

www.ifrc.org
Saving lives,
changing minds.

Operation Update

Indonesia: Sulawesi Earthquake and Tsunami

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRID013
Date of Issue: 20 September 2021	Glide number: EQ-2018-000156-IDN ; EQ-2018-000135-IDN ; EQ-2018-000127-IDN ; EQ-2018-000122-IDN
Date of disaster: 28 September 2018	
Operation start date: 28 September 2018	Operation end date: 30 September 2021
Host National Society: Indonesian Red Cross (PMI)	Operation budget: Emergency appeal budget ¹ : CHF 38.18 million ² DREF allocated loan: CHF 1.58 million
Number of people affected: at least 170,000 people	Number of people assisted: 160,000 (approximately 40,000 households)
National Societies involved in the operation: PMI works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) implementing the operation, and received support from Albanian Red Cross, American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross (Francophone), British Red Cross, Canadian Red Cross Society, Hong Kong and Macau branches of the Red Cross Society of China, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross, Republic of Korea National Red Cross, Kuwait Red Crescent, Malaysian Red Crescent, Monaco Red Cross, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross Society, Qatar Red Crescent Society, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Singapore Red Cross, Taiwan Red Cross Organisation and Turkish Red Crescent.	
The Irish Red Cross, German Red Cross, Japanese Red Cross Society, Qatar Red Crescent Society, Singapore Red Cross and Turkish Red Crescent have been supporting PMI bilaterally in the response.	
Other partner organizations involved in the operation: Government of Indonesia, United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), International Organization for Migration (IOM), USA Office of Foreign Disaster Assistance (OFDA), Association of Southeast Asian Nations Coordinating Centre for Humanitarian Assistance (AHA Centre), and the Governments of Australia, Canada, Italy, the Netherlands, New Zealand, Spain, Sweden, Switzerland, Organization of Petroleum Exporting Countries Fund for International Development (OFID), private donors from Germany, Ireland, the Netherlands and the USA, Grab Ltd, Facebook, Coca-Cola Foundation, Tides Foundation and Intercontinental Hotel Group have also contributed to the response financially.	

This operation update for the Central Sulawesi operation covers the community-level relief and recovery interventions which have concluded in June 2021. This report reflects the overall achievements of the Central Sulawesi operation, except for the remaining National Society Development projects which are expected to be completed before the closure of the appeal.

The final report for the appeal, which will include Sunda and Lombok operations, will be published in December 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.


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

² Overall appeal funding – including Lombok, Sunda, Shelter Cluster and Coordination budgets

A. SITUATION ANALYSIS

Appeal History

- 29 July 2018:** A 6.4 magnitude earthquake strikes off Lombok, province of West Nusa Tenggara
- 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 and stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok
- 7 August:** An [Emergency Appeal](#) seeking **CHF 8.9 million** is launched to support PMI in providing assistance to 20,000 households for **18 months**. DREF loan is increased to a total of CHF 500,000.
- 9 and 18 August:** New 5.9 and 6.4 magnitude 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.
- 21 September:** The Emergency Plan of Action (EPoA) for Lombok operation is issued.
- 28 September:** A 7.4 magnitude earthquake at a depth of 10km strikes Central Sulawesi, followed by a tsunami which hit coastal areas of Donggala and Palu regencies.
- 29 September:** IFRC allocates CHF 750,000 from DREF, bringing the total DREF advance for this Emergency Appeal to CHF 1.25 million.
- 30 September:** A [Revised Emergency Appeal](#) incorporating the Sulawesi earthquake and tsunami is issued, seeking **CHF 22 million** to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for **20 months**.
- 31 October:** The EPoA for Sulawesi operation is issued.
- 8 November:** The [Emergency Appeal](#) is further revised to include mid- 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, 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**.
- 25 November to 4 December:** Recovery needs assessment is carried out for Lombok & Sulawesi earthquake and tsunami operations. The assessment recommendations inform an integrated multi-sectoral recovery programme approach and revision of the emergency appeals.
- 22 December:** Coastal areas around the Sunda Strait, specifically in Pandeglang, South Lampung and Serang districts are hit by waves caused by a massive landslide on Mount Kakatoa, an active volcano in the center of the strait.
- 27 December:** The [Emergency Appeal](#) is revised for a third time, incorporating the Sunda Straits tsunami, seeking up to **CHF 38.9 million** to enable PMI to deliver assistance to 41,400 households – 20,000 in Lombok, 20,000 in Central Sulawesi and 1,400 in areas affected by the Sunda Straits Tsunami for 30 months.
- 15 January 2019:** [Operations update 10](#) (Sulawesi operation) is published
- 11 March:** The Revised Emergency Plan of Action is published. The plan of action aims to support PMI in delivering relief and early recovery assistance to 20,000 households (80,000 people) in Central Sulawesi for **30 months**
- 23 May:** [Operations update 14](#) (Sulawesi operation) is published
- 26 June:** [6-month update](#) (Sulawesi operation) is published
- 9 August:** [Operations update 17](#) (Sulawesi operation) is published
- 31 October:** [12-month update](#) (Sulawesi operation) is published
- 12 June 2020:** The [Revised Emergency Plan of Action](#) is published. The plan of action aims to support PMI in delivering relief and early recovery assistance to 40,000 households (160,000 people) in Central Sulawesi for **30 months**

- 
- 13 July: [Operations update 23](#) is published (Sulawesi operation) covering 20 months of the operation
 - 04 November: [Operations update 24](#) (Sulawesi operation) is published

Description of the disaster

On 28 September 2018, a series of strong earthquakes struck Central Sulawesi Province. The strongest of which measured at 7.4 magnitude and 10km deep with the epicentre in Donggala Regency, close to the provincial capital Palu. The earthquake triggered a tsunami which reached up to three meters in some areas, striking Talise beach in Palu and Donggala. The earthquakes, tsunami and resulting liquefaction and landslides caused significant damage and loss of life in affected areas.

As of 18 July 2019, the government reported that 4,140 people died in the disaster, of which 1,016 were not identified; and a further 705 people remain missing. More than 4,400 were seriously injured and more than 110,000 houses destroyed, damaged or lost due to the earthquake, tsunami or liquefaction. Of these, 27,662 houses were severely damaged while more than 6,500 were lost (mainly due to liquefaction). In its wake, almost 173,000 people were displaced. Some people continue living in government-constructed barracks (*huntaras*), while others initially took shelter in their damaged homes or with relatives in other communities or within theirs.

More than 320 district and community-based health facilities plus 1,300 schools were also damaged.

The status of government response is on the recovery phase.

COVID-19 in Indonesia and Central Sulawesi province

On 13 April 2020, the government declared a state of emergency for COVID-19 as a non-natural disaster in Indonesia. The number of confirmed cases has continued to increase significantly since the announcement of the first two cases in March 2020. For latest COVID-19 figures, click [here](#).

The Indonesian Ministry of Health 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.

NGOs present in Central Sulawesi, most of which have been responding to the 2018 earthquake and tsunami, are coordinating COVID-19 responses to track activities and provide support to the provincial government. Requests to reactivate the health cluster, including for psychosocial support, were raised by NGOs to provide a formal coordination mechanism for all the actors in the province.

Summary of response

Overview of Host National Society

PMI Central Sulawesi was on the ground from the onset of the disaster, deploying over 700 volunteers from 14 branches in Central Sulawesi and across Indonesia to support search, rescue and retrieval efforts, the delivery of immediate assistance, conducting assessments, running field kitchens to provide meals for volunteers, providing medical services, supporting the construction of emergency shelters and providing clean water. In addition, PMI national headquarters staff, IFRC and Partner National Societies (PNS) in-country immediately deployed personnel to Central Sulawesi to support and accelerate the initial response. Additional volunteers and staff members were also mobilized and deployed from other provinces to support in the response. PMI, with the support of IFRC, initially set up a base camp to accommodate 350 volunteers. With the directive from BNPB or the national government disaster ministry to PMI to support the management of all relief goods entering Palu, a Relief Cell was established to support PMI to coordinate receipt and distribution of international relief items for the overall operation in Central Sulawesi.

PMI, in its auxiliary role to the Government of Indonesia, was entrusted by leadership to coordinate relief efforts from both international and local NGOs. The decision of the government to set limitations on the presence of international actors and staff — in line with the growing call for the localization of aid — influenced the direction of the operation. However, these directives did not hinder the Movement's capacity to respond as PMI has a central role in the operation. Subsequently, IFRC and the other Movement Partners maintained their role in supporting PMI's response. Efforts were also made to reinforce PMI's response and increase the assistance provided to the affected communities.

Since the beginning, and especially during the recovery stage of the operation, PMI encouraged communities to actively take ownership and be more involved in recovery and reconstruction efforts.

A comprehensive assessment and analysis of the cross-sector recovery needs was conducted in November 2018 by a joint PMI and IFRC recovery assessment team to support the design of a robust and effective recovery programme. More detailed findings and recommendations are found in the [Needs analysis, targeting, scenario planning and risk](#)

[assessment section](#). Further changes in the EPOA utilized the recovery needs assessments of November 2018 as the foundational analysis, which was complemented by monitoring surveys, feedbacks from communities, and inputs from PMI personnel based on their direct observations in the field.

Overview of Red Cross Red Crescent Movement in country

IFRC's country cluster delegation (CCD) for Indonesia and Timor Leste consists of a head of office and technical capacities in disaster management, risk management, health, water, sanitation and hygiene (WASH), national society development (NSD), protection, gender and inclusion (PGI), communications, community engagement and accountability (CEA) and support services in planning, monitoring, evaluation and reporting (PMER), finance, logistics, human resources and administration. PNSs in-country include the American Red Cross and Japanese Red Cross Society. ICRC is also in-country and supported the setup of a restoring family links (RFL) hotline system and PMI has, through a Movement-wide CEA Technical Working Group established at the national level, secured support from ICRC to help manage community feedbacks and complaints received through social media. Information sharing and coordination meetings, usually led by PMI, were maintained since the first Lombok earthquake. A proactive approach was maintained regarding engagement with international media so that the Red Cross response is well-profiled.

Movement coordination meetings led by PMI were continuously conducted with the IFRC, PNSs and ICRC to discuss the response and how to best support the National Society's responses in a coordinated manner, including for the COVID-19 response. Bilateral support from National Societies including the Irish Red Cross, Singapore Red Cross, Turkish Red Crescent, Malaysian Red Crescent, Kuwait Red Crescent, German Red Cross, Hong Kong branch of the Red Cross Society of China and Qatar Red Crescent Society were also provided to PMI. Partners coordinated with PMI as the Movement's lead agency for the Central Sulawesi and Lombok operations.

IFRC deployed key technical staff and global tools to support PMI from the initial response and as necessary during the recovery phase. PMI's approach was to fill gaps in the assistance provided by the government and focused on the most affected districts of Palu, Donggala, Parigi Moutong and Sigi with cash for basic needs, livelihood support and supporting rehabilitation or reconstruction of facilities such as more permanent local health facilities, as well as building communities' resilience through disaster risk reduction programmes. Increasing hygiene and health awareness in communities was also a major component of the recovery efforts, which was further developed to mitigate the spread of the COVID-19 in target communities and the province overall as the pandemic began.

Overview of non-RCRC actors in country

PMI and the IFRC worked closely with ASEAN, BNPB and the Ministry of Social Affairs (MOSA) on the response. PMI was also in close coordination with the District Health Offices (DHO) to obtain updated information on the immediate medical needs of injured people, especially those who needed further medical assistance during the early stages of the response.

IFRC continuously participated in meetings of the Humanitarian Country Team (HCT) chaired by the UN Office for the Coordination of Humanitarian Affairs (UNOCHA) held both during disasters and non-emergency times. At the national level, MOSA, PMI and IFRC co-led the sub-cluster on shelter and settlements, which falls under the wider umbrella of the Displacement and Protection Cluster led by the Indonesian government. PMI and IFRC were in close coordination with the national cluster system and have been supporting MOSA in leading the sub-cluster since the earthquakes in Lombok on 5 August 2018. This extended to Sulawesi after the earthquake and tsunami on 28 September to share information on rapid assessment results, contribute to the joint needs assessment and government response plan, analyse gaps and potential support from other organization and the mechanisms of cluster coordination at all levels. Appeal support to the shelter cluster coordination included additional technical support to meet both emergency and longer-term needs (including strengthening national capacity) concluded in March 2021.

PMI also participated in relevant national and provincial cluster coordination meetings where possible, while IFRC maintained communication and shared information with the AHA Centre. PMI also has an embedded member in the ASEAN emergency response and assessment team (ASEAN ERAT) as well as the HCT.

Since the beginning of the recovery phase, the Government of Indonesia reiterated their responsibility to coordinate and implement the Collective Temporary Shelters or Hunian Sementara (Huntara), as well as housing reconstruction, repair and rehabilitation. It was due to this decision by the government that the appeal removed the transitional shelter component of the original emergency plan of action. PMI and IFRC programming revised its intervention strategy and adjusted actions to cover identified needs in the affected communities.

Needs analysis and scenario planning

Needs analysis

On November 2018 PMI agreed with IFRC to undertake joint recovery assessments across the disaster affected areas in Central Sulawesi. The recovery assessment findings and recommendations were crucial in providing information for proper planning of recovery operations and aligning activities with the government and other actors. The Recovery Assessment Team (RAT) was comprised of 10 members made up of PMI staff from different departments at the HQ

and experienced PMI volunteers, as well as IFRC Field Assessment and Coordination Team (FACT) members, Regional Disaster Response Team (RDRT) members and other IFRC technical staff. Technical expertise in the team covered the sectors of migration/displacement, livelihoods, information management (IM), cash and voucher assistance (CVA) programming, psychosocial support, water, sanitation and hygiene (WASH), health, shelter, logistics and protection, gender and inclusion (PGI).

Recovery assessment and field observations on needs

Sector	Findings and recommendations
Livelihood and basic needs	<ul style="list-style-type: none"> The recovery assessment recommended assistance to meet basic needs and replace lost household items (see shelter section) Livelihood affected – fishing, agriculture (Sigi/Palu), especially damaged irrigation, disruption to labour opportunities, small business assets destroyed. Food remained a major need (as reflected in the post-distribution monitoring survey for cash wherein some 60 per cent of the respondents utilized the amount received for food and basic needs) Gol plans to replace agriculture/fishing losses and damages; and to provide blanket distribution of cash (multi-purpose cash) in barrack camps. FAO had a large livelihood asset replacement and cash transfer programmes. Livelihood recovery support for small businesses (conditional cash transfer) were initially planned; however, in light recent circumstances on physical distancing regulations, proper implementation of this programme would be significantly hampered as financial literacy and business management trainings, as well as socialization activities, were not possible and continuously challenged. With markets functional, cash was recommended as a modality to meet basic needs (see CVA section)
Shelter and settlements	<ul style="list-style-type: none"> Immediate assistance to cover essential household items were prioritized to ensure reduced risks for people living in makeshift shelters and camps Primary focus on populations in the camps, especially those who were waiting for permanent relocation. The affected population not part of the government caseload for permanent relocation needed shelter assistance on safe land Government plan for housing reconstruction assistance was announced. Government plan for those who lost house and land due to liquefaction or the tsunami was to house the affected in barracks prior to relocation.³
Health	<ul style="list-style-type: none"> Gaps in emergency services and patient transfers were extensive; PMI provided mobile clinic services and supported existing clinics until mid-2019. Needed to strengthen first aid, disease and outbreak prevention (especially for wet season issues) and asbestosis awareness. Significant trauma/fear (uncertainty about zoning/relocations) was prevalent, resulting to an extended psychosocial support services from PMI <i>COVID-19 analysis in a separate section</i>
WASH	<ul style="list-style-type: none"> Insufficient water supply in camps, and poor maintenance of latrines (desludging). Lack of solid waste management. Community infrastructures and household latrines (along with houses) were damaged in some villages. Provision of WASH assistance to villages were limited. Hygiene practices needed to be improved. Need to repair/maintain of existing/remaining WASH facilities.
DRR	<ul style="list-style-type: none"> Community-level 'resilience package' should be delivered to complement and ensure a "village/neighbourhood approach" which is a common practice in communities in Sulawesi. Hygiene, health and build back safer orientation/promotion as part of the "resilience package". Build capacity to organize community committees, ensuring the representation and participation of all minority/ vulnerable groups. Micro-mitigation projects that address specific needs in different communities (accounting for population, topography and hazards) are needed to reduce risks to population
PGI	<ul style="list-style-type: none"> Major issue in PGI were access and participation. Proper identification and mapping of vulnerable people in communities affected by the disasters. Opportunities to strengthen the integration of PGI in the recovery and normal programming within PMI and its coordination with other key stakeholders.
CEA	<ul style="list-style-type: none"> Community members in Central Sulawesi want to be consulted for and participate in decision making related to their recovery. Access to communication channels, the provision and availability of timely, relevant and accurate information, as well as participation in decision making was a major challenge during the initial phase of the emergency. Lack of channels through which the affected population can ask questions, provide their perspectives and feedback on what needs to be done for their recovery and receive answers.

³ The Government of Indonesia plans to provide permanent shelter solutions to 90,000 affected households through to the end of 2020.

	<ul style="list-style-type: none"> • Uncertainty and the lack of credible information particularly regarding the medium- and longer-term rehabilitation – relocation, transitional shelter, zoning of areas safe to be redeveloped, etc. are causing anxiety and frustration, further fuelled by rumours and speculations. • PMI is recognized as a leader in CEA and many actors and key stakeholders are welcoming PMI's expertise and contribution, and its coordination role in the inter-agency Community Engagement Working Group. • PMI Central Sulawesi already has an established feedback mechanism using several channels (face-to-face, radio and phone) to receive and respond to feedbacks from communities and other stakeholders • PMI has continuously engaged communities through producing radio content, sharing visuals and engaging through their volunteers
Cash and voucher assistance	<ul style="list-style-type: none"> • Cash was a feasible response option based on market assessments; cash working group and provincial social services ministry (DINSOS) encouraged coordination. • Multipurpose cash is recommended to cover basic needs. Amount: Government: 'JaDup (Jatah Hidup/Life Allowance)' IDR 2 million for households with heavily damaged houses (monthly, up to three months) • Bank transfers has been the accepted option for cash delivery (Government will use bank accounts) • Needed to develop specific cash transfer programming (CTP) skills for new staff and local volunteers.
Migration/Displacement	<ul style="list-style-type: none"> • RFL concluded early 2019 • Recommended a PMI/IFRC Workshop on Displacement and Migration in Emergencies to be conducted, with the aim of mainstreaming migration and displacement in the different departments of PMI, including discussion on what is PMI's role, responsibility and ambitions for people who are displaced and in relation to Humanitarian Diplomacy and Disaster Law.
Branch Readiness	<ul style="list-style-type: none"> • The local chapter (PMI provincial office) is not prepared to manage large relief and recovery operations and need strengthen in terms of the capacity to implement, monitor and reporting. • Information flow and data collection needs to be improved. • Infrastructure (office building and equipment) needs to be improved.
COVID-19	<ul style="list-style-type: none"> • Incorporate COVID-19 messaging in health and hygiene promotion activities as well as risk communication, community engagement and accountability • Provision of personal protective equipment to PMI and IFRC staff in the field, including PMI staff supporting the government in ambulance services • COVID-19 messaging is also incorporated in all other activities implemented • Strengthening of SIBAT (community-based volunteers) as PMI's first line of response, as well as for information dissemination and prevention messaging • Provision of self-disinfection kits⁴ to enable households to sanitize their homes

Targeting

PMI ensured that interventions were aligned with its own as well as the IFRC minimum standard commitments to gender and diversity in emergency programming, for example by targeting women-headed households, pregnant or lactating women, men and boys made vulnerable by the disaster, families that have not received any or sufficient assistance from the government or other organizations, those belonging to the socially vulnerable households, and those who lack relevant resources to cope with basic humanitarian needs on their own. These groups were considered according to level of impact as well as difficulty to reach, with PMI leadership committing its focus to the most remote areas affected, with specific focus for the affected people residing within camps, collective temporary shelters (Huntara kolektif), and targeted villages in Sigi, Donggala, Parigi Moutong and Palu districts.

Risk analysis

In-depth scenario planning was undertaken by the RAT taking into consideration the initial contexts of the emergency. As the situation evolved, PMI and IFRC remained flexible to ensure the continued delivery of assistance and services to the communities. PMI and IFRC took into account:

- The displacement of large number of people – approximately 173,000 during the height of the emergency
- The rainy seasons which caused floods, landslides and other disasters, affecting target communities, stretching PMI capacities and hampering transport and travel of goods, assets and personnel
- Key government decisions also caused changes in the PMI response.
- COVID-19 pandemic (severity, length of time and government actions)

Adaptation of implementation strategy due to the COVID-19 situation

In order to continue providing essential assistance to the affected population, PMI and IFRC developed business continuity plans and adapted implementation plans based on physical distancing guidelines, restrictions on movement of people particularly across regions, and adjustments made by businesses, government offices and other community facilities/industries. Health protocols and business continuity plans were also developed by the IFRC CCD and enforced throughout all the offices. Amongst the adjustments made:

⁴ Self-disinfection kits comprise of soap, washing powder, detergent for floor cleaning, gloves, 5 mask, 1 pair of gloves, 1 microfiber towel, 1 5-litre bucket

- Working from home for some PMI and IFRC personnel in the province
- Reduction of field movements, with remote support from CCD Jakarta
- Personal protection equipment was provided to staff and volunteers implementing in the field, while masks were provided to affected community members
- IEC materials on COVID were distributed or provided to communities; SMS blasts on COVID were also done
- Vehicle and workplace disinfection were also conducted
- Reduction of number of people in each work location and physical distancing was observed
- For the cash programme, working with the financial service provider (FSP), physical distancing guidelines were observed by only allowing at most 20 people per hour to receive PMI beneficiary cards and ATM cards
- Vocational trainings, which were not possible to be held online, were done in a classroom setting with strict health protocols observed by students, instructors, staff and PMI/IFRC personnel during monitoring. Only 15 participants per class was also allowed
- Socialization components and post-distribution monitoring surveys were conducted via phone
- Trainings were conducted on-line, as possible

Based on these considerations, objectives and strategy for the recovery operation plan of action were revised early during the pandemic.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of the operation was to provide immediate needs and life-saving assistance to the affected population. During the recovery, support for community-led self-recovery was prioritized. The emergency phase focused on the immediate needs of up to 160,000 of the most vulnerable affected people, as well as providing up to at least 10,000 households (40,000 people) with medium-term and longer-term assistance in a timely, effective, and efficient manner; and increase resilience to future shocks of 16 communities in the 4 districts.

Proposed strategy

As the evolving humanitarian needs for the affected people transformed towards restoring their lives to normalcy and re-establishing their livelihood, the Sulawesi operation objectives and strategy have transitioned to recovery interventions. Based on the recommendations provided by the RAT, the overall Sulawesi operation strategy was revised from assisting affected people with immediate relief interventions and coordination of 'relief cell' for distributions and supply chain, to medium- and longer-term recovery interventions to assist the affected people recovering and strengthening their livelihood and resilience in the affected villages (including at collective temporary government provided accommodations – *huntaras* – wherever they exist in target villages) and using cash as modality to the programme and an integrated community-based risk reduction (ICBRR) approach. Recovery assistance as per required sectors was provided such as health, WASH, livelihoods and shelter assistance. The specific assistance for each village was identified through a VCA process in each community, as part of the initial phase of the ICBRR approach.

To do these, PMI volunteers remained the key actors to implement activities within the communities while maintaining a strong community-driven approach in implementing the recovery activities. PMI also undertook interventions using its own resources or bilaterally from Movement and non-Movement sources.

Integrated Model for Recovery

Achieving community resilience in the selected 16 villages (reduced from 24) in Central Sulawesi affected by the earthquake and tsunami was the overall objective of the DRR component which were implemented through shelter, livelihood, health and care, WASH activities using cash-based interventions as the primary modality, and integrating crosscutting components such as CEA, PGI and green response. This has contributed to Red Cross Red Crescent global efforts and focus on community resilience, which is defined as:

The ability of communities (and their members) exposed to disasters, crises and underlying vulnerabilities to anticipate, prepare for, reduce the impact of, cope with and recover from the effects of shocks and stresses without compromising their long-term prospects.

A resilient community is characterized as:

1. Knowledgeable, healthy and can meet basic needs
2. Socially cohesive
3. With economic opportunities
4. With well-maintained and accessible infrastructure and services
5. Able to manage natural assets
6. Connected

ICBRR implementation and key steps

DRR implementation Phases	Key intervention
Engaging and connecting with communities and preparing at PMI branch and Province level	Selection of target villages based on multisectoral criteria.
	Ensure the availability of the Corps of Volunteers (KSR), if needed recruitment of KSR.
	Establishment of Community Based Action Team (CBAT) and Village Committee at target villages. (recruitment and training)
	Conduct ICBRR training including Vulnerability and Capacity Assessment (VCA) for PMI staff and KSR volunteers.
Understanding community risk and resilience	Conduct multi-hazard risk assessment / VCA including other components like livelihood, shelter, health, WASH, PSS, environmental issues and cross-cutting issues
	Analyses of VCA to find options for action / transformation into actions
	Development of village risk reduction plans, including climate change adaptation
Taking Actions for Resilience at community level	Advocacy meetings with local government and relevant stakeholders.
	Organize awareness campaigns in all targeted communities (radio, billboard) using key messages for public awareness and public education
	Emergency Response Preparedness Training for CBAT
	Procurement and prepositioning of CBAT emergency response equipment.
	Implementation small scale mitigation projects as identified in village risk reduction plans.
	Development of village response SOPs, set up of Early Warning Early Action (EWEA) system.
	Conduct simulation / drill on village response SOPs and finalize the document.
Taking Actions for Resilience at school level	Selection of schools to be part of the resilience programme
	Training of schoolteachers on disaster mitigation, preparedness and response as well as environmental protection, clean living environment, hygiene and sanitation
	School risk mapping and development of school risk reduction plan
	Implementation of risk reduction measures for school resilience / safety
Learning for Resilience	Participatory monitoring and review of village plan in 16 villages
	Documentation of success stories and case studies from ICBRR under the recovery programme.
	National level orientation on Road Map to Resilience at HQ level.
	Workshop to review and update PMI ICBRR guidelines at HQ level.

Key implementation approaches

1. **Risk informed** – to identify and analyse range and trends of hazardous events that communities face.
2. **Holistic (system oriented)** – analysing interdependence of different aspects of well-being, safety and prosperity.
3. **Demand-driven** – resilience support should respond to communities' understanding of its risk.
4. **People-centred** – focusing on people's understanding and utilizing this to improve situation as opposed to imposing ideas and projects on them.
5. **Inclusive** – understating the differences in level of access and understanding of assets, services, opportunities and interests, and planning and implementing interventions accordingly. Utilization of the diverse experience, skills, knowledge and backgrounds of different members of the communities is key.
6. **Prevention of suffering** – action to strengthen resilience should focus on understanding, pre-empting and reducing risks and not only to responding to threats when they happen.

PMI branches will be offering three key services:

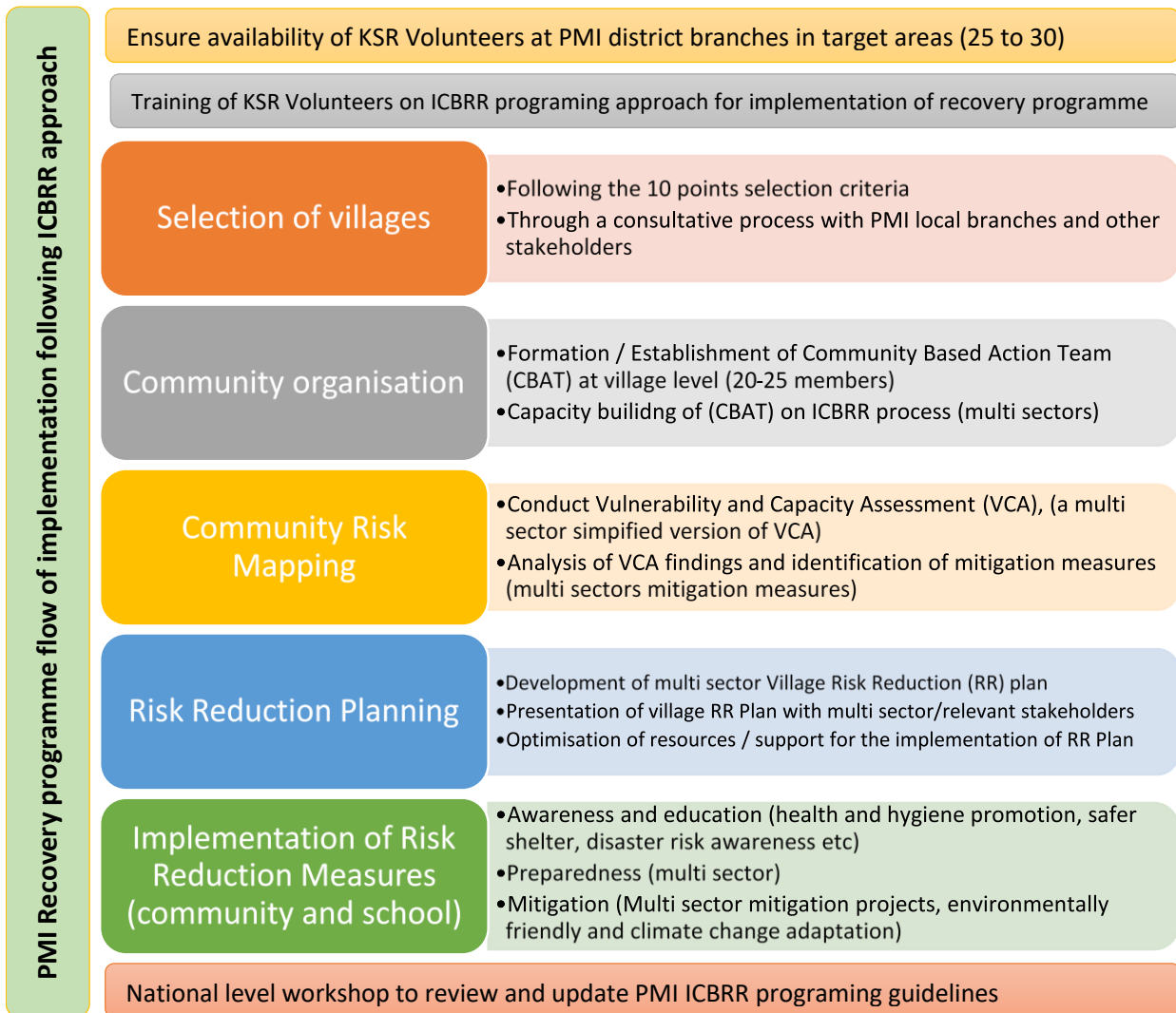
- **to accompany** – joining in action and influence
- **enable** – providing means for action
- **connect** – linking to stakeholders beyond their level and office

PMI ICBRR Approach

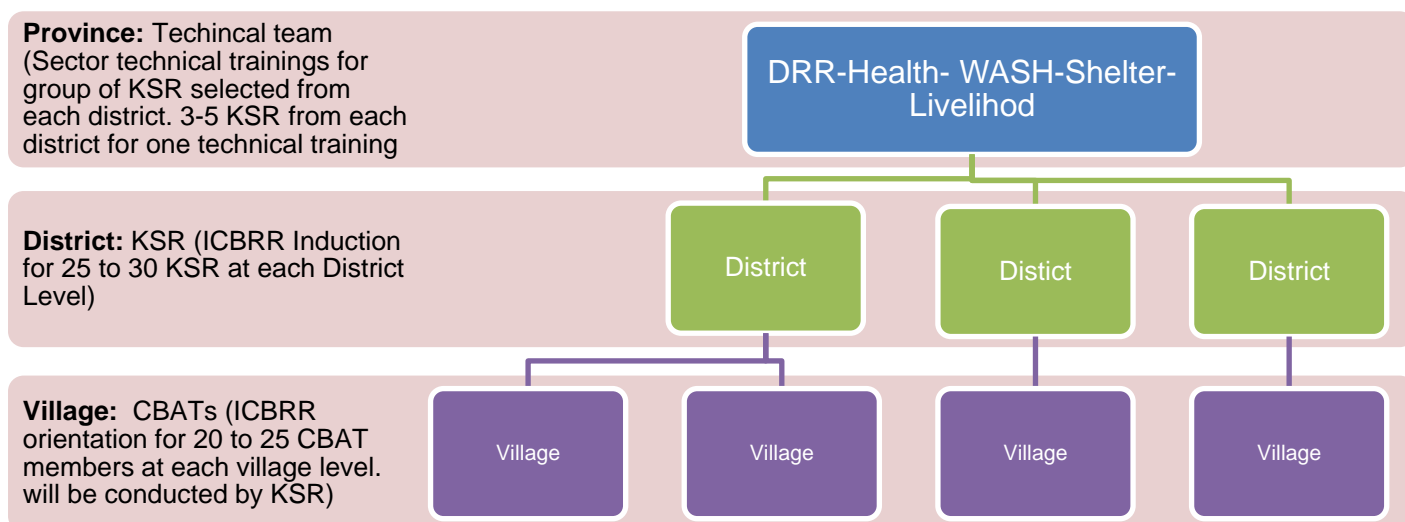
PMI has been implementing ICBRR programme since 2008 and have since updated their modules in 2017 to provide more formal integration of community-based modules on health, WASH, shelter, DRR and livelihood. The current ICBRR approach integrates modules of community-based disaster risk reduction, community-based health and first aid, participatory approach on hygiene and sanitation transformation (PHAST) and participatory approach in safer shelter awareness (PASSA). This PMI ICBRR model is typically used for development programming and usually takes 3-5 years for one community. For this operation, PMI adjusted the merged approach with shorter implementation timeline (1 year).



PMI ICBRR implementation flow



PMI KSR (at District level) and SIBAT (at Village level) Capacity building structure⁵



Localization

The context of the operation for the MDRID013 appeal – which covers the disasters occurred in Lombok, Sulawesi and Sunda Straits – mainly adheres to the localization principle promoted both by the Government of Indonesia and PMI. The government's approach was to harness local capacity where possible, to issue clear guidelines to foreign aid workers, to request NGOs to work through either BNPB or PMI and to accept only international assistance fit for purpose and which addressed gaps.

In the overall implementation, PMI was taking the lead with IFRC and PNS supporting PMI with financial, technical and human resource support as necessary and as requested by PMI.

In December 2018, a real-time evaluation was conducted with the support of the Australian Red Cross to focus on localization. The report highlighted that the increased responsibility for PMI as assigned by the government was a good example of operationalizing policy towards localizing the operation, but as well needs to be further enhanced to fully operationalize the localization principle. The report, available [here](#), also contains ways forward to fully capacitate local PMI units to enable them to participate in the decision-making, planning and budgeting for the operation.

The operations teams in Jakarta and field offices have remained flexible in adapting localization to the plans and national context and has remained adherent to IFRC programme implementation standards as well as the commitments made to donors.

Transitional shelter intervention

The transitional shelter intervention was taken out of the overall operation upon the decision of PMI management based on internal discussions as well as the changing political contexts in the country. Based on the PMI plans, the transitional shelters as well as the complementary latrines were replaced by a multi-purpose cash grant based on government guidelines stating that organizations can provide lifeline assistance for two months and an extra month to support transition to the permanent shelters which are to be provided by the government. Due to delays in government-provided shelters, PMI and IFRC have provided the cash intervention targeted for shelter in the first tranche.

Plans remained for PMI to conduct awareness sessions on build back safer and training for improvement of blocks used for house construction.

Cash and Voucher assistance

Cash and Voucher Assistance (CVA) is being implemented during the recovery phase of this operation, allowing affected people to prioritize their needs and at the same time support local economies. PMI, with the support of IFRC, contracted a financial service provider (FSP) to facilitate the distribution of the cash grants to the affected people. After selection of people to receive assistance based on vulnerability and needs criteria, PMI registered heads of households (or other household representative of legal age) using mobile data collection technology, gathering data of affected people based on the FSP's requirements. Supported by the CEA team, the cash team provided timely and accurate information to the communities regarding ATM card distribution details and continuously received feedback and queries about the intervention both from people receiving assistance and those who do not.

Identified beneficiaries received the multipurpose cash grant worth IDR 2 million a month for two months based on Government and Cash Working Group guidelines in Central Sulawesi. The amount was set for households with heavily

⁵ KSRs are district-level volunteers; SIBAT (or CBAT) are community-based volunteers

damaged houses. The guidelines set by the government aimed at (1) ensuring the fulfilment of basic needs of the affected households; (2) supporting and strengthening the sustainability of the affected population after the emergency phase, emergency transition phase and initial recovery; and (3) providing options and flexibility for the affected in deciding on the priorities of the households. The guidelines also provided that the cash assistance can be provided for two months following the life insurance provision of the government of Central Sulawesi, and if available an additional one month to support the needs for temporary shelter or transition to the government-provided permanent shelter. The additional one month was reported under the shelter intervention of this appeal (given as first of three tranches under the multi-purpose cash intervention). As there have been delays in the recovery process in Central Sulawesi, IFRC and PMI retained the multi-purpose cash intervention based on unmet needs in communities (gathered through feedback mechanisms and exit surveys conducted during relief operations), the capacity of the provincial chapter to implement and commitments to stakeholders.

The selected FSP has opened an account for PMI/IFRC as a repository of funds to be transferred to targeted households. The FSP opened individual accounts for affected people, provided them with ATM cards and account books, monitors the usage or withdrawals, and provides transaction and reconciliation reports to PMI and IFRC. During distribution of ATM cards, information on ATM usage and other methods of withdrawal were provided to the people receiving assistance. Financial literacy modules were also provided by the FSP to PMI who planned to disseminate this information and corresponding IEC materials to the target population. However, with COVID-19-related regulations enforced, information dissemination was done via phone. A pilot for the dissemination of the information by phone was implemented prior rolling the whole program.

The FSP continued to facilitate the transfer of funds based on instructions from PMI/IFRC and informing the account holders of the transfer through SMS or with the support of the CEA team and community leaders for affected people without mobile phones. Customer service and hotline numbers were provided by the FSP, and forward reports of feedback received to PMI. For people receiving assistance who have difficulties in accessing ATM or FSP branches due to proximity or capacity, the FSP was planned to provide mobile teams to facilitate the withdrawal of the cash transfers. However, due to covid and government restrictions this could not be fulfilled by the FSP, and adjustments were made to fill the gap through dedicated PMI volunteers.

To ensure quality, IFRC, the FSP and PMI were coordinating their efforts at Jakarta and the field levels with the intention to ensure smooth implementation and to adapt to the contexts in the field. Data protection policies of Indonesia, PMI, IFRC and the FSP was constantly observed ensuring that private and sensitive information are protected and respected.

Recovery livelihood assistance

The recovery livelihood component of this operation was originally split into two components focusing on 1) Supporting restarting/recovery of micro and small enterprises and 2) increased employability of youth and women. However, with implementation hampered by the pandemic, PMI and IFRC realized that the support for restarting micro and small enterprises could not be implemented as planned and had to be cancelled. Adjustments were needed, both NS and IFRC agreed to modify plans to support the basic needs of households affected by the earthquake and tsunami with the objective of reducing the socioeconomic impacts of the pandemic and to reduce the risks of transmission of COVID-19.

To increase employability of youth and women, PMI and IFRC provided support to registered beneficiaries allowing them to attend vocational training and provision of start-up capital (depending on the context through either in-kind, voucher or cash assistance, or combination of modalities).

For the vocational trainings, PMI, with the support of IFRC discussed with different vocational training service providers (the *Balai Latihan Kerja* or BLK), including the government and private service providers identifying the gaps in the labor market and employment status of targeted groups (youth and women), which informed the best options for courses for enrollees based on existing labor market analysis. IFRC and PMI contracted the selected service provider to enroll selected participants (including through mobile training units, reducing the cost and time of travel for the enrolled participants). To ensure attendance, lunch was provided daily for the length of the training, while regular monitoring by PMI volunteers was conducted. The programme also provided training toolkits; consumable items needed during the training. After government recognized certification, the graduates were eligible to receive a contribution to start-up kits (via cash grant) to support the establishment of their own business or gain employment based on the training they received.

Operational support services

Overall, the IFRC supported PMI with the following:



Emergency
Needs
Assessment



Finance
Management



Logistics
Management



Cash Transfer
Programming



Coordination



Information
Technology



Human Resource
Management



Monitoring



Basecamp
Management



Information
Management



Capacity
Enhancement



Reporting



Emergency
Telecommunications



Advocacy



Community
Engagement and
Accountability



Protection,
Gender and
Inclusion

Human resources

The operation was implemented by the PMI base units in the affected districts in Central Sulawesi utilizing existing staff, supported by both chapter and the national headquarters. Where needed and as the situation evolves, the National Society hired additional project staff based in Central Sulawesi, supported by the emergency appeal.

The IFRC also provided technical support and guidance to PMI. From the onset of the disaster, technical colleagues based in the IFRC CCST Jakarta office in different sectors (including cash-based interventions, water, sanitation and hygiene, health, IT and information management, communications and CEA) were quickly mobilized and deployed. This was further supported by additional technical specialists in logistics, procurement, planning, monitoring, evaluation and reporting (PMER), resource mobilization and field coordination in-country, with the Asia Pacific regional office team providing technical advice and support remotely. A FACT consisting of team leader, logistics, security, information management (IM) and communications profiles was also deployed, together with emergency response units (ERU) for logistics, base camp for volunteers and IT and telecommunications. A Shelter Coordination Team (SCT) of six members with the following profiles: Shelter coordinator, technical coordinator, and Information Manager was mobilized, as well.

The operation had a dedicated operations manager, field coordinator, as well as other international delegates covering cash and livelihood, finance, logistics and procurement, health, WASH, PGI, IM, resource mobilization and PMER, as well as a nationally recruited team in various positions including cash and shelter officers as well as in DRR, CEA and monitoring, finance, administration, fleet, and procurement.

Logistics and supply chain

The logistics unit took the mid- and long-term perspectives of the emergency logistics structure of PMI into consideration by adapting lessons learned into the logistics development initiatives, focusing on strategy development, enhancing procurement capacities, fleet management, considering the status of PMI in the national disaster response, and in management and reporting. Towards this end, in coordination with PMI, the following were initiated:

- Capacity building within the IFRC team in-country on all related logistics (supply chain) activities to increase the capacity of the local staff at field level as well as CCST Jakarta
- Streamline supply chain and customs processes in coordination with PMI to improve understanding of the systems and the processes as part of emergency preparedness
- Supplier management and development of a robust supplier database in Indonesia that includes IFRC pre-validated suppliers, as well as from PMI, which will reduce the pre-validation time of suppliers during emergency responses.
- Development of joint (PMI / IFRC) framework agreements for key goods or services to enhance the logistics preparedness to respond to emergencies
- Development of a national list of items (catalogue) to include the most common items required during emergency responses that comply with IFRC standards (EIC), and when required, Indonesia's national standards that are followed by PMI when responding to an emergency.

IFRC logistics team was working closely with the different programme sectors to ensure efficient and timely support for the operation. The OLPSCM unit in Kuala Lumpur continued to extend technical support to PMI and the IFRC Jakarta CCST as needed.

Communications

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

PMI's unique access, expertise, geographic coverage and local knowledge has given a huge advantage in external communications. In the first few weeks of operation, PMI and IFRC received very high media coverage both locally and globally, with large media outlets quoting Red Cross sources and using Red Cross audio-visual materials. PMI and IFRC Indonesia communications capacity was boosted by deployments from the Asia Pacific regional office, and surge communications which lasted through December 2018. A national communications coordinator has been hired to support the operations as well as other CCST programmes.

The operation continued to communicate on social media, a significant platform for sharing messages with communities, listening to public concerns, dispelling rumors, and connecting with journalists focusing on rebuilding communities and PMI as well as IFRC's ongoing recovery plans.

High quality audio-visual material, key messages, facts and figures, infographics, press releases etc, were also shared with IFRC partners and members, media, governments, affected communities and other stakeholders. IFRC and PMI hired communication consultants to capture achievements and communities in photo and video presentations.

Reputational risk management is a key component of communications. Reactive lines and key messages were produced from the onset of the disaster, the six month and one-year mark to address important issues when they arose. There has been continued collaboration with the management to ensure the reactive lines and key messages are aligned with the operation.

Community engagement and accountability (CEA)

Recognizing that affected people are not passive recipients of assistance but rather at the core of the operation, community engagement and participation, and the provision of vital information was an integral part of the response and a coherent and sustained approach to ensure accountability to affected people was put in place. The Movement-wide commitments and minimum actions for CEA guided mainstreaming efforts of CEA into as many components of the response as possible.

Since the initial weeks following the disaster, PMI, supported by IFRC, regularly provided essential information to people affected by the disaster and established two-way communication channels with target population through social media, radio, a hotline phone service, SMS blast, as well as by mobilizing volunteers for face-to-face engagement. Feedback received through these channels indicated that during the month following the disaster, the main concerns of people affected by the disasters were related to the urgent needs of family tracing, access to basic services, distribution of materials for emergency shelter (including tarpaulins, blankets and mattresses), food, safe water, and access to latrines.

As community participation was crucial, PMI supported communities' capacity to organize committees, promotion the representation and participation of all minorities and vulnerable groups. Working with other sectors particularly in community-based programmes, the NS also aimed to identify and train community and youth volunteers as a source for reliable and credible information for affected communities. PMI ensured engagement of communities across all interventions by ensuring adequate presence in the areas and information flow to target communities. During the implementation of programmes through the ICBRR, socialization with the communities was an important step to provide information on the overall approach. In conducting the VCA exercise, communities were at the centre to determine their priorities, capacities and plans towards building their own resilience. Activities towards resilience were based on communities' analysis of the information gathered, with support and guidance from the PMI.

PMI, supported by the IFRC, expanded and managed an appropriate mix of information, communication and feedback channels that can be accessed by all, and supported Information Management in the development of systems and platforms that can capture and analyze people's perceptions and feedback to inform decision-making and programme



PMI in one of the episodes of the radio talk show as a resource person. **Photo: PMI/IFRC**

revision. PMI implemented and managed feedback and response/referral system that can ensure safety, confidentiality and dignity.

Information Technology/Telecommunication

Initial communications and internet connection in Palu were disrupted due to the disasters. For the emergency appeal, IT specialists from the IFRC CCST and IT&T ERU were deployed to support PMI in the procurement and installation/correction of HF and VHF radios, extending the network coverage to key locations where PMI is operating. Cellular phone reception has now been, but pockets with no or low coverage remain in Donggala and Sigi. Satellite phones, radio-communication and mobile internet connections were activated to provide backup telecommunications for the operation during the response phase. For the recovery operation, IT personnel in Jakarta and Palu continued to support the operation.

Information management (IM)

PMI has existing IM capacities, which had been collecting and collating information throughout this response. IFRC supported and enhanced this capacity, through assets and other resources, to enable evidence-based decision making, accurate reporting and more effective use of resources. IFRC also provided IM support, initially with the remote SIMS team, an IM delegate, and an IM officer in the province. The support was then provided by the IM officer in Jakarta. The IM unit was particularly heavily involved in the cash programme – from the initial analysis of targets, registration of beneficiaries and post-distribution monitoring.

The first step in improving IM capacities involved mapping out the current information flows of PMI, to examine ways to streamline information flows, increase consistency of recording and reporting, and produce a more informative picture of current PMI operations. This will involve a focus on mobile data collection, a capacity that already exists within PMI. Further activities would seek to roll-out more complete information systems to health services, distribution activities and cash programming.

Planning, monitoring, evaluation, & reporting (PMER)

The field coordinators of PMI and IFRC guide and monitor the emergency relief and recovery operation in Central Sulawesi. The PMI PMER manager, with support from IFRC PMER coordinator based in Jakarta covering all three operations under the appeal, continued to improve information and reporting structures for the operation according to both PMI and IFRC minimum requirements. Monitoring visits to the affected communities and interviews with affected people, volunteers and others who participated in the response were conducted to assess progress and impact at regular intervals to guide any required adjustments. With the COVID-19 field restrictions, post-distribution surveys were conducted via phone to allow activities to continue while respecting physical distancing requirements and reducing risks to staff and volunteers.

Operation updates were issued regularly. In addition, PMER continued to support monitoring and liaising with sectoral teams on issuing donor reports based on donor earmarked funding for the operation. Real-time evaluation has been carried out to provide in-depth information, particularly on localization approach, on the formulation of revised Emergency Plan of Action. A mid-term review was originally planned but has since been cancelled due to movement restrictions, particularly international and cross-regional travels. A final evaluation is being carried out to gauge the effectiveness, efficiency, and accountability, and provide recommendations to both IFRC and PMI for improvements in future operations. Findings and recommendations from the final evaluation will be reflected in the overall appeal's final report.

Security

For personnel under IFRC security responsibility, an area-specific security risk assessment was conducted, and Area Specific Security Regulations and operating procedures were in place. Specific risk mitigation measures and regulations were applicable as outlined with the existing IFRC country security plan. This included contingency plans for medical emergencies, relocation and critical incident management. The latest safety and security framework with contextualized operating procedures was completed in February 2021 being regularly revised from the beginning of the operation to reflect any changes in the safety and security context, including the COVID-19 pandemic.

The National Society's security framework applied to PMI staff and volunteers. Security guidelines, briefings, training and operating procedures were developed in close coordination with PMI to both reflect and enhance their processes already in place. A security delegate was quickly deployed to prepare and put these plans in place. Direct security support for the operation continued through the IFRC CCST security focal point. Coordination was also observed with the ICRC through regular information-sharing in accordance with the existing agreed arrangements.

Administration and Finance

The IFRC provided the necessary operational support for review and validation of budgets, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. PMI has been supported for many years by the IFRC and is accustomed to these financial procedures. The IFRC finance and administration team in the IFRC Jakarta CCD continued to provide support to the operation as

requested by PMI and the IFRC operations manager/budget holder. Finance and admin teams based in Palu also supported the operations and PMI counterparts directly on field level.

Shelter Coordination

Shelter coordination in Indonesia falls under the National Displacement and Protection Cluster (PP Cluster) as a sub-cluster, led by the Ministry of Social Affairs (MOSA) with a co-lead support commitment from IFRC. Since 2015, when the national cluster system was introduced, IFRC has been supporting MOSA in building its capacity for Shelter Coordination through trainings and joint evaluations. Discussions with MOSA after the Lombok quake indicated at the time it was within the ministry's coping capacity. However, when the Palu quake occurred the same offers of support were warmly welcomed and IFRC was asked to deploy a team of up to 20 people (exact number based on need) to support government led coordination of both disasters. As part of this ongoing commitment, the IFRC (in its leadership role for shelter coordination in natural disasters) deployed an initial team with support from Partner National Societies. The team was established to support MOSA in its lead role, with a team in Jakarta leading in coordination with the UN at the national level, and another team in Palu. Provincial teams were replaced by district teams as the provincial sub-clusters were deactivated and recovery coordination efforts focused more on the district level.

The IFRC co-lead coordination team responded rapidly to what was a challenging coordination situation, with all coordination happening in Bahasa Indonesia, primarily via WhatsApp, and with only limited foreign assistance allowed in the field. IM systems were setup, with 5W reporting, needs analysis and regular mapping capacity with support from REACH. Shelter Cluster Support Team activities concluded in March 2021. For more information on the Shelter Coordination Support Team, see the [Indonesia – 2019 responses | Shelter Cluster](#) or the [Lombok Final Operation Update](#).

C. DETAILED OPERATIONAL PLAN

The activities detailed under each sector are only related to the response in **Central Sulawesi**.



Shelter

People targeted: 80,000 (20,000 households)
People reached: 176,328 (44,082 households)

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 households targeted/reached with safe, appropriate and adequate shelter and settlements assistance	20,000	44,082

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 emergency shelter and settlement assistance	20,000	44,082

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
# of households provided with technical support and guidance	2,000	Discontinued

Progress towards outcomes

Shelter and settlement assistance (distribution of essential household items)

Overall, 44,082 households (176,328 people) were reached by PMI with essential household items through the support of the IFRC. PMI was able to reach more than double its original target for household items as households who needed assistance increased, based on observations by PMI personnel and based on requests from communities.

District	Households reached
Palu	8,161
Sigi	15,574
Donggala	14,996
Parigi	5,351
Total	44,082

Below is the number of items provided with support from the appeal. It is important to note that essential household items were not distributed in standard sets but based on PMI assessments on actual needs of affected households.

Item	Palu	Sigi	Donggala	Parigi	Total
Blanket	10,041	10,270	13,320	5,974	39,605
Tarpaulin	12,402	958	5,414	3,032	21,806
Family kit	2,613	5,865	1,378	91	9,947
Mosquito net	9,396	11,444	13,238	2,956	37,034
Bucket	6,758	1,659	10,601	1,005	20,013
Mattress/plastic mat	-	616	876	-	1,492
Shelter toolkit	3,524	61	365	935	4,885
Family tent	378	1,139	0	28	1,545

Contents of the kits

Family Kit	Shelter Toolkit
Sarong 5 pcs	Hoe + Handle 1 pc
Hand/Body soap 5 pcs	Shovel +Handle 1 pc
Laundry soap 1Kg	Mutt Hoe 1 pc
Shampoo 2 bottles 180 ml	Claw Hammer 1 pc
Toothpaste 75g 5 pcs	Shears 1pcs
Toothbrush 5 pcs	Hand saw 1 pc
Towel 5 pcs	Machete 1 pc
Dish wash soap 40g 1 pc	Curved needle 2 pcs
Water bucket 40 cm diameter 1 pc	Measuring tape 3 M - 1 pc
Plastic plate 5 pcs	Tie wire 25 M - 1 pc
Plastic cup 5 pcs	Rope 30 M-12 MM - 1 pc
	Nails 7.5 cm - 500 gr

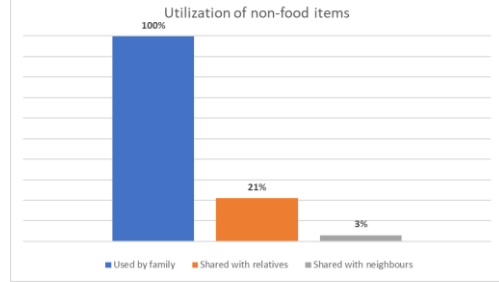
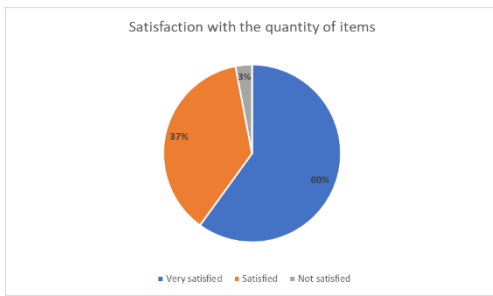
Spoon 5 pcs
 Sleeping mat 1 pc
 180x180 cm
 Napkins' pack 2 pcs
 Slippers 3 pcs
 Plastic bag 10 pcs

Nails 4 cm - 500 gr
 Roofing Nails with washer
 7.5 cm - 500 gr

Post-distribution monitoring surveys were conducted, reaching more than 650 respondents⁶ (57 per cent of whom were female) who were reached with essential household items, including hygiene kits. Below are some of the key findings from the survey:



⁶ Actual number of people surveyed was more; however, due to a system error on the server, some data was lost, and the team was not able to recover them.

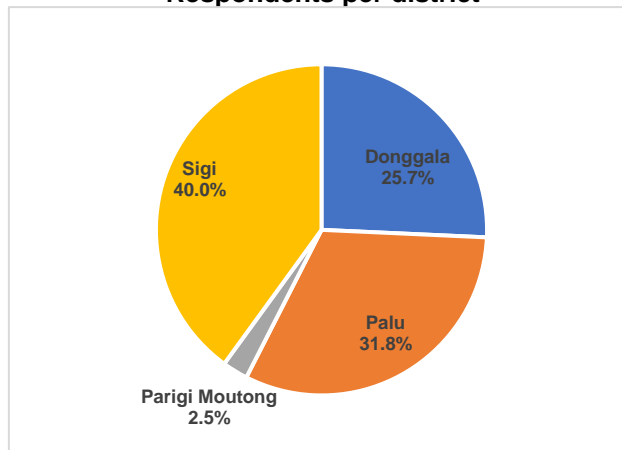


Multipurpose cash

IFRC also supported PMI in providing multi-purpose cash grants to 10,009 households (108 per cent of target). Based on government guidelines, an organization was permitted to provide three tranches of IDR 2 million to each household, wherein one of the tranches was aimed for shelter support. The emergency plan of action for Central Sulawesi identified the first tranche as the shelter component (IDR 2 million), with the latter two tranches reported under livelihoods. *The overall process of the cash distribution is reported under the livelihood component of this report.*

A post-distribution monitoring survey on the cash distribution was also conducted – via phone calls due to the restrictions and protocols as a result of the COVID-19 pandemic – to gauge the efficiency of the service delivered by both the PMI/IFRC and the bank. A random sample was selected (based on 95 per cent confidence level and 5 per cent confidence interval). Based on the sampling, 1,230 respondents were selected proportionally based on the number of beneficiary households reached per district.

Respondents per district

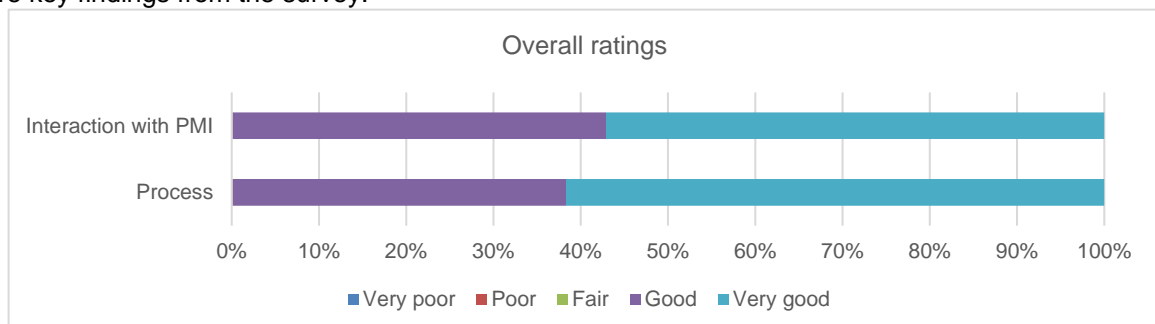


Of the respondents, 31.3 per cent were female while 20 per cent were older than 60 years old.

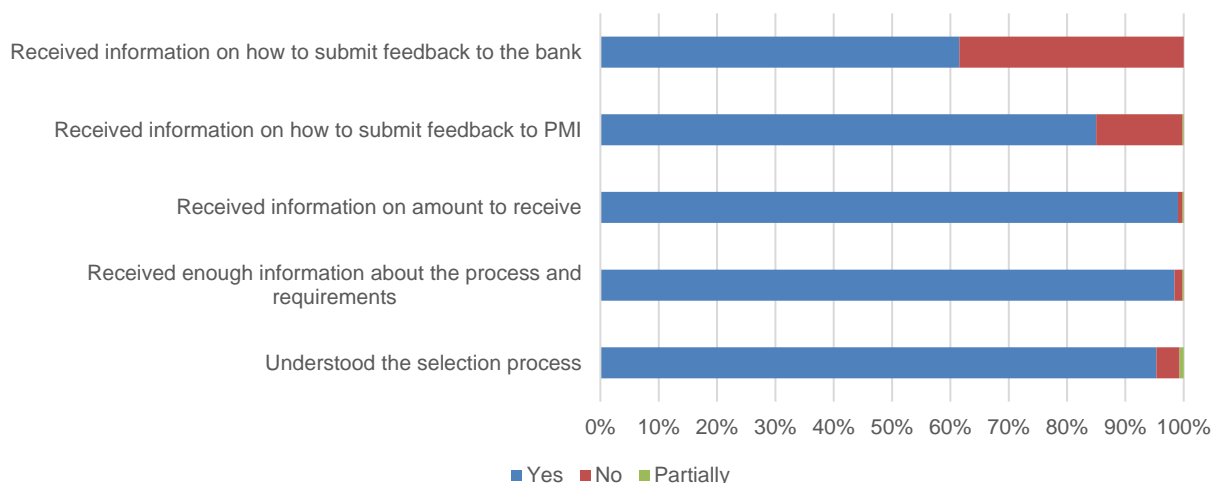
Sex and age of respondents

Age	Female	Male	Total
18-49	14.1%	41.7%	55.8%
50-59	7.8%	16.1%	23.9%
60+	9.3%	11.0%	20.3%
Total	31.3%	68.7%	100.0%

Below are key findings from the survey:

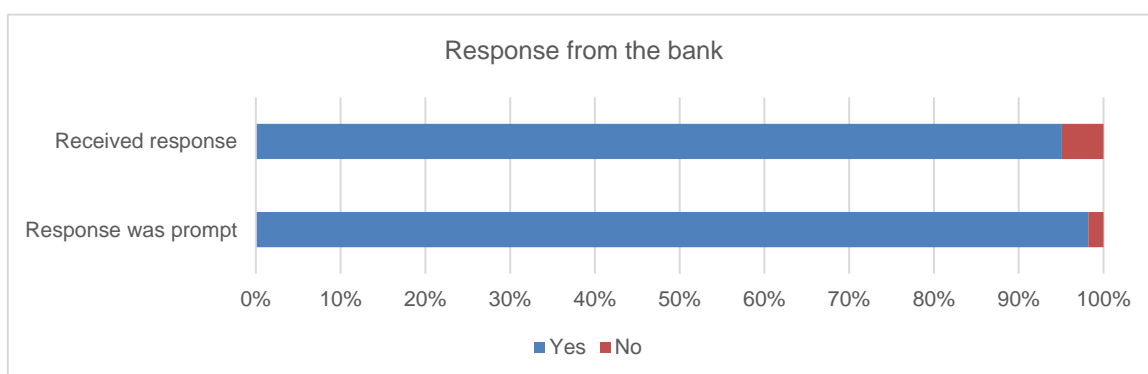
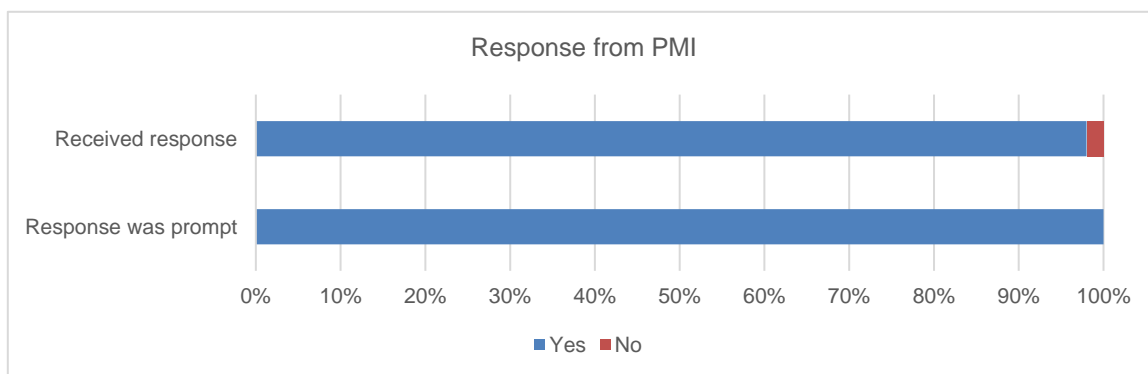


Information regarding the process



Regarding feedbacks:

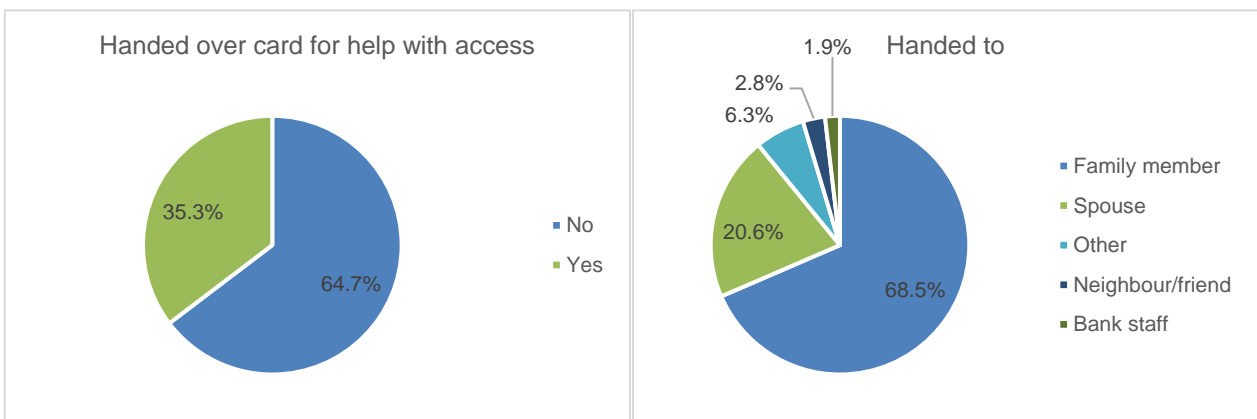
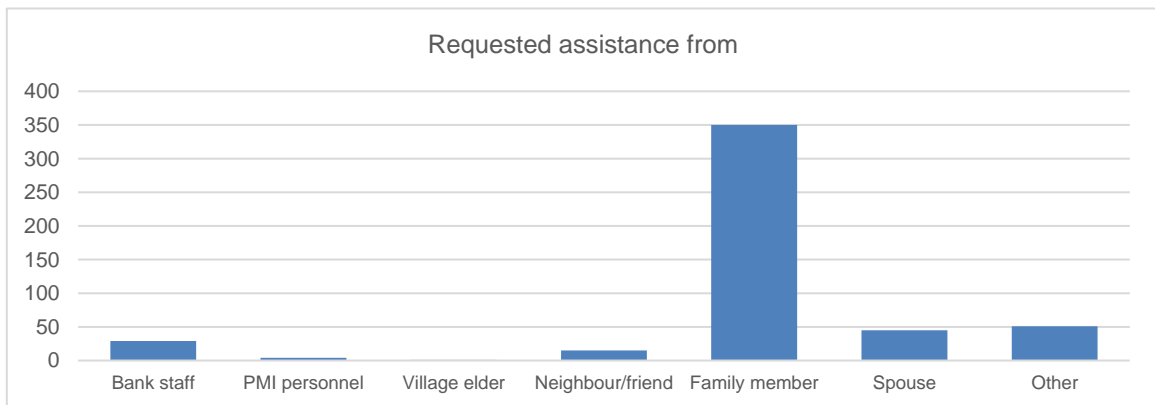
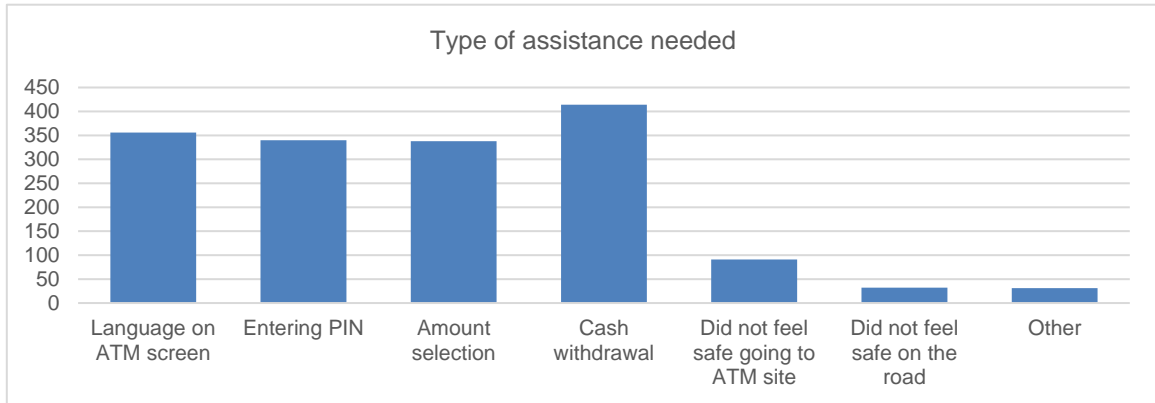
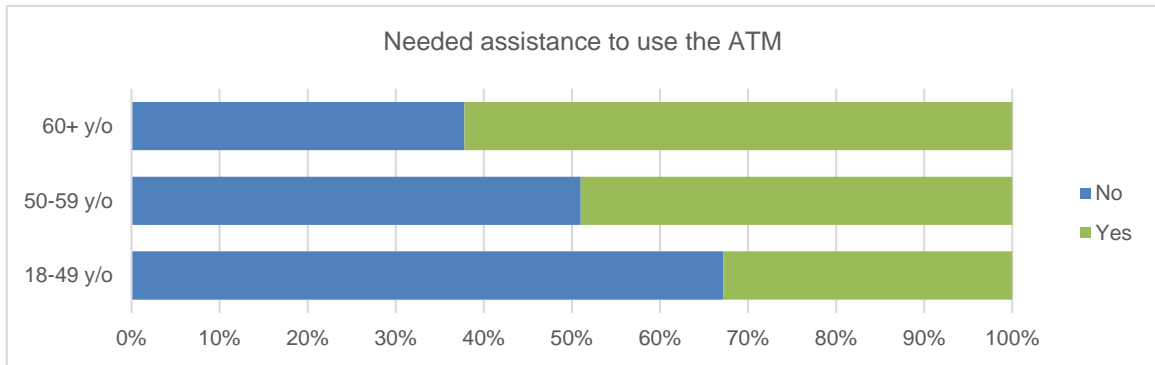
Overall, some 10 per cent of the respondents said they sent feedbacks to PMI. Meanwhile, some 8 per cent submitted feedbacks to the banks.



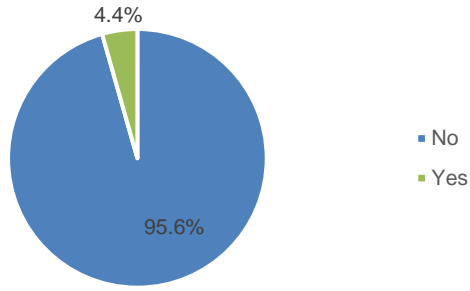
In some cases, support was also sought from PMI hotlines wherein 88 per cent of the issues were immediately resolved. The rest were sent or referred to respective offices or partners.

Overall, 99.1 per cent of the respondents said they did not pay or had to provide favours to be part of the programme. Those who said that they had were recontacted and asked to clarify their responses. Upon further investigations, it was found that they paid some members of the communities for help in accessing the ATM and not for their inclusion to the cash grants programme of PMI and IFRC. Furthermore, 98 per cent of the respondents also said that the assistance was timely.

Regarding the use of ATM cards and other bank services:

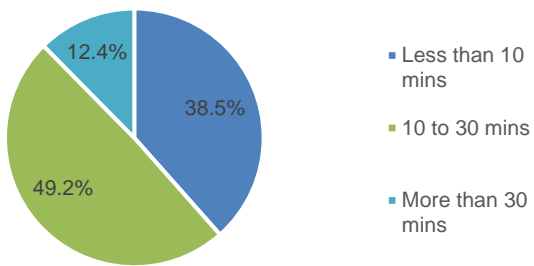


Had issues due to handing over of card

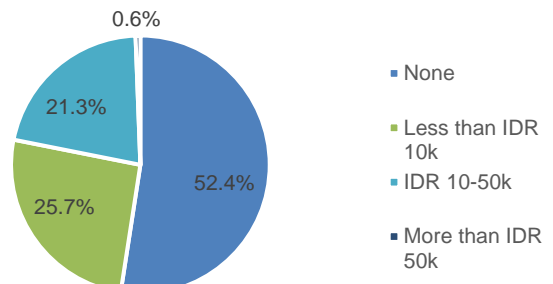


Regarding access to ATM sites:

Time it took to get to the ATM site

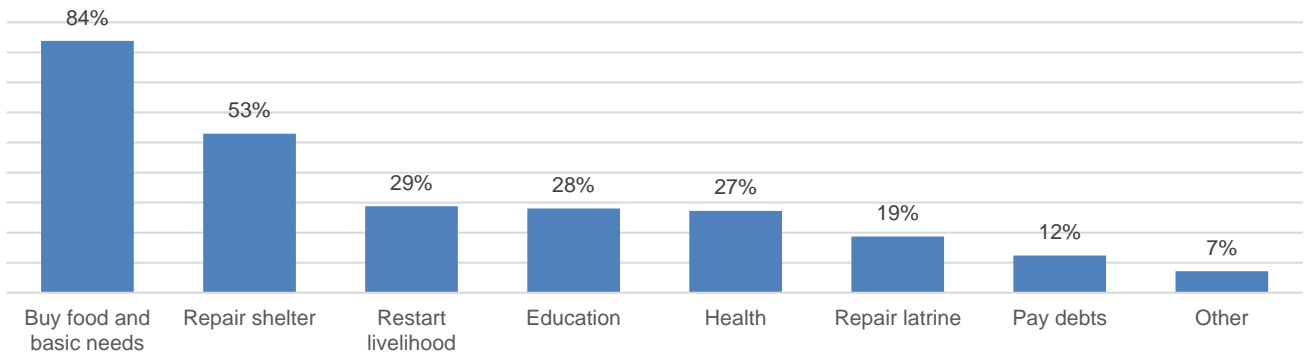


Cost to get to the ATM site

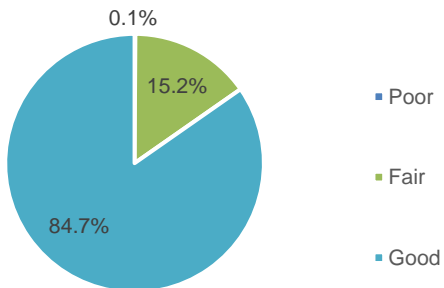


Regarding the usage of cash:

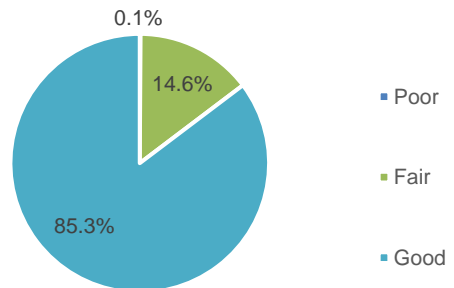
Usage of cash

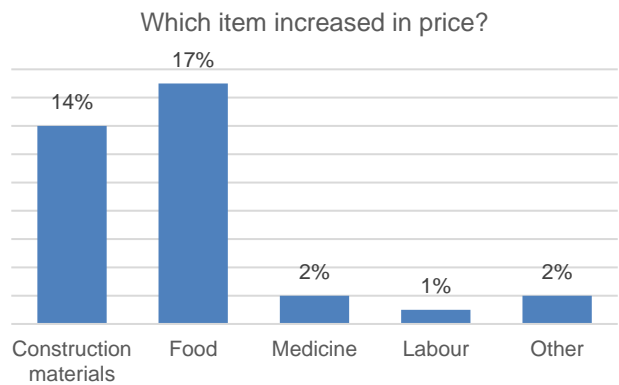
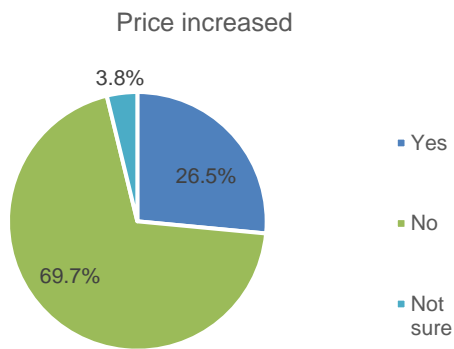


Quality of goods available

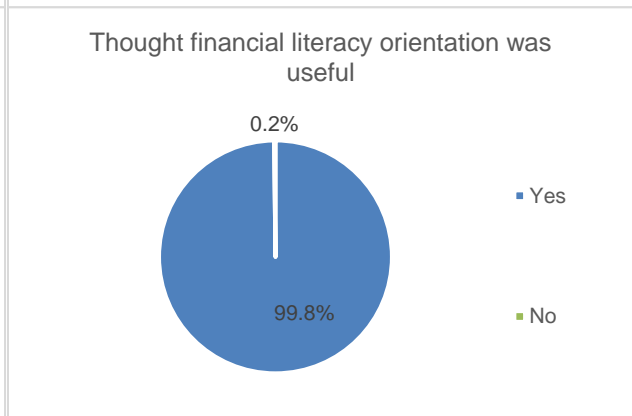
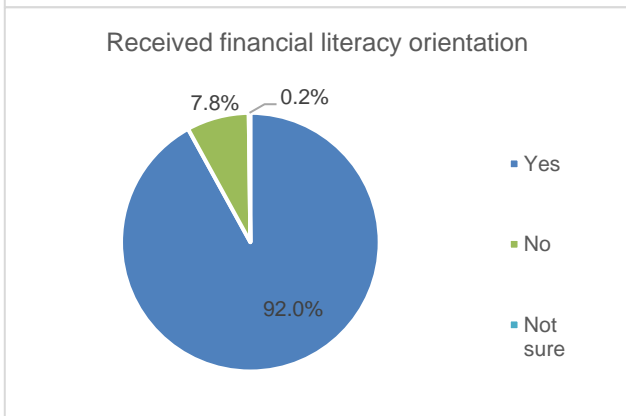
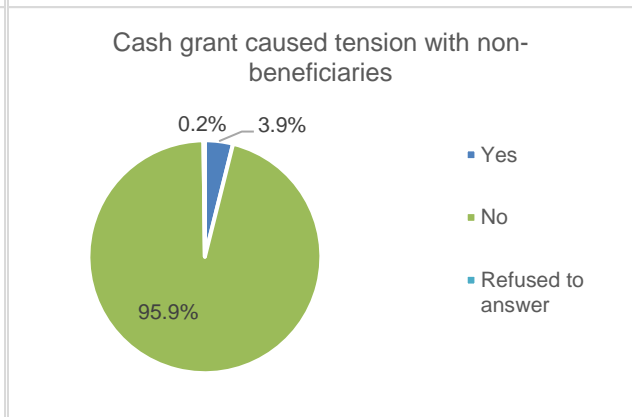
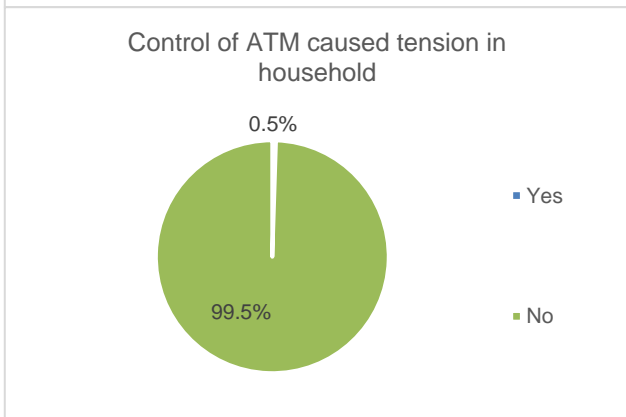
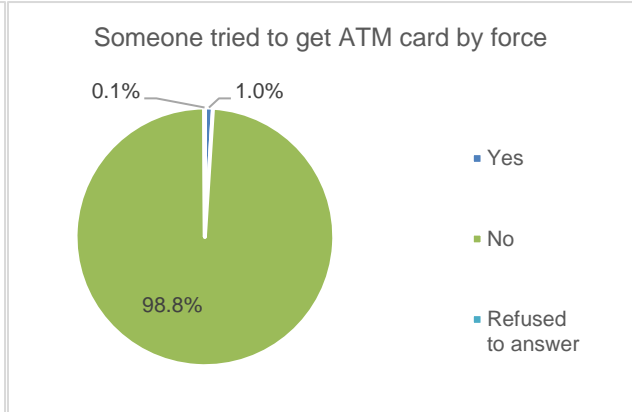
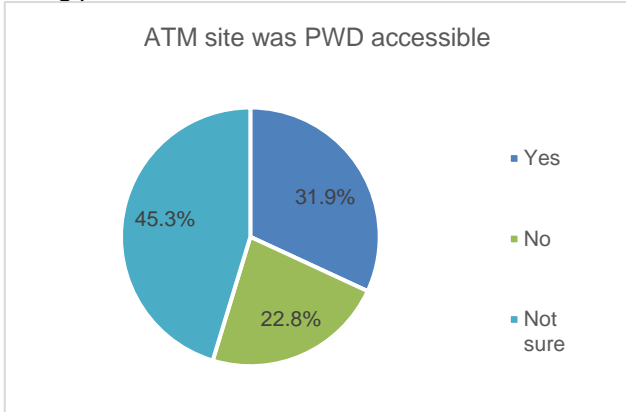


Availability of goods





Regarding protection and inclusion:



Technical shelter support

On 28 January to 4 February 2021, IFRC supported PMI with a 9-day technical shelter training participated by 30 PMI volunteers and facilitated by 5 PMI technical staff. The training aimed to provide PMI volunteers in Central Sulawesi with adequate knowledge on technical shelter, which they would disseminate to target villages as part of the building back better. The volunteers were trained on:

1. Difference between shelter (the product) and sheltering (the process)
2. Attitudes in shelter service

- Assessment
 - Analysis
 - Design
 - Pioneering
 - Monitoring
 - Repair and redesign
 - Implementation
 - Evaluation
 - Programme closure
 - Return to existing development/projects
3. Implementation of the seven principles of building back better
 4. Grouping of shelter non-food items (essential household items)
 5. Mechanisms for handling feedbacks and complaints via the different channels employed by PMI
 6. Manage potential conflicts that may arise and risks to communities
 7. Techniques on data collection and data analysis, including surveys, mobile data collection, focus group discussions, interviews
 8. Block-making
 9. Participatory approach for safe shelter awareness (PASSA), including the eight steps to facilitate in the communities:
 - Historical profiling
 - Frequency and impact of hazards
 - Community visits and mapping
 - Safe and unsafe shelter
 - Options for solutions
 - Planning for change
 - Problem box
 - Monitoring

Simulations were also conducted to practice the facilitation of these components. Furthermore, IFRC supported PMI with 22 motorcycles to be used for the field visits and technical trainings in the communities. The software components of the shelter programme targeting communities were expected to commence by the beginning of 2020. However, due to the COVID-19 situation and the government regulations imposed to curb the spread of the disease, these activities were ultimately canceled as community gatherings and face-to-face interactions were not allowed by the government.



Livelihoods and basic needs

People targeted: 37,000 people (9,250 households)

People reached: 40,036 people (10,009 households)

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
# of targeted households that have enough cash, income, vocational skills and access to basic needs items to meet their survival threshold	9,250	10,009

Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population

Indicators:	Target	Actual
# target population improve the access to employment or self-employed in sustainable livelihood activities	2,000	1,609

Output 1.4: Households are provided with unrestricted/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
# of households reached with cash for basic needs	9,250	10,009

Progress towards outcomes

Basic needs distribution

As part of the relief assistance, IFRC also supported PMI in providing baby kits⁷ and school kits⁸ to affected households in the target districts. Post-distribution monitoring surveys were also conducted (reported under shelter as part of the essential items survey).

Households reached with basic needs packages

Item	Palu	Sigi	Donggala	Parigi	Total
Baby kits	106	-	14	46	166 ⁹
School kits	445	150	-	922	1,517

Multi-purpose cash grants

Cash and Voucher Assistance in Central Sulawesi Key figures

- Total reached: **10,009 households**
- Villages reached: **103**
- Districts reached: **4**
- PMI volunteers: **~130 volunteers**
- Amount disbursed: **total of IDR 6 million (in 3 tranches) to each household**

On November 2018, PMI and IFRC undertook a joint recovery assessment across the disaster affected areas in Central Sulawesi. The recovery needs assessment findings and recommendations were crucial in providing information for proper planning of recovery operation activities aligned with government, PMI and IFRC strategic directions as well with other actors. The Recovery Assessment Team (RAT) was comprised of 10 members made up of PMI staff from different departments at the HQ, experienced PMI volunteers, as well as IFRC Field Assessment and Coordination Team (FACT) members, IFRC Regional Disaster Response Team (RDRT) members and other IFRC technical staff. Technical experts within the RAT team covered the sectors of migration/displacement, livelihoods, information management, psychosocial support, water, sanitation and hygiene, health, shelter, logistics and PGI exploring implementation modalities such as cash and voucher assistance. Among the recommendations were:

- To provide assistance to meet basic needs and replace lost household items.
- To provide shelter support
- To provide livelihoods support
- CVA is a feasible response option based on market assessments results, cash working group and provincial social services ministry (DINSOS) recommendations - 'JaDup (Jatah Hidup/Life Allowance)' IDR 2 million per households and per month for heavy damaged houses for up to three months
- To develop specific CVA programming skills for new staff and local volunteers.

A market assessment was also conducted jointly by Cash Working Group, composed of representants from various NGOs present in Central Sulawesi and responding to the triple disaster (CRS, Mercy Corps Indonesia, Swiss Contact, Save the Children Indonesia, ADRA, IR-Konsepsi, ASB, World Vision Indonesia, World Food Programme, JMK-Oxfam), on 12-24 November 2018. The general market conditions in the affected areas - Kota Palu, Sigi, Donggala and Parigi Moutong were concluded as being back to normal with almost food and non-food commodities available in sufficient quantities and at reasonable prices.

Additionally, a surge CVA expert assessed six financial service providers (FSP) operating in Central Sulawesi and specifically in the four heavily affected districts, Kota Palu, Sigi, Donggala and Parigi Moutong. The information collected in relation to geographical areas covered logistics and human resources capacity (i.e., number of offices, agents, ATMs, staff), financial capacity, service costs, response capacity (how many beneficiaries can be attended daily), similar previous experience and documentation capacities.

The Central Sulawesi provincial government regulated the procedures for distributing cash assistance by humanitarian organizations through the Decree of the Governor of Central Sulawesi Number 460/038 / DIS.SOS-G-ST / 2019 concerning General guidelines for multi-purpose cash assistance by humanitarian agencies.

PMI, supported by IFRC, decided to provide cash assistance amounting to IDR 2,000,000 (~CHF 130) per family for 3 months (3 times) with the first tranche intended for house repairs while the second and third tranches for other household priorities.

⁷ Baby kits are comprised of a baby soap bar, baby wash, baby oil, baby blanket, baby towel, baby sleepsuit, box container

⁸ School kits are comprised of a backpack, notebook, pencils, ballpoint pen, eraser, pencil sharpener, ruler, pencil box, colour pencils, lunchbox, drinking bottle

⁹ Further 2,000 baby kits were sent to Makassar Regional Warehouse for prepositioning

For this, PMI and IFRC established and applied the following beneficiary selection criteria:

General selection criteria:

- i. Heavily damaged / lost homes as registered by BPBD (Provincial Disaster Management Agency)
- ii. Have not received similar assistance from other humanitarian agencies.

Vulnerability criteria:

- iii. Female-headed households
- iv. Households with members with disabilities or underage children, or who are elderly, pregnant or breast feeding
- v. Economically challenged households
- vi. Not yet received temporary shelter

Fulfillment of administrative requirements:

- vii. Valid e-ID card – necessary to open a bank account, as requested by all financial institutions but attesting also that the respective e-ID card holder is an actual resident of the respective address.

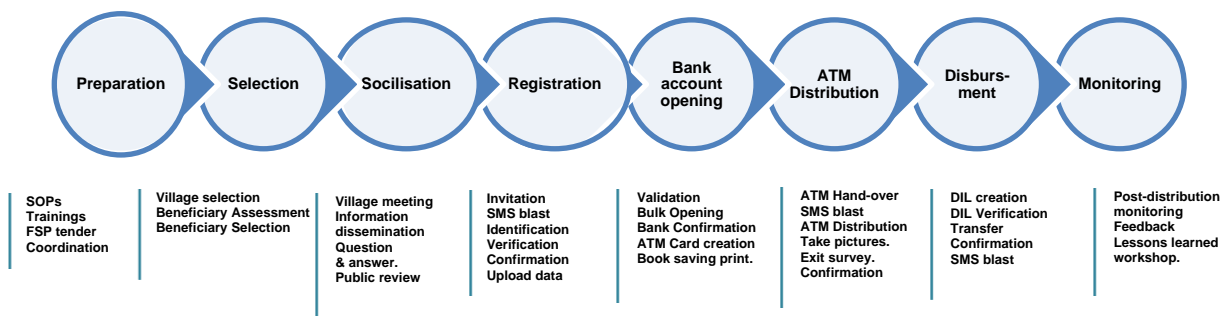
To avoid duplication, PMI added the two compulsory administrative requirements:

- viii. Copy of family card
- ix. Not being in the same family based on the card with another beneficiary

Some beneficiaries initially considered based on general and vulnerability criteria voluntarily withdrew from the PMI CVA program for various reasons, including but not limited to:

- Felt financially capable and unworthy of receiving assistance
- Unable to follow the requirements for PMI cash assistance
- Clarified that their house was not categorized as severely damaged

There were eight main steps carried out in sequence for the CVA activities. Each stage consisted of several activities, interacting with various external elements.



Throughout the process, PMI took the primary role in implementing the CVA programme. The field team was providing support to the PMI provincial and branch offices, in close coordination with IFRC sub-office in Palu. The Provincial PMI led the overall implementation of the programming. It ensured coordination with the branches and PMI NHQ, as well with the provincial authorities. PMI Central Sulawesi also mobilized volunteers from the PMI target branches - Kotal Palu, Donggala, Sigi, Parigi Moutong for training and to ensure the roll out of CVA activities at the village level.

To ensure a smooth implementation, a training was held on 25-28 November 2019 on the components and structure of implementation with a facilitator deployed PMI NHQ. A total of 23 volunteers (out of 25 planned volunteers) were initially trained:

- | | |
|------------------|----------------|
| • Palu | : 5 volunteers |
| • Sigi | : 8 volunteers |
| • Donggala | : 7 volunteers |
| • Parigi Moutong | : 2 volunteers |
| • Province | : 1 volunteer |

The training curriculum included the following topics:

- Red Cross (reorientation on basic principles and their application in the implementation of activities)
- Service point, crowd control, beneficiary registration, PMI Card, ATM Card & Savings book distribution
- ODK Data Collection (registration, exit survey & PDM)
- CTP Ranger MobileApp (progress update and PMI Card scanning)



CVA training for PMI volunteers. Photo: PMI/IFRC

- CEA (information session CBI, village meetings, feedback mechanisms & IEC materials)
- Introduction in Protection, Gender and Inclusion (PGI)
- Simulation exercise were also held after the training.

A strong information management system was also required to manage data of some 15,000 households (initial candidates for registration which was later validated to ensure fitness with criteria and requirements) across more than 100 villages. Due to the bank requirements and programmatic needs, personal information from each household needed to be collected, organized, stored for future access and analysis. A CBI system, developed by PMI, was used throughout the programme. The system included the CBI WebApp system which is accessed via a web browser and serves as the main management tool of PMI cash assistance interventions. Through this system, users can view profiles and the progress of the cash assistance receipt process for each beneficiary, photos related to the profile of beneficiaries and events related to the process, as well as several recaps both overall and per district; and the CTP Ranger, which is a mobile application that is used to regularly update beneficiary registration information, with photos of events & status of CBI stages, such as submission of invitations, registration of beneficiaries and distribution of ATM cards and Savings Book.



Brochures on beneficiary selection criteria were distributed in communities.

ODK (Open Data Kit) Collect app was used to conduct the initial registration, exit survey and post-distribution monitoring surveys, as well as for collection of regular feedbacks. ODK is an open-source application which allows users to design data collection templates and provides the ability to collect data offline. Data is then transmitted once network connection is reliable. This has proven advantageous for areas where the CBI system was impeded due to network issues. Kobo was utilized to store and arrange data received from the ODK.

CVA/IM service point kits, with laptops, printers, mobile phones and other IT equipment for the cash and voucher assistance, were also donated to PMI to support future programming. These are used for registration, validation and gathering feedback during the cash programme.

SMS communication was used to provide mass information to beneficiaries for registration, distribution, feedback and COVID-19 messages:

- Invitation to attend beneficiary registration sessions
- Invitation to attend ATM & Savings Book distribution
- Information on successful transfers from the Bank
- COVID-19 awareness messages

Information, education and communication materials were also disseminated and displayed throughout the target communities. These included materials on the requirements, selection criteria, registration and distribution processes, and feedback mechanisms, as well as messages on the COVID.

Cash and Voucher Assistance (CVA) process

Socialization

Prior to the beneficiary registration, information on who was entitled to receive what, and the overall process were presented to target communities. Village members were encouraged to ask questions to ensure that the procedures and requirements were acceptable and understood. Prior to the pandemic, only around 40 beneficiaries were allowed in each session to ensure participation from all the attendees. With COVID-19 constraints to ensure physical distancing the number of



Socialization in communities. Photo: PMI/IFRC

participants per session was reduced to 20 persons. The invitation to socializations was posted at the village office and with the help of village authorities communicated further to the village members and beneficiaries.

Invitation letters for registration

To ensure the registrations were only attended by selected community members, invitations to each target household were sent, based on data on severely damaged houses released by the government (BPBD). Each individual invitation letter was printed with PMI logo and a unique QR code. During distribution to beneficiaries, volunteers were required to take a photo of the beneficiary while holding the invitation to provide proof of receipt. The photo was uploaded to the CBI System via the CTP Ranger mobile application.

Beneficiary registration

After finalizing the preliminary beneficiary data for each village, additional data were collected to avoid duplications and fulfill programme and bank requirements.

Teams were deployed in each registration site. Each team was composed of:

- Team leader- managed the team to ensure completion of tasks according to work schedule
- Crowd control - managed crowds and queues, ensuring efficient flow of people
- Check-in desk - tasked with ensuring that only registered beneficiaries enter the service area – checked against their KTPs and invitation letters.
- Help desk - provided face-to-face communication services to residents, including non-beneficiaries. Tasked to provide accurate information on the programme and responses to questions from the community
- Service desk - the main table for collecting data of beneficiaries, from recording photos, matching ID cards and family cards with data received by PMI from BPBD, recording photos of ID cards and other information

Community validation

The initial registration of beneficiaries was not final as it was subject to community validation. Lists of potential beneficiaries were displayed for at least one week in the village/sub-village information board/or another easy to access by the community. Public feedback to the list was channeled through the PMI hotline number and other feedback mechanisms in place. All feedbacks received were treated with utmost discretion, investigated and resolved before allowing to proceed with the next steps.

Some of the community feedbacks indicated that:

- The name listed is not in the severely damaged category
- There were duplications of beneficiary names in one family, or in another village
- Have received similar assistance from other humanitarian agencies

Bulk bank account opening


As per the agreement with Bank Mandiri the creation of bank accounts will be carried out in bulk following a specific template and containing detailed information for each beneficiary.:

Beneficiary's name	Mother's name	Workplace
Sex	Address 1	Date of start working
Date of Birth	Address 2	Industrial Kode
Place of Birth	Post code	Income
Id Card number	CIF Number	Other income
Id Card expiry date	Product name	Phone number



Bantuan Kemanusiaan
Gempa Bumi, Tsunami & Likufaksi Sulawesi Tengah
Palang Merah Indonesia

UNDANGAN
Pendaftaran Penerima Manfaat




VALENTINO ROSYIDING
NIK : 7271020912670000
DUSUN-A Desa BALAROA
Kec. PALU BARAT Kota PALU
Sulawesi Tengah

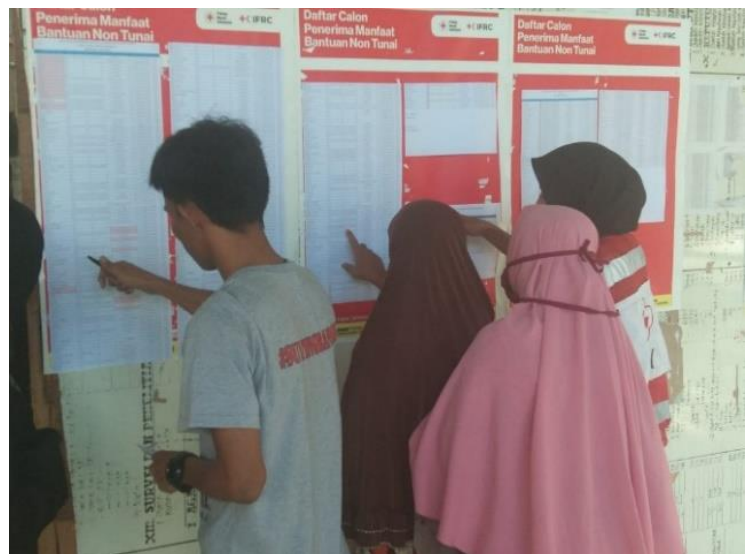
Untuk hadir pada:
Tanggal : 32 Desember 2020 | Jam : 25:15
Kelompok : 3

Lokasi : Aula Desa Baluase

Harap dibawa pada saat pendaftaran	No. Antrian
1. KTP	
2. Kartu Keluarga	
3. Surat Keterangan dari Dukcapil (jika kehilangan KTP)	

Pendaftaran hanya bisa dilakukan oleh Kepala Keluarga, atau diwakili anggota keluarga yang tercantum dalam Kartu Keluarga yang berusia 18 tahun atau lebih.

didukung oleh  International Federation of Red Cross and Red Crescent Societies



Community members check target beneficiary names in public spaces. Feedback and comments on the list, as well as on the services, were consistently encouraged to ensure community participation in the design and implementation of the programme. **Photo: PMI/IFRC**

Id Card issued by
Prefix title
Postfix title

Currency
Occupation
Function

Citizenship
Marital status
Account opening purpose

Email requests to open an account to Bank Mandiri were sent by IFRC office in Jakarta to the bank.

ATM/PMI card distribution

Once Bank Mandiri informed IFRC that the accounts have been created and the ATM cards/savings book printed and ready to be distributed, a distribution schedule was immediately set. Village heads were informed by phone, at the same time, the beneficiaries who were informed by SMS blast. Those without mobile phones were informed by the village heads/focal persons.

At the beginning of the distribution period, Bank Mandiri staff were in the field as per the contractual provisions to distribute ATM cards and savings books with the PMI and IFRC teams. However, after the first COVID-19 infections were reported, the bank updated their safety and security protocols and prevented staff to go to the field. During this time, distributions were directly done by PMI and IFRC staff and volunteers.

PMI/IFRC teams were mobilized for the distributions. Each team included personnel for crowd control, check in desk, PMI card distribution and photo, Team leader/ATM & Savings book submission officer and exit survey.

Disbursement

Fund transfers were only made after confirmation of receipt of ATM cards by the beneficiaries, as evidenced by an update on the CBI System and a photo of receiving an ATM and a Savings Book. PMI and IFRC provided written confirmation to FSB to disburse the funds to accounts. These were done per batch.

Monitoring

See shelter section for the CVA monitoring.

Vocational training

The aim of the livelihood activities was to empower unemployed youth and women with technical skills and small business support around their choice. A total of 14 types of training were identified: tailoring; culinary arts (on different cuisines); culinary arts (Baking and brewing); beautician (manicure, pedicure, spa, skin care and relevant skills); beautician (make-up, bridal make-up and hairstyle); computer; mobile phone technician, motorbike automotive; electrician; welding, electronics servicing; masonry; and carpentry, conducted either at the vocational training service provider centre or at the village level. These trainings were carried on by 5 vocational training institutes.

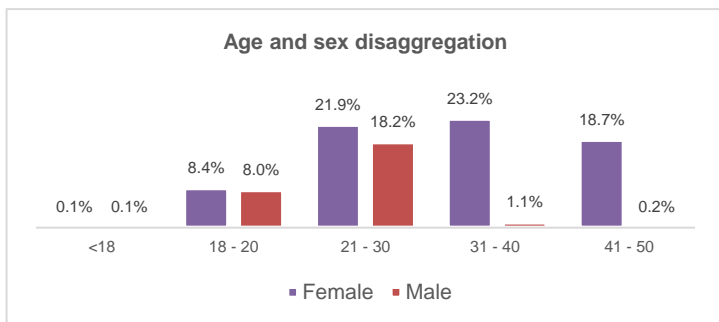
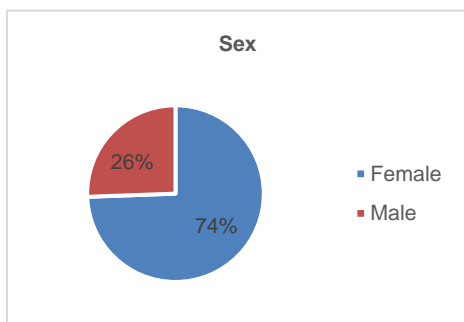


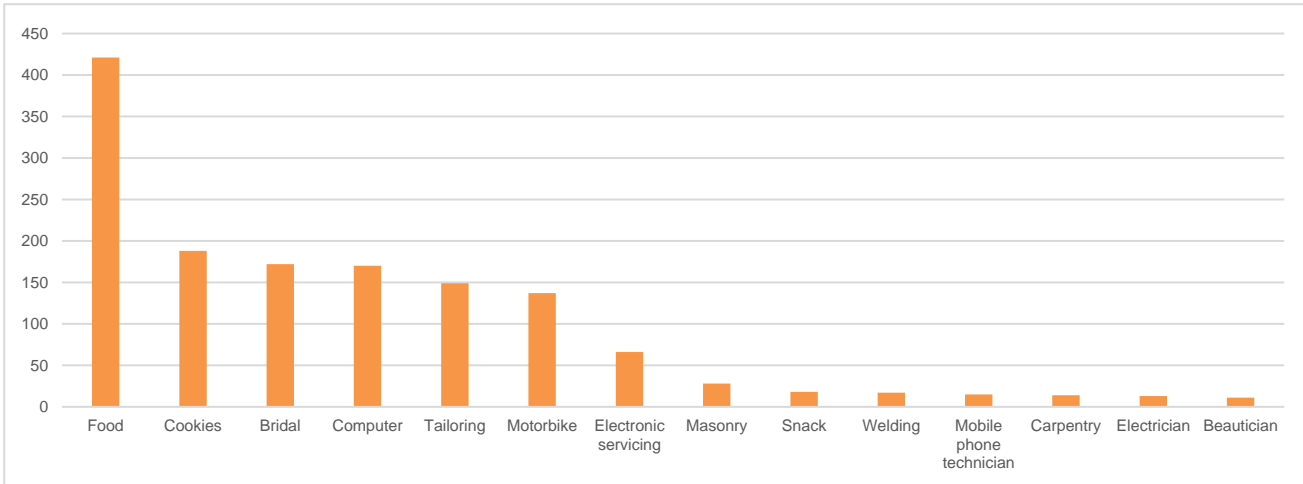
The diversity of trainings provided and of the people who attended the trainings could not only help improve economic situation of households but the overall economic activities in the target communities as well. **Photo: IFRC**

Of the target 2,000 individuals, 2,013 were registered to attend from among households who were also supported by the CVA. However, only 1,677 (83 per cent) were able to attend due to various personal reasons. Beneficiaries attending the training were provided transportation allowance and lunch (thru the training institute) to reduce the constraints for trainees' ability to attend.

Of the attendees, 1,609 (96 per cent) were able to graduate.

Number of people graduated

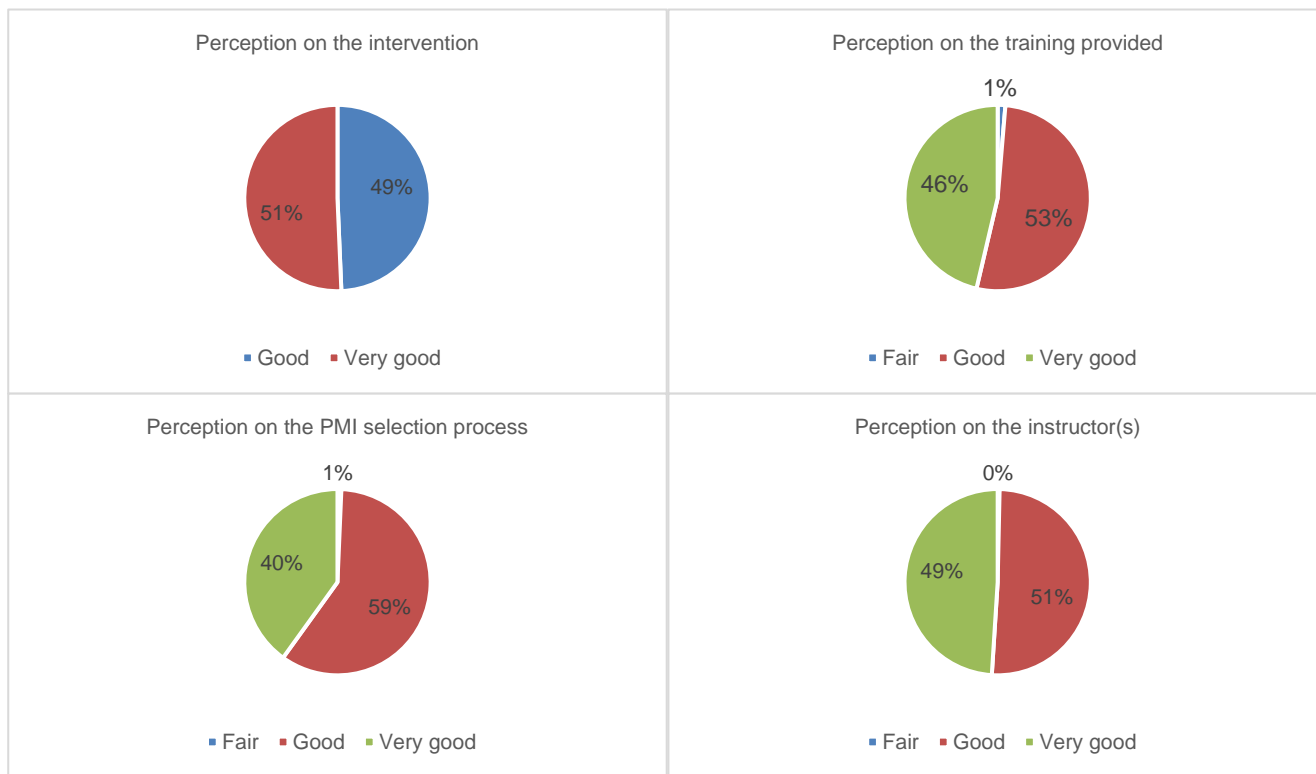




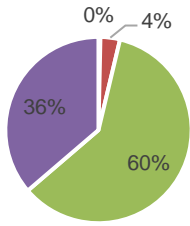
Prior to completion of the course and receipt of certificate, each participant was supported by the training institute to develop a business plan based on the training they attended. The participants were provided guidance on which tools, equipment and inputs need to be prioritized and with other technical aspects of starting a business. After completion of the course, each graduate was provided IDR 3.5 million (CHF 225) as a contribution to support them in restarting or initiating small businesses based on their trainings.

Highlights of the vocational training post-programme survey

A total of 326 graduates were interviewed from the 4 operational districts. Of the interviewees, 249 were females (76 per cent). In terms of age, 2 of the interviewees were below 18 years old while 73 interviewees were 40 years old or older.

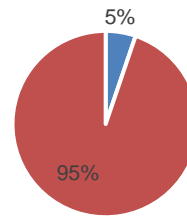


Perception on the cash distribution process



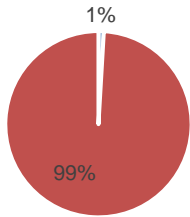
■ Poor ■ Fair ■ Good ■ Very good

Felt they made the right choice of training



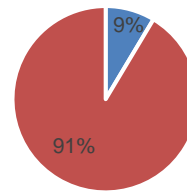
■ No ■ Yes

Felt they received enough knowledge/skills



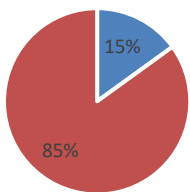
■ No ■ Yes

Felt they could better sustain a business as a result



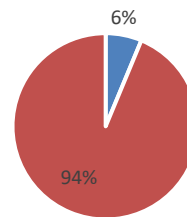
■ No ■ Yes

Saw their business sustaining itself for 1 year



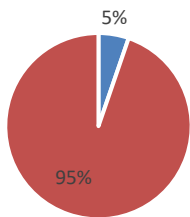
■ No ■ Yes

Planned on expanding their business



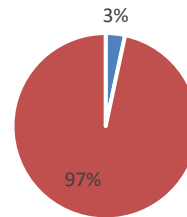
■ No ■ Yes

Provided feedback to PMI and received response



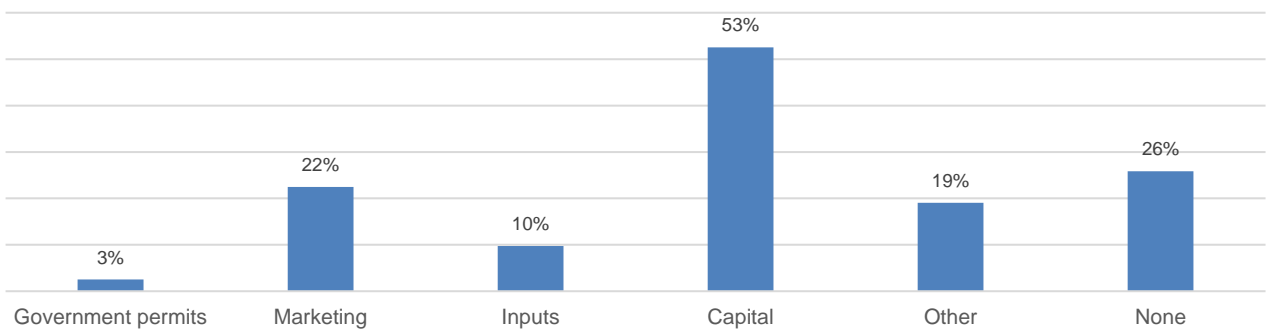
■ No ■ Yes

Provided feedback to institute and received response



■ No ■ Yes

Challenges faced in setting up of business



COVID-19 pandemic also brought challenges on implementing activities, particularly since the trainings had to be face-to-face interactions. To prevent the spread of the disease, strict health protocols and physical distancing requirements were imposed, while each class was set to a maximum of 15 trainees. IFRC and PMI also included these measures in the contract with the service provider to ensure their commitment to observing the protocols. PMI and IFRC also deployed volunteers to monitor the observance and report any lapses. Lapses were then discussed with the vocational institutes and were promptly addressed.

As of completion of the programme, no COVID-19 case was reported among the participants, instructors and PMI/IFRC personnel stemming from the vocational trainings.



Health

People targeted: 80,000 (20,000 households)

People reached: 281,557

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

Indicators:	Target	Actual
-------------	--------	--------

# of people reached by emergency health services	80,000	281,557
--	--------	---------

Output 1.1: Target population is provided with emergency medical management of injuries and diseases

Indicators:	Target	Actual
-------------	--------	--------

# of people reached by First Aid services	10,000	numbers cumulated with medical services
---	--------	---

# of people reached by emergency medical services	30,000	15,973
---	--------	--------

Output 1.2: Capacity of local medical services to provide medical care is increased

Indicators:	Target	Actual
-------------	--------	--------

# of health facilities with improved capacity on medical services	4	5
---	---	---

Output 1.3: Capacity of PMI emergency health response is strengthened

Indicators:	Target	Actual
-------------	--------	--------

# of participants certified on EMT	40	40
------------------------------------	----	----

Output 1.4: Capacity of PMI on coordination is strengthened

Indicators:	Target	Actual
-------------	--------	--------

Surveillance system linked to MoH is established	Yes	Yes
--	-----	-----

Output 1.5: Community-based disease prevention is provided to the target population

Indicators:	Target	Actual
-------------	--------	--------

# of people reached with community-based disease prevention and health promotion programming (cumulative)	80,000	281,557
---	--------	---------

Output 1.6: Community-based activities for malaria prevention and care

Indicators:	Target	Actual
-------------	--------	--------

# of households who received mosquito nets	18,574	17,491
--	--------	--------

Output 1.7: Psychosocial support provided to the target population

Indicators:	Target	Actual
-------------	--------	--------

# of people reached by psychosocial support	40,000	19,789
---	--------	--------

Output 1.8: Target population is reached with Search and Rescue activities

Indicators:	Target	Actual
-------------	--------	--------

# of volunteers deployed	600	Over 600
--------------------------	-----	----------

		20 volunteers trained on ECV
		37 volunteers trained in PSS
		301 volunteers mobilized

Output 1.9: Blood donation services rehabilitated to continue for target population

Indicators:	Target	Actual
Blood bank equipment and devices rehabilitated	Yes	Yes

Progress towards outcomes

Emergency medical services

With support from IFRC, PMI has been supporting the Puskesmas (Primary Health Care Unit) in Tompe, in coordination with the Ministry of Health (MoH). PMI augmented the capacity of the local health unit to provide emergency and non-emergency medical services while IFRC is supporting the construction of a temporary puskesmas. The government planned and finalized the construction of the permanent puskesmas to replace the damaged one. Health services provided include outpatients, emergency room, in-patients (eight beds), maternity, psychosocial support, health promotion and pharmacy. On the last week of August 2019, the last PMI Emergency Medical Team rotation finished their duty and the operation was handed over to the MoH. In September 2019, all PMI equipment including tents was dismantled were packed and transferred to the PMI central warehouse at Jatiangor, Java.



PMI mobile blood bank unit supported by IFRC. Photo: PMI/IFRC

A total of 5,695 people accessed the health services provided at the tented emergency clinic in Tompe since becoming operational. The clinic provided 24-hour access for emergencies and pregnant mothers. Overall services included basic emergency care, outpatient and in-patient care (4 beds each for males and females), mother and child-care (basic deliveries and basic obstetric care), psychosocial support service, pharmacy, basic laboratory and referral services. In addition to emergency medical care, PMI had four emergency medical mobile teams served in affected communities. There were 10,278 patients in total that were attended by PMI mobile teams in Palu, Parigi, Sigi and Donggala. These complementary health services have ended July 2019.

Reinforcing the capability and capacity of PMI staff and volunteers in providing first aid was the center of attention of PMI and IFRC. PMI was delivering the first aid trainings in two levels culminating with ambulance trainings attended only by those who successfully passed the previous two examinations. A total of 60 PMI volunteers participated in basic first aid trainings and 40 volunteers participated in the advanced first aid training. The ambulance trainings were completed in February 2021 and the first aid equipment both the individual kits and the training equipment were handed over to each of the four PMI branches and PMI Central Sulawesi province.

Portable first-aid kit contents

Portable Bag	Povidone Iodine
Triangular Bandages	Antiseptic Gel
Petroleum Gauze	Scissors
Sterile Dressing no.1	Tweezers
Sterile Dressing no.2	Penlight
Sterile Dressing no.3	Pin
Elastic Bandage 4"	Filed Medical Card
Adhesive Bandages	Block Note and Pen
Adhesive Bandages Rolls	Pair Examination Gloves
Gauze Rolls 3" NS	Mask
Gauze Rolls 4" NS	Blaster Blanket
Softratulle	Thermometer
Cotton Bud	Blood Pressure & stethoscope
Cajuput Oil	Alcohol Pads
Alcohol 70%	

Advanced first aid training kit

PPE, Helmet, CPR face shield	Hard splint (wood)
Penlight	Vacuum splint
Blood pressure test	Air splint
Stethoscope	Traction Splint
Pulse oximetry	Triangular Bandage
Adult CPR mannequin	Collar neck
Baby CPR mannequin	Kendrick Extrication device
AED Trainer	Long spine board +strapping
Choking set trainer adult	Head immobilization system
Choking set trainer child	Blanket
Bag Valve Mask (adult)	Folding Stretcher
Bag Valve Mask (baby)	Scoop Stretcher
Oropharyngeal Airway	Vacuum mattress
Oxygen set	Police line
Various bandages	Triage tag
Scissors	Stethoscope for testing
Occlusive dressing	

To assist PMI and IFRC on strengthening EMT capacity, an independent consultant was contracted to carry out an assessment of lessons learned from the EMT deployment during the emergency phase of the operation. The report was shared in October 2020 and followed by a Lessons Learned Workshop in December. Below are some of the recommendations.

Recommendations relevant to the PMI National Office Health and HiE Subdivision

The national medical emergency response unit (ERU) to develop a comprehensive plan and strategy to make a quality team which is ready to be deployed nationally and internationally.

1. The PMI National Health Division needs to develop a medical ERU strategic plan which indicates its goals/objectives and means of achieving them. PMI needs to simplify the current medical ERU roadmap or preferably convert it into a logical framework approach to guide the process.
2. To decide what type of medical ERU is planning to develop in the short, medium and long-term.
3. To develop procedures and policies and analyze and list of all the resources needed.
4. To update current medical ERU team job descriptions and responsibilities.
5. To review current training module based on past experiences in the field to focus more on field management.
6. To consider removing psychosocial support specialist from ERY team and instead include a mental health module in the medical ERU curriculum
7. To ensure check lists are available for each deployment
8. To develop deployment strategies for medical ERU
9. To base deployments based on needs assessments (consider sending partial team)
10. To appoint Bogor hospital staff as medical ERU coordinator who will assist PMI
11. To develop a plan of action for each deployment
12. To develop a budget for a minimum of three months to track budget and negotiate with donors if necessary
13. To write a report for each deployment and a final operation report to be used as references for evaluations and trainings
14. To develop clear coordination and reporting lines, complete with tasks and responsibilities
15. To form a working group consisting of PMI HiE, DM emergency response subdivision, IFRC health manager and PNSs to guide the planning and review process
16. In the longer-term, to tailor trainings into province-based trainings
17. To strengthen medical ERU capacities by seeking opportunities to participate in joining trainings with PNSs with strong clinic/field hospital system
18. To conduct an evaluation at the end of ERU operations
19. To encourage provincial offices to do mapping of medical personnel and create a response team at provincial and district levels



Simulation during the advanced first-aid training.
Photo: PMI/IFRC

20. To continue to participate in the national EMT network under the coordination by the Ministry of Health and WHO, and to appoint a focal person for the network

Recommendation relevant to PMI Emergency Response Unit under the Disaster Management Division

1. To develop provincial and district capacity assessments of emergency tools to identify which affected provinces and districts have adequate resources to be involved in emergency responses
2. To develop joint emergency assessment tools and include health staff in the assessment team
3. To ensure that the coordination line is consistent at all levels
4. To ensure that health in emergencies reports/recommendations are discussed in daily operation meetings and shared within the larger operation
5. To use daily operation meetings to strengthen links between PMI sectors
6. To support existing structures at province and district levels and work with them to assist in scaling up capacities
7. To continue coaching programmes for province and district offices
8. To discuss policies on localization and develop guidelines on working with provincial and district offices during responses
9. To conduct evaluations of the responses before entering recovery phase
10. To conduct a recovery planning workshop with relevant division managers, provincial and district personnel after the conclusion of the emergency phase
11. To develop memorandum of understanding with national pharmacy companies for procurement of medicine
12. To provide emergency response training to provinces and districts that are considered highly disaster-prone
13. To mainstream protection, gender and inclusion, as well as community engagement and accountability into all PMI programmes
14. To develop agreement with IFRC on roles
15. To create a space at PMI Bogor hospital for emergency medical warehouse

Recommendation relevant to IFRC CCST Jakarta office

1. To assist PMI on developing health in emergency and recovery assessment tools
2. To provide feedback to PMI HiE response and recovery plans
3. To provide funding for future PMI medical ERU capacity building
4. To ensure that health delegates and staff are properly introduced to and briefed by the Head of PMI health division
5. To analyze current IFRC working approach and discuss with PMI what capacities are needed to be assisted
6. To involve IFRC health team in Jakarta in the evaluations for future health related activities

Rehabilitation/reconstruction of health facilities

The IFRC health team supported the reconstruction/ rehabilitation of four health facilities, led by PMI – one rehabilitated pustu in Tanjung Padang, two newly reconstructed pustus in Lende and Tompe and one rehabilitated provincial blood center in Kota Palu. Aside from the structures, the appeal also supported the provision of basic health equipment for the facilities. The health facilities and equipment were designed in coordination with PMI and the Ministry of Health at the nation and provincial level.

The completed facilities were handed over to the local government to be managed by the local health ministries

The blood bank rehabilitation has also been completed. This included the replacement of the roof, partition works, water and sanitation systems replaced including the provision of a new water tower with increased storage capacity, electrical system replaced, antibacterial floor installed, as well the procurement of new blood bank equipment



Rehabilitated Pustu in Tanjung Padang, Sirenja, Donggala. **Photo: IFRC**

Psychosocial support services

Activities such as drama, counselling and other small workshops and exercises were implemented to reduce the stress and hardships caused by the disaster which afflicted the population and affecting their mental health. PMI interventions include psychological first aid (basic human support; delivery of practical information; display of empathy, concern and respect to the affected; maintaining dignity of the population throughout the interventions) and through participatory activities such as community mobilization, community-based psychosocial activities and awareness raising. In total, PMI conducted 406 PSS sessions, reaching 19,789 people.

People reached with PSS (by sex per district)

District	Male	Female	Total
Donggala	2,904	4,106	7,010
Kota Palu	2,605	3,754	6,359
Parigi Moutong	698	972	1,670
Sigi	1,853	2,897	4,750
Total	8,060	11,729	19,789

People reached with PSS (by age per district)

District	< 5 y/o	5 – 17 y/o	18 – 60 y/o	> 60 y/o	Total
Donggala	323	3,079	3,256	345	7,010
Kota Palu	503	3,855	1,963	38	6,359
Parigi Moutong	328	1,068	268	7	1,670
Sigi	366	2,607	1,686	91	4,750
Total	1,520	10,609	7,173	481	19,789

Disease prevention and health promotion programming

As the threat of COVID-19 transmission continues, PMI branches in Central Sulawesi continued to reinforce prevention messaging in communities. In all target districts Kota Palu, Sigi, Donggala and Parigi Moutong, a refresher on epidemic control for volunteers was conducted, attended by 55 participants, to emphasize the PMI role in preparedness, alert, response and evaluations during pandemic. COVID-19 guidelines such as mask-wearing, physical distancing, handwashing and disinfecting were also disseminated. IFRC and PMI also provided 15,000 N95 masks to the local Ministry of Health to be used in medical facilities to augment their medical resources.

Socialization on epidemics was also conducted for the community-based action teams in Kota Palu, Sigi, Donggala and Parigi Moutong. The 4-day activity aimed to ensure that community volunteers are aware of their roles within three activity streams – prevention, health promotion and case management and referral as well government restrictions. PMI remained high on the trusted information sources (based on survey done by COVID-19 team based in Jakarta) and plans to continue to utilize this platform to support government efforts in curbing the transmission of the virus. More than 600 banners and 5,000 fliers related to COVID were distributed while 4 volunteers from each branch conducted three times a week dissemination of Covid messages in strategic locations such as medical facilities, markets, mosques.

In response to COVID-19, PMI Central Sulawesi continued to operate as auxiliary to the government. IFRC has been providing technical support to PMI provincial counterparts particularly in integrating COVID-19 messaging into earthquake programming. Overall, community health and COVID-19 messaging reached some 281,557 people.

Development of blood service capacity

IFRC, through this appeal, supported PMI in developing the blood service capacity of PMI Central Sulawesi. The blood bank, which serves the whole province and some neighbouring districts, was rehabilitated. In 2020, PMI received blood donation from more than 13,000 donors across the province. PMI continues to promote blood donations across the province.

A mobile blood unit fully equipped was also procured and deployed, allowing access to remote locations and increasing the provincial blood collection. Training for this mobile unit was provided in coordination with the local Ministry of Health.

The rehabilitated blood bank also received performant medical equipment from this appeal to improve his services. The blood bank continues to operate, being challenged by the COVID-19 pandemic. However, blood



Interior of the PMI provincial blood bank and transfusion centre which was rehabilitated with the support of IFRC. Photo: IFRC

donation campaigns are organized periodically to improve donor turnout. In addition, prior to the COVID-19 pandemic the operation supported three Blood Bank staff from Central Sulawesi to undergo specialized trainings.



Water, sanitation and hygiene

People targeted: 160,000 (40,000 households)

People reached: 148,136

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

Indicators:	Target	Actual
# of households provided with safe water services that meet agreed standards according to specific operational and programmatic context	40,000	36,000

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of assessment conducted	25	17

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	80,000	70,050

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of households provided with sanitation facilities	4,000	1,622

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

Indicators:	Target	Actual
# of people reached with hygiene promotion activities	80,000	¹⁰

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

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	40,000	36,000

Progress towards outcomes

IFRC was supported by a WASH delegate to develop and support PMI in implementing WASH plans in Sulawesi. The WASH delegate has since been replaced by a health/WASH delegate in July 2019 active until end of December 2019. WASH-related items distributed with support of this appeal are as outlined in the table below:

Item	Palu	Sigi	Donggala	Parigi	Total
Hygiene kit	6,464	9,375	9,275	4,480	29,594
Jerry can	7,140	148	2,722	844	10,854



Hand-over of water trucks to PMI. Photo: IFRC/PMI

IFRC supported PMI in providing hygiene kits to 29,594 households (118,3761 people) and jerry cans to 5,427 households (21,708 people). Each hygiene kit contains 5 pieces of bath soap, 1 piece of laundry detergent, 1 bottle of shampoo, 3 tubes of toothpaste, 5 pieces of toothbrush, 20 pieces of sanitary pads, 2 pieces of towels and 1 container box.

PMI hygiene promotion teams visited households in the camps and villages to conduct hygiene promotion activities reaching 11,655 people (4,997 men and 6,658 women). Of these, 4,961 are between the age of 5 and 17 years old, while 810 are above 60 years old. In all, including those who received hygiene kits, people were reached with hygiene promotion. Video public service announcements have also been produced specifically discussing hand washing, clean life behaviour, household water treatment and proper waste management. (see CEA part for more details)

¹⁰ Figures were revalidated and corrected based on the last reports received.

Hygiene promotion modules:

1. Solid waste management
2. Washing hands
3. Household water treatment
4. Diarrhea prevention
5. Dengue fever risk
6. Menstrual hygiene management
7. Hygiene kit usage
8. Hygiene and clean behaviour

Modules presented for each community varied based on PMI WASH team's assessment of the conditions and the necessities in the community.

PMI, with the support of IFRC, also provided 21.7 million litres of water to 17,512 households (70,050 people) across four districts using water trucks. PMI Kawatuna Water Treatment Plant was the location where water was treated and collected from. The water trucking operation ended in July 2019. IFRC also supported PMI with procurement of 10 water trucks to enhance PMI capacity to provide water in future emergencies.

To increase the water storage capacity as well to ensure daily access to safe water, the operation procured and distributed 200 stainless steel water tanks, 157 water towers and plumbing materials, particularly to equip community areas such as schools, religious spaces and health facilities. These facilities are now in use.

At the end of December 2018, PMI was able to construct 94 latrines and 34 bathing facilities in 20 IDP camps, sheltering more than 1,582 households (6,328 people). In 2019, no further latrines or bathing facilities were constructed as the operation transitioned to the early recovery phase. IFRC has also completed 40 sanitation facilities as part of the transitional shelters in Sambo village, Sigi district. Hygiene promotion was also conducted in the village to complement the facilities in ensuring proper sanitation behaviour and reduce open defecation in the area. The water and sanitation activities follow the VCA findings in each target community tailor fit to the priorities and resources of the communities.

Overall, a water supply scheme has been constructed, with 4 boreholes equipped with 3 reservoirs and ancillary equipment drilled; and 6 latrines, simple or double have been built or rehabilitated; and one drainage and 4 waste management boxes set up. More details covered under DRR section.

PMI, with the support of IFRC, also distributed 157 units of 2,000 litre-steel water tanks and supported the installation of water towers in selected communities. An additional 43 units were distributed by PMI during the emergency response. Below table reflects breakdown of water tank installation by type of facility and per district.



One of the water tanks and water towers installed in the target communities aimed at ensuring adequate supply of water for household use. **Photo: IFRC/PMI**

Type of facility	Donggala Regency	Kota Palu	Parigi Moutong	Sigi District	Total
Community	5	3	4	4	16
Government facility	-	-	2	1	3
Health facility	4	8	-	3	15
Orphanage	1	-	2	3	6
PMI office	-	1	-	-	1
Public latrine	3	-	-	-	3
School	21	5	26	19	71
Mosque/place of worship	16	11	6	9	42
Total	50	28	40	39	157

Disinfection kits

A total of 48,000 kits were procured with the support of the OFID contribution. Of these, 36,000 have been distributed in Central Sulawesi province. These include the four operational districts of Donggala, Palu, Parigi Moutong and Sigi, as well as neighbouring districts that have also been reporting high cases of COVID-19. Distribution of the kits between Central Sulawesi districts were proportionally done based on the number of reported cases. In the operational districts, the beneficiaries were selected among the vulnerable groups as well among those in the frontline. The government-provided temporary shelters or *huntaras* were included to help improve living conditions in order to prevent disease transmission. Distribution points were set up at PMI branches, health facilities, religious places and government offices where community members could conveniently collect from.

reinforce hygienic practices in households and contribute to the prevention of COVID-19 transmission, PMI and IFRC adapted the plan of action to the circumstances and decided to provide households with disinfection kits. Each kit contains washing powder, face masks, rubber gloves, bath soap, disinfectant, microfibre cloth, instruction sheet and plastic bucket with lid.

Households reached with personal disinfection kits

District	# of households reached
Kota Palu (provincial capital)	9,000
Buol	6,000
Banggai	4,700
Donggala	4,000
Morowali	3,000
Sigi	2,000
Toli-toli	2,000
Poso	2,000
Morowali Utara	2,000
Parigi	1,000
Tojo una-una	300
Total	36,000

The remaining 12,000 kits are prepositioned in PMI's Makassar Regional Warehouse, ready to be dispatched for regional use.

To avoid COVID transmission due to massive crowds, PMI designed specific distribution guidelines. As such, the kits were brought to these pre-established distribution points wherein a minimum number of households selected to receive were invited at specific time. Strict health protocols such as handwashing prior to entering the distribution perimeter and temperature screening were performed by PMI volunteers. Mask-wearing and physical distancing were also observed. People displaying COVID-19 symptoms were identified, referred and their receipt of the kits was rescheduled.

Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

Indicators:	Target	Actual
# of people have access to safe water	40,000	See DRR

Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities

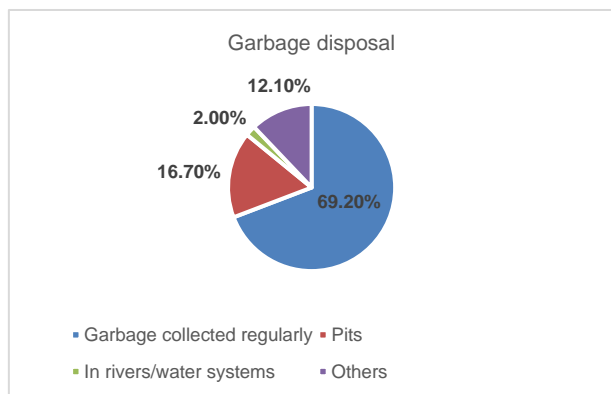
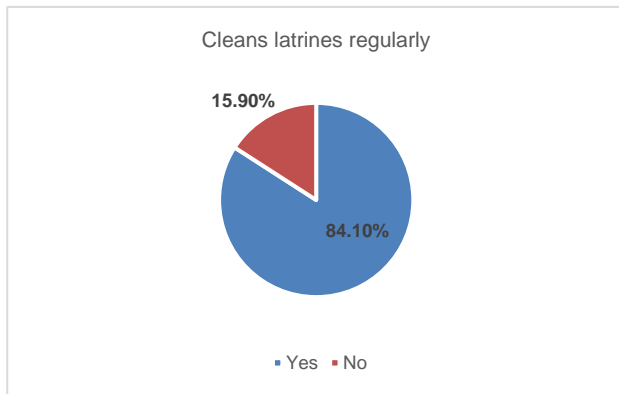
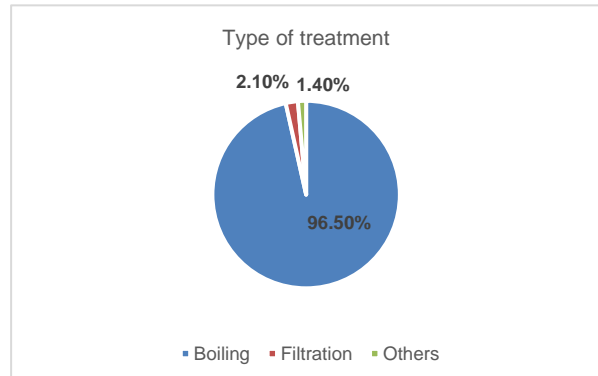
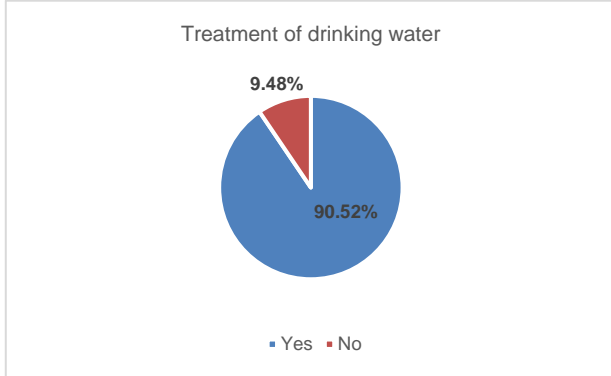
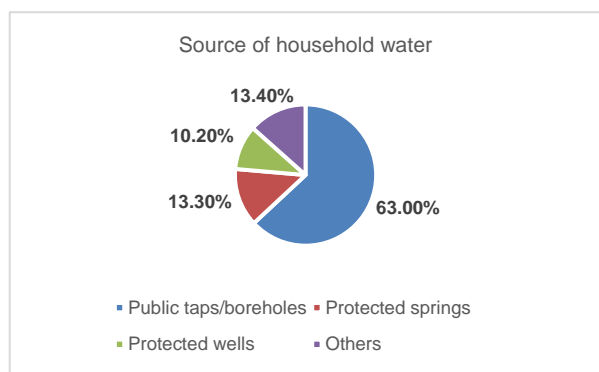
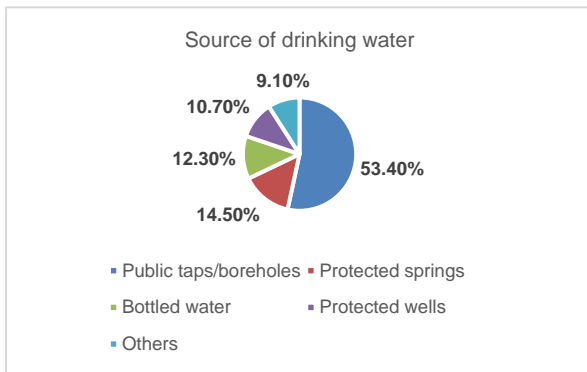
Indicators:	Target	Actual
# of volunteers trained in WASH	64	64

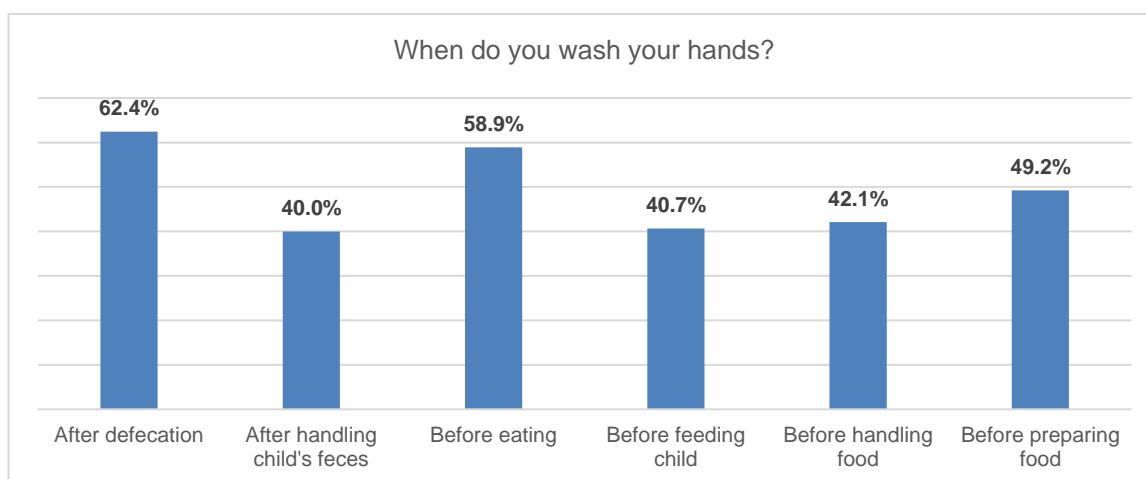
Output 2.2: Community managed water sources giving access to safe water is provided to target population

Indicators:	Target	Actual
# of water sources rehabilitated (i.e. well or pipelines)	-	See DRR
# of people provided with safe water through rehabilitated water sources	40,000	See DRR

Progress towards outcomes

Vulnerability and capacity assessments have been conducted to ascertain the needs of communities in target villages as part of the integrated CBRR approach, as well as technical feasibility studies for each village. A baseline survey was also conducted (reaching 1,584 respondents across the 4 operational districts) to assess the vulnerabilities and capacities of the different villages which will be used to develop plans for improving water sources and other WASH-related activities. Some highlights from the baseline survey¹¹:





More information on the water and sanitation projects is found in the DRR section (under micro-mitigation projects) of this report as these projects were under the integrated community-based risk reduction model. Targets for trained volunteers in WASH have also been reduced due to limitations in mobilising NS volunteers.



Protection, Gender and Inclusion

People targeted: 80,000 (20,000 households)

People reached: 176,328 (44,082 households)

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>Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services?</i>	Yes	Yes

Output 1.1: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

Indicators:	Target	Actual
<i>Does the operation demonstrate evidence of compliance with IFRC minimum standard commitments to gender and diversity in emergency programming?</i>	Yes	Yes

Progress towards outcomes

The PGI component of the programme was supported by a PGI RDRT delegate deployed for three months (until May 2019). PGI components have been incorporated in the plans and implementation of sectoral programmes to ensure that minimum standard commitments of the IFRC are considered. These included ensuring meaningful participation of women and men including those with disabilities within community-based activities and consultation with community members and leaders to design the adaptation of the Dignity, Access, Participation and Safety (DAPS) framework to the recovery programmes, including livelihood and DRR.

Solar lanterns/lamps distribution

Insufficient lighting in camps or temporary shelters may pose a serious protection concern contributing to an unsafe environment considering their locations, darkness in some sites and particularly the wash facilities. A total of 628 solar lamps were distributed, in effort to address these protection concerns to some extent.

Minimum Standard Commitments to Gender and Diversity in Emergencies

Mainstreaming PGI across the sectors was an ongoing effort which aimed to ensure that services provided to people reached are gender and diversity sensitive, have a protective value and tailored to be inclusive of all. Early recovery plans ensured PGI remained an important element to be factored in programming aspects. For example, ensuring latrines are accessible to people with disabilities, specifically people with mobility restrictions.

¹¹ The overall VCA report will incorporate findings from the baseline survey to provide a comprehensive review of the situation in the target villages.

PMI supported by IFRC had a two-day training with 20 participants on PGI and Green Response beginning of May 2019 and facilitated by PMI NHQ and IFRC RDRT delegate.

During the roll-out of the interventions, PMI and IFRC monitored, through personnel reports and community feedback, if PGI guidelines are being observed and are fully applicable to the local context. The PMI Child Protection guidelines continued to be implemented and promoted throughout all levels of implementation. Volunteers and staff involved received orientation or refreshers on the IFRC Code of Conduct. Throughout the implementation, no PGI issues caused by PMI or IFRC personnel were reported.



Migration and displacement

People targeted: Managed by ICRC
People reached: 2,272 cases

Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicators:	Target	Actual
# of people reached with services for migration assistance and protection	-	2,272

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	-	2,272

Progress towards outcomes

ICRC launched a family link site for people looking for family members affected to the Sulawesi earthquakes and tsunami. This included people who would like to register to inform their families that they are safe and alive. The site is available in both English and Bahasa Indonesia. The link to the site: <https://familylinks.icrc.org/indonesia/id/pages/home.aspx>.

ICRC, with the support of this appeal, managed activities on restoring family links and management of the dead.

Below is report from ICRC on RFL and management of the dead:

Context

Restoring Family Links (RFL)

The roads were completely cut off as a result to the earthquake and tsunami. In the first days, it took hours and even days of driving to reach the most affected areas. It also caused power outage and disruption in communication lines in some affected areas (only 1 mobile phone provider remained working at the time which was XL) and the closing of the main airport in Palu, capital city of Central Sulawesi due to the damage of its tower and runway. Due to the disruption of telecommunication, people lost contact with their families.

Management of the Dead

The combination of an earthquake, tsunami and liquefaction led to a high death toll. While official data from BNPB (National Disaster Bureau) reports 2830 deaths and 701 missing (as of 19 March 2019), some media claim that the number could be as high as 5000 deaths and 700 missing. The fact is that the exact number of deaths will probably remain unknown. Indeed, the number of deaths exceeded the capacity of the authorities and, for various reasons, the process of the MotD including recovery, identification and handover or proper burial of human remains was not done.

Results, Challenges and Outcome

Restoring Family Links (RFL)

There had been reports of families missing, however, most of which are related to the cut of the telephone line. The RFL Alert Banner, jointly prepared by the ICRC and the PMI, was immediately launched in the Family Links website by GVA. We did not activate a hotline number as the PMI HQ was short-staffed and they requested additional personnel to handle incoming requests which meant that no call center / hotline has been established. Furthermore, the communication outages in Palu meant it was futile to have a phone in the field. Nevertheless, the ICRC dispatched two Sat Phones at the disposal of the PMI and in addition to that we also lent them our 3 RFL field mobile phones via ICRC colleagues who went to the field. RFL banners were produced and placed in different areas for people to see.

One of the challenges we faced was the lack of local volunteers across all relief activities, which caused delays in the RFL response. Early on, people lost contact due to the collapse of telecommunications, but these were partially restored in Palu by the fourth day and across the rest of the affected areas in the ensuing days. Unfortunately, the RFL Pool member from the PMI was not sent to the field until the sixth day, and by that time people had already got back in contact with their family members. However, RFL volunteers from the neighbouring Provinces as well as Provinces outside Sulawesi Island such as North Kalimantan and West Java were mobilized to the affected areas to assess and respond to the RFL Needs.

In addition, the authorities called off the search and rescue operation early on and began burying bodies without identifying them. This made it hard for us to find those who were missing. However, our work with the authorities was positive, as they referred people to the RFL emergency website, which became the reference list of missing people.

The RFL emergency website was activated and promoted, leading to over 1,300 enquiries being made both from the website directly and through the PMI. Lists of missing people were displayed in two hospitals in Palu.

The PMI also received an official list of the deceased from the authorities, which meant that we could compare that list with the list of missing people on our website. The PMI could then inform families when a match was found and close the case.

In responding to the RFL needs without having immediate RFL kits ready triggered the ICRC to purchase RFL emergency kits using the Palu Appeal funds. We purchased 4 sets of kits, consisting of IT equipment (laptop, satphone, mobile phone, internet router, portable generator, photocopy/scanner/printer machine, etc.), office stationeries and non-IT / non-stationeries (sleeping bag, backpack, mosquito net, RFL forms, flashlight, megaphone, etc.). These kits will be ready to be dispatched immediately shall there be any emergency.

RFL		
Activities	Date	Descriptions
RFL Workshop	10 November 2018 in Palu, Central Sulawesi	One day workshop was organized for 27 new local volunteers in Palu
Establishment of 3 RFL Posts		Focused in Palu, Donggala and Sigi with support from the RFL Pool. Main post was established at Garuda camp.
Activation of the RFL emergency website	02 October 2018	Received 1238 cases, 56 people registered themselves alive and 460 cases had been closed
Donated RFL IT kits	November 2018	Donated 4 Laptops, 4 Smartphones and 4 modems to PMI Central Sulawesi to be used for RFL purposes
RFL Training for PMI	10-17 February 2019 Palu, Central Sulawesi	Involving PMI staff and volunteers from Central Sulawesi and other areas affected by disaster events in Indonesia in 2018, such as Lombok and Banten. Observers from South Sulawesi were also invited.
RFL Lessons Learned Workshop	26-27 March 2019 in Makassar, South Sulawesi	Participants were 1 – 2 persons each from Lombok, Palu, Banten, South Sulawesi + 7 RFL Pool members
The purchase of RFL Emergency Kit	2019	Purchased 4 sets of RFL emergency kits for the PMI (IT equipments, stationeries, and non-stationeries such as sleeping bags, backpacks, raincoats, etc.) to ensure RFL team is properly equipped and ready to be dispatched immediately
RFL Recovery Operation	April – June 2019	Conducted by the PMI to follow-up RFL situations

Management of the Dead

During two assessment visits, meetings and lessons learned roundtable with various stakeholders in Palu, the ICRC established many elements that were responsible for the lack of proper implementation of the MotD process.

For example, many of the first responders were affected by the disaster and were unable to respond. This created confusion as to who should lead the disaster response and the coordination efforts were hampered. The PMI had to mobilize volunteers from Makassar for assistance. It took them 12 hours by road to arrive. When it came to the recovery of the dead, none of the first responders had received training on basic steps to collect information on the dead, leading to the dead being put in a body bag without any documentation. Proper protection equipment was also lacking.

The Disaster Victim Identification (DVI), which is part of the Police Forces, was another institution involved in the Management of the Dead. However, the DVI commander in Palu was also a surgeon. His priority was to save the living before being able to attend to the dead. This meant that all the bodies collected were brought to the police hospital waiting to be processed. However, due to very restricted space, they were stored outside in the sun, accelerating their putrefaction hence decreasing chances of identification. Moreover, with the airport runway damaged, the arrival of the DVI team from Jakarta was delayed to the third day. By then, around 500 bodies had been collected at the hospital. Not only was it too much for the relatively small DVI team to process, but the bodies were too putrefied to be dealt with. Some could still be identified with their fingerprints. For other DNA was collected by the DNA team. Regrettably, a presidential order on day 5 stated that all identification efforts should be halted and that all bodies should be buried in a mass grave. Around 800 DNA profiles remain unanalyzed, and no scientific Ante-Mortem data was collected. Finally, the burial in the mass grave was done hastily, without any records or documentation. Overall, very few appropriate steps were taken in terms of management and identification of the dead which led to important implications in humanitarian and legal terms and created further trauma in the community. Indeed, the police reported being unable to provide death certificate to bereaved families asking to move on with their lives.

While an increased interest in the MotD was observed, it remained challenging to engage the higher level of authorities, particularly during the round table in Palu in February. A further challenge was created by the difficulty for people to reflect on the events to deliver lessons learned. However, the Regional seminar co-organized with AHA Centre and the BNPB in Jakarta on 20 June 2019 provided a unique opportunity to reach out to higher levels of governments and raise their awareness. This event was met with great interest by the Indonesian attendees, most of them requesting more training and dissemination in their region.

Forensic		
Activities	Date	Descriptions
Mission to Palu	14-17 January	Management of the dead response mapping during the Palu disaster
Mission to Kendari	17-19 January	Morgue assessment
Mission to Palu	30 January	Morgue assessment with a WATHAB ICRC consultant and management of the dead response mapping (continued)
Mission to Palu	25-29 February	Round table on lesson learned and practical session on search and recovery for 80 first responders
DNA collection workshop in Palu	19 March	Session on DNA sample selection, collection, storage and transportation during a disaster, co-organised with the central DNA laboratory of the Police in Jakarta. 40 police personnel from Palu and surroundings attended the session.
Assessment of the National Indonesian Police DNA laboratory	21 March	The aim of this visit was to identify additional support that would enhance the capacity of the DNA Laboratory to apply forensic genetics to the identification of human remains.
First responders field book printing	June	A pocket field book on the MotD developed by ICRC was translated in Indonesian and distributed to first responders.
Regional Seminar on the Management of the Dead (MotD) in Disaster Situations: Search and Recovery of Human Remains in Disasters Thursday	20 June	This regional seminar brought together 130 people from 9 ASEAN countries and Timor Leste involved in disaster response to share and document good practices and lessons learned from the ASEAN region that could enable for a proper implementation of the MotD process in future disasters.
Practical Session for first responders in Jakarta	15 July	Practical session on search and recovery for first responders from the Humanitarian Forum Indonesia (HFI)
Purchase and donation of DNA equipment	25 July	Following the assessment done by the ICRC Geneticist of the INP DNA laboratory, it was observed that some key pieces of equipment that are important for processing bone samples need replacement. Further, additional equipment is needed to enhance the capacity for DNA extraction from bone. Hence, four items were purchased:

a cryogenic bone grinder, special vials, a centrifuge and an additional rotor.

Closure

Restoring Family Links (RFL)

The experience of RFL response in Palu has given us the opportunity to give more support to the PMI in terms of financial, technical and human resource. PMI Central Sulawesi now has volunteers and staff trained in RFL. The use of the RFL emergency website has been very useful for the team (PMI & ICRC) as it reflected a modern approach in dealing with RFL and simplifies the information management and the follow up of cases. In fact, the Palu natural disaster was the first to have the emergency website activated for the first time in Indonesia. Furthermore, having now the RFL emergency kits on standby, the RFL team (anywhere) will be properly equipped, and the kits are ready to be dispatched immediately shall there be any emergency. The PMI and the ICRC indeed experienced some lessons learned from this RFL response and will be acting accordingly in order to reinforce the strengths and resolve the shortcomings.

Management of the Dead (MotD)

The nine Forensic activities developed with the Appeal funds allowed raising awareness about the MotD in Indonesia and in the ASEAN Region. They provided approximately 300 people with new knowledge and empowered them to care for the dead in the next disaster. It has positioned the ICRC as the leader in this specialist knowledge and showcase how we are ready to assist and enhance the current capabilities. Further, the Regional Seminar organized with AHA Centre and BNPB has not only created unprecedented collaboration with these two agencies but also brought together many agencies unaware of their common roles and responsibilities in the MotD in disaster situation. Considering the positive response by the authorities and participants, it seems appropriate to build on this newly created goodwill and relationships. Therefore, after this Palu appeal project, the aim is to further improve the overall management of the dead capacity of Indonesia, to bring it up to international standards and ensure the lessons learned are not vain by following-up this momentum and focus on a broader support from the government at a national and local level.



Disaster Risk Reduction

People targeted: 80,000 (20,000 households)
People reached:

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	16
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks	80,000	16,272

Progress towards outcomes

The overall objective was to strengthen the communities and contribute to more resilient life for vulnerable communities in hazard prone areas through strengthening of preparedness, responding to disasters to reduce losses and through building resilient communities as an essential condition for sustainable development. The result were community-based organizations that are enabled to better manage disaster risks. It is also expected that in the long run communities will have a culture of safety, social cohesion, and tendency for voluntarism.

Collaboration between IFRC and PMI continued to further develop the integrated community-based risk reduction (ICBRR) approach. Below is the progress of projects per village based on the Vulnerability and Capacity Assessments. The appeal enabled IFRC to support PMI in deploying DRR staff and volunteers, both within Central Sulawesi for implementation as well as those from the



BIMTEK DRR (Technical Guidance) training for CBAT aimed at increasing the capacity of community members implementing ICBDRR approach. **Photo: IFRC/PMI**



VCA validation workshops were held to empower communities, recognize local capacities and support existing community DRR processes (localization and inclusion component). **Photo: IFRC/PMI**

National Headquarters and neighbouring regions to provide technical support for training, simulation and roll-out of the vulnerability and capacity assessments. PMI and IFRC worked closely with the communities throughout the process, ensuring a participatory process to enable them to develop risk reduction plans.

A total of 16 communities/Village CBAT in Parigi District, Sigi District and Palu City developed their organizational structure and training with a view to implement community based DRR activities.

The training covered up 376 community volunteers (CBAT) from 16 target villages, 180 from Kota Palu, 140 from Sigi and 56 from Parigi with 10 experienced PMI DRR facilitators conducting these trainings.

Led by the CBATs, with the support of the PMI, 16 communities in Parigi District, Sigi District and Palu City conducted the VCA for their communities and developed a report that reflected hazards, vulnerabilities, capacities and risk analyses as reference for RR (risk reduction) plan.

The support from IFRC enabled PMI to conduct village and community meetings to discuss disasters incidence, community strengths and weaknesses that enabled the preparation of VCA report followed by the results and validation of DRR plan.

Of the 16 villages, 10 were able to develop risk maps which included evacuation plans, including routes and assembly points. The intent of the plan was to identify safe evacuation routes and determine the temporary assembly point and final assembly point based on hazard scenarios, time to evacuate for each community and population density. The plan was derived through discussion and assessment done by community through participatory workshop.

Evacuation plans posted in communities

	No	Description	Qty
SIGI DISTRICT	Sibowi Village		
	1	Evacuation Route Sign	28
	2	Temporary Assembly point sign	10
	Jono Oge Village		
	1	Evacuation Route Sign	24
	2	Temporary Assembly point sign	2
	3	Final Assembly point sign	1
	Lolu Village		
	1	Evacuation Route Sign	26
	2	Temporary Assembly point sign	6
	3	Final Assembly point sign	1
	Mpanau Village		
	1	Evacuation Route Sign	18
	2	Temporary Assembly point sign	3
	3	Final Assembly point sign	1
	Sambo Village		
	1	Evacuation Route Sign	15
	2	Temporary Assembly point sign	3
3	Final Assembly point sign	1	
Langaleso Village			
1	Evacuation Route Sign	15	
2	Temporary Assembly point sign	5	
Sidera Village			
1	Evacuation Route Sign	24	
2	Temporary Assembly point sign	3	
PARIGI DISTRICT	Bantaya Village		
	1	Evacuation Route Sign	24
	2	Temporary Assembly point sign	2
	Dolago Village		
1	Evacuation Route Sign	12	

2	Temporary Assembly point sign	2
Petapa Village		
1	Evacuation Route Sign (Flood)	13
2	Temporary Assembly point sign	3
3	Final Assembly point sign	1
4	Evacuation Route Sign (Tsunami)	12

Meanwhile, all 16 communities were able to develop their risk reduction plan to reduce the impact of the disaster.

The DRR plans are key to ensuring participation of all people in affected communities and related stake holder. It indicated and addressed the challenges and risk caused by natural and human-induced disasters.

In terms of training for emergency response, 10 of the 16 CBATs were able to complete the training, which was based on the PMI curriculum. These communities were also able to develop standard operating procedures for disaster preparedness and response through active participation and commitment from community members. These included village leaders, CBAT members, community representatives and village institution representatives. The overall process was facilitated by trained PMI personnel. SOPs were developed for different types of hazards in the community.



Community engagement and participation in the development of the VCA document and RR plan. **Photo: IFRC/PMI**

Simulation of these SOPs were planned, but, due to COVID-19, these activities were cancelled. However, the SOP and evacuation plan were shared to related stakeholders, in this case BPBD (Disaster Risk Management and Prevention Agency) so they can provide support to the simulation. Moreover, the simulation is also one of the activities submitted in the RR plan to be implemented and supported from related stakeholder.

IFRC also supported PMI in conducting information dissemination campaigns to raise awareness on disaster preparedness and risk reduction. The awareness campaign was conducted door-to-door, supported by CBATs and PMI community volunteers. A total of 12,068 people were reached in 10 villages. IEC materials such as stickers, posters and banners were produced and distributed to communities, placing them in highly visible areas such as village administration offices, public health centers, markets and mosques.

Community leaders shared VCA reports with corresponding government bodies to be included in future mitigation measures of the local government unit. PMI gave a briefing to government officials regarding the VCA process and how the findings and recommendations were derived. Communities advocated for their identified risk reduction and mitigation measures to be included in the local government's budget to ensure sustainability of these measures.



CBAT member posting a sticker (IEC material) at a house as part of the DRR campaign. **Photo: IFRC/PMI**

Micro-mitigation projects

A total of 10 villages implemented micro-mitigation projects in their communities based on the VCA results and as proposed by the communities. These included drainage construction, mangrove planting, improvement of water sources and garbage disposal. Overview of the mitigation projects in the communities:

- **Evacuation route and assembly point installation in 10 villages (see above)**
- **Latrine construction and rehabilitation at Sibowi Village, Sigi District**

The proposed mitigation prioritized the development of a healthy environment by changing behaviour within the community by promoting a hygienic environment that includes using proper toilets to avoid contamination of water sources and soil. Improving access to sanitation was a critical step towards this.



CBAT members posting IEC materials at a community latrine as part of the DRR campaign. **Photo: IFRC/PMI**

Three community latrines were constructed, and three latrines were rehabilitated. This was based on gap analysis from the VCA document.

The implementation of activity carried out through strong community engagement and participation, with support from CBAT, PMI and IFRC. Community acted as volunteer workers to construct the latrines with material support and deployment of engineers from IFRC and PMI. Daily support such as coordination was carried out by CBATs and PMI.

▪ **Drainage construction at Langaleso Village, Sigi District**

This mitigation measure was identified based on VCA analysis. The purpose was to construct a new drainage line to connect with drainage system in Langaleso Village to prevent flooding during heavy rains.

The activity was implemented through a third party (contractor) supervised by an IFRC engineer with support from SIBAT and PMI.



Site visit by PMI and CBAT before handover to the contractor.

Photo: IFRC/PMI

▪ **Mangrove plantation at Dolago and Bantaya Village, Parigi District**

Based on VCA-PRA results, gale (strong wind) was identified as one of potential threats that occurs almost every year, damaging houses next to the coastline. To mitigate this, establishing a mangrove plantation was proposed. The research model of wind protection by mangroves using data from the 1999 cyclone in the Odisha region of India showed that mangroves can reduce the wind damage to houses (Das Saudamini, 2013). In addition, the mangrove plantation provides a natural defense against storm surges, coastal erosion, coastal flooding and contribute to the biodiversity increment. An analysis conducted by Climate Change and Development Authority (CCDA) has highlighted community-based mangrove planting as a cost-effective measure for coastal communities.



Mangrove plantation done by CBAT and community members at Bantaya Village. **Photo: IFRC/PMI**

The Implementation was divided into 4 (four) phases:

- socialization and endorsement, surveying, and preparation of plantation location map, identifying seed (propagule) source, soil type, tide level and survey boundary of planting.
- propagule preparation for planting and ajir (bamboo stick) preparation.
- preparation of the planting area and planting mangroves seedlings (propagule)
- monitoring and dissemination to the community on how to maintain the sustainability of the mangrove trees ecosystem.

The socialization and dissemination of conservation information was held in a continuous format with participants from LHK department staff as facilitator, the head of the fishermen group, village officials, local youth organizations and community.

In Bantaya village, a total of 850 mangroves propagule (seed) were planted along an 850-metre coastline of Bantaya village. The activity was implemented with community participation and supported by IFRC, PMI and CBAT. In Dolago, a total of 1,500 mangroves were planted along a 1.28-kilometre portion of the coastline.

▪ **Water supply at Sibowi Village, Sigi District**

The objective of the activity was to improve the water supply within Sibowi village through the provision of functional gravitation water supply and reservoir. The activity included the construction of one intake, a reservoir and the provision of connection pipe from reservoir to the existing piping system for distribution, serving a community with an estimated population of 2,044 people from 584 households.

The implementation was carried out by a third-party contractor, under the supervision of an IFRC Engineer.



Gravitational water supply and reservoir in Sibowi village.

Photo: PMI/IFRC

▪ **Borehole at Langaleso and Sidera Village, Sigi District**

The objective of the activity was to improve the water supply within Sidera and Langaleso villages through the provision of functional boreholes equipped with pumps and 3x3x2 m reservoirs. The activity included the provision of connection pipes from reservoirs to the existing piping system for distribution. The depth of the borehole varied based on geological condition and water ground situation. The depth of boreholes fell in the range of 75 to 200 meters from the surface.

No	Village	Beneficiaries	Type of construction
1	SIDERA VILLAGE, DUSUN 1, RT.6-8	214 HHs (876 people)	1 unit borehole 90m depth, 1 submersible pump 2 HP, 2 L/s and 1 unit reservoir 18m ³
2	SIDERA VILLAGE, DUSUN 1, RT.3	100 HHs (412 people)	1 unit borehole 90m depth, 1 submersible pump 2 HP, 2 L/s and 1 unit reservoir 18 m ³
3	SIDERA VILLAGE, DUSUN 3	135 HHs (607 people)	1 unit borehole 150m depth (up to 180 m depth), 1 submersible pump 3 HP, 3 L/s
4	LANGALESO VILLAGE, DUSUN 3	110 HHs (447 people)	1 unit borehole 75m depth, 1 submersible pump 2 HP, 2 L/s and 1 unit reservoir 18 m ³

▪ **Risk reduction boards at Dolago, Bantaya and Petapa villages in Parigi district**

The purpose of this activity was to raise awareness within the community through natural disaster caution and promotion boards on taking care of community's health by maintaining a clean environment and protecting coastline areas by caring the mangrove trees as part of natural protection and prevention.

The location of boards and the information contained was determined by the community and CBAT, showing strong engagement and sense of ownership of this activity.

The board at Bantaya and Dolago villages was specifically set up to promote healthy lifestyles and to preserve mangrove trees as natural protection. While at Petapa village, the board was meant to promote the importance of protecting the river to prevent the flooding to occur.



One of the DRR boards installed in the communities. Photo: IFRC/PMI

School-based DRR

The Safe School Program (SPAB) has been implemented in Indonesia for more than a decade, with more than 27,000 education units having implemented or are currently implementing the programme, out of some 526,000 educational units.

IFRC and PMI, based in VCA and Risk Map assessments in target villages, initiated support for implementing SPAB as part of DRR programme in schools in target villages.

The objective of the Safe School program is to protect education unit from the adverse effects of disasters, including ensuring the continuity of education services in emergency situations and restoring the functions of post-disaster education units, as well in promoting awareness of risk and hazards with the academic communities. Furthermore, the programme aimed to develop the coordination mechanisms among village and school authorities, CBAT and PMI to reduce and preventing the risk of disaster.



Coordination meeting between PMI and school officials. Photo: IFRC/PMI

The SPAB was based on the Decree of the Education Ministry 33/2019. The list of the targeted school for SPAB program can be seen in table below.

List of target schools

No	District	Village	School Name	Level	Type of Potential Hazard
1	Sigi	Langaleso	SD Negeri Langaleso	Primary School	Liquefaction, Earthquake
2			SD Inpres Langaleso	Primary School	Liquefaction, Earthquake
3		Lolu	SD Negeri Lolu	Primary School	Liquefaction, Earthquake
4			SD Inpres Lolu	Primary School	Liquefaction, Earthquake, Flood
5		Jono Oge	SD BK Jono Oge	Primary School	Liquefaction, Earthquake, Flood
7		Sambo	SD Negeri Sambo	Primary School	Earthquake, Flood
9		Sibowi	SD Inpres Sibowi	Primary School	Earthquake
10			SMP Negeri 8	Junior High School	Earthquake
			SD Neg 1 Sibowi	Primary School	Earthquake
11		Sidera	SMP Neg 13	Junior High School	Liquefaction, Earthquake
12			SD Inpres Sidera	Primary School	Liquefaction, Earthquake, Flood
13		Mpanau	SD Neg 2 Biromaru	Primary School	Earthquake
14			SMP Negeri 1	Junior High School	Liquefaction, Earthquake
15		Parigi Moutong	Dolago	SMP Negeri 1 Parigi Selatan	Junior High School
16	SD Negeri Dolago			Primary School	Earthquake, Flood
17	Petapa		SD Negeri Petapa	Primary School	Flood, Earthquake
18			SMP Negeri 1 Parigi Tengah	Junior High School	Earthquake, Flood
19	Bantaya		SD Inpres 2 Bantaya	Primary School	Tsunami, Earthquake
20			SMP Negeri2 Bantaya	Junior High School	Tsunami, Earthquake

Through this programme, 59 teachers were trained on the basics of DRR, coordination, facilitation, the roles of schoolteachers/leaders in DRR, as well as on the basics of Red Cross and Red Crescent movement and volunteering. All 20 schools were also able to have evacuation signs installed and have had DRR plans for school signed and endorsed.

IEC materials and other educational support materials were also distributed to schools, including the *Predikt* board game that tackles preparedness and disaster response with a toolkit included. The aim of the board game is to have children, as well as their families, to have a fun time while learning about DRR.

A total of 3,943 students and 261 teachers from 20 schools were reached by these activities. This covers about 5 per cent of the total students in the target districts. Of the students, 1,9303 (49 per cent) were females.



Predikt board game used to teach schoolchildren and their family members about the basics of DRR and disaster response.

Strengthen National Society

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

Indicators:	Target	Actual
# of NS branches that are well functioning	5	5

Output S1.1.2: National Society assessed their capacity at HQ and branch level and identified areas for organizational development

Indicators:	Target	Actual
# of branch assessed and supported on BOCA action plan	5	5

Output S1.1.4: National Society has effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers insured	100%	100%
# of volunteers involved in the operation	1,329	~1,700

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
NS has necessary infrastructure and systems in place	Yes	Yes

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators:	Target	Actual
# of NS members trained in emergency needs assessment	25	Discontinued

Progress towards outcomes

Necessary infrastructure and systems in place

IFRC and PMI utilized the basecamp established in the beginning of the operation until end of December 2019. The camp supported the operation with necessary equipment and facilities, including latrines, showers, handwashing stations, and IT and 24-hour security service. One of the tents in the base camp was used as a training space, while several tents accommodated deployed volunteers. A field kitchen was also set up to provide meals to volunteers. After December 2019, IFRC rented an office building in Kota Palu.

Furthermore, 4 PMI branches, PMI Central Sulawesi province and Provincial blood bank received IT materials including conference kits to enable distance meetings. The storage needs, which were initially provided through the basecamp in Palu, were covered by two PMI containers and existing PMI Provincial warehouse in Kota Palu.



PMI chairman, with IFRC and PMI Central Sulawesi representatives, during the handover ceremony of the rehabilitated PMI blood bank in Palu. **Photo: PMI/IFRC**

The construction of the PMI offices in Central Sulawesi was completed by mid of August 2021 while the water supply for one of them who faced technical constraints will be completed outside the appeal timeframe.

Personnel of the four branches in Sulawesi were also involved in peer-to-peer learning activities with the Jogjakarta chapter. The personnel from Central Sulawesi spent two weeks with PMI Jogjakarta followed by personnel from Jogjakarta spending two weeks with PMI Central Sulawesi.

Approximately 1,700 volunteers were deployed from Central Sulawesi and neighboring provinces to support the operation from the emergency to recovery phase. On January 2019, they received specialized trainings for relief distribution, water trucking, hygiene and health promotion and RFL. Cross-cutting components such as CEA, mobile data collection and COVID-safe implementation were also emphasized to the volunteers in the trainings and implementation of the programmes. Volunteers were also provided refresher orientations on the Red Cross and Red Crescent principles and the Movement's Code of Conduct.

Through the ICBRR approach, PMI and KSR volunteers (district-level volunteers) have been provided trainings on PMI volunteering principles, specific shelter trainings, health, WASH, CEA, IM and livelihood. These KSRs were key in the implementation of the DRR programme through their support in the development of the community-based action teams, as well as in helping facilitate the VCA for the communities.

IFRC continued to support PMI in implementing activities and ensuring that PMI systems are observed. IFRC also provided technical assistance to staff and volunteers of PMI, as well as opportunities for capacity enhancements through online platforms, peer-to-peer support and ad hoc trainings.

In November 2020, IFRC supported a Red Cross Red Crescent re-orientation for PMI Central Sulawesi staff and board members attended by 45 participants and facilitated by PMI. PMI, IFRC and ICRC in Jakarta also facilitated sessions virtually. In December 2020, PMI also conducted an Office Management Training, based on modules from the NHQ, which was attended by 17 participants (3 from each branch and 5 from the provincial office).

Furthermore, IFRC also supported the chapter's annual work deliberations, attended by 39 participants who were staff from the provincial, branch offices and the blood bank, as well as the board members of PMI Central Sulawesi and chairpersons of all 13 branches. A 3-day workshop to develop the PMI Central Sulawesi's exit strategy for the operation attended by 11 key people from the provincial and branch offices in the 4 operational districts was also held.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
% of people reached by the IFRC disaster response operations to the people affected by these emergencies	Min 5%	10%
IFRC engages in inter-agency coordination at the country level	Yes (Shelter)	Yes

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
Mechanism for effective response preparedness identified and implemented	Yes	Yes
# of RDRT deployed	Min 3	More than 3

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities

Indicators:	Target	Actual
# and type of methods established to share information with communities about what is happening in the operation	-	4 ¹²
#/% of complaints and feedback received and responded to by the NS	-	3,448

Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability

Supply chain and fleet services demonstrates quality and accountability	Yes	Yes
---	-----	-----

Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced

Indicators:	Target	Actual
A coherence shelter strategy is developed in response to the earthquake	Yes	Yes

Progress towards outcomes

Community Engagement and accountability

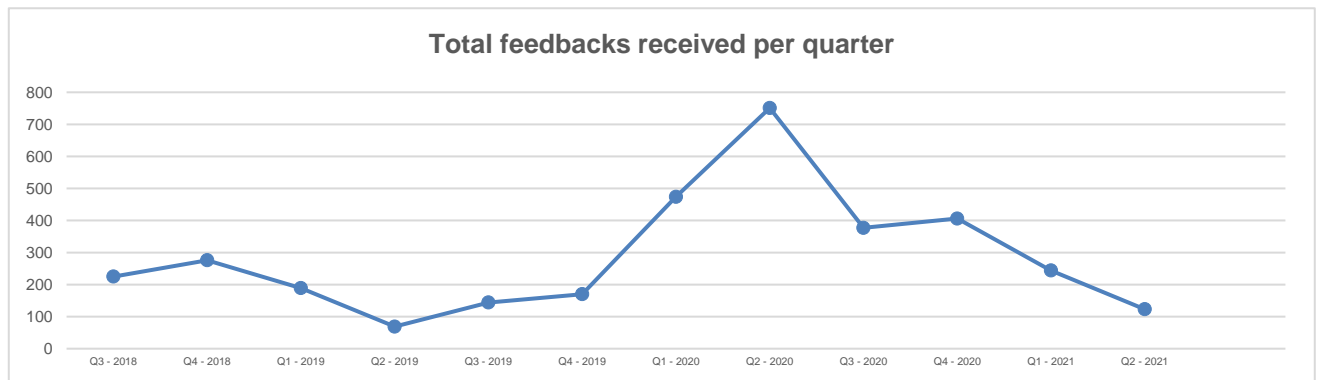
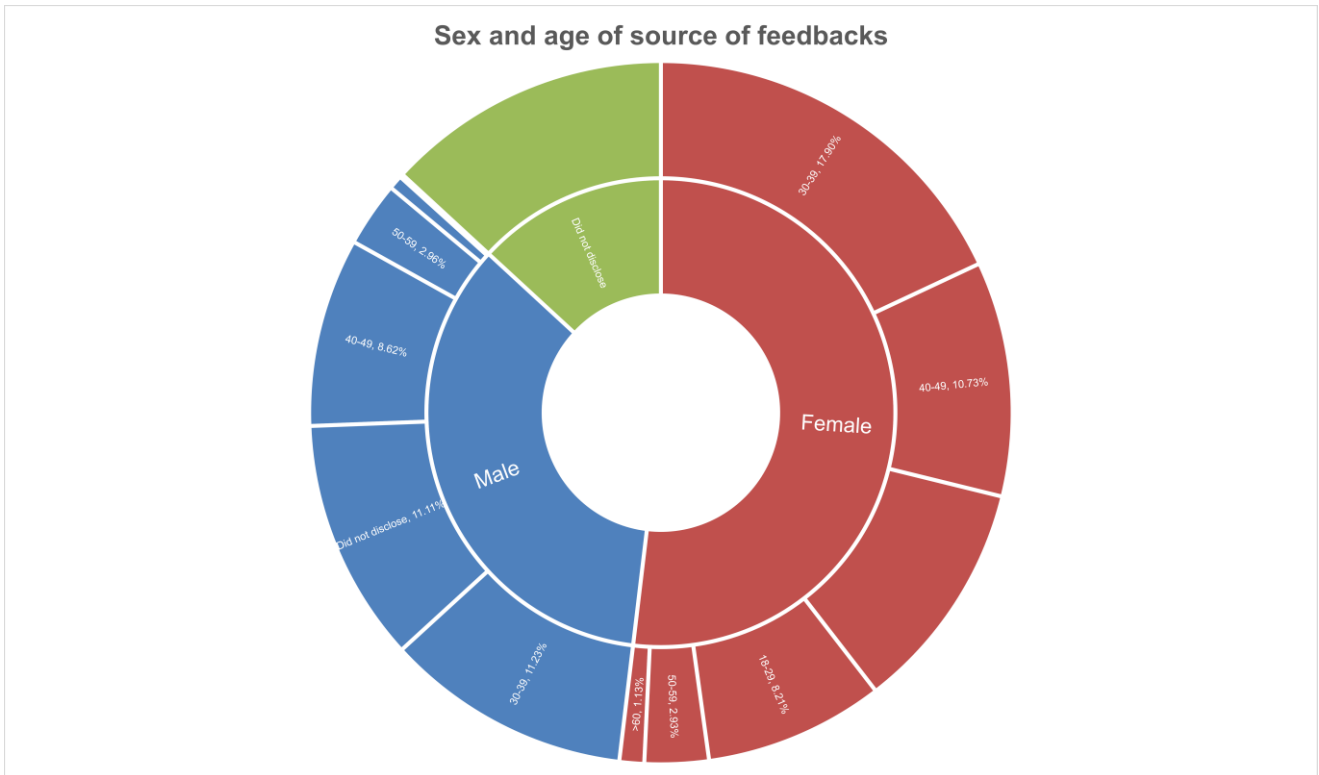
PMI, supported by IFRC, maintained regular two-way communication with communities through social media, radio, a hotline and face to face engagement with volunteers. Information dissemination prior to implementation of programmes was also supported by the CEA team to ensure community members had access to information as well

¹² Radio broadcasts, Social media platforms including Facebook, Twitter and Instagram, hotline and face-to-face interactions

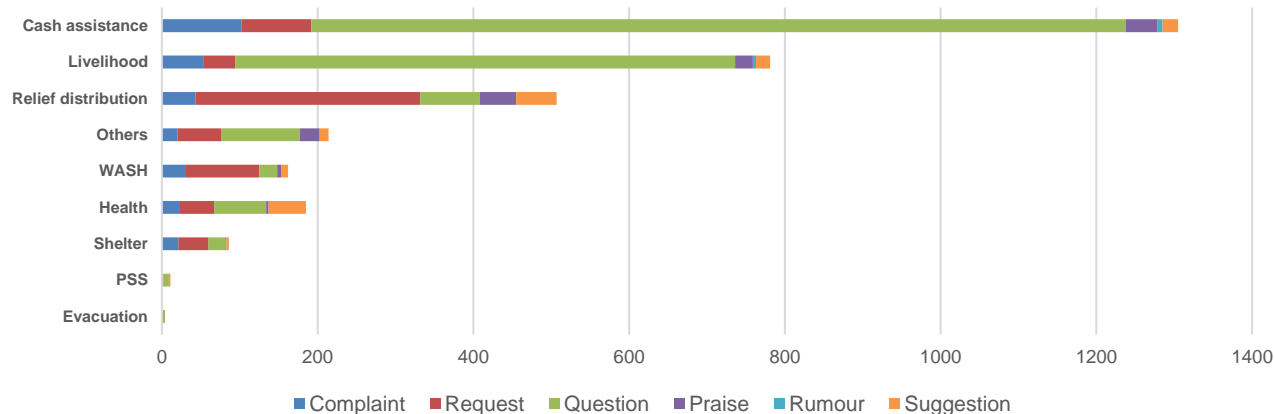
as to provide feedbacks to PMI and IFRC. PMI has maintained a dashboard of feedbacks from Central Sulawesi, which has become standard for PMI programmes ever since.

A feedback tracking dashboard has been developed and piloted in Palu, together with IFRC CEA staff and consultant hired from Geneva. The dashboard provided a visual tracking and monitoring platform for community feedback received which can be used to inform activities and services not only for the Sulawesi response but can also act as the standard for PMI in other operations as well as future ones.

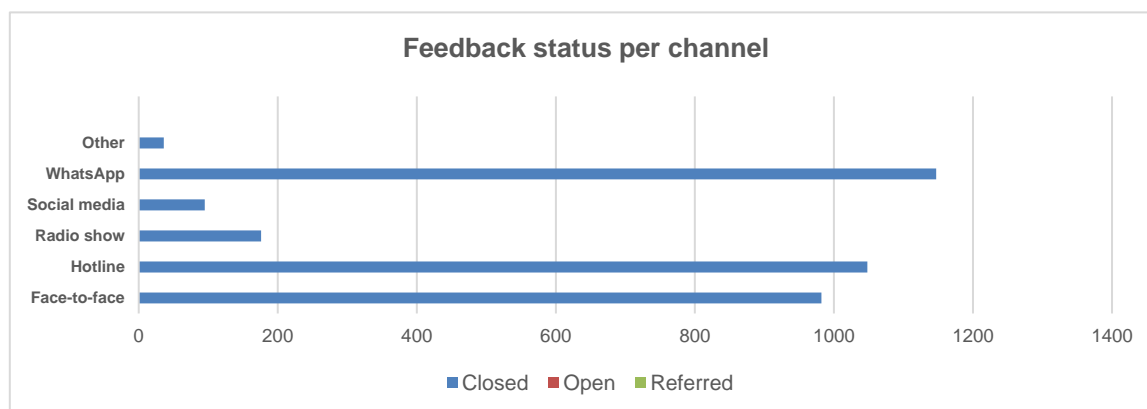
A total of 3,448 feedbacks were received since the beginning of the operation.



Type of feedback per sector



Feedback status per channel



PMI Nolelei, a weekly live radio talk-show where listeners could call in to ask questions and address concerns with guest speakers from PMI and other NGOs, UN, governmental agencies, and others was also supported throughout the operation. A total of 65 shows were broadcasted with topics ranging from surviving the 2018 earthquakes up to what do to do during the COVID-19 pandemic.

Radio Programmes

No	Date	Radio Programme
1	10/10/2018	Interactive talk show – PMI family tracing services
2	11/10/2018	Interactive talk show – PMI services
3	11/10/2018	Interactive talk show – PMI services
4	12/10/2018	Interactive talk show – Trauma injuries
5	14/10/2018	Interactive talk show – Psychosocial services
6	17/10/2018	Interactive talk show – Health services
7	31/10/2018	Interactive talk show – Managing waste in the camp for health
8	7/11/2018	Interactive talk show – Tsunami impact for fishermen
9	14/11/2018	Interactive talk show – Diarrhea prevention
10	21/11/2018	Interactive talk show – Temporary shelter
11	28/11/2018	Interactive talk show – Health services
12	5/12/2018	Interactive talk show – International Volunteers day
13	12/12/2018	Interactive talk show – Health services for recovery phase
14	19/12/2018	Interactive talk show – Transitional emergency to recovery phase
15	26/12/2018	Interactive talk show – Psychosocial support
16	02/01/2019	Interactive talk show – Hoax information on rumor of big aftershocks
17	09/01/2019	Interactive talk show – WASH campaign on no littering
18	16/01/2019	Interactive talk show – Code of conduct
19	23/01/2019	Interactive talk show – Dengue and Malaria
20	30/01/2019	Interactive talk show – Protection on Sexual Exploitation and Abuse
21	6/02/2019	Interactive talk show – Maintaining the hygiene of shelter
22	13/02/2019	Interactive talk show – Clean water distribution on recovery phase
23	20/02/2019	Interactive talk show – Children voices

24	27/02/2019	Interactive talk show – Recovery plan
25	6/03/2019	Interactive talk show – Youth involvement
26	13/03/2019	Interactive talk show – Community feedback
27	20/03/2019	Interactive talk show – Cases remaining, almost 6 months post-disaster
28	27/03/2019	Interactive talk show – 6 months anniversary of Sulawesi's disaster
29	03/04/2019	Interactive talk show – PMI services for aid distribution
30	10/04/2019	Interactive talk show – Importance of community participation
31	17/04/2019	Interactive talk show – PSS on recovery phase
32	15/07/2019	Interactive talk show – Preparedness in rainfall
33	29/07/2019	Interactive talk show – Water Saving Behavior
34	12/08/2019	Interactive talk show – People Centered Housing Recovery
35	26/08/2019	Interactive talk show – Evacuation bag
36	09/09/2019	Interactive talk show – Woman role in disaster and disaster recovery
37	23/09/2019	Interactive talk show – 1-year anniversary Central Sulawesi Disaster
38	07/10/2019	Interactive talk show – Building Creativity after disaster
39	21/10/2019	Interactive talk show – Economy creative after disaster
40	04/11/2019	Interactive talk show – Disaster history in Central Sulawesi
41	18/11/2019	Interactive talk show – Longing, Dream and Hope of displaced children
42	02/12/2019	Interactive talk show – Community Based Action Team for Disaster Capable, Community Competent
43	16/12/2019	Interactive talk show – Mother as a pioneer of reconstruction
44	13/01/2020	Interactive talk show – non-cash assistance
45	27/02/2020	Interactive talk show – Be prepared for disease in flooding time
46	10/02/2020	Interactive talk show – Disaster Management Family Based
47	24/02/2020	Interactive talk show – Living with disaster
48	09/03/2020	Interactive talk show – COVID-19? What need to know
49	30/03/2020	Interactive talk show – PMI program in dealing with COVID-19 and the prevention
50	13/04/2020	Interactive talk show – Prevent the COVID-19 NOW!
51	20/04/2020	Interactive talk show – Postpone the home coming
52	07/05/2020	Interactive talk show – The Roles of Community-based disaster preparedness team (SIBAT) at Village level
53	14/05/2020	Interactive talk show – Be wise in COVID-19 Pandemic situation
54	01/06/2020	Interactive talk show – Self-care at house in New Normal
55	15/06/2020	Interactive talk show – Fight against COVID-19 volunteer stigma
56	18/09/2020	Interactive talk show – PMI 75 Year Anniversary
57	09/10/2020	Interactive talk show – Improving livelihood skills during a pandemic
58	13/11/2020	Interactive talk show – Don't be Afraid to Donate Blood
59	11/12/2020	Interactive talk show – Fight COVID (Everyone is a Hero!)
60	15/01/2021	Interactive talk show – COVID-19 vaccines. Safe or not?
61	19/02/2021	Interactive talk show – Antibody, antigen and PCR. What's the difference?
62	12/03/2021	Interactive talk show – 1 year of COVID-19: Stories of COVID-19 volunteers
63	09/04/2021	Interactive talk show – Pros and Cons of homecomings amid a pandemic
64	21/05/2021	Interactive talk show – Be aware of COVID-19 threats after a big religious day
65	11/06/2021	Interactive talk show – Rise up: Hope and Spirit of Humanity amid a pandemic

PMI also produced public service announcement in video and audio which are aired on PMI website and YouTube channel to reach more people across the implementation areas, as well as other areas across the country.

Public Service Announcements (Video)

No	Sector	Topic
1	Crosscutting - CEA	Partisipasi masyarakat terdampak/ Community participation
2	DRR	Mangroves, stop deforestation and encourage
3	Health/WASH	Clean and healthy life behaviour
4	DRR	Zoning area (Red, Yellow, Green) - Sulawesi Tengah

5	DRR	Tas Siaga Bencana/ Evacuation bag
6	WASH	Wash hands - PMI
7	Health	Demam Berdarah/Dengue
8	Health	Kesehatan: Infeksi Pernapasan Akut (ISPA)/ Health: Acute Respiratory Infection (ARI)
9	Health	Donor Darah Sukarela itu keren/ Voluntary Blood Donation is cool
10	PMI event	PSS - Petobo
11	CEA	Radio listener's story
12	Shelter	Pembuatan batu bata/ Block making
13	Shelter	Bangunan yang aman/ Safer construction
14	Volunteer	PMI Volunteer - Sigi
15	WASH	Perawatan Air Dalam Rumah Tangga/Household Water Treatment
16	WASH	Pengelolaan Sampah/Waste Management

Public Service Announcements (Audio)

No	Sector	Topic
1	Crosscutting - CEA	Hotline PMI
2	Health	Demam Berdarah/Dengue
3	Health	Minum air/ Stay hydrated
4	Health	Ambulance information

PMI, supported by IFRC, also led the coordination of the inter-agency Community Engagement Working Group (CEWG). The CEWG worked with the provincial government's data and information centre, as well as the programmatic sectors to develop key messages to address some of the current concerns of affected people so that it can be communicated by all relevant organizations consistently.

Logistics, supply chain and fleet services

Logistics and supply chain activities aimed to effectively and efficiently manage the supply chain, including mobilization, procurement, fleet, storage, customs clearance and transportation to distribution sites in accordance with the operational requirement and aligned with PMI and IFRC logistics standards, processes and procedures.

At the early stages of the emergency, PMI at the provincial level, in coordination with PMI HQ, established a long-term logistics team in Palu to provide logistics support.

In order to meet immediate needs, PMI's prepositioned relief stocks in different regional warehouses were transported to Palu for distribution. However, due to the wide scope of the emergency, available in-country stocks did not meet the needs, hence support for procurement of items were required. A mobilization table for goods was also developed to guide PNS which were providing in-kind donations. This was developed with guidance from PMI to ensure that items received were augmenting PMI resources based on community needs.

With the directive from the BNPB to have PMI support the management of all relief goods entering Palu from different organizations, a Relief Cell was established to support PMI with the coordination of incoming goods and subsequent relief distributions.

While the international supply chain was operational in Indonesia for some weeks, a set of challenges with the importation processes necessitated a change in the supply chain strategy, and local procurement was adopted from December 2018 until the present time.

The restrictions related to the importation also included restrictions on vehicles, thus the fleet support for this operation was done through vehicle rental, until the local procurement of vehicles was finalized.

As part of the Movement support, four logistics ERUs were deployed by different PNSs from the early stages of the emergency operation with the last one staying in Palu until the end of January 2019. The support aimed to assist PMI with the reception of items, customs clearance, documentation, transportation and warehousing for the processing of all incoming relief goods in accordance with IFRC logistics standards.

Once the shift on the procurement strategy evolved from international to local procurement, an IFRC procurement delegate was deployed to Palu to lead along with a team of local staff, the local procurement of goods in coordination with PMI.

The IFRC long-term logistics team was established in January 2019, and included the logistics coordinator, procurement delegate, senior logistics officer, procurement officer, logistics assistant, warehouse assistant and senior fleet officer.

The IFRC Operational Logistics, Procurement and Supply Chain Management (OLPSCM) unit in Kuala Lumpur provided technical support to PMI and the IFRC operations in Indonesia through remote support as well as with surge capacity deployed to the field.

Local procurement was the sourcing strategy used, but it has proven to have important shortcomings to support the implementation due to longer than required delivery times. COVID-19 also impacted the supply chain throughout Indonesia. Delays were experienced in completing procurement processes, deliveries and warehousing as COVID reduced personnel, work hours as well as presented coordination and communication challenges as both were done virtually – which a lot of suppliers were not used to.

Procurement files were handled by IFRC at the field level supporting the programmes including rehabilitation of medical facilities, procurement of NFIs, medical equipment and others. As PMI did not have logistics focal point at the field level, the coordination and definition of a logistics strategy for IFRC / PMI in Indonesia was developed at Jakarta level between the PMI head of logistics in the National Headquarters and the IFRC Logistics Coordinator since August 2019.

Logistics unit in Palu took the mid- and long-term perspectives of the emergency logistics structure of PMI into consideration by iterating the lessons learned into the logistics development initiatives, focusing on strategy development, integration of national task force with private companies, enhancing procurement capacities, considering the status of PMI in the national disaster response, as well as in terms of advocacy regarding the status of G2G¹³, and in management and reporting. Logistics team has been working closely with the different programme sectors to ensure efficient and timely support to the operation.

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	As necessary

Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided

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

Progress towards outcomes

Coordination meetings

IFRC with PMI counterparts participated in inter-cluster and sub-cluster coordination meetings as well as working groups for Health, Shelter, CEA and IM etc. Coordination meetings between IFRC and PMI were conducted at Jakarta and at field levels two major meetings took place on 2 November to set-up the basecamp and another on 22 February to discuss the PMI recovery plan and IFRC plans to support. Provincial counterparts for IFRC in Palu were appointed by PMI. IFRC also continued to coordinate with partner National Societies supporting the appeal.

Weekly operation meetings were held with all IFRC team members at Jakarta and at the field levels, including with PMI counterparts in the province. Several visits by donors to Palu and other affected areas also took place on 17 to 18 March, including a 2-day meeting in Palu basecamp with partners, IFRC (CCST, APRO and Palu sub-office) and PMI counterparts which allowed for discussion on plans for the operation and discussed with partners issues within implementation and changes in the emergency plan of action. Monitoring visits from various PNS occurred in 2019.

The RCRC operational coordination meetings were held at local and national level on planned or ad hock basis, in person or using virtual platforms particularly with the COVID-19 pandemic.

Information Management

PMI had existing IM capacity, which was managing data collection and collating tasks in the operation. IM provided support to multiple trainings for the provincial and district offices of PMI in Central Sulawesi. IFRC augmented this capacity by deploying an Information Management delegate for six months, until August 2019. An IM officer from the CCST Jakarta had been also supporting PMI with information management as well as ensuring privacy and security of information collected, particularly for the cash programmes.

The IFRC and PMI IM units in Jakarta was also supporting ongoing activities which utilizes mobile data collection tools such as for CEA, exit surveys and beneficiary selection/validation, post distribution monitoring. The IM team

¹³ Government to Government in-kind support

was also providing support in data cleaning and analysis for PMI decision-making regarding targeting and beneficiary selection.

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

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicator:	Target	Actual
<i># of media log kept and shared on a monthly basis</i>	-	Continuous activity

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicator:	Target	Actual
<i># of detailed assessment report produced</i>	1	2 (recovery assessment/real-time evaluation)
<i># of final external evaluation of the operation conducted</i>	1	Ongoing

Progress towards outcomes

Assessments and evaluations

Findings from the joint recovery assessment conducted in December 2018 guided the plans of action of PMI and IFRC. See Needs Analysis Section for results of the assessment.

A real-time evaluation was also conducted on December 2018, with the support of the IFRC APRO and Australian Red Cross. The evaluation focused on the localization principle – the best practices and challenges surrounding the implementation of this principle in the field. Below are highlights of the report:

The operation provided a positive example of a localized response, particularly noting the following points:

- PMI responded at scale from the onset (pursuant to its auxiliary role²), quickly mobilizing capacity from its strong network.
- The Indonesian Government gave PMI additional responsibilities (i.e. in logistics, INGO coordination and camp management), which required coordination across a range of national and international stakeholders. While this raised PMI's image as a central response actor, it also heightened expectations of international humanitarian stakeholders for effective facilitation. These additional responsibilities were challenging for PMI and imposed a significant burden on them and on IFRC.
- PMI successfully worked with the Indonesian Government to launch an international appeal for the Lombok response through IFRC (later-on expanding the scope of the appeal intent to Sulawesi)
- International Red Cross Red Crescent capacities complemented the capacity of PMI in different ways in Lombok and Sulawesi, underlining the need for case-by-case decisions to ensure the right support is in place to complement the capacity of national actors.
- IFRC staff identified pragmatic solutions to shift its surge efforts to focus on support roles and operational coordination.

Take-aways from the real-time evaluation:

1. Operationalize policy discussions on localization: FOR IFRC and other humanitarian organizations to translate and enact the Grand Bargain commitments on localization
2. Delegation of authority and responsibilities to provincial and branch levels: National Societies must take action to implement decentralization by enhancing capacities at local branches, develop clear SOPs and delegate responsibilities with necessary powers and resources
3. Effective coordination saves energy, time, resources and lives: National Societies should assess and strengthen internal and external coordination capacities while IFRC should strengthen partnership with ASEAN regional disaster management structures and ensure strong coordination mechanisms and readiness planning
4. Enhance capacities and sustain number of volunteers and staff
5. From implementation to support and prioritizing soft components
6. Build humanitarian diplomacy: National Societies and IFRC are encouraged to build stronger humanitarian diplomacy activities with their governments and other relevant actors, with a focus on articulating roles and responsibilities of stakeholders and ensuring response efforts adhere to humanitarian standards
7. IFRC to continue support for localization

A research piece on localization is currently being finalized by a third-party consultant. The overall purpose of this research is to provide a comprehensive review and deep analysis of implementation of emergency relief and recovery responses guided by the localization principle and approach. By doing so, IFRC and PMI aim for an improved humanitarian response in the future, ensuring access for all in need to fast, quality, impactful and sustainable humanitarian assistance that is efficient, effective and fit for purpose. Local actors are key for this and have distinct strengths, as they often play a crucial role in ensuring early response and access, acceptance, cost effectiveness, and link with development (i.e., reducing the impact of future crises).

The localization research will subsequently provide a clear picture on the advantages of localization, the contexts to adequately operationalize the approach, ways forward to fully harness local capacities, reduce risks and enhance resilience for future emergency responses and reference towards future reviews and analyses of the Grand Bargain, which established localization as a key normative principle of humanitarian action. The research will also inform advocacy activities by IFRC and PMI towards government and other institutional partners towards the operationalization of the localization principle.

It is expected that a roadmap stemming from this research will support PMI and IFRC in advocating localization approaches not just in Indonesia but with other government or intra-government bodies. As co-convenors of the Localization Workstream of the Grand Bargain, IFRC has been organizing consultations and have been engaging with a wide range of stakeholders on how localization can and should take place and what it should look like. While implementing its mandate, IFRC CCST Indonesia and Timor-Leste found it would be beneficial to contribute to the global discourse on workstream two of the Grand Bargain, through this research.

The research is currently being finalized. Findings and recommendations from the research will be included in the final report.

Due to restrictions on field movements and face-to-face interactions imposed by the government, PMI and IFRC, PDM surveys for the multi-purpose cash assistance, as well as part of the vocational training post-programme survey, in Central Sulawesi were conducted as much as possible by phone. Some 3-5 trained volunteers called respondents (selected randomly based on 99% CL and 5% CI; and distributed proportionally per district). Each volunteer was given an ODK device to fill in the survey and a list of respondents (with extras); volunteers verified the identities by providing half of the National ID number and the respondents provided the other half. Each volunteer was also provided with mobile phone credits or mobile phones

Advantages of PDM via phone:

Description	Impact
Enabled PMI and IFRC to conduct the survey within the proper timeframe (2 weeks after the 1st and 3rd tranches)	High - since not doing the PDM survey on a timely manner would have skewed the results
Enabled volunteers to reach more respondents within a day since they did not need travel between houses/villages	Medium - with a large sample size for each round of the PDM, this enabled the operations to complete the survey with less time which also enabled PMI and IFRC to utilize less resources
Utilized less resources	Low - vehicles, human resources and time
Less confusion with non-respondents	Low – as with face-to-face surveys, members of the community who are not part of the survey normally ask why
Respondents are more comfortable talking by telephone	Medium – some respondents feel more comfortable when talking by phone and open in talking to the volunteers
Easier to ensure privacy during the interview	Medium – respondents are more able to ensure their privacy since they can take the phone call anywhere and avoid people that would be pertinent to their sensitive comments

Disadvantages of PDM via phone:

Description	Impact
Less nuanced discussion/interview	Low – face-to-face conversations would normally be more nuanced since facial reactions, body movements and other non-verbal forms of communication can be noted down to provide more information
Respondent selection is limited to those with mobile phones or with mobile networks within their villages	Medium – limits the type of respondents to those who have mobile phoners or provided their contacts during registration; phone numbers are also shared with other households in some cases; head of village's phone numbers used to represent all beneficiaries in some villages; wrong phone number; some villages also did not have mobile networks and thus were excluded
Difficult to check if actual survey was taken with a respondent	Low – without the GPS information (which is normally used to ensure that the interviews took place in the communities aside from its normal function), it is more difficult to check if the interviews actually took place.
More prone to errors	Low – lines breaking or difficulties in understanding the questions/answers
Less interest from respondents to participate	Medium – in many of intervention areas, community members are not used to talking with strangers and giving on their opinion in general, but specifically comparing with face-to-face survey, it is easier for them to say no via phone when they were asked to participate on the survey; there is the need to increase extra respondents to reach the targeted number.

The Final Evaluation for the overall appeal is also ongoing and expected to be completed by end of September. Findings and recommendations from the final evaluation will be included in the final report.

Communications

In the first few weeks of operations, PMI and IFRC received very high media coverage both locally and globally, with large media outlets quoting Red Cross sources and using Red Cross audio-visual materials. PMI and IFRC Indonesia communications capacity was boosted by deployments from the Asia Pacific regional office, and surge communications which lasted through December 2018.

Content for the one year-mark was produced highlighting the unmet shelter needs of communities and the press release generated substantial media interest from top agencies including AFP, Channel News Asia and The New Humanitarian (formerly IRIN News). Further anniversaries such as the two-year mark is being planned, with the goal of obtaining positive positioning for PMI. While the content generated has included a call for government action for shelter as well as the challenges of the complex operation, PMI has remained the prime focus. Recognition of support from the IFRC and other National Societies has been made using the IFRC AP twitter account, and some web stories were produced to support resource mobilization and donor relations.

To commemorate 2 years after the triple disaster in Central Sulawesi PMI and IFRC produced the following materials:

- Short videos highlighting the achievements of the appeal - <https://www.instagram.com/p/CFts6yWhezj/>
- Health facilities supported - <https://www.instagram.com/p/CFrjCTehm2s/>
- Key figures from the recovery programmes - https://www.instagram.com/p/CFrhd_uBYfr/
- Stories of people supported by PMI and IFRC - <https://www.instagram.com/p/CFrfbREB9Kw/>
- Media release - twitter.com/IFRCAsiaPacific/status

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Indicator:	Target	Actual
<i>Work in planning and reporting to ensure effective accountability internally and externally</i>	Yes	Yes

Output S3.2.1: Resource generation and related accountability models are developed and improved

Indicator:	Target	Actual
<i>Meeting and reporting deadlines are respected</i>	Yes	Yes

Output S3.2.3 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources).

Indicator:	Target	Actual
<i># of meetings with diplomatic representations</i>	4	As necessary

Progress towards outcomes

Partners who have contributed to the IFRC Emergency Appeal can be found in the donor [response list](#). IFRC's resource mobilisation team was actively coordinating with donors (via partners call and meeting) and drafting proposals to fill the funding gap in some of the sectors within the emergency appeal.

In addition, a PMER coordinator based in Jakarta and supporting all three locations under the appeal, provided technical support for monitoring of activities and liaise with sectoral teams on issuing donor reports based on donor earmarked funding for the operation and update the emergency plan of action as necessary.

The IFRC Palu sub-office also supported PMI provincial counterparts in preparing budgets and plans, reflecting the National Society planned recovery activities, directly funded by this appeal.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

Indicator:	Target	Actual
% of operations in accordance to established guidelines	100%	100%

Output S4.1.2: IFRC staff shows good level of engagement and performance

Indicator:	Target	Actual
% compliance with IFRC HR procedures	100%	100%

Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.

Indicator:	Target	Actual
% compliance with IFRC financial procedures	100%	100%

Output S4.1.4: Staff security is prioritized in all IFRC activities

Indicator:	Target	Actual
# of updated security guidelines produced before second month	1	1

Progress towards outcomes

PMI and IFRC worked together to safeguard an efficient operation. Operational expenses such as volunteer per diems, accommodation, transportation, communication and coordination activities are factored in. Procurement was done following IFRC standard procedures. Finance and administration support to the operation was provided to the operation and staff.

IFRC security protocols were observed by IFRC staff, while PMI personnel was under the PMI security protocols. Communication and coordination were maintained between IFRC and PMI to update security information, including for COVID-19.

D. Financial Report

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

Reference documents

Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

In the Palang Merah Indonesia (Indonesian Red Cross)

- **Sudirman Said**, secretary general; pmi@pmi.or.id sudiman_said@pmi.or.id
- **Arifin M. Hadi**, head of disaster management; mobile: +62 812 9777 7755; fax: +62 217 995 188; email: arifin_mhadi@pmi.or.id

In the IFRC Country Cluster Delegation, Jakarta

- **Jan Gelfand**, head of CCD and Representative to ASEAN; mobile: +41 79 708 4509; email: jan.gelfand@ifrc.org
- **Rad Al Hadid**, Operations manager CCD Jakarta; email: rad.alhadid@ifrc.org
- **Camelia Marinescu**, field coordinator Palu sub-office; email: camelia.marinescu@ifrc.org

In IFRC Asia Pacific Regional Office, Kuala Lumpur

- **Alexander Matheou**, regional director, email: alexander.matheou@ifrc.org
- **Gwendolyn Pang**, deputy regional director, email: gwendolyn.pang@ifrc.org
- **Jess Letch**, acting head of DCC, email: jess.letch@ifrc.org
- **Tarsilla Lehmann**, operations coordinator, email: opscoord.southeastasia@ifrc.org
- **Siokkun Jang**, logistics manager, email: siokkun.jang@ifrc.org
- **Anthony Balmain**, communications manager, email: anthony.balmain@ifrc.org

In IFRC Geneva

- **Chrisina Duschl**, senior officer, operations coordination, email: christina.duschl@ifrc.org
- **Eszter Matyeka**, senior officer, DREF, email: eszter.matyeka@ifrc.org
- **Karla Morizzo**, senior officer DREF, email: karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **Alice Ho**, partnership in emergencies coordinator; email: partnershipsEA.AP@ifrc.org

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

- **Fadzli Saari**, acting PMER manager; email: fadzli.saari@ifrc.org

How we work

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

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



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



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



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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/8	Operation	MDRID013
Budget Timeframe	2018/7-2021/9	Budget	APPROVED

Prepared on 17 Sep 2021

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 30 Sep 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
Total Funding Requirements	38,901,624
Donor Response* as per 17 Sep 2021	37,539,215
Appeal Coverage	96.50%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,227,802	1,137,833	89,969
AOF2 - Shelter	7,790,592	7,867,464	-76,872
AOF3 - Livelihoods and basic needs	7,282,912	7,349,255	-66,343
AOF4 - Health	2,287,243	2,324,171	-36,929
AOF5 - Water, sanitation and hygiene	2,855,580	2,616,047	239,532
AOF6 - Protection, Gender & Inclusion	27,480	25,669	1,811
AOF7 - Migration	556,858	556,858	0
SFI1 - Strengthen National Societies	2,870,269	2,524,745	345,524
SFI2 - Effective international disaster management	6,849,301	6,559,610	289,691
SFI3 - Influence others as leading strategic partners	1,289,411	1,074,476	214,936
SFI4 - Ensure a strong IFRC	4,045,695	3,778,926	266,769
Grand Total	37,083,143	35,815,055	1,268,088

III. Operating Movement & Closing Balance per 2021/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	38,045,321
Expenditure	-35,815,055
Closing Balance	2,230,266
Deferred Income	0
Funds Available	2,230,266

IV. DREF Loan

* not included in Donor Response	Loan :	1,578,621	Reimbursed :	1,578,621	Outstanding :	0
----------------------------------	--------	-----------	--------------	-----------	----------------------	----------

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/8	Operation	MDRID013
Budget Timeframe	2018/7-2021/9	Budget	APPROVED

Prepared on 17 Sep 2021

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 30 Sep 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	152,286				152,286	
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	30,984				30,984	
Other	22,957				22,957	
Red Cross of Monaco	59,277				59,277	
Red Cross of Viet Nam	9,966				9,966	
Sales				364	364	

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/8	Operation	MDRID013
Budget Timeframe	2018/7-2021/9	Budget	APPROVED

Prepared on 17 Sep 2021

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

Operating Timeframe: 31 Jul 2018 to 30 Sep 2021; appeal launch date: 08 Aug 2018

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Singapore - Private Donors	289				289	
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	
Total Contributions and Other Income	35,791,436	2,177,371	76,150	364	38,045,321	0
Total Income and Deferred Income					38,045,321	0