof sheets, galvanized with watertight rubber washer, umbrella type – 0.5kgs in quantity</li> <li>• Shovel, round point with Y handle – 1 piece</li> <li>• Hoe, with long handle, large type - 1 piece</li> <li>• Machette - 1 piece</li> <li>• Shears, straight, for metal sheet, semi-hard 0.8mm max., 260mm - 1 piece</li> <li>• Nail, iron, for wood, large – 0.5kgs in quantity</li> <li>• Nail, iron, for wood, small – 0.5kgs in quantity</li> <li>• Tie wire, galvanised, diam. 1.5 mm, 25m, roll – 25m in Length</li> <li>• Claw hammer - 1 piece</li> </ul>	<ul style="list-style-type: none"> <li>• Body Soap – 5 pieces</li> <li>• Detergent – 1 piece</li> <li>• Shampoo – 1 bottle</li> <li>• Toothpaste – 3 pieces</li> <li>• Toothbrush – 5 pieces</li> <li>• Towel – 3 pieces</li> <li>• Dish Soap – 1 piece</li> <li>• Water Scoop – 1 piece</li> <li>• Plastic Plate – 5 pieces</li> <li>• Plastic cup – 5 pieces</li> <li>• Spoon – 5 pieces</li> <li>• Candle - 24 pieces</li> <li>• Napkins – 2 pieces</li> <li>• Sandals – 3 pieces</li> <li>• Sarong (Plain Cloth) – 5 pieces</li> <li>• Garbage bags – 10 pieces</li> <li>• Container Box – 1 piece</li> </ul>	<ul style="list-style-type: none"> <li>• Bag – 1 piece</li> <li>• Regular Book - 12 pieces</li> <li>• Drawing book – 1 piece</li> <li>• Ruler – 1 piece</li> <li>• Pencil box – 1 piece</li> <li>• Pencil – 1 piece</li> <li>• Eraser – 1 piece</li> <li>• Pen – 1 piece</li> <li>• Colouring pen – 1 set</li> <li>• Water Bottle – 1 piece</li> <li>• Lunch box – 1 piece</li> </ul>

An exit survey was conducted during the solar lamp distribution involving 423 respondents from seven affected districts in Lombok and Sumbawa Islands. Most respondents reported that they spent under 30 minutes to reach the distribution point and waited under 30 minutes. This reflects PMI efforts to conduct distributions near the recipients' communities. Distributions were scheduled to serve each sub-village, ensuring all communities were also reached with a PGI session with key messages on vulnerable group protection and hotline numbers both of PMI and government agency for SGBV and child protection, as well as an orientation on solar lamp usage and maintenance.

Most respondents communicated their satisfaction with PMI services during the distribution process. Some households mentioned that they are grateful for having the solar lamp which illuminates their night activity when the electricity is out and their way fetching water to water source at dawn (which is mostly done by women).

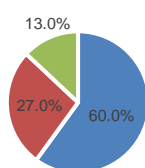


*Blanket, tarpaulins, and shelter toolkit distribution in East Lombok.*  
**Photo: PMI**

<sup>6</sup> This number also includes tarpaulins distributed for emergency shelter construction.

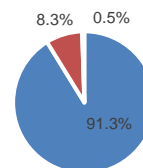
### Highlights of Solar Lamps distribution exit survey

Time spent at distribution point



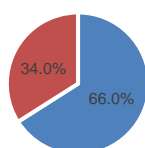
■ Less than 30 minutes ■ 30-60 minutes ■ More than 1 hour

Time spent reaching distribution point



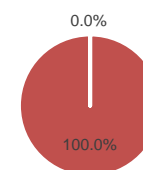
■ Less than 30 minutes ■ 30-60 minutes ■ More than 1 hour

Satisfaction with PMI service



■ Satisfied ■ Very satisfied

Gave favours or paid to become recipients



■ Yes ■ No

### Cash and Voucher Assistance (CVA) to support shelter needs.

A total of 10,063 households were supported with CVA to support them to improve their shelter conditions during the emergency phase. Of these, 6,066 households were supported during Phase 1 and 2. These households were provided with vouchers which were exchanged for essential household items from local vendors. Another 3,997 households were provided with conditional cash assistance during Phase 3, which was intended for shelter and WASH, to complement government housing support. For Phase 3, household representatives were required to attend sessions on basic ATM use, safer shelter and latrine construction, and hygiene promotion activities prior to receipt the assistance.

**Table 3: Cash and voucher assistance distribution**

Cash and Voucher Assistance	Month	Districts	No. of beneficiaries			No. of service providers (vendor/bank)
			Total	Female	Male	
CVA Phase 1.0 (e-voucher) – CHF 65	October 2018	North Lombok	<b>2,085</b>	<b>294</b>	<b>1,791</b>	2
CVA phase 2.0 (e-voucher) – CHF 65	February 2019	Mataram	400	68	332	4
		Central Lombok	1,907	419	1,488	7
		Sumbawa	792	1	791	4
		West Sumbawa	882	126	756	3
		<b>Sub-total</b>	<b>3,981</b>	<b>614</b>	<b>3,367</b>	<b>18</b>
CVA phase 3.0 (ATM/Bank Account transfer) – CHF 500	December 2019	North Lombok	1,997	355	1,642	1
		East Lombok	1,372	354	1,018	
		West Lombok	628	148	480	
		<b>Sub-total</b>	<b>3,997</b>	<b>857</b>	<b>3,140</b>	<b>1</b>
<b>Total</b>			<b>10,063</b>	<b>1,765</b>	<b>8,298</b>	<b>21</b>

## **CVA phase 1**

Distribution of CVA phase 1 started in October 2018. A total of 2,085 households were reached, of which 294 were female-headed households. E-vouchers worth IDR 930,000 (CHF 65) were distributed to the selected households who redeemed them for shelter toolkits, kitchen utensils, school kits, or electrical items from two accredited vendors. The voucher amount was determined through an analysis of market prices, supplies of and demands for shelter, household, and electricity items essentially/immediately needed by the affected communities. School kits were also included children to reattend schools following the emergency.

Recipients were selected in consultation with government authorities on affected population data and screened through general and specific criteria. The general criteria of the family receiving this assistance are households whose houses were destroyed or heavily damaged, while specific criteria pertained to families that had been entitled to government support for permanent housing, female-head households, households with vulnerable groups (i.e., people with disability, infant, toddler, pregnant women, senior citizen, etc.), and had not established transitional house or repaired their house.



*CVA Phase 1 beneficiary received a PMI card with a QR code for identification during voucher redemption. Photo: IFRC*

### **Phase 1.0 implementation process**

Selection of recipients was done through a blanket approach – targeting the entire population of specific village/sub-village to recognize the scope of the impact of the earthquakes in any given area. Data of the affected population was provided by the government. However, the recipient household was included or excluded based on the recipient general and specific criteria.



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

Registration of recipients was done using Kobo/ODK. The recipient data was verified, and data duplicates or problems were resolved before the creation of the recipient cards and data input to PMI CBI ranger system.

Production of recipient cards with a QR code link that validated and produced the cash voucher on the day of redemption with the vendor.

Recipient cards distribution to recipients. During the distribution of recipient cards (which also served as the e-voucher), heads of household were also provided with information on the redemption process.

### Redemption process

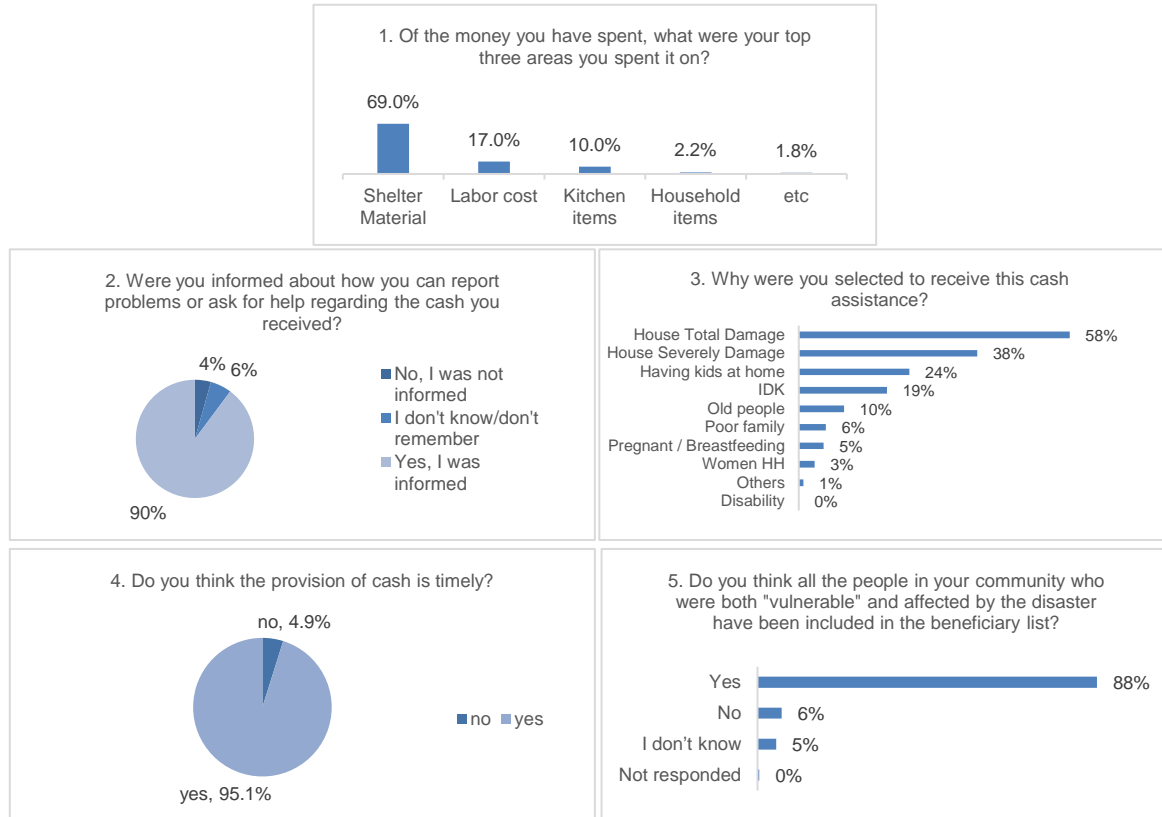
- a) On their scheduled day, households came to the assigned stores/vendors to exchange their vouchers for household items. Voucher redemption was only made available within a specific period within a week or two, determined by distance from residence to vendors and allocation of recipients visit per day, to prevent crowding. Volunteers and traders were trained to redeem the recipient card for the voucher. No cash-back option was provided. The partial value that remains on the voucher can be combined with funds from the household to purchase an item or can be redeemed for small inexpensive items.
- b) Suppliers (vendors) kept records of the transactions to be used in the reconciliation process and should be kept by the vendor during the process of voucher redemption.

Reconciliation and vendor payment. Following the closing of redemption period, vouchers and trader transaction records were reconciled with PMI recipient cards and records. The reconciliation was reviewed by the finance team which verified invoices against supporting documentations.

Post-distribution monitoring (PDM) survey for CVA phase 1 was conducted in January 2019 reaching 206 respondents. Some 95 per cent of the respondents responded that the distribution was timely to cover their needs. There are several

examples of good impact observed after the distributions. Some families repaired their houses by replicating the design of the neighbours' houses that did not collapse after the earthquake. Some also created semi-permanent structures with the materials exchanged from vouchers with concrete foundations up to one meter deep and lighter materials for walls up to the roof, while others exchanged the vouchers for corrugated galvanized iron sheets to replace asbestos roofing.

### Highlights of Post-Distribution Monitoring of shelter assistance through CBI phase 1:

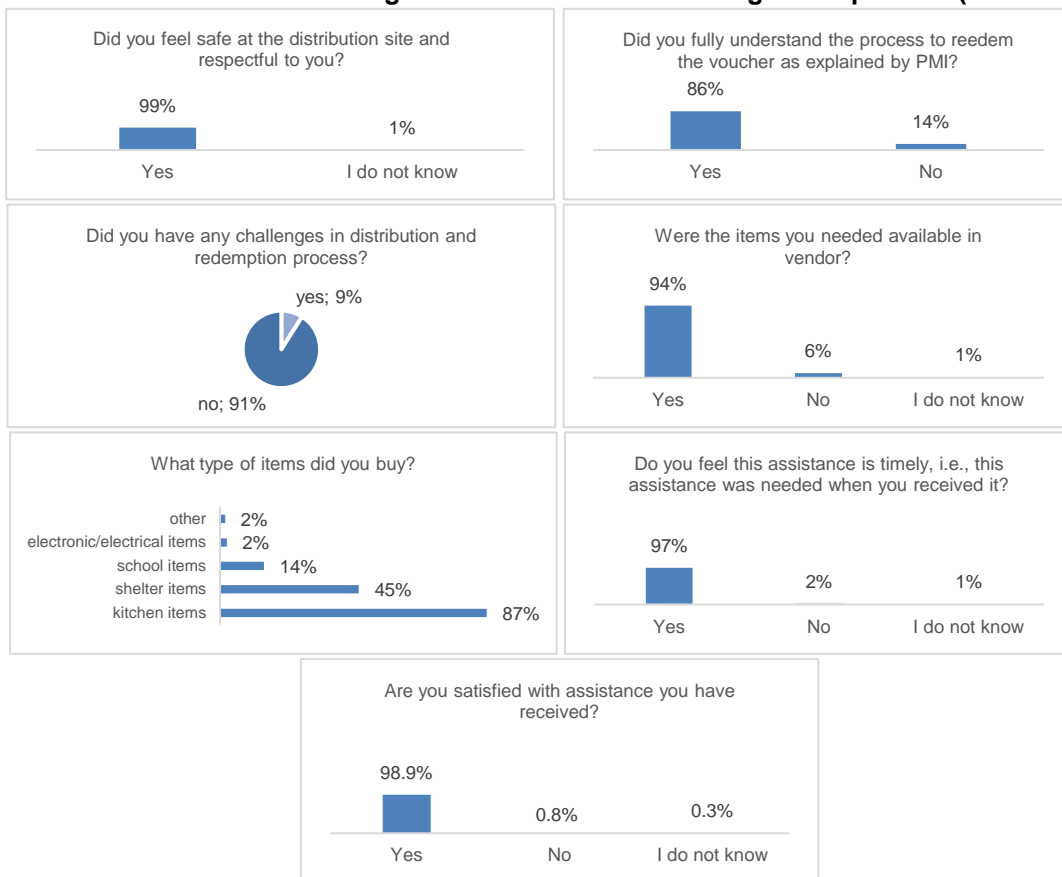


### CVA phase 2

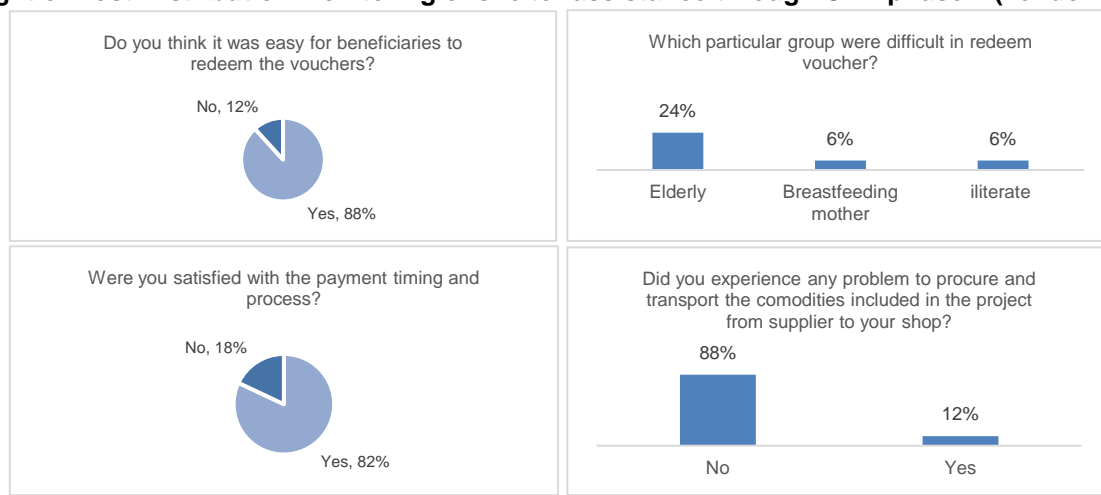
The second round of CVA support - phase 2, was completed in February 2019 in Central Lombok, Mataram, Sumbawa and West Sumbawa. A total of 3,981 households redeemed the e-vouchers worth IDR 930,000 (CHF 65), out of which 614 were female-headed. The recipient criteria, rationale for assistance amount, and the implementation process were the same as CVA phase 1.

The CVA phase 2 PDM was conducted in September 2019 reaching 351 households and 18 vendors in four districts. Overall, most respondents (99 per cent) responded that they were satisfied with the assistance. They felt safe and respected during distribution (99 per cent) and that they fully understood the process of voucher redemption (86 per cent). Most respondents exchanged their vouchers for kitchen items (87 per cent) and shelter items (45 per cent). Additionally, 17 vendors reported that most recipients were able to redeem their voucher easily, while 16 said they were satisfied with the payment timing and the process, with the other two vendors complaining of delayed payment due to extended period for verification and validation. Moreover, 17 vendors reported having no difficulties in procuring and transporting the items and supplies to their shop for the redemption process. Some vendors reported an increase in price on their supplier but opted not to increase item prices for beneficiaries.

### Highlights of Post-Distribution Monitoring of shelter assistance through CVA phase 2 (household survey):



### Highlight of Post-Distribution Monitoring of shelter assistance through CVA phase 2 (vendor survey):



### CVA phase 3

CVA phase 3 was conducted from December 2019 – February 2020 to support 3,997 households (857 of which are female-headed) in West Lombok, North Lombok and East Lombok. Each household received IDR 7,000,000 (CHF 500), split into two tranches through bank transfers to allow recipients to manage and plan for spending, prevent sudden increase in demand, and supply prices in the market, and to allow technical support for quality assurance of the works done. ATM cards were also provided to the households.

Receipt of assistance was conditioned on attendance to the cash, shelter, and WASH sessions ([details are provided below](#)). This assistance was intended to support community transition to permanent housing, enabling them to retrofit/repair/rehabilitate their houses and household water and sanitation facilities, as well as in procuring household items and toolkits.

The following describes the process of CVA phase 3:



Master lists of people receiving CVA assistance were displayed in villages for community review. **Photo: IFRC**



PMI personnel distributed beneficiary cards per group, prioritizing the elderly. **Photo: IFRC**

Household recipient verification was done in December 2019 to confirm that the target households in the list are residents of the affected villages and confirm personal details needed for opening bank accounts. PMI personnel visited each household selected as recipients to verify ID, detail of the household, and update them as necessary, e.g., misspelled names. Any changes on crucial information such as the substitution of name or person and ID number due to divorce or husband migrating for work, were updated, with agreements from village head and the related households.

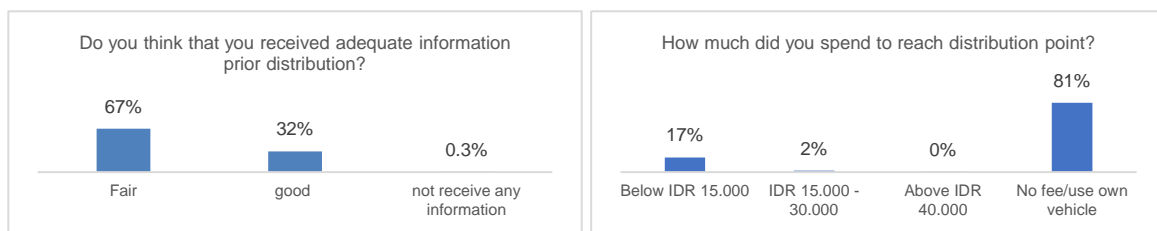
The master list of recipients receiving CVA was displayed for two days in December 2019 in public places, particularly in the village/sub-village administration offices for the community to review and raise any complaints regarding the selections. The final list was then agreed upon and validated with the village/sub-village heads.

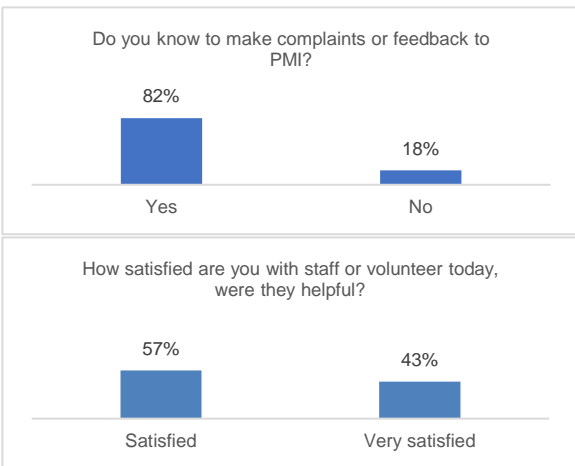
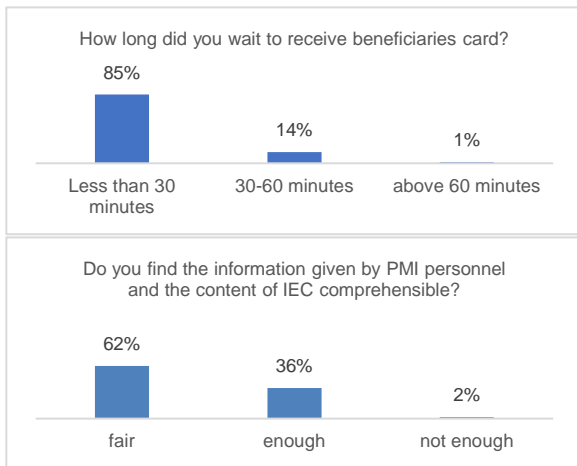
CVA community socialization was conducted in December 2019 to inform assisted community on the CVA process. A CVA booklet containing information on the process and the purpose of the assistance was also provided to each household. The population was also informed of the schedule and distribution points in their villages.

Recipient card distribution was conducted in December 2019 on eight points in the villages from the three districts, as advised by the head of village and consideration to the dignified distribution process. PMI personnel verified recipients ID and details to ensure smooth distribution of ATM/Bank account.

An exit survey was conducted during the process involving 343 people (almost 10 per cent of the population). Based on exit survey findings, most recipients received adequate information prior to distribution, particularly on schedule and point of distribution and considered information given by PMI personnel and the content of IEC material understandable. Most recipients spent less than an hour and spent nothing (walked or use their private vehicle) to reach the distribution points. Most respondents also said they know how to send a feedback/complaint via the PMI feedback mechanisms which has been repeatedly announced during the distribution process.

**Highlight of beneficiaries' cards distribution exit survey:**





Each household assisted thru CVA phase 3.0 received a booklet containing programme information. Booklets on shelter, WASH, and cash management messages were also provided. **Photo: IFRC**



Bank personnel assisted bank account registration for CVA beneficiaries. They also explained how to use the ATM and savings book during distribution process. **Photo: IFRC**

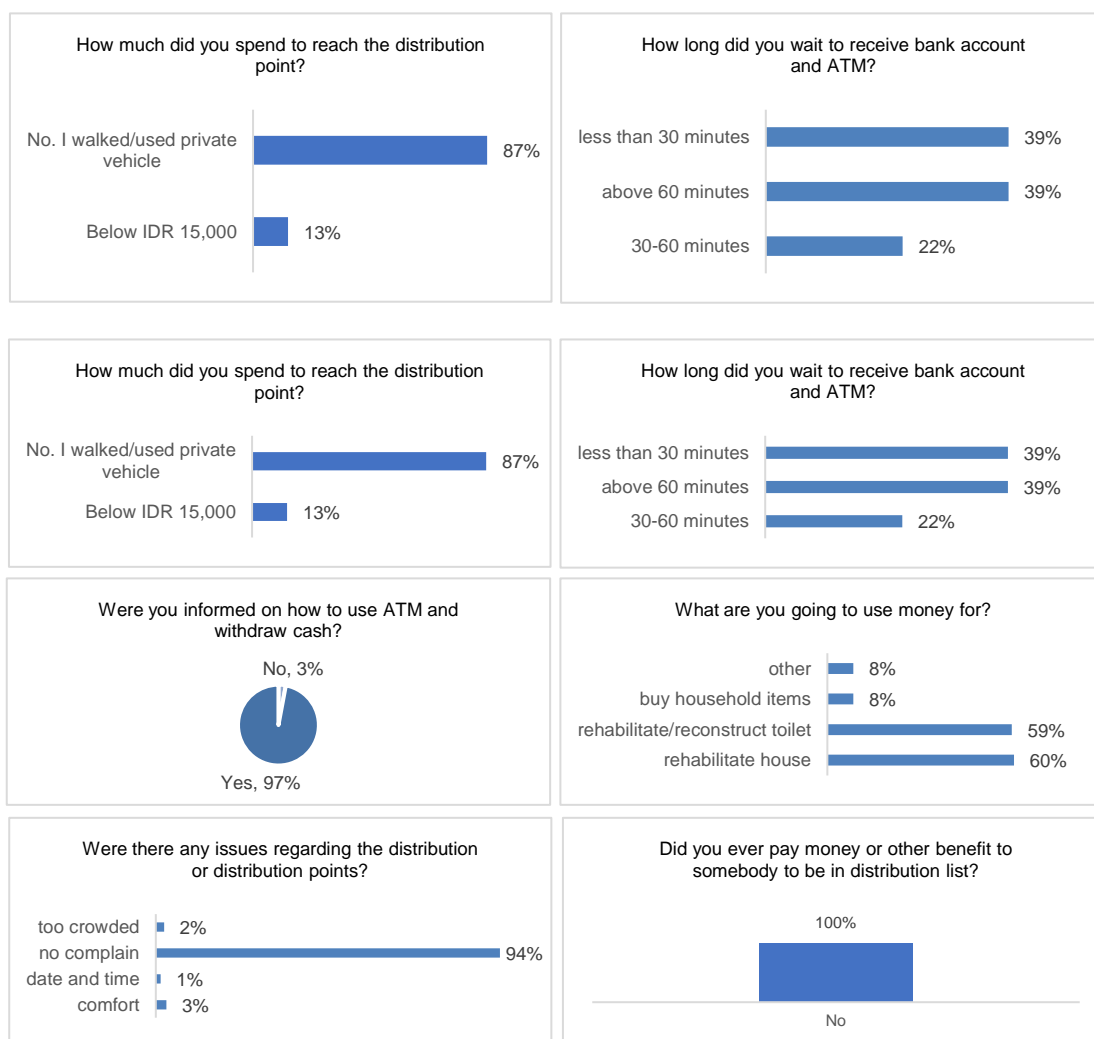
Cash, shelter and WASH sessions were conducted in December 2019 in the sub-villages – allowing PMI to reach people closer to their households which reduced the risk of people not being able to attend due to lack of time or resources. Recipient attendance to the session was a condition for receiving the assistance. During the session, the communities were given orientation on cash management, Build Back Safer and safe shelter construction principles, as well as hygiene promotion and safe national standardized latrine construction with septic tanks. Booklets containing information and sensitization messages were also provided to each household.

Bank account registration and ATM card distribution were conducted in December 2019 in the target villages. A joint team of PMI and Bank Mandiri personnel assisted the community to register their bank accounts to receive the cash assistance.

During the process, an exit survey was conducted involving 313 (almost 8 per cent of the target recipients). Based on the exit survey, most respondents walked or used their vehicle to reach distribution points. During distribution, 39 per cent of the respondents said they waited 30 minutes, while 39 per cent also said they waited for more than 60. This longer process could be attributed to the time it took to fill bank forms and the explanations for ATM use. Based on the survey, almost all the respondents said they were informed on how to use ATM and withdraw cash during distribution. The respondents also had no complaints regarding the distribution process and distribution points.

Regarding the plan for the received cash assistance, rehabilitation/reconstruction of house and/or toilet was among the highest priority, followed by some respondents stated to buy households item or use it for other purposes such as rehabilitate/constructing kitchen, water storage, and electrical installation. Although the nature of the assistance is unrestricted, most respondents showed intention to use cash for their shelter and WASH needs which correlate to the purpose of the given assistance.

## Highlight of ATM/Bank Account distribution exit survey:



**Transfer of cash.** The first tranche (60 per cent of the assistance) was done on 31 December 2019. A total of IDR 4,200,000 (CHF 300) was transferred to target recipients accounts. The remaining 40 per cent of the assistance or IDR 2,800,000 (CHF 200) was completely transferred by end of February 2020.

The grant was distributed in two tranches to allow recipients to manage and plan for spending and to allow technical support for quality assurance of the work being done. This also helped prevent the increase in prices in the market due to the sudden heavy demand for shelter items.

**Monitoring field visits and surveys** were conducted in January 2020, a month after the first tranche, to monitor the use of CVA as well as identify and provide technical support on shelter and toilet (particularly the septic tank) construction to the community.



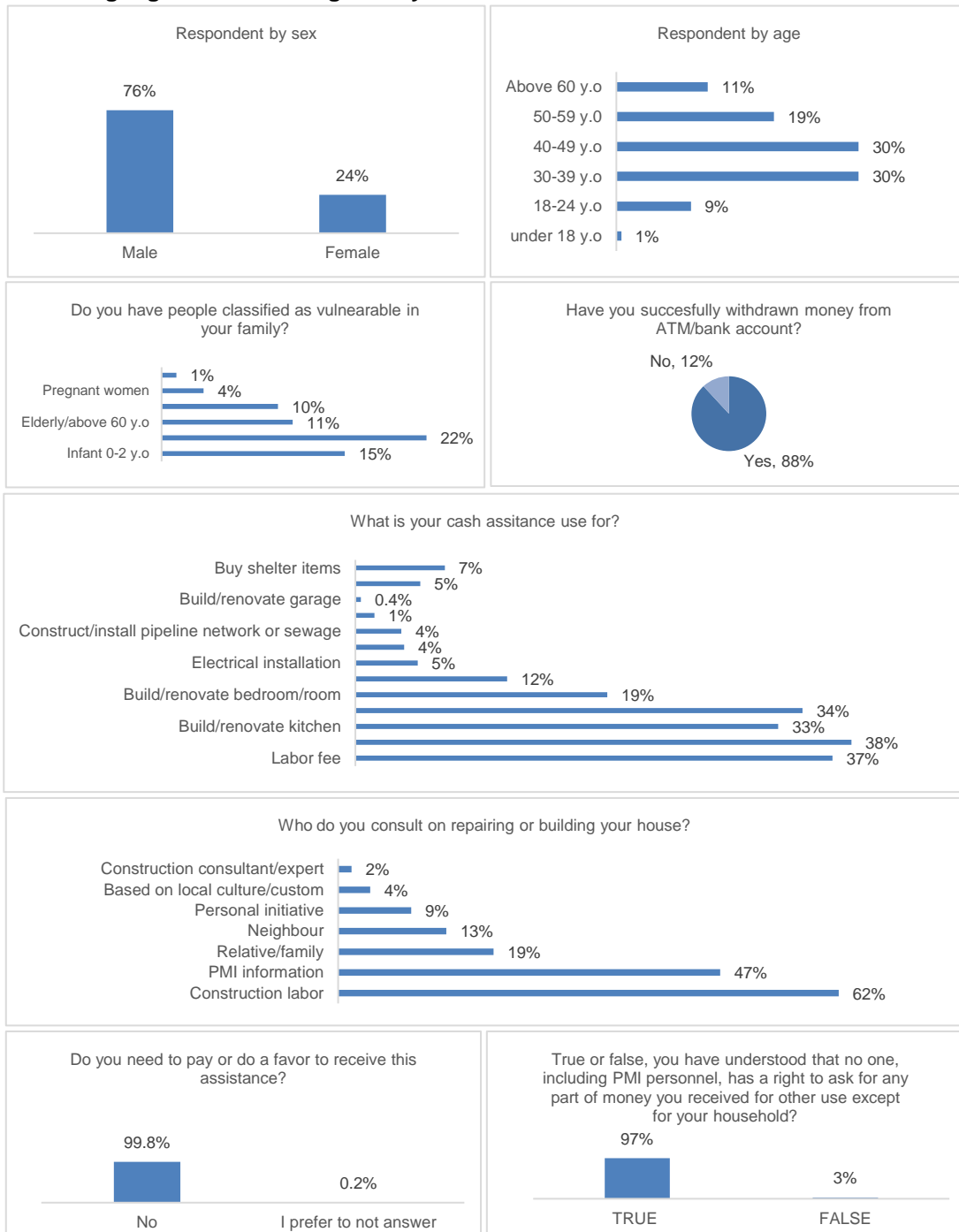
A female head of household used the cash grants to rebuild her and her two daughters' rooms in their house in Dara Kunci, East Lombok. **Photo: PMI**

A total of 480 households (24 per cent were female and 76 per cent were male) were randomly selected to participate in the monitoring survey.

Most respondents (97 per cent) reported having no difficulties and has successfully withdrawn the money. Some recipients reported constraints such as unfamiliarity with ATM or being elderly or immobilized/sick. Respondents mostly used the assistance for shelter needs (57 per cent), WASH needs (24 per cent), and labor fee (19 per cent), which indicated that the purpose of CVA is indeed reflecting the needs in the community during recovery and transition to permanent housing. Most respondents consulted construction labor (62 per cent) and PMI (47 per cent) in renovating or building their house. Sessions conducted prior cash distributions as well as printed IEC materials on safe shelter and

proper WASH facilities were also considered useful in renovating their houses. Moreover, most recipients reported that they were not required to pay or do a favor to anybody to receive CVA assistance. They also understood that they have the sole right power of the assistance particularly in deciding the use of money.

### Highlight of monitoring survey on the use of CVA Phase 3 first tranche



Post-distribution monitoring surveys were conducted in October 2020, involving a statistical random sample to ascertain the effectiveness and appropriateness of assistance given. This activity was delayed due to emerging COVID-19 cases in the region. Of the 351 respondents, 70 per cent were male, and 30 per cent were female. Around 98 per cent of respondents were the heads of their respected household and the bank account holder, while the rest 2 per cent interviewed were family members.

Supporting the communities to build back their shelter and latrines better and safer, PMI conducted a guidelines orientation session which is compulsory for the recipients. Based on survey findings, however, only 85 per cent of



PMI personnel visited assisted beneficiary in West Lombok for PDM data collection while maintaining the COVID-19 health preventive protocol. **Photo: IFRC**

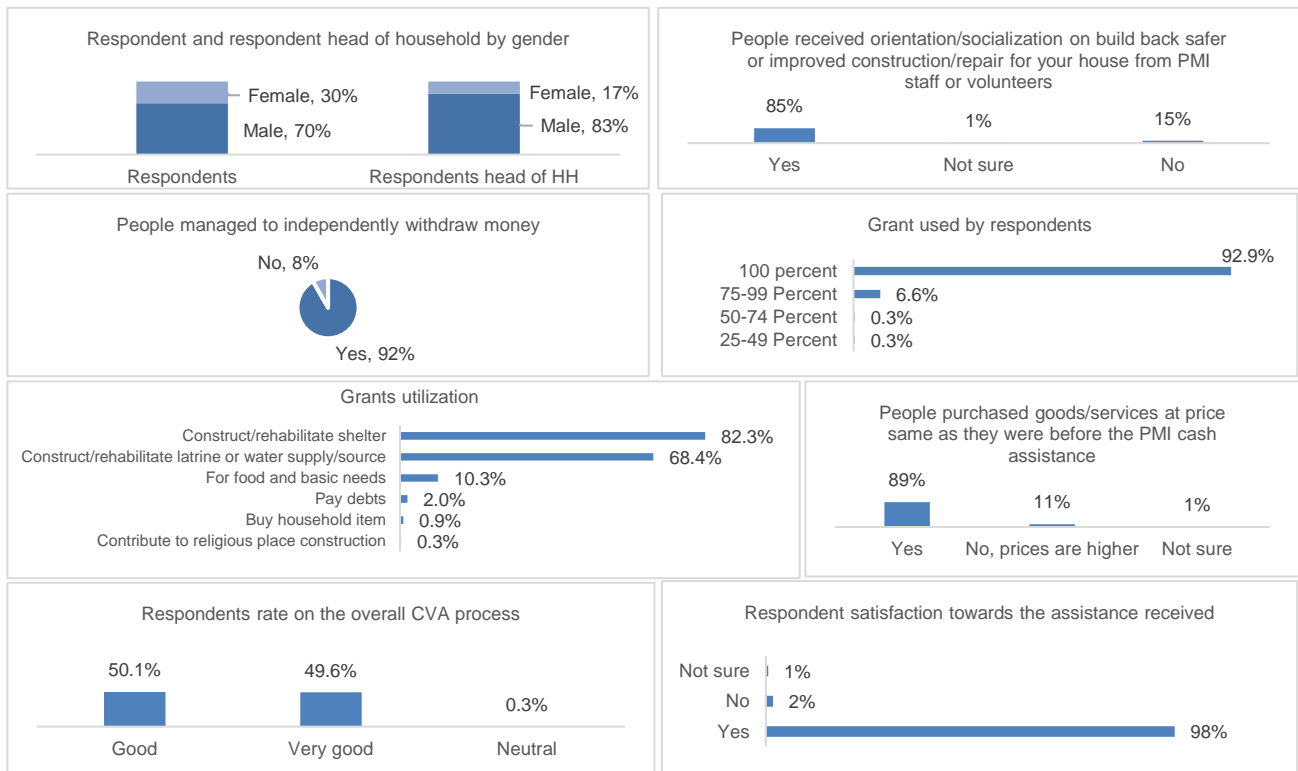
respondents attended, who also stated that the information was adequate for them. Respondents reported not attending this orientation might have other members of the family attending on their behalf (not all respondents were head of households, and some heads of household could not attend i.e., sick/immobilized, had a disability, or were elderly).

Most respondents reported having managed to withdraw cash grants independently, while 8 per cent sought assistance from their trusted contacts. Respondents allocating their cash grants mainly for constructing or rehabilitating their shelter (82 per cent) and/or their latrine or water supply sources (68 per cent) which aligned to the objective of the program. A small number of respondents utilized their assistance for other purposes such as to provide food (10 per cent), resolve their debt (2 per cent),

and contribute to the construction of religious places in their village (0.3 per cent). The spending allocation is observed similar in both male and female-headed households. In terms of the market, 11 per cent of respondents reported increased prices, particularly on construction materials and labor services. This increase in price could be the result of the heavy demand in the local markets since other construction activities (under government support) were also happening at the same time.

Based on PDM findings, most respondents were satisfied with the assistance given; only 2 per cent were not satisfied because they expected additional assistance to be given. The assistance was also widely considered as timely with only 1.7 per cent of the respondents expecting the assistance to have been given sooner. The overall process and PMI interaction on CVA were also considered satisfactory by all respondents.

### Highlight of CVA Phase 3.0 PDM



Cash lessons learned activities are also ongoing. This activity aims to reflect challenges, findings and lessons learned throughout the implementation of CVA phase 3. The lessons learned activity also includes the cash programmes in Sunda and Central Sulawesi. The result of this exercise will be shared to management and technical colleagues from PMI and IFRC to be used in into future CVA programming in the country and in the Asia Pacific region.

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

### Safe shelter and block production training for staff and volunteers

To provide technical shelter support to the communities, awareness raising and technical trainings were conducted for PMI personnel in chapter and branches. The training was conducted from November - December 2019, involving 35 PMI personnel from Central Lombok, East Lombok, North Lombok, Sumbawa, West Lombok, and West Sumbawa, and supported by six facilitators from PMI NHQ and an additional four facilitators from PMI NTB.



PMI personnel being trained on good roofing during shelter training. Photo: PMI

The training included a simulation of safe shelter construction to mitigate the risk of emergencies such as flood, earthquakes and typhoons in the urban and rural setting. Trained personnel assisted community-based action teams (CBAT) in integrating the Participatory Approach to Safe Shelter Awareness (PASSA) to integrated community-based risk reduction programme under the DRR component of this appeal. The CBATs also provided technical support to the recipients who have received their cash for shelter. The participants were also trained on the proper production process of cement blocks. Trained personnel became trainers for block production in the community and assisted CBATs in integrating shelter and PASSA to ICBRR programme. However, these community activities were not widely implemented due to COVID-19.

To protect the volunteer from the exposure to asbestos during activities, personal protective equipment (PPE) was provided for the PMI provincial chapter and district branches. This includes safety helmet, safety glasses, asbestos fiber filter masks, gloves, raincoat, and safety rubber boots.

### Build Back Safer and All Under One Roof shelter sensitization

This activity was conducted in late 2019 and early 2020 reaching a total of 11,311 people in six districts in NTB. The first batch of the campaign was the compulsory sessions for CVA phase 3 targeting recipients in East, West, and North Lombok. Safe construction of latrines and eight safe shelter key messages as follows:

1. Simple construction design
2. Material and building quality
3. Joint of structure
4. Good roofing
5. The importance to consult construction expert for building works
6. Proper and safe location to build a permanent shelter
7. Good foundation
8. The use of light weight material for building



Shelter campaign IEC material on 8 principle of safe housing/shelter.

In early 2021, a shelter campaign was conducted in integration with other sectors (WASH, health, and DRR) for communities in 16 ICBRR villages. This campaign covered safe shelter and “All Under One Roof” sensitization with topics as follows:

1. Emergency shelter for people with challenges to mobilize.
2. Eight principles on building safe houses/shelter
3. No asbestos material for houses

**Table 4: People reached with shelter sensitization.**

District	Sub-district	Village	# of people
East Lombok	Pringgabaya	Gunung Malang	746
	Sambelia	Sugian	358
		Madayin	687
		Labuhan Pandan	278

		Dara Kunci	570
		Belanting	802
North Lombok	Tanjung	Jenggala	644
	Kayangan	Pendua	537
		Salut	939
		Gumantar	743
	Gangga	Rempek	445
	Bayan	Loloan	521
West Lombok	Gunung Sari	Guntur Macan	433
		Gelangsar	295
		Dopang	154
	Batu Layar	Lembah Sari	472
Central Lombok	Pringgarata	Sintung	814
	Batuk Liang	Selebung	188
Sumbawa	Alas Barat	Labuhan Mapin	830
West Sumbawa	Taliwang	Lamunga	855
<b>Total</b>	<b>12</b>	<b>20</b>	<b>11,311</b>

#### Safe shelter training for masons and carpenters

This training was conducted from October to December 2019, participated by 59 masons and carpenters from West Lombok, Central Lombok, North Lombok, East Lombok, and Mataram and facilitated by a total of seven facilitators from PMI NHQ, IFRC Shelter Cluster Support Team, Construction Services Agency of Government's Public Works Office, and Government's Vocational Training Centre. The training includes sessions on asbestos awareness, earthquake resistance building, correct retrofitting techniques, techniques for wood and light steel joints, and introduction to the RC/RC movement. Trained masons and carpenters were also engaged in ICBRR programme implementation to complement shelter components.

#### Block production training for the community producing block

This training aimed to introduce the communities to construction-standard quality blocks. A total of 160 community members were trained and expected to practice the knowledge, particularly proper material used for construction and be able to identify the quality of building blocks. Similar trainings were expected to be conducted in March 2020 in the villages implementing ICBRR programmes. Due to COVID-19, however, this activity was delayed and gradually resumed in September 2020 until concluded. Table below details the block production training in communities.



PMI personnel supporting block production trainings in the communities.  
Photo: PMI

**Table 5: Number of community members trained in block production**

Districts	Villages	Male	Female	Total
West Lombok	Gelangsar	6	4	10
	Guntur Macan	8	2	10
	Lembah Sari	10	0	10
Central Lombok	Selebung	10	0	10
	Sintung	4	6	10
North Lombok	Gumantar	9	1	10
	Jenggala	10	0	10
	Loloan	10	0	10
	Pendua	9	1	10

		Rempek	10	0	10
Practicing and East Lombok		Gunung Malang	10	0	10
		Labuhan Pandan	10	0	10
		Madayin	10	0	10
		Sugian	10	0	10
West Sumbawa		Lamunga	10	0	10
Sumbawa		Labuhan Mapin	10	0	10
<b>Total</b>			<b>146</b>	<b>14</b>	<b>160</b>

## Challenges

### General challenge

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

### Relief support

- Internal coordination among relief teams, logistics teams, branches, and province were initially constrained as PMI personnel in the province were also affected. PMI NHQ – province coordination was also initially hampered. However, as the operation progressed, clear lines of communication and coordination were developed. PMI NHQ also deployed a technical staff to support the province and improve its coordination with the NHQ.
- Due to limited personnel and skills in the field, initial distributions were not as systematic as compared to the latter part of the relief operation. PMI volunteers and staff, as well as IFRC personnel, provided initial support to ensure an efficient operation. Alongside, volunteer and staff capacities in the field were enhanced through on-the-job trainings as well as actual implementation in the field.

### Cash and voucher assistance (CVA):

No records were available regarding the recipient selection process for CVA 1, 2, and 3 initiated during the emergency response phase. Due to initial delays, recipient lists were then needed to be updated as some of the selected were deceased, migrated, or were separated from their household. Risks to volunteer safety and security were also observed as the delay caused tension between the PMI and the communities.

For the vouchers, community members resided in distant areas which limited the dissemination of information, particularly on redemption period. Some recipients struggled to exchange their voucher for going beyond the redemption period. Unavailability of items and/or minimum stock of desired items in local vendor were also an issue in some areas which made beneficiaries wait for up to two weeks to have requested items.

For the cash granted through the bank, the financial service provider (Bank Mandiri) ATM was not available in some of the remote areas. This resulted in some recipients withdrawing money via other withdrawal options with additional fees. Some recipients were also not very familiar with banking services and therefore sought assistance from others to withdraw money, even after receiving orientation on the ATM system.

## Lessons Learned

### Relief support:

- A relief distribution process from acquiring relief items until the monitoring of the usage of the relief items must be established in the province and sensitized the relief and logistics teams for a smoother relief process.
- Internal coordination systems such as communication tools (such as WhatsApp or Telegram) must be established among relief and logistics teams to allow flow of real-time updates and communication to avoid misunderstanding/miscommunication between management, sectoral, and personnel. Briefing and de-briefing the province and branches is also essential pre- and post- distribution to understand the challenges and improve the relief distribution process in future distributions. This would also ensure all the process is well implemented.
- Conduct relief distribution trainings for volunteers – there is an emerging need to develop and enhance volunteers capacities in the branches to support the future relief distributions. More sensitization is also required for PMI relief distribution process.

### Cash and voucher assistance (CVA):

- Community engagement needs to be emphasised during the program cycle (in collaboration with CEA team) to allow effective and efficient assistance which are relevant to the affected beneficiaries and well-accepted by those not included as beneficiaries. The engagement effort should accommodate various groups, especially the needs of vulnerable individuals.
- Preparatory works should ensure the distribution point is dignified, safe, and comfortable, especially for vulnerable groups. The use of separated queueing cards for vulnerable groups and recipients in general, as well as scheduling distribution by villages, are proven to smooth the distribution process.
- Systematic and regular monitoring is required to monitor the process and assist beneficiaries facing any technical difficulties.

Other lessons learned and recommendations will be taken from the ongoing CVA lessons learned and MDRID013 Final Evaluation. These will be included in the Final Report.

## Health



**People reached: 23,077**

Male: 5,509

Female: 6,941

No gender data: 10,627

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

Indicators:	Target	Actual
# of people in target communities' health risks are reduced	40,000	23,077 <sup>7</sup>

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

Indicators:	Target	Actual
# of targeted people received health services	40,000	12,449 with basic health care; 15,129 with health promotion

### Output 1.2: Psychosocial support provided to the target population

Indicators:	Target	Actual
# of people reached by psychosocial support	as required	23,077

### Narrative description of achievements

#### Health care services

PMI continuously provided health services for the communities from the onset of disaster. Overall, PMI reached 12,449 people with basic health care services (home-based care, basic medical check, and first aid) and 15,129 people with health promotion.

During the emergency phase, a total of 36 mobile medical teams were deployed to provide services in 97 villages in five districts. The medical teams were comprised of one medical doctor, one nurse/midwife, one assistant pharmacist and supported by 30 volunteers. Transitioning from emergency, health services and regular home-based care to the community were provided by three volunteers from PMI NTB chapter, five volunteers from PMI North Lombok branch, five volunteers from East Lombok branch, two volunteers from West Lombok branch, three volunteers from Central Lombok branch, and two volunteers from Mataram branch. The home-based care services given mainly involved monitoring of patients with bone fractures and referring them to get to public hospitals, as well as providing support to immobilized patients to recover. By October 2019, health services and mobile clinic services were concluded, reaching a total of 12,449 people.



PMI health care services were provided to affected community in a campsite in Sambelia, East Lombok. Photo: PMI/IFRC

<sup>7</sup> The total number of people reached by PSS service served as the overall reached population to avoid double counting.

**Table 6: People who received emergency health care services from PMI**

		West Lombok	Central Lombok	East Lombok	North Lombok	Mataram	Total
Male	0-5 y.o	36	5	0	53	0	94
	5-17 y.o	27	406	277	421	0	1,131
	18-60 y.o	163	1,256	1,513	685	23	3,640
	> 60 y.o	100	372	379	190	2	1,046
Female	0-5 y.o	70	61	139	193	9	472
	5-17 y.o	126	62		49	0	237
	18-60 y.o	101	186	170	82	5	544
	> 60 y.o	38	19		348	18	423
No age & gender data		46	0	1,844	2,975	0	4,862
Total		707	2,367	4,322	4,996	57	12,449

### Health promotion services

A total of 15,129 people were reached with health promotion activities until February 2021. Most health promotion sessions were conducted in integration with other related sectoral promotion activities. An average of two to five PMI personnel were mobilized for each session. During the sessions, PMI incorporated information, education, and communication (IEC) materials of various topics with the support from CEA team. Health promotion topics were based on the needs and situation identified in the communities, such as healthy lifestyle, washing hand, prevention of malaria, dengue, non-communicable diseases and COVID-19. PMI also broadcasted interactive radio shows and shared videos through PMI social media to raise awareness of emerging health risks, e.g., leptospirosis during flooding and COVID-19. Community health promotion and communication were continued in integration to the ICBRR programme to raise community awareness to prevent and mitigate health risks.



*PMI personnel delivering health promotion messages to community with posters as visual aid. Photo: PMI*

**Table 7: People reached by health promotion**

Districts	Male	Female	No gender data	Total
West Lombok	1,055	1,247	1,337	3,639
Central Lombok	299	444	815	1,558
East Lombok	1,457	2,155	11	3,623
North Lombok	826	1,586	3,214	5,626
Mataram	70	98	139	307
Sumbawa	184	192	-	376
<b>Total</b>	<b>3,891</b>	<b>5,722</b>	<b>5,516</b>	<b>15,129</b>

Responding to COVID-19, PMI, supported by IFRC through this appeal, implemented risk communication and community engagement activities through provision of various IEC materials on COVID-19 prevention (stay at home, physical distancing, the use of mask, frequent handwash with soap, and healthy lifestyle messages). IEC materials included recorded public information, posters, billboards, and SMS. A total of 7,022 people were reached by direct health and hygiene promotion in small groups (2-5 people) during IEC material installation. SMS were sent to communities especially those at the harbour, airport, and traditional markets. A total of 18 radio shows were aired across NTB province, covering various topics around COVID-19 such as information on symptoms, treatment, and pandemic control and management; preventive action and protocol; new norm adaptation; village community role during pandemic; as well as social stigma, hoaxes, and misinformation. PMI maintained coordination with NTB Ministry of Health (MoH) on these PMI activities.



PMI disseminated health and COVID-19 prevention messages to community and in schools. Photo: PMI

**Table 8: number of people reached through health promotion regarding COVID-19 prevention**

Districts	Male	Female	No gender data	Total
West Lombok	1,031	1,198	0	<b>2,229</b>
Central Lombok	224	266	0	<b>490</b>
East Lombok	774	1,119	0	<b>1,893</b>
North Lombok	477	1,042	423	<b>1,942</b>
Mataram	47	45	0	<b>92</b>
Sumbawa	184	192	0	<b>376</b>
<b>Total</b>	<b>2,737</b>	<b>3,862</b>	<b>423</b>	<b>7,022</b>

### Psychosocial Support Services (PSS)

Psychosocial support (PSS) was an integral part of the operation, aimed at assisting individuals and communities to recover from the trauma after the emergency. From July 2018 to October 2019, a total 23,077 people, were reached with PSS. At the beginning of the emergency, around seven trained PSS volunteers from other provinces, supported by 38 trained local volunteers were deployed to provide PSS. Overall, one volunteer in Province NTB, three volunteers in North Lombok, six volunteers in East Lombok, four volunteers in West Lombok, three volunteers in Central Lombok, and three volunteers in Mataram were mobilized to run PSS activities until the activity concluded in October 2019.



Drawing and colouring activity for children, a PSS delivered to affected community. Photo: PMI

PSS teams provided social education and psychological first aid (PFA) using the method of discussion and brainstorming for male and female groups, for them to share their concerns and working on finding solutions or to reduce their anxiety. For teenagers and children, games, story book reading, coloring pictures, and singing together were utilized to aid coping mechanisms. Various IEC materials and psychoeducation toolkits for PSS were also produced and procured to support the activity, including educational snake-ladder games for children, story books, flash cards, coloring books and coloring pens.

**Table 9: People reached from PSS**

Districts	Male	Female	Male (below 18)	Female (below 18)	No gender data	Total people reached
Mataram	43	41	5	0	0	89
West Lombok	1,805	2,126	0	0	382	4,313
Central Lombok	601	762	0	0	0	1,363
East Lombok	988	1,455	26	25	114	2,608
North Lombok	1,427	1,763	255	293	9,736	13,474
NTB Province	171	229	0	0	222	622
West Sumbawa	188	247	0	0	173	608
<b>Grand Total</b>	<b>5,223</b>	<b>6,623</b>	<b>286</b>	<b>318</b>	<b>10,627</b>	<b>23,077</b>

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

### Ambulance procurement and service provision

Based on needs assessment, two units of ambulance were procured – one unit transportation ambulance and one unit emergency ambulance. The ambulances procured provide services only in Mataram (transportation ambulance) and East Lombok Districts (emergency ambulance), since another branch in Lombok have already owned ambulance unit. PMI ambulance service is provided based on needs identified in the intervention area. The transportation service is available to transport patient from home or one health facility to another health facility/hospital. Meanwhile, service in East Lombok area is emergency based for cases such as traffic accident or another emergency medical cases that threaten the patient life (respiratory problem, cardiac problem, wound with heavy bleeding, open fracture with heavy bleeding, etc).



PMI East Lombok provided emergency ambulance service to community in East Lombok. (Photo: PMI)

Procurement of ambulances for transportation and emergency response was completed in March 2020. The ambulances were fitted with emergency medical equipment, PPE items, consumable items, and first aid kit to support the operation.



PMI ambulance service assisted patient's medical evacuation process. (Photo: PMI)

The emergency ambulance is equipped with radio communication, medical cabinet, patient compartment, examination lamp, patient lamp, wash sink, main stretcher, stretcher base, oxygen set, set head immobilizer, hanging blood pressure monitor, patient monitor, suction portable, Kendrick Extrication Device (KED), Automated External Defibrillator (AED), minor surgery kits, trauma bag, laryngoscope, oropharyngeal airway kits, spalk, collar neck, scoop stretcher, long spinal board, etc. On the other hand, the transportation ambulance is equipped with radio communication, patient compartment main stretcher, stretcher base, oxygen set, set head immobilizer, hanging blood pressure monitor, scoop stretcher, long spinal boards, spalk, etc.

Ambulance service registration, workplan, SOP, operational strategic and budgeting plan have been developed to help the branches run the ambulance services. A dedicated ambulance crew was also trained and recruited to support service delivery. PMI ambulance service has been operational since February 2021. In delivering service, PMI were also partnering with NTB DoH ambulance service centre (Public Command Centre-PCC and Public Service Centre-PSC). In East Lombok, PMI ambulance service is complemented by its Pratama Clinic supported by Taipei Economic Trade Office (TETO) and in cooperation with Soedjono Selong Hospital and Indonesia Insurance Service (BPJS).

### Commercial First Aid (CFA) Services

Development of PMI commercial First Aid service is a central target to sustain both PMI and its services in the community. The CFA programme has been established in February 2021. 15 trained personnel (two lead facilitators and 13 assistance facilitators) from PMI NTB, PMI East Lombok, PMI North Lombok, PMI West Lombok, PMI Central Lombok, PMI Mataram and PMI Sumbawa are ready to provide the CFA Program. CFA Program facilitators were selected based on selection criteria set by PMI NHQ and have passed competency test during the CFA Training conducted in December 2020. To promote PMI CFA program, PMI has extended cooperation with Health Office of NTB Province, Employment Agencies of NTB Province, and Government of Tourism Office of NTB Province, and other stakeholders.

### Health capacity training for PMI personnel

To date, various health related trainings have been conducted developing capacity of PMI personnel.

Training	No. of participants	Period
Psychosocial support	38	September 2018
Basic first aid	40	September 2019
Epidemic control for volunteers	24	October 2019
Ambulance crew	36	November 2019
Community based health and first aid	26	December 2019 – January 2020
Commercial first aid	15	December 2020
Basic trauma and life support	15	January 2021

### First aid kit provision

To support the first aid services PMI in the operational areas, IFRC supported the provision of portable first aid kits and trauma bags to target PMI offices. These kits are expected to support PMI providing service and offering first aid trainings to commercial enterprises in NTB, such as resorts and hotels.

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

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

### Challenges

#### Health care provision

During the emergency phase, the main challenge was the limited number of volunteers who have medical background such as doctor/nurse/midwife to operate a mobile clinic. Various trainings were conducted to improve capacity of PMI chapter and branch personnel to provide health care services.

#### Health promotion delivery

Scheduling activities was challenging as most community members were at work or at schools during the daytime and were only available at night. Health promotion was adjusted to target mothers in their homes as well as public places and schools to reach more people.

There were also challenges in documenting and reporting progress achieved particularly in the local branches. Reporting on the achievements in numbers were done through monitoring of activities by the IM team with limited narration on challenge and needs on the field to inform programme improvement. Health teams regularly coordinated with the branches team for information and confirmation.

COVID-19 also affected the overall implementation of the planned activities due to movement restrictions. Safe health protocols were designed, developed and implemented to ensure a safe working environment. Mass gatherings to disseminate information could not be performed during the early stages of the pandemic. Promotion activities were indirectly done through posters, brochures, billboards or mobile phone announcements. The implementation was adjusted to direct communication conducted in small groups or house-to-house visits. This, however, still considerably limited the reach of PMI. COVID-19 pandemic has also necessitated the inclusion of PPE for both volunteers and community members in the budget.

#### Ambulance service provision

COVID-19 pandemic also delayed the process and preparation steps required for launching the ambulance services. The registration process to local government ambulance service centres was delayed due to MoH priority to the COVID-19 response and unavailability of established registration requirements for ambulance registration. The delay was also exacerbated as PMI in both the headquarters and province were focused on COVID-19.

#### Psychosocial support service

Due to the limited number of trained personnel in NTB, PMI had to mobilize volunteers from other provinces to augment the provincial capacities. Most PSS volunteers and the PSS coordinator deployed were volunteers from another province who were directly reporting to PMI NHQ, with no reporting lines to PMI NTB.

#### Commercial first aid

The commercial first aid training was delayed due COVID-19 pandemic. There was also limited needs for commercial FA service during pandemic. The volunteers would need to regularly refresh and improve their skill on providing first aid services to maintain their competency.

### Lessons Learned

Service achievement record needs improvement in capturing the health services data, such as SADD, to accommodate reporting needs and to inform program for evidence based and PGI mainstreamed program implementation.

Involving CBAT members (see *DRR*), as shown in several villages, is a good practice to be duplicated. This approach could lead to sustainable outcomes since CBAT members were trained and exposed with behavior change communication.

Other lessons learned and recommendations will be taken from the ongoing MDRID013 Final Evaluation. These will be included in the Final Report.



## Water, sanitation and hygiene (WASH)

People reached: 187,380

Male: 91,815

Female: 95,565

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

Indicators:	Target	Actual
# of villages with rehabilitated water systems	16	14

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

Indicators:	Target	Actual
# of people provided with safe water according to WHO standards	10,000	187,380 <sup>8</sup>

### Output 1.2: Community access to the sanitation facilities is improved

Indicators:	Target	Actual
# of households provided with safe sanitation (excreta disposal) facilities	4,000	2,235

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

Indicators:	Target	Actual
# of households reached with hygiene promotion activities	4,000	13,697 (or 54,786 people)

### Narrative description of achievements

#### WASH assessment

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

To ensure compliance with Sphere standards and/or national regulations on drinking or clean water, IFRC procured water quality testing equipment for PMI to allow examination of quality of water, supplied through either water trucking or water system rehabilitation work before being distributed to communities.

A temporary water quality laboratory was also established in PMI NTB Province. SOPs were developed to guide equipment utilization and maintenance. At the end of the operation, all water testing equipment was handed over to PMI NHQ and now is being managed by PMI emergency WASH centre in Bandung for future emergency responses and training purposes.



PMI delivered some 26 million litres of water via water trucking to communities across Lombok and Sumbawa Island throughout the emergency phase. **Photo: PMI/IFRC**

<sup>8</sup> Number of people reached with water trucking served as total people reached with safe water as people supported with longer-term solutions were most likely also reached during the water trucking phase. The numbers during the distribution were not accurately recorded; however, the number recorded here was validated by WASH, PMER and IM teams to more accurately estimate the total reached. WHO standards during distribution were also not always observed, particularly on the amount, as the demand for water during the emergency phase exceeded the capacities of PMI and local authorities.

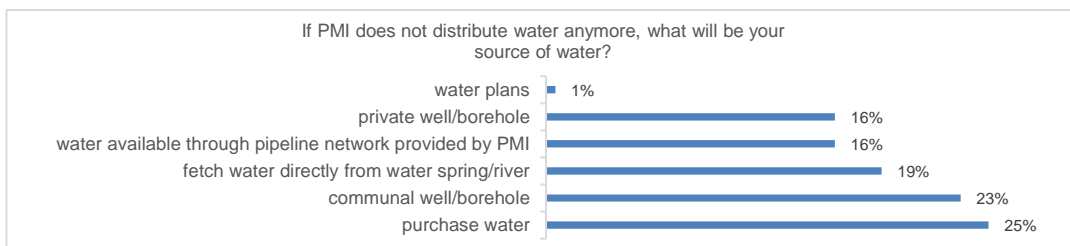
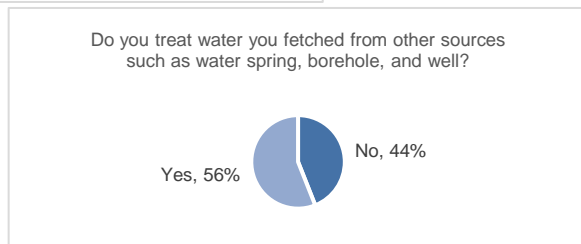
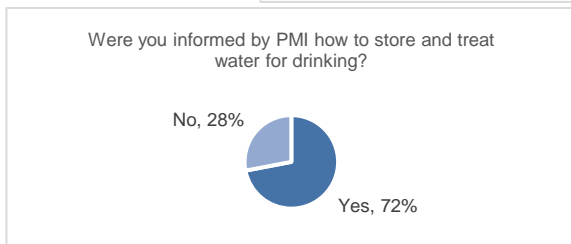
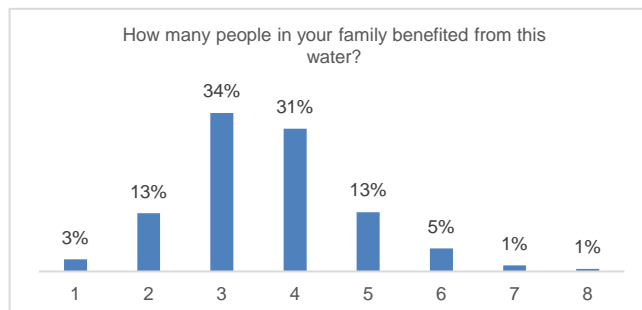
**Daily access to safe water**

A total of 26,282,500 litres of water were distributed through water trucks in 5 districts since the start of the emergency. The distribution of clean water concluded in November 2019, reaching 46,845 households.

Water supply was sourced from PMI water supply production camps in North Lombok and from government owned water sources and distributed to communities through trucking with different methods of distribution such as to public water tanks, emergency water tanks, and directly to household water storage such as jerry cans or plastic barrels. During water distribution, PMI volunteers conducted community sensitization on the importance of treating water (i.e., boiling) prior to consumption, proper handling and storage, hand washing with soap, and other WASH good practices.

Post distribution monitoring (PDM) survey was conducted in September 2019 in the districts of Central, North, East, and West Lombok, participated by 382 respondents who received PMI water distribution services. Most respondents reported that they started receiving water distributed by PMI in the early emergency phase (August-September 2018), reflecting that PMI water distribution reached them in the most critical period. However, only 14 percent<sup>9</sup> of respondents received water in accordance with Sphere standards (15 litres/person/day). Most recipients received less than 15 litres per distribution and a small number received more than 15 litres due to unavailability of containers with capacity specific to Sphere standards for water collection and storage. Therefore, it was recommended to have at least two 10-20 litre water containers included in essential household items to be distributed to the communities.

**Highlights of PDM survey of water distribution:**



<sup>9</sup> This percentage is derived from dividing average amount of water received by household during each distribution with the number of people each household.

Most of the respondents reported that they have been sensitized on water storage and treatment prior to consumption during water distribution, yet most communities did not practice this which has continually exposed the community to risks of water-borne diseases. PMI intensified efforts for activities promoting hygienic practices, particularly on household water treatment to cultivate the habit as most water sources available in the community are contaminated with *E-coli*<sup>10</sup>.

#### Sustainable access to water for communities

PMI improved access to safe water for the affected communities by rehabilitating community water points. Pipelines were repaired or installed to deliver water from springs all the way to the settlement, creating a network of 46,907 metres of pipe<sup>11</sup>, serving approximately 24,714 people or 4,834 households. These households were amongst the 46,845 households in villages that also received water through water trucks during the emergency phase of the operation.



Water reservoir built in Nangka Lombok sub village, East Lombok.  
Photo: PMI

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

Improvement or installation of water supply systems was completed in 14 affected villages reaching a total of 12,895 people. This includes the development of water sources (spring catchments, surface water dams, wells), treatment systems (water filtrations) and distribution systems (reservoirs, pipelines, tap-stands) as well as pilot rainwater harvesting system designed by a WASH consultant. Water supply systems works were prioritized only in 14 villages due to time limitations from operational delays exacerbated by COVID-19 restrictions. Communities with immediate water supply needs and gaps as well as commitment to provide land use permit, maintenance plan, and human resources to support system development were prioritized to receive this intervention.



Pipeline installation in Lamunga village to deliver water from water spring to the community. Photo: PMI

The rehabilitation of 14 water supply systems was done through a community-based project approach. A water committee was established in each village, responsible to coordinate the work within their community and maintain the facilities. PMI, with the support from IFRC, provided technical support to the communities regarding the operation and maintenance of the facilities. The water supply system with 17,176 m<sup>2</sup> pipeline is estimated to reach 3,110 households (10,799 people) in 14 villages.

**Table 11: Number of people benefitted from rehabilitated/constructed water supply system**

District	Village	No. of people benefitted			
		Households	Men	Women	Total no. of people
North Lombok	Rempek	747	1,237	1,209	2,446
	Pendua	135	217	196	413
	Gumantar	79	158	109	267
	Pendua	165	275	288	563
Central Lombok	Sintung	513	845	628	1,473
East Lombok	Gunung Malang	235	450	490	940
	Sugian	155	319	301	620
	Labuhan Pandan	103	201	209	410
	Madayin	151	319	301	620
West Lombok	Guntur Macan	25	60	80	140
	Gelangsar	249	351	356	707

<sup>10</sup> Result from water quality testing of five water sources in East Lombok and North Lombok, released by testing centre of department of public work and public housing. Testing result indicates *E-coli* contamination of 7-70 MPN/100ml (this number should be zero for drinking water). Therefore, boiling water prior to consumption is highly recommended.

<sup>11</sup> This pledge did not cover the procurement of water pipe, however, it covered personnel mobilization cost.

	Lembah Sari	165	265	264	529
Sumbawa	Labuhan Mapin	90	430	200	630
West Sumbawa	Lamunga	298	489	552	1,041
<b>Total</b>		<b>3,110</b>	<b>5,616</b>	<b>5,183</b>	<b>10,799</b>

In addition, the PMI WASH teams piloted a rainwater harvesting system as an example for the communities to seek this option as another water source alternative. The system consists of roof as a water collection surface, the gutters for conveying water to the water tank for storage.

This system was piloted in 4 villages and estimated to reach 2,096 people (560 households) and installed in public buildings such as schools and mosques. Based on the informal discussion with one of the schools, the benefits of using collected rainwater included reduction in electricity consumption as the water pump is less used. Moreover, the school has more water as a reserve for emergency needs.



Instalment of gutters to convey water from the roof to water storage **Photo: PMI**

**Table 12: Number of people benefitting from the rainwater harvesting system**

District	Village	Population reached			
		Households	Men	Women	Total no. of people
North Lombok	Gumantar	20	80	120	200
East Lombok	Gunung Malang	192	338	386	724
West Lombok	Guntur Macan	120	248	264	512
West Lombok	Lembah Sari	228	320	340	660
<b>Total</b>		<b>560</b>	<b>986</b>	<b>1,110</b>	<b>2,096</b>

#### Community access to sanitation facilities

At least 2,235 households (8,940 people) were supported with sanitation access since the emergency phase. Communities in West Lombok, East Lombok, and North Lombok were supported with provision of emergency and model prototype latrines, as well as squat toilet bowls to support household latrine construction.

A total of 108 emergency latrines (20 bathrooms and 88 latrines) were built in the camp sites in West and North Lombok. Additionally, 20 model latrines with septic tanks were constructed between October and November 2019 in villages targeted for squat toilet bowls distribution to provide the community a reference to proper latrine construction. At least 640 households (approximately 2,760 people) were reached with the 108 emergency communal sanitation facilities in 22 sub-villages from 10 villages and another 400 people benefitted from construction of 20 model latrines.



Prototype latrine constructed in a community as an example for proper latrine with septic tank construction. **Photo: PMI**

**Table 13: Number of emergency latrines constructed**

Districts	No. of latrines construction	No. of estimated people reached
West Lombok	1	20
North Lombok	107	2,740
<b>Total</b>	<b>108</b>	<b>2,760</b>

**Table 14: Number of model latrines constructed**

Districts	No. of model latrines construction	No. of estimated people reached
West Lombok	6	120
East Lombok	7	140
North Lombok	7	140
<b>Total</b>	<b>20</b>	<b>400</b>



Toilet bowl produced by PMI to be delivered to community. (Photo: PMI)

A total of 2,247 squat toilet bowls were distributed to 2,235 households in East, North, and West Lombok and public places in North Lombok to improve community access to sanitation facilities. PMI North Lombok and East Lombok Branches have squat closet production workshops and were supported with 50 moulds and other materials for bowl production. PMI North Lombok and East Lombok produced 875 and 1,372 bowls, respectively.

**Table 15: Number of squat toilet bowl distributed**

Districts	No. of items	No. of households reached
West Lombok	628	628
East Lombok	1,372	1,372
North Lombok	247	235
<b>Total</b>	<b>2,247</b>	<b>2,235</b>

### Hygiene promotion

Around 29 local PMI personnel were involved in hygiene promotion activities, with a total of 13,697 households (approximately 54,786 people) reached, of which 10,150 households were provided with hygiene kits. Hygiene kits comprised of soaps, towels, sanitary pad, toothpaste, toothbrush, shampoo, and detergent. Hygiene promotion activities were conducted to raise beneficiaries' awareness on proper hygiene practices as well as provide orientation on the proper use of the kits. The number of people reached from hygiene promotion and number of distributed hygiene kits are detailed in tables below:



Beneficiary in West Sumbawa received a hygiene kit. Alongside distributions, PMI also conducted hygiene promotion. Photo: PMI/IFRC

**Table 16: People reached with hygiene kit**

Districts	# of hygiene kits distributed	# of people reached
North Lombok	3,521	14,084
East Lombok	2,175	8,700
West Lombok	1,325	5,300
Central Lombok	1,050	4,200
Mataram	1,329	5,316
Sumbawa	375	1,500
West Sumbawa	375	1,500
<b>Total</b>	<b>10,150</b>	<b>40,600</b>



PMI volunteer explains the proper hand washing method. (Photo: PMI)

Hygiene promotion was also conducted in communities and schools, covering topics aligned with the Indonesian government health ministry messages for hygienic and healthy life. Proper hand washing, domestic waste management, grey water, stopping open defecation and drinking water standards were among the topics covered.

To improve community resilience, hygiene promotion was also integrated in the ICBRR campaign. The focus on this hygiene promotion is handwashing with soap at critical times. This topic was selected based on the VCA result and to support the COVID-19 prevention campaign. Messages were delivered using flipchart, poster and demonstration of the six-steps of handwashing. The awareness raising sessions were also complemented with simulations and exercises.

**Table 17: People reached with hygiene promotion**

Districts	# of male	# of female	# of no gender data	Total reached
West Lombok	227	307	4,462	4,996
Central Lombok	1,587	1,333	3,000	5,920
East Lombok	3,481	4,530	7,803	15,814
North Lombok	3,823	8,415	9,447	21,685
Mataram	0	0	1,500	1,500
Sumbawa	412	419	1,500	2,331
West Sumbawa	513	527	1,500	2,540
<b>Total</b>	<b>10,043</b>	<b>15,531</b>	<b>29,212</b>	<b>54,786</b>

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

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



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

**Table 18: Handwashing facilities and household disinfection kit distribution**

Districts	Handwashing facilities	Household disinfection kits	
	Units	Units	Households
North Lombok	8	110	110
East Lombok	12	165	165
West Lombok	16	220	220
Central Lombok	8	110	110
Mataram	24	330	330
Sumbawa	8	110	110
West Sumbawa	4	55	55
<b>Total</b>	<b>80</b>	<b>1,100</b>	<b>1,100</b>

### Challenges

#### Water trucking:

Although direct water trucking is a common emergency intervention, it is found to be expensive, unsustainable, and difficult to manage, implement, and monitor. Data collection could not be properly maintained, which influenced data accuracy and reliability.

#### Improving water supply system:

Initial consultations with communities were missed while the consultant was working on the design. This was mainly due to slow processes in HR recruitment and mobilisation of WASH personnel from NHQ NS and further limitations in the decentralisation process. This gap however has since been rectified via adjustments in IFRC operational structure to fill the gap in the field. Community committees were also not immediately set up, delaying training and overall implementation of the water supply projects.

Delays on the procurement process, exacerbated by the supply chain disruption due to COVID-19 was also an issue. COVID-19 also limited movements and time for socialization in communities and making communities reluctant to attend. Heavy rains, for which the installations were planned around, also became an issue.

#### Improving community sanitation

Initial lack of awareness in communities and lack of personnel to monitor the sanitation facilities became an issue regarding maintenance and ensuring cleanliness of the emergency and prototype latrines. COVID-19 also prevented more regular follow-ups in communities, while also halting toilet bowl production for six months.

### **Hygiene promotion**

Hygiene promotion activities were initially limited due to capacities in the field and was later further limited by the mobility due to the COVID-19 pandemic. Mass gathering to disseminate information could not be conducted, with the teams relying mostly direct communication conducted in a small group or house-to-house method, thus reducing the programme reach.

## Lessons Learned

### **Water trucking:**

Strengthening promotion and campaign strategies need to be highlighted, particularly through proper targeting of recipients, identifying the risk behaviours, barriers, and motivators; and the effective use of IEC material produced specific to the local context. Ensuring effective, understandable, and transferable knowledge during hygiene sensitization, particularly on water treatment and storage, needs to be emphasized.

Most community members received less than the amount suggested by Sphere Standards. Provision of 2 water containers (food-safe jerry can, or other food safe containers based on the local context) of 10-20 litres is recommended for future intervention. This will better facilitate the water distribution process and could also help in documentation and reporting.

Provision of additional water tank or distribution point is also recommended to improve access to water for the targeted population, considering the location where the communities are located. Moreover, it is also recommended to emphasize that water distributed from trucking is for consumption purposes.

Risk of waterborne disease remains high in the community due to behaviour and practice of consuming untreated water. Continuous sensitization and communication with communities on the importance of water treatment and safe storage should continue to be pursued by PMI and other stakeholders, while at the same time, ensuring that the community has access to different water treatment and storage options.

Capacities of PMI personnel should be strengthened to contribute to NS readiness in developing a systematic distribution plan while following the principles of relief distribution and hygiene promotion.

### **Improving water supply system:**

Community participation and leadership in this type of project must be at the foreground. Different groups need to be consulted from the design phase, while WASH committees must be formed after the consultation process to represent the different groups in communities.

Majority of sub-villages have existing water-use regulations, endorsed by the village head or office, that consist of general duties of WASH committees, operation and maintenance, and tariff. These regulations have been proven to keep everything in order and to guarantee sustainability of the facilities.

### **Improving community sanitation:**

It was clear that the establishment of operation and maintenance procedures and plans together with the target communities was needed prior to establishing communal latrines.

Training on production of toilet bowls, meanwhile, increased the capacity of PMI staff and volunteers in East and North Lombok. The shop now can independently run and has become an income generation activity for the branches.

WASH workshop establishment has provided the opportunity to widen PMI's network. Workshop and its activity have become a model for Health District Office and other organizations with similar interest and programs for reduction of open defecation in their area.

### **Hygiene promotion and hygiene kit distribution:**

A relief distribution process that covers distribution until monitoring of the hygiene items must be clear. The process must also include dissemination of hygiene promotion materials and must provide direct guidance on hygienic practices in communities. Although COVID-19 limited mobility to conduct hygiene promotion, the teams were able to devise strategies to reach people virtually by sharing hygiene messages on social media and other online platforms. This could be replicated in future operations, even without a pandemic.

Data collection is an area that requires more improvement. Utilizing technology such as KoboCollect or similar program will help to gather beneficiary's data and to develop beneficiary database. This can also be used for monitoring and feedback purposes, linking beneficiaries to their requests or feedbacks.



## Inclusion and Protection

People reached: 20,000

Male: 9,800

Female: 10,200

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

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

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

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

Narrative description of achievements

Mainstreaming PGI across the sectors was an ongoing effort throughout the operation, which aimed to ensure that services provided to people reached are gender and diversity sensitive, have a protective value and tailored to be inclusive for all. Early recovery planning incorporated PGI aspects, which remained an important element factored in programming. For example, ensuring latrines are accessible to people with disabilities, specifically people with mobility restrictions; dedicated hygiene kits for women, separation of areas for latrines/bathrooms between men and women, determination of locations of latrines to provide access to everyone and inclusion of lighting at the latrines and bathrooms for safety.

A PGI workshop was held in February 2019 for 25 PMI volunteers (5 females, 20 males) to mainstream PGI components within all sectors and programmes of the operation. PGI integration enabled for dignified distribution process, particularly in adherence to PGI minimum standards, considered the specific needs of population served, i.e., people with disability. Communication and coordination between PMI NHQ, NTB chapter, district branches, and IFRC need to be reinforced to allow smooth and effective implementation.

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



**JANGAN TAKUT UNTUK MELAPORKAN SEGALA BENTUK KEKERASAN!**  
 Kami menjamin kerahasiaan pemberi informasi  
 Hotline PMI: 081 9909 73543  
 Telepon Pelayanan Sosial Anak (TePSA): 1500 771



PGI tagline and hotline numbers to report harassment and GBV report case are available in the solar lamp flyers.

### Challenges

The operation does not target specific activity in the PGI sector. The PGI aspects were mainstreamed in any activity implementation in the field. The challenge was mostly in ensuring all personnel are aware and ensured PGI consideration applies in each activity and in responding to community feedbacks and reports.

### Lessons Learned

PGI training or awareness should not be exclusive to specific personnel but provided to all personnel to smooth and ensure proper activity implementation with PGI aspect applied.



## Migration

People reached: 53

Male: -

Female: -

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

Indicators:	Target	Actual
# of people reached with services for migration assistance and protection	53	53

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

Indicators:	Target	Actual
# of people reached with services for migration assistance and protection	53	53

#### Narrative description of achievements

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

An RFL training was conducted in July-August 2018 to prepare PMI personnel delivering RFL service to affected community. A total of 18 PMI personnel (17 males, 1 female) from NTB chapter and branches were trained.

#### Challenges

No records are available from the former implementer during emergency phase.

#### Lessons Learned

No records are available from the former implementer during emergency phase.



## Disaster Risk Reduction

People reached: 81,496

Male: 41,246

Female: 40,250

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

Indicators:	Target	Actual
Community preparedness plans in place	yes	yes

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

Indicators:	Target	Actual
# of contingency plans/early warning systems developed among target population	16	17 <sup>12</sup>
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	62,476	22,759

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

Indicators:	Target	Actual
# of community-based action teams provided with proper training and equipment for emergency response	16	16

<sup>12</sup> Contingency plans were developed for all 16 villages and 1 for provincial level.

Advocacy with local governments and village committees on disaster risk reduction	yes	yes
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Narrative description of achievements

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

Approximately 80,735 people (population of 16 villages based on 2019 data from the Indonesian Ministry of Internal Affairs) were supported throughout the implementation of the integrated community-based risk reduction (ICBRR) programme in the seven operational districts in Lombok. This includes those directly and indirectly reached. Meanwhile, 761 people were also reached through the school based DRR program in three schools in Mataram.

Overall, the DRR programme of under the Lombok operation was divided into an initial DRR campaign focusing on disaster risks and an integrated DRR campaign which added components of health, WASH, shelter and PGI. The integrated approach was also more participatory in design, implementation and sustainability. PMI and IFRC's roles involved enhancing local capacities of communities to identify risks and mitigation measures, as well as to promote these measures within their communities and local governments.

The integrated approach included the following steps:

- Formation of community-based action teams in each of the 16 villages
- Conduct of an integrated vulnerability and capacity assessments through surveys, interviews, focus group discussions and review of existing community risk reduction plans
- Develop response mechanisms and support trainings and preposition of response equipment
- Develop village contingency plans
- Support initiatives such as early warning systems, evacuation routes signs, etc.
- Advocate for identified DRR interventions with the government and other stakeholders
- Conduct DRR awareness
- Conduct school risk reduction activities, including trainings for schoolteachers
- Implementation of small-scale community mitigation projects



Integrated messages on DRR, health, shelter, and WASH were disseminated to communities targeted by the ICBRR programming approach. **Photo: PMI**

**DRR Campaign**

A total of 22,759 people in Central Lombok, West Lombok, North Lombok, East Lombok, Sumbawa, and West Sumbawa were reached during the first phase of the campaign on basic awareness on DRR and the second phase of integrated campaign for ICBRR villages.

The first phase was conducted from September 2018 to December 2020, covering awareness on disasters such as flood, earthquake, volcanic eruption, landslide. Disaster readiness such as evacuation route establishment, emergency bag, as well as individual and community preparation were also included in the campaign. Community groups were involved in the socialization and instalment of posters in public spaces such as mosques, kiosks, coffee shops, village administrative premises, etc. The first phase campaign used campaign materials previously developed by PMI.

The second phase campaign, which was part of the ICBRR programme, was conducted from January to February 2021 covering awareness information on health, safe shelter, WASH, and DRR sectors. This covered community needs for information in each sector as identified during vulnerability and capacity assessment (VCA) – see below. The teams used a flip book developed as an aid to deliver information and was implemented through visits to households or a close cluster of households for 10 to 25 minutes of orientation, followed up by another 10 to 25 minutes question and answer session.

Reflecting that both phases reached recipients in the same location, recipient data was analyzed and cleaned to prevent duplication. The overall reach of the DRR awareness sessions is provided below:

**Table 19: People reached with disaster risk reduction awareness session**

Districts	Male	Female	No gender data	Total
West Lombok	631	870	0	1,501
Central Lombok	1,713	1,474	393	3,580
East Lombok	1,946	2,950	0	4,896

North Lombok	2,138	2,643	1,120	5,901
Sumbawa	2,349	2,387	1,025	5,761
West Sumbawa	558	562	0	1,120
<b>Total</b>	<b>9,335</b>	<b>10,886</b>	<b>2,538</b>	<b>22,759</b>

### Integrated Community-Based Risk Reduction (ICBRR)

DRR activities during the recovery phase were implemented through the ICBRR approach which integrates modules of community-based disaster risk reduction (CBDRR), community-based health and first aid (CBHFA), participatory hygiene and sanitation transformation (PHAST), and participatory approach on safer shelter awareness (PASSA).

ICBRR was implemented in a Tier 1 and Tier 2 approach. A total of 11 villages implemented ICBRR Tier 1 and another five villages were selected to implement ICBRR Tier 2. Tier 2 had two more activities (mitigation and procurement of emergency response equipment). The villages were determined based on scoring matrix that includes the following criteria: level of impact from the Lombok earthquake, exposure to multi-hazard with high risk levels, being among PMI intervention areas, showing acceptance and commitment to the programme, and agreed by inter-cluster members to avoid overlapping of intervention areas.

**Table 20: Selected villages to implement ICBRR**

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

### Tier I and Tier II activities

#### Vulnerability and Capacity Assessment (VCA)

VCAs in the communities were conducted from November to December 2019 in the 16 selected villages to identify the communities' vulnerabilities and capacities to prepare for and respond to hazards. The VCA process included an integrated baseline survey, participatory rural appraisal (PRA), and risk mapping. Communities, with support from PMI, identified the villages' vulnerabilities, capacities, and potential assets to mitigate risks. As a result, communities were also able to propose structural and nonstructural mitigation initiatives such as tree planting, family resiliency training, etc. to further improve their resiliency. Unfortunately, structural initiatives were delayed and ultimately cancelled as restrictions due to COVID-19 made it difficult to implement in the communities.

Matrix of Hazard, Vulnerability, Capacity, and Risks (HVCR) was used to verify VCA results by comparing VCA data/results with available government data. This analysis was conducted with support from DRR ad-hoc team composed of PMI and IFRC DRR, PMER and other technical team members from the province. HVCR summarized results of community vulnerabilities under geographical, socio-economic, environmental, and human development indicators.

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



Community, assisted by PMI, mapped the vulnerability, capacity, and opportunity in their area to based ICBRR program. (Photo: IFRC)

The VCA reports for each 16 villages have been finalized and endorsed by PMI NHQ in June 2020. The VCA reports have been shared with other sectoral team to allow integration of activities into the ICBRR programme. All 16 VCA reports have been handed over to the local authorities in the village.

### CBAT formation and training

Community-based action team (CBAT or SIBAT in Indonesia) is a group of community members assembled to champion disaster readiness in the community. CBATs consist of approximately 20 – 25 community members which could include community leaders, village officials, youth, health practitioners, and other members of the community. On average, 40 per cent of the CBAT members were women. The member selection process and formation of CBATs started in August 2019 involving local village governments with guidance on selection provided by PMI. Village governments released village decrees to officially recognize the CBAT structure, providing legal basis for the CBATs and institutionalizing the roles in the team.



CBAT member in North Lombok were trained and prepared to facilitate ICBRR implementation in their village. (Photo: PMI)

Each village was supported in forming and training their CBAT by PMI. PMI also provided training to CBATs for them to be able to lead DRR activities under the PMI programme. Additionally, they were also trained to as first responders for emergencies for their village. Basic CBAT trainings, an 8-day training which included introduction to the RC/RC Movement, disaster risk reduction, participatory approaches, facilitation skills, risk mapping, PGI, communication and community mobilization, as well as organizing awareness campaigns, were conducted from October 2019 to December 2020 in the 16 villages, involving 395 participants. PMI, supported by IFRC, also provided the CBATs with visibility gear (shirt, vest, hat, safety helmet, and mask).

### Emergency Response Capacities for CBAT

Emergency response training for CBATs was designed to enhance and strengthen community preparedness. The training aimed to provide CBATs with skills for responding to emergencies, such as conducting rapid needs assessment and analysis, coordination with stakeholders, organizing public kitchens, setting-up and managing camps, and utilizing the emergency equipment provided. The Early Warning System SOPs were also simulated at the end of the training. This training was originally planned to be conducted in each village, however, due to time limitation and COVID-19 restrictions, has been limited to one training per district with CBAT representative of each village in the district region. This training was conducted during January-February 2021 with participation of 94 (65 males and 29 females) CBAT members.



CBAT member exercising emergency response coordination during the training. (Photo: PMI)

To support CBAT team responding to emergency, supporting equipment was also provided. Response equipment included personal safety items (life vest, safety glasses, etc.), evacuation and command items (electricity generator, camp set, etc.), public kitchen set, and another basic items to support emergency. All equipment has been handed over to CBAT of each village by their respective PMI Districts. Number and types of items provided vary in each village based on the identified need. Of 16 villages, eight villages (Tier 2 villages as well as Pendua, Jenggala, and Gumantar villages in North Lombok) received both emergency response and public kitchen equipment. Madayin village in East Lombok was also provided with additional vertical rescue equipment consists of lanyards, carabiner, webbing rope, etc.). CBATs are responsible for maintenance of the equipment with PMI Districts support. Maintenance and replacement cost are expected to be covered by village administrative or to be generated through renting of items such as camp/public kitchen item for community event.

## Village Response SOPs and Simulation/drill

### a) *Early Warning System (EWS)*

Radio repeater towers were installed at PMI East Lombok office and Gelangsar Village of West Lombok. A radio repeater enables two-way radio signals to cover longer distances. Repeater in East Lombok can cover four ICBRR villages in its region. West Lombok repeater can cover three ICBRR villages in its region as well as Mataram City covering PMI Mataram, PMI Ambulance, and PMI NTB Province radio communication network. Maintenance and operation of repeater towers were handed over to PMI East Lombok and West Lombok management. Villages not reached by the PMI repeater towers were reached through two radio towers owned by Indonesian community radio organizations in the area while others were reached through a manual delivery of messages to the villages where people were able to access them.



CBAT member of Central Lombok simulating patient evacuation during emergency response training. (Photo: PMI)

Basic EWS equipment was also provided to all 16 villages. The equipment was provided to communities based on pre-identified risks. The equipment included radio rigs, handy talkies, radio repeaters and megaphones.

All 16 villages were supported to develop their EWS SOP, which includes roles of village authorities, CBAT, and other community members on what to do before, during and after a disaster.

### b) *Village Risk Mapping development and validation*

Village risk map served as a visual interface, facilitated by PMI, to identify risks and mitigation measures. This process combined general spatial information, disaster information from the government, and the experience of communities in each village and other village stakeholders such as village government and PMI volunteers.

Risk map was developed with information from secondary sources (related government agencies) and from the VCAs. Village risk mapping activities were started early as an integral part of VCA. However, due to delays caused by COVID-19 restrictions, the information needed to be revisited and re-validated to ensure the relevance of information. Ensuring accurate information displayed in village risks map was important to better inform which action or decision should be taken.

### c) *Evacuation plan and signage installation*

Evacuation signs were installed as part of emergency warning system. The evacuation signs were based on the Indonesian National Standard which includes direction signs and assembly point marks.

### d) *Village contingency plan*

A training was conducted in October 2020 to enable PMI personnel, CBAT, and village's stakeholder to develop a contingency plan for earthquakes and earthquake's related disasters at village level. A total of 48 participants (24 males, 24 females) were introduced to risk analysis, need projection, sectoral planning, scenario development, resource analysis, as well as related policy and strategy. Participants of this training were expected to lead the development each village's contingency plan in consultation with related village members.



CBAT installing evacuation route mark in North Lombok. (Photo: PMI)

A total of 16 village contingency plans and one PMI NTB plan were developed from December 2020 to February 2021 involving a total of 240 participants from 16 villages. Each plan identifies a clear set of actions and roles and responsibilities of community members and leaders.

### e) *Integration of risk reduction plan into village development plan*

Disaster risk reduction plans were advocated to be included in the Village Administration Mid Term Development Planning (RPJMDes) to ensure sustainability of actions and longer-term impact, and to encourage community and government participation in the preparedness and mitigation plans. PMI provided orientation on the village budget to understand government regulations on the utilization of village DRR funds. A total of 36 training participants (33

males, 3 females) of PMI, CBAT, and village authorities were expected to advocate for their identified risks and proposed measures into village mid-term development planning. In a few communities, it was observed that procurement of disaster response equipment and disaster preparedness trainings were included in their village plan for 2022.

f) *DRR socialization and awareness campaign in the community.*

This campaign aimed to provide orientation to communities on various risks and information on DRR, shelter, WASH, and health based on the findings from the VCAs. Prioritized key messages were selected to develop campaign materials, including flipcharts, and other communication tools.

**Table 21: Topic for integrated campaign in ICRRR villages.**

Sector	Topics
DRR	Evacuation (steps and route), Risk Map, CBAT role and function
Shelter	Build Back Safer principles
WASH	Handwash with soap in critical times
Health	Diarrhoea Prevention
PGI	Inclusive shelter and DRR measures

The campaign was conducted through visits to households or a close cluster of households for 10 to 25 minutes, followed up 10 to 25 minutes of question and answer. Due to delays and restrictions brought by pandemic, there were constraints to reach all population in 16 ICRRR villages. This campaign, implemented from January to February 2021, reached a total of 15,969 people.

**Table 22: reached beneficiaries through integrated campaign**

Districts	Male	Female	Total
West Lombok	631	870	1,501
Central Lombok	1,587	1,333	2,920
East Lombok	1,946	2,950	4,896
North Lombok	2,138	2,643	4,781
Sumbawa	412	419	831
West Sumbawa	513	527	1,040
<b>Grand Total</b>	<b>7,227</b>	<b>8,742</b>	<b>15,969</b>

g) *Small mitigation project (Tier II only)*

Small structural mitigation initiatives of five Tier 2 villages were initially identified to support preparedness and prevention action in their community. These initiatives included planting vetiver grass, production of plastic paving blocks and establishing a seed and plant nursery. However, due to time and mobilization restrictions exacerbated by COVID-19 pandemic, the support for these activities was discontinued.

School-based DRR

School-based DRR or *Sekolah Siaga Bencana* (SSB) is one of the government programmes aimed to prepare schools administrators, teachers, and students to face the potential threats in their area, in line with the Indonesian Law No. 24 of 2007 on Disaster Management that encourages disaster management to be based on the approach of disaster risk reduction in communities.

The purpose of School Based DRR is to build a culture of alertness and safety in and through schools by developing networks with stakeholders in the field of disaster management; increase the capacity of school institutions and individuals to provide and promote safer learning places for students, teachers, members of the school community and the community around the school; and disseminate and develop disaster knowledge through school education channels. School Based DRR initiatives are significant because teachers and students spend most of their time in schools, some located in disaster-prone areas, especially to earthquakes.



*School based DRR activity in SMPN 17 Mataram. (Photo: PMI)*

Due to time limitations and school COVID-19 policy of learning from home, PMI school-based DRR program under Lombok Operation was reduced from targeting five schools into three schools in Mataram, which shown commitment to

implement PMI school based DRR program. These schools are MAN 3 Mataram, SLBN1 Mataram (school for people with disability), and SMPN 17 Mataram.

The school based DRR activity under Lombok Earthquake Operation comprises of the following activities:

a) *School selection*

The selection of schools was conducted through selection steps as follows:

1. Location based risk and vulnerability status. Six schools were selected.
2. Desktop study/secondary data analysis to shortlist four schools based on the recipient criteria as follows:
  - School located in area vulnerable to earthquake and/or tsunami disaster risks, determined by the several factors such as history of previous earthquake or tsunami incident in the area where schools are located, review result of disaster threat studies or documents produced by BNPB (Govt. agency for Disaster Management), spatial analysis of the target school location by overlaying disaster data (MMI etc).
  - Availability of maps, signs, and SOP for evacuation plan in the school.
  - Students and teacher ratio. Schools with higher number of students per teacher are priority to be selected.
  - Having Youth Red Cross as extracurricular is preferred to sustain of SSB implementation.
3. Contacting the shortlists to offer the program and conduct basic field assessment. Three schools with commitment to implement the program were selected.

b) *School-based DRR training of facilitators*

To provide initial knowledge for implementer of School Based DRR, PMI and IFRC conducted School Based DRR Training of Facilitator in January 2021, participated by six teachers (1 male, 5 females) and 19 PMI personnel (14 male, 5 females). This training aimed to equip PMI personnel, teachers, and school administrators with knowledge to implement the School Based DRR initiative as well as to provide NTB Province the pool of resources of skilled individual for School Based DRR implementation in the future. The training covered information and introduction to Red Cross and Red Crescent Movement, Youth Red Cross and Volunteer mentoring and coaching, risks reduction concept and role of Youth Red Cross and Volunteer, as well as hazards, vulnerabilities, risks, and capacities.



Teachers of MAN 3 Mataram recalled the disaster history during risk analysis for school based DRR program. (Photo: PMI)

c) *School-based DRR ad-hoc team formation*

Formation of an ad hoc team for disaster-based school program implementation was initiated at the end of the disaster-based school program ToF. The team consists of PMI Mataram and NTB Province personnel, IFRC personnel, and teachers of MAN 3 Mataram, SLBN1 Mataram, and SMPN 17 Mataram. This ad hoc team was aimed to provide a support network for the implementation of School Based DRR which expected to bridge information sharing, knowledge, and experience, and connected to wider networks of School Based DRR initiative.

d) *School Evacuation Map development*

School risk map was developed with participation from teachers, administrators and student organizations through exploration of available information as well as their knowledge and experience on their schools' risks and condition in disaster and non-disaster times. The participatory approach was used to gain maximum result and to infuse the sense of ownership from the participants. Teachers are introduced with general knowledge on risk ranking and analysis which followed by exercise to explore disaster history and its potential of reoccurrence and impacts. Information gathered from their experience and knowledge were used as a basis for identifying school evacuation needs (evacuation direction signs installation, evacuation mechanism and route, etc.). That information was then translated visually as spatial information on risk maps. School risk maps for three schools were developed and finalized in January 2021.

e) *School Evacuation SOP development*

SOPs were developed to ensure the evacuation procedures are institutionalized into daily school culture and operational as well as to optimize the function of evacuation routes. This SOP covers segregation of duties and responsibilities of students, parents, teachers, school's administrators, and school committees during the period of peace time, emergency, and post disaster. The SOP was also summarized into a flowchart diagram and placed at two strategic locations in schools to familiarize students of this SOP. SOP development applied participatory approach in interpretation of the evacuation map information into a series of actions and roles to be followed. The SOP development activities were developed in January 2021.



Teacher and student of MAN 3 Mataram simulating evacuation process to assembly point and treatment of the injured. (Photo: PMI)

f) *School Evacuation Routes Sign Installation*

Evacuation signs functioned to direct students, teachers, and school administrators to exit hazardous area to a predesignated safe assembly location. The signs installation at schools was conducted by teachers assisted by PMI Mataram personnel. These activities took place in February 2021.

g) *Evacuation Simulation*

Evacuation simulation is conducted to exercise the evacuation time and process for school in accordance to maps and SOP developed for school evacuation as well as the evacuation route and signs installed. PMI, supported by IFRC, developed simulation rundowns for each school for evacuation exercise with timeline which later was consulted to schools' stakeholders. The simulation exercise covers the initial three to five hours of emergency and conducted in February 2021.

School based DRR was implemented in three schools in Mataram namely SMPN 17 Mataram, SLB Negeri 1 Mataram, and MAN 3 Mataram during January to February 2021. It is estimated that this activity has benefitted 761 people with the following details as follows:

**Table 23: people benefitted from school based DRR programme**

Description	School			Total
	SMPN 17	SLBN 1	MAN 3	
Female Students	155	113	44	312
Male Students	233	67	42	342
<b>Total Students</b>	<b>388</b>	<b>180</b>	<b>86</b>	<b>654</b>
Female Teachers	20	11	12	43
Male Teachers	8	19	5	32
<b>Total Teachers</b>	<b>28</b>	<b>30</b>	<b>17</b>	<b>75</b>
Female school's administrator	1	5	3	9
Male school's administrator	10	7	6	23
<b>Total School Administrators</b>	<b>11</b>	<b>12</b>	<b>9</b>	<b>32</b>
<b>Total</b>	<b>427</b>	<b>222</b>	<b>112</b>	<b>761</b>
<b>Headmaster's gender</b>	<b>Male</b>	<b>Male</b>	<b>Male</b>	<b>3 Males</b>

### Preparedness actions at the provincial level

At the provincial level, PMI NTB province, in coordination with other stakeholders, developed an institutional contingency plan which was later updated during a table-top exercise (TTX) and tactical game floor (TGF). A workshop was conducted in January 2021 to analyze the current government contingency plans to be updated and coordinated with the response and preparedness action plans developed by PMI and CBAT. A coordinated provincial contingency plan aimed to minimize the impact of disasters through development of scenarios and projections of needs during emergencies to be understood and agreed among stakeholders. This activity was participated by representation of PMI chapter and branches and invited relevant government agency (BPBD—Regional Disaster Management Agency, DoSA—Department of social affair, Department of Public Works and Public Housing, DoH—Department of Health, Regional River Basin Organization, BMKG—Meteorological, Climatology, and Geophysical Agency, Regional Basarnas—National Search and Rescue Agency), and Center for Volcanology and Geological Hazard Mitigation of Ministry of Energy and Mineral Resources.



*Tactical game floor exercise was done with various scenarios to analyse and improve the effectiveness of SOP and contingency plans. Photo: PMI*

TTX is a training technique in the form of discussions to provide understanding, refinement, and review of existing regulations of integrated disaster emergency management systems involving multi sectors and stakeholders. This method is combined with TFG where all assignment and situation were exercised on top of visual map to simulate the flow of response and action based on cases and problems given, that may potentially happen during disaster emergency phase.

### **NS Capacity improvement on DRR**

Trainings of ICBRR facilitators were conducted in September - October 2019 participated by 51 PMI staff and volunteers (8 females and 43 males). These trainings aimed to enhance VCA technical skills of PMI staff and ensure adequate resources to carry-out the VCA process.

GIS and information management training, as well as ODK-based baseline training and VCA orientation was conducted in October 2019, participated by 20 PMI personnel (16 males and 4 females). The training aimed to prepare the PMI facilitators with skill sets and knowledge to support VCA, particularly in data collection, management, and analysis to develop digital risk maps using applicable mapping tools for ICBRR program, as well as specific skill sets and expertise to develop questionnaires, conduct data collection and analysis of surveys in an ODK/Kobo server. These skill sets were to complement the VCA process through the digitalisation of baseline information and development of risk maps.



*PMI volunteer practices map development using JOSM and QGIS software during a GIS training. Photo: PM*

### Village risk mapping validation technical training

This training was conducted on 12-13 December 2020 aimed to enhancing PMI personnel's mapping skills and knowledge especially in operating Quantum Geographic Information System (QGIS), Open Street Map (OSM), and Java Open Street Map (JOSM). Participants also learned map lay-out techniques to ensure similar map style implemented in map production to ease in participatory mapping as well as map verification and validation. A total of 11 PMI personnel (1 female and 10 males) participated in the training. All 16 villages were able to develop digitized maps, facilitated by PMI NTB personnel. The team was also able to develop guidelines for mapping and shared with other members of the PMI and IFRC teams.

### Village contingency plan development training

This training was conducted in October 2020 to enable PMI personnel, CBAT members, and other village stakeholders to develop a contingency plan for earthquakes and earthquake-related disasters at the village level. A total of 48 participants (24 males and 24 females) were introduced to risk analysis, need projection, sectoral planning, scenario development, resource analysis, as well as related policy and strategy. Participants of this training was expected to lead the development of each village's contingency plan in consultation with other village members and leaders.

### Training of Facilitator for Resilient Family

This training aimed to build PMI personnel's capacity in facilitating activities that target changing behavioural patterns of families and communities towards resilience. Approaches that maximized the use of interactive tools and methods such

as games, songs, and other creative tools, were explained and promoted. This training also included understanding community and personal contexts that impact family behaviours, as well as in using various tools developed by PMI. A total of 20 PMI personnel (2 females and 18 males) attended the training in December 2020, facilitated by four facilitators, with the aim that these then become training facilitators themselves to further build community resiliency.

Workshop of integrating DRR into Village Mid Term Development Planning (*Rencana Pembangunan Jangka Menengah Desa - RPJMDes*).

This training was conducted in October 2020 to introduce and exercise ways of integrating the community DRR plan developed with the support of PMI into the village budget process. PMI supported in providing orientation regarding the village minister regulation No. 6 of 2020 on the utilization of village funds. A total of 36 training participants (33 males and 3 females) from PMI, CBATs, and village authorities were trained and expected to advocate the mainstreaming of DRR related issues and mitigation action into village midterm development planning.

Challenges

**General challenges:**

COVID-19 pandemic limited implementation progress due to restrictions on social gathering. Health and safety protocols also limited mobility of personnel, reduced work hours and caused unexpected expenses for PPE for personnel deployed. COVID-19 also limited activities in schools as home learning was implemented throughout the target areas.

The need to provide orientation on the situation of the pandemic, government health and safety protocols, and the Movement's COVID-safe strategy for PMI and IFRC personnel and for local communities also further delayed the activities. These delays amidst the COVID-19 pandemic have required PMI and IFRC to reconsider and reprioritize strategy for DRR activity implementation, which led to fewer activities implemented and reaching fewer people as initially designed.

Time constraints and COVID-19 protocols also limited development of the CBATs. The disaster response training, initially planned for each village, was conducted per district with several CBAT members representing their team. There were also general capacity gaps in school personnel to implement a sustained DRR programme. PMI and IFRC provided mentoring and technical coaching to improve their skills. However, a more sustainable approach will be needed as the operation concludes.

Lessons Learned

PMI was able to augment DRR capacities in the province by deploying technical personnel from across the different parts of the country. This peer-to-peer support also became instrumental in enhancing PMI capacities in NTB. PMI's capacity in providing remote technical DRR support was also enhanced due to COVID-19. The involvement of CBATs in the implementation of activities also proved beneficial not only with regards access to, acceptance of and participation by communities, but also in developing CBAT members skills in taking community initiatives, facilitating meetings and discussions, and in understanding the different contexts of other community members.

Digitalized materials and platforms for training, information dissemination and coordination were also beneficial to the overall implementation. However, there is a growing need to have as many DRR materials – either those for public consumption or for internal capacity/implementation enhancements – digitalized for quick access and deployment as necessary. Enhanced field capacities on mobile data collection, data literacy and dissemination will also help improve future operations.

Working with schools and using government's curriculum also enhance PMI standing in the communities and with local governments. These also help synchronize efforts done by different parties.

<b>Strengthen National Society</b>		
<b>Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of NS branches that are well functioning	5	5
<b>Output S1.1.1: National Society has effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of volunteers insured	1,000	1,084
# of volunteers involved in the operation	750	1,084

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

Indicators:	Target	Actual
<i>NS has necessary infrastructure and systems in place</i>	Yes	Yes

Narrative description of achievements

**Volunteers:**

PMI NHQ managed the rotation of some 1,000 specialized and regular volunteers from outside Lombok between August and November 2018. During the recovery phase, PMI volunteers were continuously deployed from outside Lombok as needed, to augment local capacities and coach local volunteers. Over 169 volunteers from PMI branches across Lombok were deployed to support the branches in implementing the activities. Whenever necessary, PMI volunteers were provided refresher trainings/orientations for activities related to recovery activities.

**Table 24: list of trainings facilitated for PMI personnel**  
(Some personnel attended more than 1 training)

Name of Trainings	Date conducted	Number of participants
On-the-job training	During emergency	166
RFL Training	30 July – 4 August 2018	18
CVA Workshop	19-24 December 2018	31
IM Workshop	24-25 January 2019	19
PGI Workshop	1-2 February 2019	25
IM Refresher Workshop	18 March 2019	8
Cash Training in Jakarta	20-24 May 2019	4
CEA Training in Yangon, Myanmar	20-24 May 2019	2
Training of Facilitators ICBRR batch 1	8-15 September 2019	26
WASH Training	23-28 September 2019	24
First Aid Specialization Training	23-30 September 2019	40
Training of Facilitators ICBRR batch 2	29 September - 6 October 2019	26
GIS and Information Management Training	7-11 October 2019	20
Master ToT of e-Community Based Health and First Aid in Jogjakarta	19-24 October 2019	1
Epidemic Control for Volunteer Training	27-31 October 2019	24
Transportation Ambulance Crew	6-22 November 2019	36
Safe Shelter Training	15-22 November 2019	35
Block Production Training	20-21 November 2019	35
Finance Training	11-14 December 2019	18
Risk Map Development and Validation Training	12-13 December 2020	11
ToT Commercial First Aid	15-22 December 2020	15
Community based Health and First Aid Training	25 December 2019 - 1 January 2020	22
Basic Trauma and Cardiac Life Support Training	18-22 January 2021	15
PSS training	September 2018	38
Family Resilience Training	24-30 January 2021	20
Contingency Development Training	5-7 October 2020	24
DRR integration into Village Development Plan	20-21 October 2020	7
ToF for School Based DRR	3-8 January 2021	17

**Necessary infrastructure and systems in place**

PMI both in chapter and branches were provided with 20 laptops and other IT equipment to support their IM personnel in monitoring, reporting and maintaining IM systems. Office rehabilitation for PMI East Lombok, West Lombok, Sumbawa and West Sumbawa have also been completed, while construction of PMI North Lombok and Central Lombok offices are ongoing and set to be completed by mid-2021.

Warehouse management for PMI NTB was also updated to use the LOGIC software since early in the operation. An exit strategy meeting was conducted in February 2021 to develop plan and strategy for the closure of operation and maintain sustainability as well as capacity PMI chapter and branches gained during the operation. A provincial contingency plan

was developed in consultation with related government agency to ease and smooth coordination and support for future emergency response.
<b>Challenges</b>
Initial turnover of personnel was quick, hence transfer of knowledge and skills were not ideal. This also made it difficult to retrieve documents or reports during the initial phase.
A supplier database was also not present in the beginning of the operation, while at the same time there were also limited procurement capacities which was stretched to cover heavy demands.
Procurement process to establish agreement with construction service provider has delayed the completion of the works. The selection of provider in national level has constraint the coordination with the implementer on the field for any issue resolution.
<b>Lessons Learned</b>
Lessons learned and other recommendations will be derived from the ongoing Final Evaluation. These will be reflected in the Final Report.

<b>International Disaster Response</b>		
<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
<i>% of people reached by the IFRC disaster response operations to the people affected by these emergencies</i>	Min 5%	14%
<i>IFRC engages in inter-agency coordination at the country level</i>	Yes (Shelter)	Yes
<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
<i>Mechanism for effective response preparedness identified and implemented</i>	Yes	Yes
<i># of RDRT deployed</i>	Min 3	17
<b>Output S2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
<i>% of complaints and feedback received and responded to by the NS</i>	85% responded	100% responded
<i># of volunteers and staff trained in CEA</i>		2
<b>Output S2.1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
<i>A coherent shelter strategy is developed in response to the earthquake</i>	Yes	Yes
Narrative description of achievements		
<b>Human Resources</b>		
The operation teams boosted the capacity of PMI province and branches to deliver immediate needs to affected community since the early stage of operation (emergency phase). The support continued to early recovery phase, which also included enhancement of local capacities. PMI and IFRC personnel worked alongside to implement recovery activities. Of the 80-total staff, three remain to close the operation in the field.		
<b>Table 18: number of human resources mobilized to support the operation</b>		
<b>Human Resources</b>	<b>Cumulative staff</b>	
Field Coordinator	4	
IFRC staff recruited for Lombok office/National staff	29	
IFRC international delegates recruited for Lombok office	4	
IFRC CCD and APRO/MENA staff on short mission to Lombok	13	
IFRC national staff consultant	3	
FACT/RDRT (PMER, IM, CASH, Shelter. etc.)	17	
Partner NS staff, under IFRC coordination (national and international)	5	
ERU (IT&T & LOGS)	1	
Global shelter cluster international and national staff	4	
<b>Total</b>	<b>80</b>	

## Community Engagement and Accountability (CEA)

CEA has continuously supported all sectors and remained integrated within the various components to ensure timely, actionable, and potentially life-saving information are shared with communities efficiently and at scale.

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

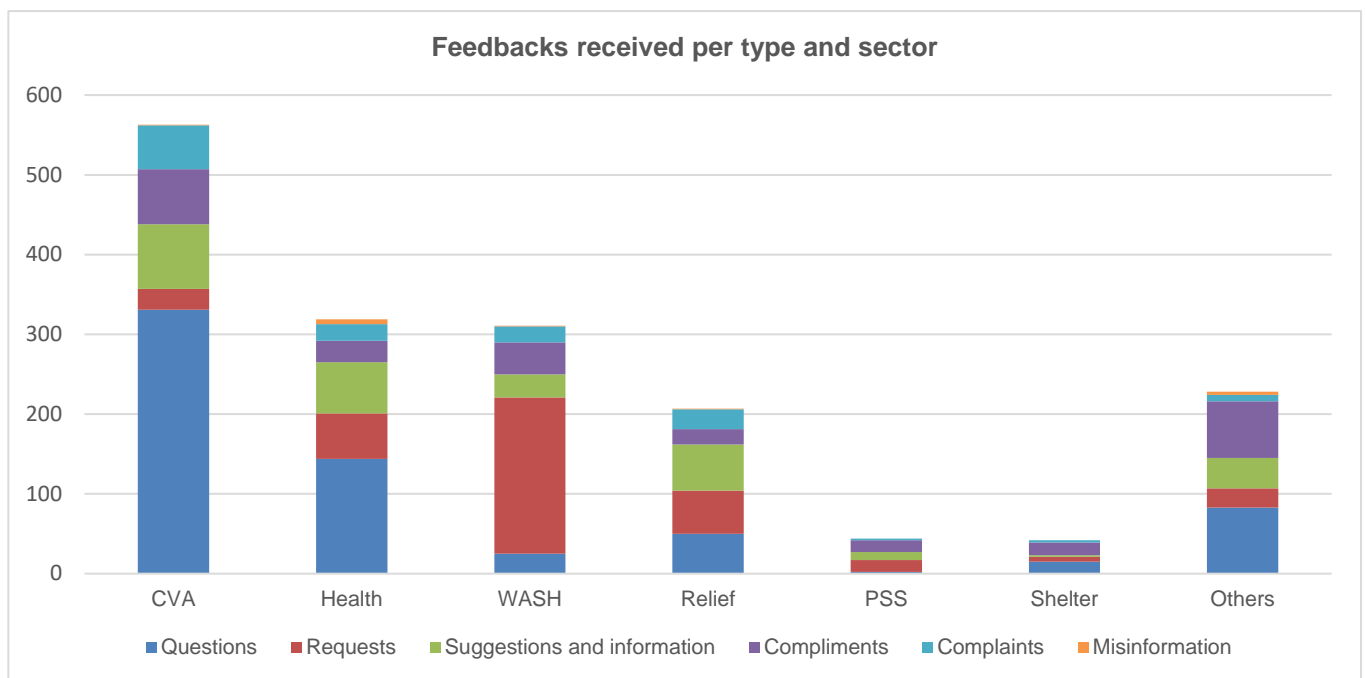


PMI personnel conducts community socialization regarding the voucher redemption for beneficiaries in Mataram. Photo: IFRC/PMI

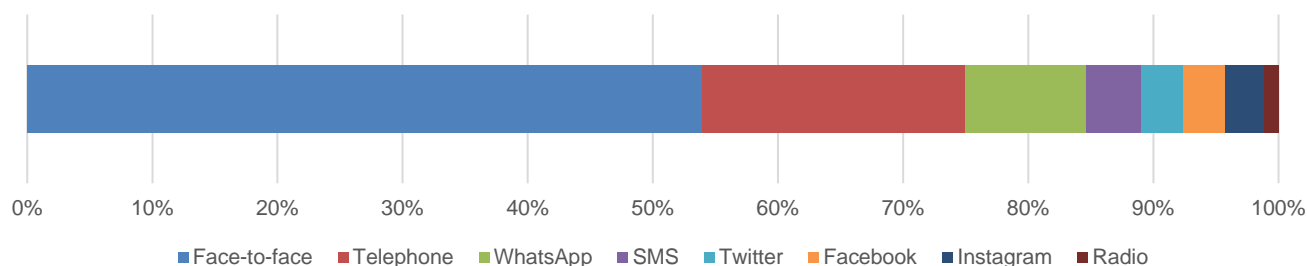
CEA was also ensuring inclusive, participative, and impactful operation by integrating derived inputs and feedbacks from the communities into the planning and implementation processes. To gather feedbacks from communities, various channels were used based on the specific contexts and objectives set. PMI managed a hotline to receive feedback, conducted SMS blasts and notifications, and developed feedback channels on social media, radio show sessions, information hub and helpdesks in distribution centres, as well as face-to-face communication.

The radio show and PMI NTB social media were also used to share up-to-date information on activities to promote participation and accountability, and counter misinformation spreading in communities regarding earthquake issues and dengue prevention.

All feedbacks from communities were recorded and documented through the CEA logbook. As of 28 February 2021, PMI has received 1,714 feedbacks. Most feedbacks were responded to in under 24 hours. Feedback SOPs were developed and implemented to guide staff and volunteers on receiving and responding to communities' feedbacks to ensure better communication and protection of personal data. A volunteer was responsible to compile all the feedbacks.



**Feedbacks received per channel**



An Asia Pacific CEA training was conducted in Myanmar on May 2019, focusing on the theory and the current practice on how to integrate CEA within the Red Cross and Red Crescent programme cycle during emergency operations, longer-term protracted crises – both in contexts of natural disasters and armed conflict – as well as development programmes. Five people, two from PMI NHQ and three from IFRC, participated in this training.

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

**Table 21: IEC materials produced and disseminated**

Sector	Topics	Types
Shelter and DRR	Anti-asbestos sensitization	Poster
		Banners
Health, WASH, and DRR	Do not litter campaign	Poster
		Banners
Health	Malaria prevention	Poster
		Banners
		Stickers
Health / WASH	Washing hands	Poster
DRR	Earthquake Mitigation	Poster
DRR	Landslide Mitigation	Poster
PSS	Disaster Mitigation Floor Game	Gameboard
PSS	Domestic Violent Prevention	Flyer
Health and WASH	COVID-19 Prevention	Roll Banners
		Flyer
		Billboard
		Banners
		Poster
		Stickers
		Audio Files
Relief	Solar Lamp Manual	Flyer
PGI	SGBV (social/gender-based violence) prevention	Flyer
Shelter and Relief	CASH distribution	Banners
		Booklet

For COVID-19 pandemic response, CEA worked with the health and WASH teams to enhance and strengthen risk communication and community engagement (RCCE) strategies. Key messages and FAQs for staff and volunteers were developed to answer communities’ questions and feedbacks. Close coordination with local government was established to ensure activities accordance with government’s actions and regulations. CEA-supported COVID-19 RCCE activities include:

1. Mass SMS blast

SMS were sent to 63,796 telephone numbers containing messages on maintaining physical distance, washing hands with soap, appeal to stay at home, and new normal adaptation. SMS blasts target communities in traditional markets, airport, and ports in PMI intervention areas.

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

A series of discussions on common issues regarding COVID-19 with PMI representatives and experts, including government agencies and stakeholders, were broadcasted to reach communities in remote areas which have limited information sources. Radio remains one of the preferred communication channels in Lombok because of its accessibility. Radio shows have also allowed communities to give their feedback and raise their concerns by calling in directly to the show. The radio show series concluded in December 2020.



PMI radio talk shows on various themes to prevent COVID transmission were aired at a local radio station. **Photo: PMI**

**Table 22. Radio shows aired**

Episode	Date	Topic	Speaker
1	18-May-20	Postponing Homecoming (Ied Exodus)	PMI: Ir. H. Rudy Razak
			Guest: Ir. H. Ahmadi (NTB Regional Disaster Management Agency - RDMA)
2	28-May-20	COVID-19 symptoms	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Nurhandiani Eka Dewi SPA., MPH (NTB DoH)
3	04-Jun-20	COVID-19 Social Stigma in Communities	IFRC: Septian Fajar
			NTB RDMA: Ir. H. Ahmadi
4	10-Jun-20	Self-isolation and Quarantine	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)
5	17-Jun-20	Stay at Home Campaign	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)
6	24-Jun-20	Combating Hoax and Misinformation	PMI: Aulia Arriani
			Guest: Ir. H. Ahmadi (NTB RDMA)
7	01-Jul-20	Pandemic Risk Communication	IFRC: Septian Fajar
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)
8	08-Jul-20	Human Resources Development in Communities During Pandemic	PMI: Abdul Majid
			Guest: Ir. H. Ahmadi (NTB RDMA)
9	15-Jul-20	Body Management on COVID-19	PMI: Mahfud
			Guest: Dr. TGH. Lalu Ahmad Zainuri, LC. MA (NTB Ulama Council)
10	22-Jul-20	First Aid and Family Treatment COVID-19	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)
11	29-Jul-20	Engaging People with Disabilities on COVID-19 Management	IFRC: Septian Fajar
			Guest: Sri Sukarni (NTB association for women with disabilities)
12	19-Aug-20	Resiliency and Optimism Post COVID-19	PMI: Ns. L. R. Dody Setiawan
			Guest: Cukup Wibowo (COVID-19 survivor)
13	26-Aug-20	Recent COVID-19 Rumours	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)
14	02-Sep-20	Enhancing Immunities to Fight COVID-19	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)
15	09-Sep-20	Stress Management in Pandemic Situation	PMI: Wahyu Nurwasi
			Guest: Mario Manuhutu (Stress Counselor)
16	30-Sep-20	Self-disinfection in Daily Life	PMI: Hery Diyanto
			IFRC: Fakhri Ridwan
17	21-Oct-20	Safe blood donor amidst pandemics	PMI: Ns. L. R. Dody Setiawan
			Guest: Hasim, S.Si
18	03-Dec-20	Advancing NTB resilience	PMI: Ns. L. R. Dody Setiawan
			Guest: Dr. Zainul Arifin, MPH (NTB DoH)

3. Printed IEC materials

Various IEC materials were installed in public places and posted on PMI social media platform. In coordination with government's effort on risk communication and community engagement, PMI developed and distributed IEC materials, such as stickers, poster, banners, and billboard, which were designed according to local context and needs. These materials were displayed in public places such as in public transportation, religious places, markets, and tourism spots.

4. PMI hotline was available every day from 8 AM to 6 PM local time. Information and community feedbacks regarding COVID-19 are recorded and responded in coordination to PMI Health team. By 28 February 2021, 191 calls have been responded to.

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

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

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

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

**National Level Coordination**

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

At the national level, the twin disasters of 2018 brought a concerted effort to re-think and improve the national disaster management system. The success of the National Shelter Sub-Cluster was predicated on engagement with both the National and International humanitarian community in rethinking and advising on the restructuring or improvement of the national system and the development of improved SOPs.

SCST shifted overall coordination focus to the National and district levels, reducing coordination support at the provincial levels. This shift allowed for greater focus on capacity sharing and strengthening and regulatory support at the national level and support to ongoing implementation at the district level in Central Sulawesi.

The pandemic situation limited the face-to-face coordination meetings. The SCST team conducted several online meetings to continue routine coordination and discussions and follow up on initiatives such as developing the shelter guidelines in relation to the COVID-19 pandemic. The SCST also maintained good communication and support to the Ministry of Social Affairs. On average, 50 participants from various agencies actively participated in these meetings. In addition to coordination at the national level, several coordination meetings to support the small-medium disasters were also conducted based on requests by MoSA, including the 2021 West Sulawesi earthquake and 2021 East Nusa Tenggara cyclone and earthquake.

### Support to TAGANA Shelter training and other Ministry events

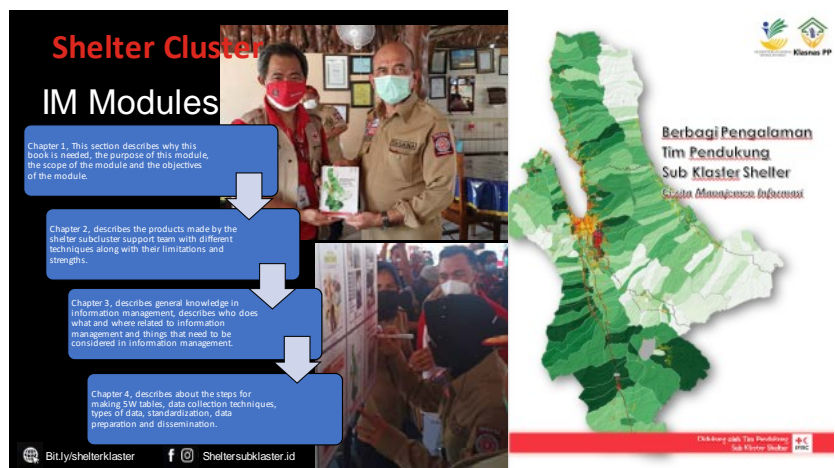
In addition to supporting the current responses, the national team supports the Ministry in other shelter related activities. One of these was the training of the Ministry's pool of over 30,000 TAGANA volunteers. The MoSA TAGANA program trained and deployed a pool of over 30,000 volunteers across Indonesia.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

The SCST continued to support shelter specific TAGANA trainings. Series of short online trainings were also conducted between 2020 and 2021, targeting various levels of TAGANA. The trainings were delivered in ten provinces in collaboration with Capacity Building Working Group led by the World Food Programme. This Working Group is under National Displacement and Protection Cluster which MoSA leads as a coordinator. For each province, at least 50 TAGANA have been actively involved in the training.

### Information Management

The national coordination support team included the National IM Manager who has worked closely with the Global IM Coordinator and the provincial IM staff to develop and maintain the national shelter 3W database to track the activity of cluster members. The IM team was continuously developing new tools for improved and better automated reporting and gap analysis. The team also launched an interactive online dashboard, which was continuously improved for use in future response.

The IM coordinator also led a series of online trainings to ten government workers in Mamuju District, West Sulawesi Province. This was an initiative aimed to enhance capacities of local government staff and allow them to continue managing the 5W mapping during disasters.



### Communications and social media

A critical aspect of the work of the SCST was in the area of communications. The SCST Communications team administered dozens of WhatsApp groups, monitoring and moderating them to ensure that questions are answered, appropriate information supplied and recorded. At the peak of the response this involved monitoring hundreds of postings per hour, cross posting key documents to appropriate groups as well as cataloguing and storing important postings to the clusters Google drive for future reference.

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

High speed WhatsApp messaging in a second language was extremely challenging for non-Bahasa speakers. The SCST also spent a lot of time simultaneously translating back into English for English native speakers, as well as trying to produce as many documents as possible bilingually to ensure access to information for international donors and agencies. Finding and then engaging high level bilingual staff has also proved challenging.

In addition to the coordination work, the national communications team also managed the sub-cluster's Facebook, Twitter and Instagram accounts, as well as developed visual tools to help communicate sector's messaging and supported MoSA staff to develop bilingual presentations and other documents as needed.

SCST launched two animated videos, and it seems that product gave a center of attention of Shelter actors. The video animation brought the thinking of People Center, and encourage of Shelter intervention must give Safe, Comfortable and Dignified to affected communities, and taking into account of many other aspects such as inclusion, gender, local context and COVID-19 situation.

The two videos are:

1. [Shelter is a process](#)
2. [Shelter Coordination](#)

The two animated videos above were designed to be more easily understood by the public. These animated videos are in the National language (equipped with English sub-titles).

### Regional Shelter Coordination

In addition to direct support to the current response, the SCST provided support to the Ministry to play a stronger role in both regional and global shelter coordination. In August 2019 with the support of the SCST, the Ministry of Social Affairs hosted the first Indonesian National Shelter Week. The week was formally opened by the head of the National Disaster Management Agency, along with the Deputy Director of the MoSA and the Global head of the Shelter Cluster. The week brought together more than 200 shelter practitioners from more than 80 agencies across 14 countries in the region. The week started with a two-day National Shelter Workshop focusing on lessons learned in the recent responses. This event provided a unique opportunity for the community of Indonesian shelter practitioners to come together and reflect on their experiences and engage in detailed discussions on a broad range of shelter issues in a way that has never happened before in Indonesia. The results of the workshop are being used to guide the ongoing work of the Cluster. The week



*Symbolic handover from Indonesia shelter cluster team to Nepal to organize the next regional cluster forum.  
Photo: IFRC/SCST*

included two significant regional events, the first of which was a regional meeting of the Global Shelter Cluster. This provided a unique opportunity for local and regional actors to participate and be heard in global level discussions. The second regional event was the Asia Pacific Shelter Practitioners Forum. This was the third regional shelter forum to be conducted in Asia, with the first two happening in Bangkok. The forum brings together shelter practitioners from across the region, allowing them to meet their counterparts in other countries and discuss openly the similarities and differences of response across the region. The forum aims to strengthen the regional community of practitioners and build inter-country relationships for future response. The week culminated with a one-day field trip throughout the affected areas in Lombok, allowing many international participants to visit affected areas that had previously been barred to foreigners.

SCST continued to participate in Regional and Global Cluster coordination activities as needed. One of the events was the Regional Shelter Forum in Nepal, conducted online due to the COVID-19 pandemic. The Indonesian government was represented by the PSKBA Director of MoSA, who gave speech and symbolic handover to government of Nepal for them to start organizing the Regional Shelter Forum.

### Social Impact of Shelter Assistance Study

The Ministry also requested that the cluster undertake an assessment to compare the impact of the differing types of shelter assistance that were provided in the Palu and Lombok responses. This included assessing the shelter provided by the range of actors; Government, Non-Government, State owned enterprises, Private Sector, NGOs, INGOs; the impact of Barracks, tent camps and other collective shelter sites; the impact of dispersed transitional shelters and other diverse shelter solutions; the impact of the decision to not provide temporary shelter and limit external shelter assistance in Lombok; self-sheltering solutions; and provide the baseline for a longitudinal study.

The study aims to provide the Ministry with strong evidence to better guide MoSA and other Ministries on future shelter interventions.

Due to the pandemic COVID-19 and changes in the Indonesia Shelter Cluster strategy when the pandemic began in early 2020, focus was diverted from this project. However, SCST continued with the initiative, getting another member of the cluster to lead. A consultant has conducted desk study and it will continue with series of focus discussion. This study, planned for completion by mid-2021.

#### Revision of National Shelter Guidelines

SCST also supported on developing the National Shelter Guidelines. These guidelines were initially developed for PMI in 2012 as part of a Canadian and Danish Red Cross backed project on disaster preparedness in East Java. In 2016 the Australian Red Cross supported PMI to revise the guidelines including assessing their suitability for use on a broader scale. During this process both MoSA and ASEAN were consulted on the suitability of the guidelines for national or regional use. MoSA agreed to adopt the guidelines as the National Shelter Guidelines for Indonesian Shelter Sub-Cluster, while ASEAN adopted the Guidelines as the Shelter Training Manual for the newly emerging ASEAN Disaster Competency Framework.

This review will be the most significant update to the Guidelines, ensuring the document is firmly based on field practice and national reality. The review process itself will provide a significant training and capacity strengthening opportunity. It is hoped that the review will engage national actors in a series of workshops to review the overall contents and layout of the document followed by a chapter by chapter detailed review. This process should lead to a much more holistic understanding of shelter for those engaged in the process and result in a much more complete and 'sector owned' set of guidelines to support the work of the National Shelter Sub-Cluster into the future. It is expected that this review will be completed by September 2021.

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

Indicator:	Target	Actual
<i>Complementarity and strengths of the Movement are enhanced</i>	Yes	Yes

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

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

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

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

#### Narrative description of achievements

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

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

#### **Information technology (IT) and information management (IM)**

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

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

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

#### Challenges

##### **Community engagement and accountability (CEA):**

As a cross cutting sector, CEA is required to support the participatory approaches through its pillars. Strong and capable human resources are needed in place to ensure the integration and knowledge management. CEA focal point was appointed at Provincial level and CEA officer from NHQ was delegated for the operation. However, at the branch level, CEA focal points have some limitations. At some branches, there were no dedicated CEA focal. This resulted in uncertain segregation of duties. To support this, staff in branches were assigned as CEA focal i.e., IM staff. In the long run, this might cause the lack of integration of CEA in the branches, mainly on feedback mechanisms. CEA focal point job description has been developed and advocated at the Provincial level. CEA has also listed in the structure of ad-hoc team under contingency plan for future disaster response.

##### **Information Management:**

PMI IM capacity in chapter and branches are limited to collection and compilation of raw data only. Lack of data management and processing, including cleaning, analysis, and synthetization were performed and exercised. Continuous support was needed from IFRC to fill in the analysis capacity gap.

No standardized/generic data collection tools developed to accommodate data needs for specific sectors and activities. Activity progress matrix were revised to accommodate data needs and briefed to in the branches.

Limited involvement/understanding of IM regarding program activity to scrutinize the report/data progress received from the field. The IM team only compile data without verification and confirmation. Sectoral team support to provide regular review support was aimed but needs to be strengthened.

IM revitalization process piloted in Lombok was rather stagnant and slow. There has been limited follow up action and effort to progress the plan delivered by the NHQ and CCD level, while the Lombok Operation has limited for IM (two PMI). IM and reporting challenge have been reported to team in CCD and to be followed up with PMI NHQ and to be added in NSD action plan.

#### Lessons Learned

Community participation in programmes via two-way communication systems enabled the sector teams to develop plans based on the different contexts of communities. Communities were also formally introduced to the programme through socialization activities, and were constantly updated through volunteers, SMS, and other channels. This was particularly important due to delays in some of the programmes.

The CEA component also supported identification of needs through continuous analysis of community feedback. During the COVID-19 pandemic, CEA proved to also be effective in establishing PMI as a trusted source of information (based on CEA survey by IFRC and PMI early in the pandemic). CEA support to the development of IEC materials and behavioural change communication was also useful in ensuring information was a form of aid.

##### **Information Management:**

This operation showed the need to establish an IM system and team from the onset of the operation. Modern data collection, practices and systems should also be promoted to simplify and expedite data analysis for decision-making. Data management will also improve reporting and external communication and coordination systems.

The advent of virtual working due to COVID-19 also showed the advantages of digital transformation initiatives; however, it has also showed the divide between the different levels of the National Society. Investment in technology and capacities of the personnel will ensure a data-driven approach to programming.

### **Influence others as leading strategic partner**

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

Target	Actual	Actual
<i>The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels</i>	Yes	Yes
<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>

# of media log kept and shared on a monthly basis	1	Continuous activity
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
# of detailed assessment report is produced	1	1
# of final external evaluation of the operation is conducted	1	On-going
Narrative description of achievements		
<p>From the onset of the first earthquake, PMI communicated actively through the traditional media, PMI website and social media platforms. IFRC communications (CCD, APRO and surge staff) supported PMI to deal with extensive international media and partner National Society interest by developing key messages, issuing information including social media contents, gathering and distributing audio visual materials, and conducting media trips to the field.</p> <p>Red Cross actions after the earthquakes were almost 5,000 times in media and social media from 5 to 13 August 2018, international media coverage has included live and recorded interviews with CNN, Al Jazeera, France 24, Washington Post, Voice of America and Euro news, and with the arrival of surge communications, Finnish media.</p> <p>Items posted on IFRC channels include:</p> <ul style="list-style-type: none"> <li>• <a href="#">In pictures: A sign of hope and recovery one year after the earthquakes</a></li> <li>• <a href="#">Indonesia: Homes, food, water still top priorities six month after the Lombok Earthquake</a></li> <li>• <a href="#">In pictures: Lombok earthquake runs the risk of becoming a silent disaster</a></li> <li>• <a href="#">Indonesia Lombok earthquakes: Tears of relief as first help reaches remote villages</a></li> <li>• <a href="#">In pictures: Survivors of Lombok earthquakes tell their stories</a></li> <li>• <a href="#">In pictures: Finding the new normal through multiple earthquakes and aftershocks</a></li> <li>• <a href="#">In pictures – Lombok Earthquake: One month and more than 1,500 aftershocks later</a></li> <li>• <a href="#">Lombok earthquakes: First aid family gets back up from Indonesia Red Cross</a></li> <li>• <a href="#">Indonesia: In wake of “exceptionally destructive” earthquake, Red Cross announces major recovery and rebuilding operation</a></li> <li>• <a href="#">PMI/IFRC Humanitarian Digest – August 2020 : CVA benefit for families amid pandemic.</a></li> </ul> <p>The communications team generated and shared communication packs which included key messages and figures, photos, infographics and videos to showcase the work of the PMI, particularly on shelter, cash assistance, WASH, health and DRR. Communication products have been shared and published by local online and conventional media. Press has been invited in PMI activities and engaged as partner for public relations.</p> <p>To commemorate 2 years after the disaster, IFRC and PMI released several articles and publications regarding the operation on mainstream media in regional and national level. The publications also linked to humanitarian day celebration to echo the spirit of PMI NTB volunteers assisting the community during the recovery phase. Additionally, a set of visual content is planned to be developed summarizing the process and the impact operation brings to earthquake affected community in Lombok.</p> <p>By the last few months of implementation in the field, multi-media consultants were hired to cover highlights of Lombok Operation. This consultancy lasted since ended March 2021. Video product have been shared to NHQ and CCD team and posted in PMI social media accounts. The articles were shared to NHQ and CCD team for review and improvement.</p> <p><b>Assessments and evaluations:</b></p> <p>A recovery assessment was conducted on November 2018, which informed the revisions of the Lombok EPOA. (<i>results are on the needs analysis section</i>). A Real Time Evaluation (RTE) was also conducted in Lombok and Sulawesi provinces in December 2019 to review the effectiveness of the operation and feed into further planning, as well as assess the operationalization of the localization principle. FGD exercises in three selected areas showed that shelter and WASH was the best entry point to start recovery interventions while the other sectors such as health, PSS, DRR, CEA, NSD are designed to be complementary components aimed towards community resilience.</p> <p>PMI and IFRC were continuously assessing the changing needs in from the emergency to the recovery phase based on exit surveys, PDM surveys and general observation of staff and volunteers. Community socialization activities and feedbacks were also valuable sources of information. Implementation strategies were continuously updated based on results of these informal assessment activities.</p> <p>The progress of the operation was closely monitored and reported weekly to CCD Jakarta office and regularly provided to the general public through operation updates. IM and sector leads were consulted throughout the process of generating reports to ensure high quality data reporting. Additionally, a mid-term review, covering operations in Lombok and Sulawesi, was expected to be conducted in February 2020 but had been cancelled due to travel restrictions and the overall COVID-19 situation in the region. A final evaluation of the whole appeal (including Sulawesi and Sunda</p>		

operations), however, will be conducted in July 2021.		
<b>Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
<i>Work in planning and reporting to ensure effective accountability internally and externally</i>	Yes	Yes
<b>Output S3.2.1: Resource generation and related accountability models are developed and improved</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
<i>Meeting and reporting deadlines are respected</i>	Yes	Yes
<b>Output S3.2.2 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources).</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
<i># of meetings with diplomatic representations</i>	4	As necessary
Narrative description of achievements		
<p>Partners who have contributed to the IFRC Emergency Appeal can be found in the <a href="#">donor response</a> list. IFRC's resource mobilization team was actively coordinating with donors (via partners call and meetings) for the overall appeal. Changes to the plans for the pledges were promptly communicated with the Partners to ensure transparency and accountability of IFRC and PMI. A partnership delegate was in place until early 2021.</p> <p>Partners were informed via informal updates, pledge-based reports and operation updates as well through partners' calls when major changes were to be discussed. The last of which was on July 2020 which informed donors of adjustments made in response to the COVID-19 pandemic. The partners call was attended by technical and senior management staff of PMI and IFRC, as well as more than a dozen representatives from partner NSs.</p> <p>Situation reports were issued during the response phase while operation updates have been continuously issued according to appeal guidelines. PMER personnel also supported technical write-ups for the sectors as well as in developing key messages and using key figures for communication materials.</p> <p>PMER also supported the survey, lessons learned and evaluation within the operation.</p>		
Challenges		
<p><b>Communication:</b> There were limited capacities in the field for communications. Consultants were recruited at the end of operation to deliver some communication products highlighting achievements.</p> <p><b>Reporting:</b> PMI chapter and branches do not have dedicated personnel to manage reporting and other PMER tasks. This also limited the PMER capacity enhancement activities, including improving reporting quality from the branches.</p>		
Lessons Learned		
Lessons learned and other recommendations will be derived from the ongoing Final Evaluation. These will be reflected in the Final Report.		

<b>Effective, credible and accountable IFRC</b>		
<b>Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
<i>% of operations in accordance to established guidelines</i>	100%	100%
<b>Output S4.1.1: IFRC staff shows good level of engagement and performance</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
<i>% compliance with IFRC HR procedures</i>	100%	100%
<b>Output S4.1.2: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>

% compliance with IFRC financial procedures	100%	100%
<b>Output S4.1.3: Staff security is prioritized in all IFRC activities</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
# of updated security guidelines produced before second month	1	2
Narrative description of achievements		
<p>PMI and IFRC worked together to safeguard an efficient operation. Operational expenses such as volunteer per diems, accommodation, transportation, communication and coordination activities were factored in. Procurement was done following IFRC standard procedures. Finance and administration support to the operation was provided to the operation and staff. Security plans were also in place to ensure safety and wellbeing of staff and volunteers.</p> <p>To further develop financial reporting and compliance to finance procedures, finance training for PMI was held in Mataram, Lombok on December 2019 with finance staff working on the earthquake operation from PMI province and branches in NTB, Central Sulawesi and PMI NHQ. The training focused on basic financial management with a thorough discussion around practical challenges, reporting deadlines, as well as lessons learned from other finance colleagues. Continuous mentoring was provided as the part of their capacity building. More accurate and timely financial reporting from PMI branches was expected to enable IFRC to provide a more updated financial report to its management and stakeholders. In addition, IFRC finance team in Lombok will continue its close collaboration with its counterpart to actively collect reports from branches as the overall appeal closes and the pending activities are completed.</p> <p>Adapting to the COVID-19 pandemic situation, the Business Continuity Plan (BCP) was prepared by IFRC in Indonesia for COVID-19. The document was utilized for all offices including Timor-Leste, Lombok, Shelter Cluster Team and Central Sulawesi. It was designed to ensure that the offices can continue to deliver its essential functions and services despite disruptions while also protect human resources and other assets. IFRC also supported PMI to develop its BCP, which was adapted by PMI NTB. COVID-19 health protocols were also developed for various activities and personal protective equipment were provided to the staff and volunteers.</p>		
Challenges		
<p>COVID-19 pandemic has put on hold, cancelled or rescheduled activities in the field. This was a challenge to coordinate to suppliers, particularly venues, as the IFRC/PMI restrictions were usually more strict than general government restrictions.</p> <p>Budgets were also impacted, with additional expenses to accommodate health prevention protocols, such as booking of venue with bigger space, provision of basic medical check items, and basic PPE. Financial reporting was also challenged as office work became limited and documents were not as accessible.</p> <p>For administration, transportation and travel arrangements for staff were also affected due to changing government policies and travel restrictions.</p>		
Lessons Learned		
<p>Support services coordination and capacity enhancement has been key in ensuring an efficient operation. Regular updates amongst the management, sectoral teams and support service teams also enabled better planning and preparation, particularly for procurements, payments, transfer of funds to the National Society and budget allocations. Adequate National Society capacities in the field on finance, administration and logistics also prevent bottlenecks in reporting and allows for faster processing of payments or working advances.</p>		

## D. BUDGET

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

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## Contact information

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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**In IFRC Geneva**

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- Eszter Matyeka, senior officer, DREF, email: [eszter.mayek@ifrc.org](mailto:eszter.mayek@ifrc.org)
- Karla Morizzo, senior officer DREF, email: [karla.morizzo@ifrc.org](mailto:karla.morizzo@ifrc.org)

**For IFRC Resource Mobilization and Pledges support:**

- **Alice Ho**, partnership in emergencies coordinator; email; [partnershipsEA.AP@ifrc.org](mailto:partnershipsEA.AP@ifrc.org)

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

- **Mursidi Unir**, acting PMER manager; email: [mursidi.unir@ifrc.org](mailto:mursidi.unir@ifrc.org)

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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.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



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

# Emergency Appeal

## Preliminary Final FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/5	Operation	MDRID013
Budget Timeframe	2018/7-2021/8	Budget	APPROVED

Prepared on 28 Jun 2021

All figures are in Swiss Francs (CHF)

### MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 31 Aug 2021; appeal launch date: 08 Aug 2018

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	5,107,000
AOF2 - Shelter	8,060,868
AOF3 - Livelihoods and basic needs	7,666,000
AOF4 - Health	1,759,945
AOF5 - Water, sanitation and hygiene	3,676,945
AOF6 - Protection, Gender & Inclusion	616,000
AOF7 - Migration	661,000
SFI1 - Strengthen National Societies	3,279,000
SFI2 - Effective international disaster management	6,163,866
SFI3 - Influence others as leading strategic partners	1,448,000
SFI4 - Ensure a strong IFRC	463,000
<b>Total Funding Requirements</b>	<b>38,901,624</b>
<b>Donor Response* as per 28 Jun 2021</b>	<b>37,538,852</b>
<b>Appeal Coverage</b>	<b>96.50%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,227,802	916,062	311,739
AOF2 - Shelter	7,790,592	7,814,996	-24,404
AOF3 - Livelihoods and basic needs	7,282,912	7,320,367	-37,455
AOF4 - Health	2,287,243	2,287,715	-473
AOF5 - Water, sanitation and hygiene	2,855,580	2,600,904	254,676
AOF6 - Protection, Gender & Inclusion	27,480	25,669	1,811
AOF7 - Migration	556,858	556,858	0
SFI1 - Strengthen National Societies	2,870,269	2,745,770	124,500
SFI2 - Effective international disaster management	6,849,301	6,398,699	450,602
SFI3 - Influence others as leading strategic partners	1,289,411	1,052,905	236,506
SFI4 - Ensure a strong IFRC	4,040,370	3,763,567	276,803
<b>Grand Total</b>	<b>37,077,818</b>	<b>35,483,513</b>	<b>1,594,305</b>

## III. Operating Movement & Closing Balance per 2021/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	37,942,515
Expenditure	-35,483,513
<b>Closing Balance</b>	<b>2,459,001</b>
Deferred Income	0
Funds Available	2,459,001

## IV. DREF Loan

* not included in Donor Response	Loan :	1,578,621	Reimbursed :	1,578,621	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

## Preliminary Final FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/5	Operation	MDRID013
Budget Timeframe	2018/7-2021/8	Budget	APPROVED

Prepared on 28 Jun 2021

All figures are in Swiss Francs (CHF)

### MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 31 Aug 2021; appeal launch date: 08 Aug 2018

## V. Contributions by Donor and Other Income

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Opening Balance					0	
Albanian Red Cross	10,000				10,000	
American Red Cross	2,209,810				2,209,810	
Australian Government	359,802				359,802	
Australian Red Cross	745,361	11,610	7,829		764,799	
Australian Red Cross (from Australian Government*)	269,813				269,813	
Austrian Red Cross (from Austrian Government*)	1,093,037				1,093,037	
Avery Dennison Foundation	4,952				4,952	
Belgian Red Cross (Francophone)	736,770				736,770	
British Red Cross	5,126,099	79,353			5,205,452	
Charities Aid Foundation	25,965				25,965	
China Red Cross, Hong Kong branch	50,118				50,118	
China Red Cross, Macau Branch	75,730				75,730	
Czech Government	435,614				435,614	
Czech Red Cross (from Czech private donors*)	4,260				4,260	
Danish Red Cross	80,000		22,800		102,800	
European Commission - DG ECHO	819,973				819,973	
Finland - Private Donors	57				57	
Finnish Red Cross	84,505				84,505	
French Red Cross	189,488				189,488	
German Red Cross	737,623	907,472	45,521		1,690,616	
Germany - Private Donors	171				171	
Government of Malta	33,719				33,719	
Grab-GP Network Asia PTE LTD	35,244				35,244	
Hewlett Packard Co. Foundation	23,710				23,710	
IFRC at the UN Inc (from Coca Cola Foundation*)	940,891				940,891	
IFRC at the UN Inc (from Facebook*)	945,849				945,849	
IFRC at the UN Inc (from Tides Foundation*)	238,363				238,363	
IKEA Foundation	15,000				15,000	
Indonesia - Private Donors	198				198	
Intercontinental Hotels Groups(IHG)	24,354				24,354	
Ireland - Private Donors	114				114	
Irish Government	285,751				285,751	
Italian Government Bilateral Emergency Fund	511,436				511,436	
Italian Red Cross	78,146				78,146	
Japanese Red Cross Society	882,708	418,015			1,300,722	
Liechtenstein Government	100,000				100,000	
Liechtenstein Red Cross	202,147				202,147	
Lululemon HK LTD	4,897				4,897	
Luxembourg Government	147,345				147,345	
Monaco Government	113,686				113,686	
Mondelez International Foundation	4,729				4,729	
Netherlands - Private Donors	114				114	
New Zealand Government	2,462,250				2,462,250	
Norwegian Red Cross	220,586	119,135			339,722	
Norwegian Red Cross (from Norwegian Government*)	851,371				851,371	
On Line donations	30,709				30,709	
Other	22,957				22,957	
Red Cross of Monaco	59,277				59,277	
Red Cross of Viet Nam	9,966				9,966	
Singapore - Private Donors	289				289	

# Emergency Appeal

## Preliminary Final FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/5	Operation	MDRID013
Budget Timeframe	2018/7-2021/8	Budget	APPROVED

Prepared on 28 Jun 2021

All figures are in Swiss Francs (CHF)

### MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 31 Aug 2021; appeal launch date: 08 Aug 2018

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Slovenia Government	56,392				56,392	
Spain - Private Donors	80				80	
Spanish Government	411,019				411,019	
Spanish Red Cross	234,057				234,057	
Swedish Red Cross	158,085				158,085	
Swedish Red Cross (from Swedish Government*)	1,095,117				1,095,117	
Swiss Government	800,000				800,000	
Swiss Red Cross	630,000				630,000	
Switzerland - Private Donors	200				200	
Taiwan Red Cross Organisation	136,500				136,500	
The Canadian Red Cross Society	511,584	103,268			614,852	
The Canadian Red Cross Society (from Canadian Gov	549,667				549,667	
The David&Lucile Packard Fdtion	101,986				101,986	
The Netherlands Red Cross	3,570,397				3,570,397	
The Netherlands Red Cross (from Netherlands Govern	1,707,396				1,707,396	
The Netherlands Red Cross (from Netherlands - Privat	16,288				16,288	
The OPEC Fund for International Development	787,463				787,463	
The Republic of Cyprus	22,538				22,538	
The Republic of Korea National Red Cross	1,893,658				1,893,658	
Ultradent Products, Inc.	14,226				14,226	
United States Government - USAID	1,576,197	538,519			2,114,716	
United States - Private Donors	8,789				8,789	
UPS foundation	49,406				49,406	
Western Union Foundation	52,993				52,993	
<b>Total Contributions and Other Income</b>	<b>35,688,993</b>	<b>2,177,371</b>	<b>76,150</b>	<b>0</b>	<b>37,942,515</b>	<b>0</b>
<b>Total Income and Deferred Income</b>					<b>37,942,515</b>	<b>0</b>