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Final Report

Indonesia: Floods in South Kalimantan

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRID021
Date of Issue: 1 November 2021	Glide number: FL-2021-000005-IDN
Operation start date: 19 January 2021	Operation end date: 31 May 2021
Host National Society(ies): Palang Merah Indonesia (PMI)	Operation budget: CHF 346,255
Number of people affected: 633,723 people	Number of people assisted: 8,000 people
<p>Red Cross Red Crescent Movement partners currently actively involved in the operation: The Indonesian Red Cross Society (<i>Palang Merah Indonesia</i> – PMI) is Indonesia’s largest humanitarian organization. PMI works through 34 provincial chapters, 493 district branches, and 3,046 sub-district branches covering all major cities and administrative regions in the country. PMI has approximately 7,000 staff members and 1.5 million volunteers nationwide. PMI South Kalimantan Province with the support of PMI NHQ led the DREF operation. Five PMI branches in South Kalimantan namely Banjar, Banjarbaru, Barito Kuala, Hulu Sungai Tengah, and Tanah led the program implementation in the field. More than 200 PMI staff members and volunteers took part in the operation.</p> <p>The IFRC CCD Indonesia and Timor-Leste in Jakarta provided technical support to PMI in planning and implementing the DREF operation. Throughout the operation, the team worked closely with PMI NHQ, PMI South Kalimantan, and five PMI branches in Banjar, Banjarbaru, Barito Kuala, Hulu Sungai Tengah, and Tanah Laut. Moreover, the IFRC also supported PMI with replenishing stocks that were distributed to respond to the disaster.</p>	
<p>Other partner organization actively involved in the operation: The National Board for Disaster Management coordinated the response at the national level. The Regional Disaster Management Agency in the area affected by the floods led the response in the field. In additions, several government agencies such as National Search and Rescue Agency, Armed Forces, Police, Social Office, and health office were present and assisted affected communities on the field.</p>	

A. SITUATION ANALYSIS

Description of the disaster

Indonesia has high level of precipitation and is prone to flooding during rainy season. According to Indonesia’s Disaster Mitigation Agency, areas prone to flooding in Indonesia are approximately 39,371,167 hectares. These areas are inhabited by approximately 100,814,666 people. Indonesia’s Meteorology, Climatology, and Geophysical Agency predicted the peak of La Nina would occur across the months of December 2020 and January 2021. The peak of La Nina is coinciding with the peak of the rainy season which usually occurs between January and February. The simultaneous occurrence of these two events caused flooding in many parts of the country, including in South Kalimantan.

The flooding affected 10 out of 13 districts in South Kalimantan, namely Tapin, Hulu Sungai Tengah, Hulu Sungai Utara, Hulu Sungai Selatan, Tanah Laut, Tabalong, Banjar, Banjarbaru, Banjarmasin, Balangan, and Barito Kuala. This was considered as the worst disaster to affect the province in the last ten years. PMI assisted relief efforts in five most affected districts namely Banjar, Banjarbaru, Hulu Sungai Tengah, Tanah Laut, and Barito Kuala.



PMI Volunteers Heading to Villages Isolated by Flooding in Banjar
(Photo: PMI)

Banjar

On 12 January 2021, significant heavy rain, which started in the first week of January caused Martapura and Riam rivers to overflow, flooding 19 sub-districts and 207 villages in Banjar, with water level ranging from 20 – 100 cm. Approximately 60,654 households/275,906 people were affected by the floods. Over 32,113 people had been evacuated to several temporary shelters that were using school buildings, village halls, mosques, and football stadiums. There were also at least 19,812 houses, 257 schools, 488 places of worship, 888 km road, 33 bridges, 117 health facilities, 12 markets, 196 government buildings, 29,967 hectare of agricultural land, and 2,720 ton of fisheries that were damaged or destroyed.

Responding to the situation, the Regent of Banjar district issued state of Emergency Response to Banjar district from 12 January to 31 January 2021. As of February 2021, flood receded in Banjar district and affected communities started to return to their homes.

Banjarbaru

In Banjarbaru, flooding was caused by high intensity rain which overflowed the Kemuning River. Flooding was observed at around 01:10 local time with a water level of 50 - 90cm. Two sub-districts affected are Kemuning Village (Banjarbaru sub-district) and Guntung Payung Village (Landasan Ulin sub-district). As of 19 January 2021, 2,116 households and 5,752 people have been affected by the flood. There has been one reported fatality. Approximately 215 households/1,012 people had been evacuated to temporary shelters that were using government buildings, places of worship, schools, and other public buildings. There were hundreds of houses, public facilities, and approximately 29,967 hectare of agricultural land that were damaged or destroyed.

Following the devastating impact from the floods, the Regent of Banjar Baru district issued state of Emergency Response to Banjar district from 11 January to 31 January 2021. Floods started to recede since 17 January 2021 and completely receded by the end of February 2021.

Hulu Sungai Tengah

In Hulu Sungai Tengah district, flooding occurred on 13 January 2021, at 23.00 local time. 10 sub-districts were inundated. In some areas, the water level was reaching 200 cm. As of 19 January 2021, 29,062 households and 87,506 people have been affected by the floods. There have been 10 reported fatalities in the district. Approximately 11,200 people had been evacuated to temporary shelters. There were 20,533 houses, 65 bridges, 7 markets, 50,140 M roads, 150 places of worship that were damaged or destroyed.

Flood level kept on escalating until 16 January 2021. State of Emergency Response issued by the Regent of Hulu Sungai Tengah on 14 January 2021 and lasted for 16 days. Flood receded by February 2021 in all of Hulu Sungai Tengah area.

Tanah Laut

In Tanah Laut, on 12 January 2021, heavy rainfall which started in the prior week caused severe flooding. In this region, the ongoing high tide further deteriorated the flooding situation. Flooding impacted nine sub-districts: Pelaihari, Bati-bati, Kurau, Bumi Makmur, Tambang Ulang, Bajuin, Takisung, Jorong, and Kintap. In some areas the water level reached 150 - 200cm. The impacts of flooding in Tanah Laut were severe. About 8,506 houses are inundated. Several public facilities such as schools, places of worship, hospitals, and markets have also been impacted. Several roads were also completely submerged in water, including the Trans Kalimantan Access Route. Approximately 13,476 families and 42,543 people were affected by the floods. There had been 10 reported fatalities as a result of being swept away by current and buried by landslide. So far, 13,062 people had sought safety in several temporary shelters. The displaced persons had taken shelter in school buildings and relatives' homes. There were 12,652 houses, 76 schools, 123 places of worship, 47 health facilities, 21 bridges, 23 dams, 23,871 hectare of agricultural land, 459,37 hectare of fisheries, 25,980 livestock, water pipeline 136-unit, 21,584 unit small-medium business, irrigation system 10-unit, 5-unit fluice and various road access were damaged or destroyed.

Heavy rainfall kept on pouring until 16 January 2021 and flood started to recede on 17 January 2021. The regent of Tanah Laut issued state of Emergency Response for the district on 14 January until 31 January 2021.

Barito Kuala

In Barito Kuala, flooding was caused by high intensity rain which overflowed the Martapura River. Flooding impacts four subdistricts and 47 villages in Barito Kuala. The average water level in residential area was recorded at 50 cm. Approximately 18,880 households/51,755 people were affected by the floods. There were 17 recorded fatalities.

Approximately 7,568 people had been evacuated to temporary shelters. There were 213.03 KM road covered by flood and post-flood debris, 97 praying houses, 4 markets, farmland and rice field that were damaged or destroyed.

Responding to the situation, the Regent of Barito Kuala district issued state of Emergency Response to Barito Kuala district from 14 January to 31 January 2021. As of February 2021, flood receded in Banjar district and affected communities started to return back to their house.

Despite all the Emergency Response lasted until 31 January 2021, the Governor of South Kalimantan extended the Emergency Response for the province from 28 January until 3 February 2021.

Summary of response

Overview of Host National Society

PMI along with IFRC CCD Indonesia and Timor-Leste closely monitored the situation and maintained coordination with the Indonesian government at national and district levels. During this operation PMI deployed approximately 200 staff members and volunteers from branches throughout the affected areas. PMI branches in Banjar, Banjarbaru, Hulu Sungai Tengah, Tanah Laut, and Barito Kuala worked alongside the authorities in addressing community needs.

Banjar

PMI branch in Banjar successfully mobilized its resources to work alongside authorities and other counterparts in addressing community needs. Throughout the operation, PMI branch in Banjar were involved in several activities such as search and rescue, needs assessment, mobile clinic, psychosocial support, relief item distribution, clean water distribution, post-flood clean up, and water tank distribution.

No	Activity	Targeted people
1	Mobile Clinic	1,517
2	Psychosocial support	1,164
3	Relief item distribution (food & household items)	12,844
4	Clean water distribution	6,600
5	Post-flood clean up	752
6	Water tank distribution	24,857

Banjarbaru

Responding to the situation, PMI Banjarbaru mobilized its resources to work alongside authorities and other counterparts in addressing community needs. Throughout the operation, PMI branch in Banjarbaru involved and provided several activities such as search and rescue, needs assessment, mobile clinic, psychosocial support, relief item distribution, clean water distribution, post-flood clean up, health promotion, hygiene promotion, and hotline.

No	Activity	Targeted people
1	Mobile Clinic	662
2	Psychosocial support	289
3	Relief item distribution (food & household items)	1,860
4	Clean water distribution	3,893
5	Post-flood clean up	290
6	Search and Rescue	30
7	Health promotion	538
8	Hygiene promotion	957
9	Hotline	215

Hulu Sungai Tengah

PMI branch in Hulu Sungai Tengah successfully mobilized its resources to work alongside authorities and other counterparts in addressing community needs. Throughout the operation, PMI branch in Hulu Sungai Tengah were involved in several activities such as assessment, shelter & relief item distribution, household water treatment and storage, established water treatment plant and distribution of clean water, psychosocial support, clean water distribution, health promotion, hygiene promotion, and handwashing station.

No	Activity	Targeted people
1	Shelter & Relief item distribution (food & household items)	972
2	Household Water water Treatment treatment and Storage	10,818
3	Water treatment plant with clean water management station	3 units
4	Psychosocial support	86
5	Clean water distribution	19,990 (74 sub-villages in 5 villages)
6	Health promotion	90
7	Hygiene promotion	1,166
8	Handwashing station	6 units

Tanah Laut

As the flood inundated the area and communities started to evacuate themselves, PMI Tanah Laut branch-level mobilized its resources to conduct assessment and address the immediate needs. Based on the assessment and impact whilst considering their capacity, PMI branch in Tanah Laut were involved in several activities such as search and rescue, needs assessment, relief item distribution, water tank distribution, hygiene promotion, mobile clinic, psychosocial support, water station, clean water distribution, and health promotion.

No	Activity	Targeted people
1	Assessment	41 village & evacuation centre
2	Relief item distribution (food & household items)	5,599
3	Water tank distribution	8,425
4	Hygiene promotion	465
5	Mobile clinic	596
6	Psychosocial support	219
7	Water station	230
8	Clean water distribution	15,630
9	Health Promotion	204

Barito Kuala

PMI branch in Barito Kuala successfully mobilized its resources to work alongside authorities and other counterparts in addressing community needs. Throughout the operation, PMI branch in Barito Kuala were involved in several activities such as search and rescue, needs assessment, relief item distribution, Psychsocial support, clean water distribution, water tank distribution.

No	Activity	Targeted people
1	Relief item distribution (food & household items)	2,375 households
2	Psychosocial support	86
3	Clean water distribution	19,990
4	Water tank distribution	56,751

Overview of Red Cross Red Crescent Movement in country

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

Overview of non-RCRC actors in country

The Government of Indonesia through National Disaster Mitigation Agency is coordinating the rescue and relief efforts throughout Indonesia. At the field level, Regional Disaster Mitigation Agency managed the relief operations and acted as Coordinator, established evacuation centres, and liaised with other actors including PMI. The police and armed forces

were also present at the field by providing search and evacuation efforts of those who were trapped in remote locations. The office of social affairs operates field kitchens, and each local health department provides first aid. During the early stage of the disaster, several local and faith-based organizations were involved in the relief efforts. Most of them provided and donated various kind of relief and food items to the affected communities at the evacuation centres.

Needs analysis and scenario planning

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

One of the mitigating factors in the needs assessment was that some of the population affected by flooding, have migrated temporarily out of the area. More than 100 people of Banjar arrived in Banjar Baru and all have received services from PMI Banjar Baru, including medical care and clothes. Needs therefore vary depending on where the affected people are located and evolved quickly as the floodwaters recede and people return to their homes. As flood affected people located in urban, peri urban and rural areas, the socio-economic profile and needs of the affected communities were diverse. At the beginning of the flood, most of the population affected who were living in their inundated houses have difficulties to get supplies for food and medical cares while people who work in informal sectors temporary stopped working and lost their income or daily wage earners. The initial phase of response focused on saving lives and meeting the most urgent needs (included food supplies and relief items) at the affected area. As soon as evacuation effort started, PMI also provided services to displaced and evacuated households at the evacuation centres. PMI identified almost all of the evacuation centre were not designed to cater mass-sheltering purposes. Therefore, besides providing basic and immediate needs, PMI distributed household items such as tarpaulins, blankets, sleeping mats, family kit and baby kit at the evacuation centres. PMI targeted the most vulnerable household such as household with baby, female-headed household, people with disabilities and elderly people.

Combination of living in close proximity with other affected household and uncertain conditions due to disaster would increase in sex gender-based violence (SGBV) at the evacuation centres. Referral systems and hotline services provided so that survivors of SGBV can access support services. In additions, by providing hotline service, PMI could support the communities by providing accurate and trusted information whilst preventing any harming rumours within the affected communities. Combined with solid risk communication and community engagement strategy PMI ensured that affected communities were involved, decided and engaged throughout the operation.

Health effects observed during and after floods include injuries, infections, a rise in water-borne diseases and mental health problems. Longer-term health effects may result from displacement, shortages of safe water, injuries, disruption of access to health services and delayed recovery. The flooding of health facilities disrupted services including the provision of routine care for patients with chronic diseases. To fill the gap, health access had to be maintained by deploying mobile clinic while waiting for local health capacity regained.

In the emergency phase, three districts with the most affected areas (Banjar, Tanah Laut and Hulu Sungai Tengah), road access to Community Health Centres (Puskesmas) were not accessible due to the flood level or the health facilities were inundated. Therefore, ambulance could not reach the high-risk groups which need basic health cares or even when they could reached by ambulance service, they had to be transported to neighbouring districts community health centre. Those who were affected by the flood are at risk of getting infected with water borne and other communicable diseases, as a result of being in direct contact with polluted waters and living in crowded conditions. Crowded population and poor air circulation have impacted to increasing number of diseases. Children under five years and elderly were the most vulnerable population for disease transmission.

In the period immediately after flooding, the risk of vector borne diseases such as malaria and dengue may increase because of the number of puddles for breeding places of the local vectors. Due to the amount of water container or water resources left unattended added the risk of vector-borne disease hazard.

The disruption of water supply and sanitation systems in affected areas forced the communities to find alternative access to safe water and temporary sanitation, particularly in evacuation areas. Additional temporary sanitation facilities with temporary water supplies were vital.

COVID-19 were also a major challenge with increasing risk of transmission within the affected population. Throughout the operation number of daily positive cases were between 37-275 with the peak of 275 daily positive case in April 2021. However, there were no Covid case transmission reported at the evacuation centres thorough out the emergency phase.

Further, most roads were submerged, and many people were without transportation means due to lack of availability and financial accessibility to vital services. Many have evacuated to limited elevated spaces and live-in crowded

conditions. Access to handwashing facilities, hygiene items and PPE will therefore be essential to minimise the risk of further transmission and maintaining hygiene condition.

Post-Emergency Response Phase

Based on post-emergency assessment, as soon as the flood receded, communities went back to their houses and evacuation centers were left empty. Post-flood debris/mud were the main issues for the community to recover from the disaster. Post-flood cleaning activities were carried out as part of the recovery process, to help communities resume their daily pre-disaster activities.

Further health and hygiene awareness development also vital for long-term health and hygiene solutions in the area. As the flood receded, water resource rehabilitation including water pipeline rehabilitation was one of the sustainable solutions for post-flood water and hygiene issue. Whereas health promotion and Covid-19 prevention campaign help prevent any health and Covid-19 transmission in the area.

Risk Analysis

Risk Area	Controls Management	Actual situation
Staff and volunteer health: risk of contracting COVID-19 through clinical or community-based activities in the response.	Information and training for staff and volunteers. <ul style="list-style-type: none"> • PPE and orientation on the proper use and disposal of PPE for all frontline volunteers and staff in high-risk affected areas. • Training on COVID-safe implementation for PMI staff and volunteers. • Minimise non-essential travel as written in the PMI and IFRC BCP 	<ul style="list-style-type: none"> • Covid-19 safer access conducted to all deployed volunteers. • Covid-19 test included as compulsory terms for volunteers deployed from outside of South Kalimantan. • Covid-19 PPE (masks, hand-sanitizer & gloves) provided to all volunteers on the field and a mandatory equipment for face-to-face activities. • Development of Covid-19 prevention PMI surge deployment regulations.
PMI managed multiple operations which is stretching their capacity to implement	IFRC Disaster Risk Management team are providing support to PMI in implementation and are liaising directly with implementing branches <ul style="list-style-type: none"> • The operational budget will make provisions for PMI to hire dedicated staff to help manage the operation. 	<ul style="list-style-type: none"> • PMI NHQ took the coordinator role throughout the operations by appointing dedicated staff • While traveling to the field was not an option, IFRC provided remote technical services and monitoring through direct coordination with implementing branch and PMI NHQ.
Negative media coverage related to handling of the response operation.	Proactive communication with media and stakeholders. <ul style="list-style-type: none"> • Community Engagement and Accountability. • Thorough needs analysis, planning, prioritisation and reporting. 	<ul style="list-style-type: none"> • No negative media coverage reported throughout the operations • PMI maintained community engagement and proactive communication throughout the operation by providing hotline service and active social media activity reports
Disruption on the access to deliver support such as road cut off, bridge collapsed, airport damaged as the impact of earthquake	<ul style="list-style-type: none"> • Mapping alternative routes and transportation 	<ul style="list-style-type: none"> • Since PMI targeted the most affected districts and remote areas, alternative routes available to the affected areas were by boat. However, due to unsafe water flow/debt, any water-transportation means was unfavourable. Hence, PMI relied on local communities' support to reach the most vulnerable household.

B. OPERATIONAL STRATEGY

Proposed strategy

The primary objective of the operation was to provide support to PMI branches in South Kalimantan region in assisting 2,000 families or 8,000 people directly impacted by the floods at the evacuation centres and surrounding areas. This operation aimed to meet affected community immediate needs through evacuation, basic household items and food distribution, provision of drinking water, essential shelter items and tools, mobile clinic services, Psychosocial support service, health and hygiene promotion. PMI focused their response activities at the evacuation centres while gradually expanding their target along with the improved situation to reach communities living nearby the affected area. Throughout the operation, PMI ensure coordination and communication with Regional Disaster Management Authority (*Badan Penanggulangan Bencana Daerah* or BPBD) as the Operation Coordinator on the field and also with the communities. Community Engagement and Accountability (CEA) and Protection, gender and integration (PGI) were also integrated across all provided services.

The emergency response operation was based on the short-term needs of the affected population and tried to fill in the gaps of the government's response plan. PMI aimed to provide shelter needs through the distribution of essential household items such as family kits that contain hand and washing soap; shampoo; toothpaste; toothbrush; towel, plastic plate and glass; eating utensil; flip flop; candle; plastic bag; face masks and hand-sanitizer; baby kits, tarpaulins, and blankets to 2,000 families or 8,000 people across Hulu Sungai Tengah district, Tanah Laut district, Banjar Baru, Barito Kuala and Banjar district. As pandemic situation also hampered the flood emergency response, the ongoing COVID-19 emergency operation will cover some precautions and protection activities such as rapid antigen testing for PMI volunteers and staff and procurement of hygiene kit to the affected communities. Whilst the operation shifted to post-emergency, PMI distributed cleaning kits and supported post-flood clean-up activities to speed up the recovery process.

As disaster affected areas established evacuation centres and internally displaced people (IDPs) seek refuge at designated evacuation centres, as well as the houses of family members, they are exposed and at high risk of contracting COVID-19, which in turn, would increase risk for the surrounding community and volunteers. To prevent and mitigate the risk, IDPs was the main target groups of Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC) interventions. To complement the activities and support the government Covid 19 prevention campaign 'Three-M (3M) protocols (wearing a mask, physical distancing and handwashing)' was disseminated and promoted in the evacuation centres, nearby villages as well as to the volunteers on the ground.

Based on the assessment, hygiene and health awareness in the area were low. PMI focused strongly on hygiene and health promotion considering the rainy season and pandemic that increased the risk of outbreak of vector and water borne diseases. Health and hygiene promotion activities were implemented in a coordinated and integrated way, by conducting CEA assessments to seek relevant community questions and concerns determine the most appropriate and trusted channels, sources and preferred formats of communication, as references into a consolidated strategy on RC/CEA for the operation and form the basis to providing actionable information in appropriate formats.

In addition, PMI distributed mosquito nets to help preventing any potential outbreak of dengue or malaria, which complemented with vector prevention and awareness activities. Provision of first aid and psychological support services made available during an emergency period to address psychological distress caused by the disasters at the evacuation centres as several community health centre was inundated or inaccessible.

Through the technical support from IFRC and the ongoing COVID-19 response operation, PMI adjusted the response to COVID-19 context and safety guidance. According to the Ministry of Health's data on pandemic situation in South Kalimantan, all affected districts were identified community transmission with high-risk zone due to limited capacities of health system and poor Covid-19 prevention awareness. All mobilized personnel from outside of the province to the affected areas has had health screening with at least rapid antigen as compulsory policy and applied strict COVID-19 protocols while they were on the field.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 4,669

Male: 2,230

Female: 2,439

Indicators:	Target	Actual
# of people reached with safe and adequate shelter and settlement assistance	2,000 HH	1,620 HH
# of households receiving essential household items	2,000 HH	1,620 HH

Narrative description of achievements

As the situation got worse and the flood started to reach three to four meters from the ground, affected communities started to evacuate their houses to several evacuation centres in the area. PMI managed to identify at least 16 evacuation centres across 5 affected sub-districts. As soon as PMI identified evacuation centres, PMI deployed its volunteers and staff to provide basic and immediate needs at the evacuation centres.

At the evacuation centre, PMI established field kitchens to provide evacuated communities with meals while being displaced. Even though the operational costs for setting up and running the field kitchens was covered by the DREF support, through their own funding PMI ran 16 field kitchens from 10 January until 7 March 2021 in 16 different locations in 5 sub-districts. By deploying field kitchens, PMI managed to distribute 317,423 meal packages and served 30,857 evacuated people at the evacuation centre and around the evacuation centre. PMI deployed 37 volunteers to operate the field kitchens and food distribution within the evacuation centres.

Besides evacuation and deploying field kitchens, PMI also distributed essential household items such as Tarpaulins, Blankets, sleeping mats, Family kits, Cleaning kits and Baby kits to the affected communities. All of the items are pre-positioned stocks from one of the PMI regional warehouses located in Banjarmasin, South Kalimantan. Through the support from DREF, dispatched items replenished and restocked to ensure PMI is in a better position equipped with ready stocks to respond to next disaster in the region. All procurement for stock replenishment were done locally through IFRC procurement process. Detailed item distributed can be seen in the table below:

Items	Total		
	Initial Target	Revised Target	Actual
Tarpaulins	500	200	25
Blankets	2,000	1,000	786
Sleeping Mats	2,000	1,000	156
Family kits	1,000	2,000	195
Cleaning kits	1,000	1,000	261
Baby kits	750	300	603

To avoid overlapping support especially for the household items distribution at the evacuation center, PMI maintained coordination and communication with BPBD assigned in the locations. Therefore, based on the follow up coordination with BPBD and needs assessment, the relief items quantity changed to fit the actual need and gaps on the field. PMI only distributed items if they received request and to target the most vulnerable household identified hence not all items distributed accordingly to the initial target.

In the emergency phase, PMI planned to distribute the household items as a package consist of (2 tarpaulins, 1 Family kit, 2 blankets, 2 sleeping mats). However, as there were various other organizations also provided and distributed relief items at the evacuation centre, PMI distributed the items as an individual item to fill the gap on the field

Relief Item Distribution

Banjar district

In the emergency phase, PMI branch in Banjar conducted 21 sessions of relief items such as (58 pieces of blankets, 3 Sleeping mats and 52 Baby kits) and food items distribution to 12,844 people. Throughout the operation, PMI branch in Banjar received support not only from PMI NHQ, but also from various parties and community-based

organizations. Relief distribution in Banjar district carried out from 19 January – 24 February 2021, by deploying 8 volunteers on daily basis.



Picture 1-6: PMI Banjar relief and food items distribution activities. Source: PMI Banjar district

Banjarbaru district

Based on the needs and impact assessment, PMI branch in Banjarbaru conducted 13 sessions of relief and food item distribution, reaching 1,860 affected people in the area. Various donation from individual and organizations were sent and donated through PMI Banjarbaru district where most of the donations received was food items. During this operation, PMI branch in Banjarbaru received support from PMI NHQ and donations from various parties and community-based organizations. Distribution activities carried out between 17 January – 22 March 2021 with 12 volunteers actively supported the distribution process





Picture 7-10: PMI Banjarbaru relief and food items distribution activities. **Source:** PMI Banjarbaru district

Barito Kuala district

Responding to the flood in Barito Kuala district, a team of 17 volunteers to distribute food items and household items to the affected communities. Household items such as 75 Cleaning kits, 180 pcs of blankets, food and clothing materials were also distributed at the evacuation centre to 980 people. PMI also distributed food items received and donated by various private and organizations within and outside of Barito Kuala district to support the field kitchen. By combining the household and food items distributions activities, PMI managed to reach 2,660 affected people in the districts.



Picture 11-14: PMI Barito Kuala relief and food items distribution activities. **Source:** PMI Barito Kuala district

Hulu Sungai Tengah district

In Hulu Sungai Tengah district, PMI conducted 21 sessions of relief items distribution such as 10 pieces of blankets, 22 Sleeping mats, 19 Family kits and 61 Baby kits). In addition to the household items, PMI also provided meal and distributed food items to 12,844 people. Throughout the operation, PMI branch in Hulu Sungai Tengah received support not only from PMI NHQ, but also from various parties and community-based organizations. Relief distribution in Hulu Sungai Tengah district carried out from 20 January – 23 February 2021, by deploying 8 volunteers on daily basis.

PMI also established field kitchen at evacuation centres. The field kitchens operated from 22 January 2021 to 7 March 2021 located in 4 different locations. The field kitchen was supported and managed by seven PMI volunteers on daily basis and provided three meals per day to the displaced communities.



Picture 15-18: PMI Hulu Sungai Tengah relief and food items distribution activities. Source: PMI Hulu Sungai Tengah district

Tanah Laut district

In Tanah Laut district, PMI conducted 21 sessions of relief items distribution such as 26 Tarpaulins, 266 blankets and 24 sleeping mats benefitted 194 people. Relief distribution in Tanah Laut district carried out from 10 January – 6 March 2021, by deploying 8 volunteers on daily basis.

PMI also established field kitchen at evacuation centres. The field kitchens operated from 10 January 2021 to 27 January 2021 located in 5 different locations. The field kitchen was supported and managed by 14 PMI volunteers on daily basis and provided 3 meals per day to 9,060 displaced people.





Picture 19-22: PMI Tanah Laut relief and food items distribution activities. **Source:** PMI Tanah Laut district

Challenges

There were too many organizations/donors or actors distributing food items and non-food items at the evacuation centre. Coordination at field level is the main challenge. Some donors drop their relief items at the evacuation centre without clear information on to whom they would like support. In addition, based on the follow up assessment and needs on the field, PMI had to revise the targeted relief items to be distributed to fit the actual needs on the field whilst preventing any duplication with other organization.

In the emergency phase, relief distribution activities were done while flood still inundated the area. The worst affected areas were not accessible through road. Hence, logistics and the team had to use boat to reach the distribution point. However, when the flood receded, roads were covered by mud and post-flood debris. Making it harder to reach the distribution point using trucks or any land-based vehicle.

Due to the Covid-19 prevention and social restriction policy, PMI had to require permission to conduct relief or food items distribution outside of the evacuation centre. Without the permit, relief or food items were dropped at the community centre or halls so it can be distributed by the village authority.

Lessons Learned

To get volunteers or staffs able to reach the most affected area, PMI would require specialized land or water-based vehicle.

As not all the dispatched items from PMI regional warehouse were distributed to the community, these items were stored as buffer stocks or for top-up at PMI Branch & Province.

Since there were abundant food items donated at the evacuation centre, PMI cooked the food materials in their field kitchen. Whenever there were any leftover materials, they sent it to other field kitchen in the area.



Health

People reached: 8,513

Male: 4,193

Female: 4,320

Indicators:	Target	Actual
# of people reached by NS with services relevant health risk factors	8,000	8,513
Detailed health needs assessment completed	Yes	Yes
# of people reached by first aid, ambulance, and mobile clinic services	3,000	2,796
# of people assisted through evacuations	1,000	538
# of people who are reached to lessen potential epidemic transmission	8,000	3,328
# of volunteers trained by NS in epidemic control	150	0
# of mosquito nets distributed	500	26

# of people reached through health promotion activities	8,000	3,328
# of people reached through psycho-social services	8,000	1,851
# of staff and volunteers receiving PSS support	150	0

Narrative description of achievements

Evacuation

As the situation escalated on the field and communities started to evacuate themselves from their houses, PMI deployed their resources to support the evacuation efforts in Banjar Baru, Banjar and Tanah Laut district. Evacuation activities carried out from 12 January until 16 January 2021. From the activities, PMI managed to evacuate 538 people (238 men and 300 women). Affected people evacuated from their houses and transported to the nearest evacuation centre in the area. As of the evacuation efforts stopped, PMI deployed 18 people to support the evacuation process.

Mobile Clinic

By mid-January, almost all community health centre or health facility in five districts were affected and inundated by the flood. Therefore, affected communities while they were in the evacuation centres had limited access to health services. To maintain the health-level at the evacuation centre, PMI deployed mobile clinic to the evacuation centres. Due to the limited capacity and available resources at the branch level, only Banjar, Tanah Laut and Banjar Baru districts provided mobile clinic services to the affected communities. Throughout the operation, PMI Banjar managed to serve 1,517 people (743 Female and 774 Male) and operated from 19 January to 14 February 2021. Whereas in Banjar Baru, PMI managed to serve 662 people (324 Female and 338 Male) and operated from 15 January- 15 February 2021. Lastly, PMI Tanah Laut managed to be served 596 people (292 Female and 196 Male)

Even though mobile clinic resources and capacity were lacking, Barito Kuala and Hulu Sungai Tengah PMI branch deployed their ambulances and provided referral services to nearby hospital if needed. PMI ambulance service, accessed by 21 people (6 Male; 15 females; 1 child <5y.o and 3 elderly people)



Picture 23-26: PMI providing basic health services at the evacuation centre. Source: PMI Banjar and Banjar Baru district

Psychosocial Support

Psychosocial support sessions were provided by PMI at the evacuation centres. Children were the main target of PSS activities since children experienced disaster differently than adults. As not only the lost their home or family member but they lost their play time and daily routine at the evacuation centre. In additions, they also lost their belongings such as books, toys and etc. To support them, PMI conducted 30 sessions and reached 1,851 children below 5 years old (907 Female and 944 Male). Activities such as playing games, storytelling and prayers were conducted together

in the emergency centre from 19 January to 2 March 2021. In total, PMI deployed 10 volunteer to conduct PSS session to the community. Whereas the adults often went back to their houses or to go to work. No PSS activities conducted for adult since PMI decided it would be more beneficial for them by providing basic health services and health promotion (Covid-19 prevention and dengue prevention)



Picture 24-27: PMI PSS session at the evacuation centre. Source: PMI Banjar and Hulu Sungai district

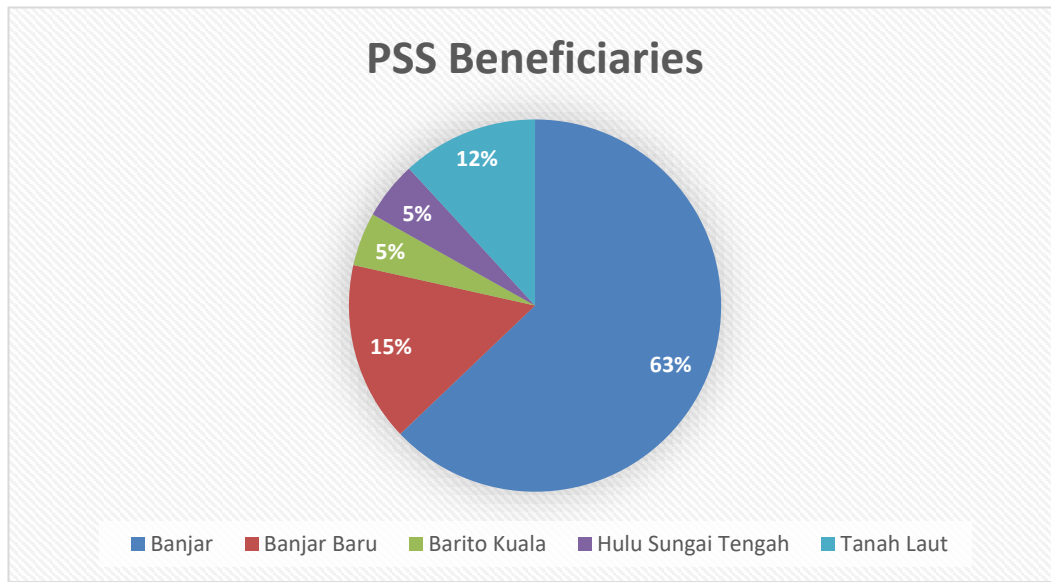


Chart 1: PSS Targeted people 's percentage per district

Health Promotion

Besides PSS activities, PMI also conducted health promotion by door to door visit methods. PMI conducted 19 door to door session in 19 villages across 5 districts in South Kalimantan province. To complement the promotion session PMI also distributed IEC materials, IEC distributions at public facilities such as markets, mosque, schools, and community centre. Materials included in the IEC and disseminated to the community such as Covid-19 preventions, 3M/new normal campaign, vector-borne disease awareness and post-flood health risk awareness. PMI distributed 26 pieces of mosquito net out of 500 targeted pieces. As been mentioned earlier, due to the amount of organization providing and distributing relief items, including mosquito nets. To avoid duplication and overlapping activities to the community, PMI decided to distribute the mosquito net only to those who have not received the item. PMI reached 832 household or 3,328 people (1,697 male and 1,631 female) through promotion sessions and IEC distributions.



Picture 25-28: Door-to-Door health promotion in Banjar Baru and Hulu Sungai Tengah. Source: PMI Banjar Baru and Hulu Sungai district

Challenges

While conducting door to door health promotion, majority of the people were not wearing masks as Covid-19 prevention practice. Even though PMI volunteer brought additional face mask with them and even distributed the facemasks to the visited community, often PMI volunteer run out of face mask to be distributed before even finished the full-day activity.

There were several households that were reluctant to visit the mobile clinic because misinterpreted the activity as Covid-19 screening.

Limited PSS and Mobile clinic capacity in Barito Kuala and Hulu Sungai Tengah even though the needs were identified.

In the emergency response phase, almost all the health services provided and conducted at the evacuation centres. Therefore, there were too many people in such limited space when there was Covid-19 transmission risk. In addition, mobile clinic could not reach the heavily impacted area due to the flood level. Hence, in several cases PMI had to travel by boats carrying medicine and health equipment.

Lessons Learned

Due to the limited stock of face mask, volunteer had to keep reminding the community to always keep facemask every time they interacted with other people and always practice Covid-19 prevention protocols.

Health promotion activities effectively raised the community health awareness in terms of Covid-19. Volunteers reported that the community actively communicate and asked Covid-19 related questions and helped the community understand on how to protect themselves from Covid-19 transmission. However, to avoid any misleading Covid-19 related information, PMI volunteer had to be briefed properly on correct Covid-19 prevention.



Water, sanitation and hygiene

People reached: 32,783

Male: 16,145

Female: 16,638

Indicators:	Target	Actual
# of vulnerable population has access to sufficient safe water, appropriate sanitation, and hygiene service	8,000	32,783
# of assessments/monitoring visits undertaken and shared	4	5
# of people provided with safe water	5,000	32,783
# of households reached with key messages to promote personal and community hygiene	8,000	2,588
# of volunteers involved in hygiene promotion activities	10	15
# of households provided with a set of essential hygiene items	2,000	1,394

Narrative description of achievements

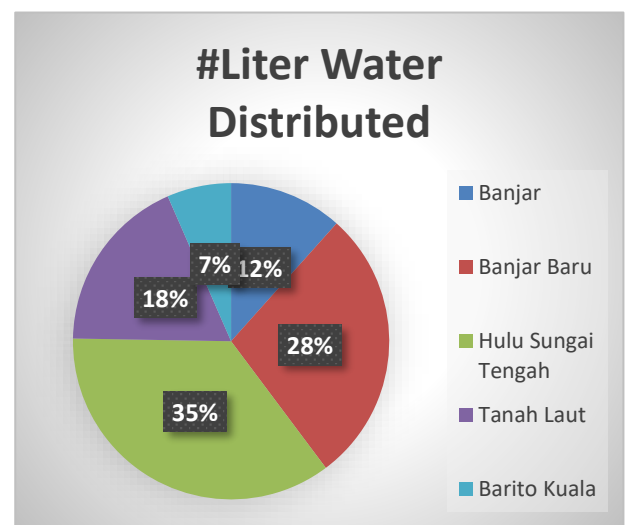
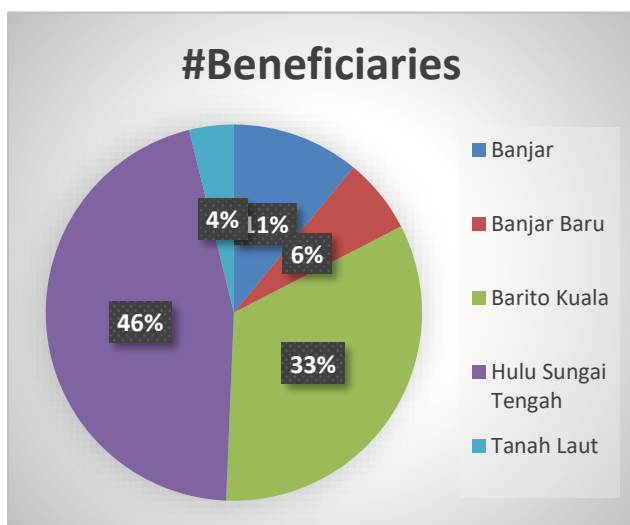
Assessment

By 16 January 2021, all 5 districts in South Kalimantan province inundated by the flood with flood level ranging from 1-3 meter. Communities started to evacuate themselves and in need for evacuation services. In order to respond to the situation at the affected area and evacuation area, PMI deployed its volunteers and staff to conduct impact and needs assessment. Initially, PMI conducted assessment in four affected districts. However, the situation escalated, and flood started to inundate Banjar Baru later on 19 January 2021. In total PMI deployed 8 volunteers to conduct assessment and monitoring throughout the operation.

Water distribution

According to impact and needs assessment report, affected communities were in dire need of clean water since their water resources were contaminated by the floods. Evacuation centres were not designed for mass occupancy, displaced people could not get access to sufficient clean water. To address immediate needs for clean water, PMI distributed clean water through water trucking and distribution of bottled water in Banjar, Banjar Baru and Barito Kuala. In addition, four water treatment plants along with additional water trucks were deployed from PMI WASH warehouse centre in Jatinangor, West Java Province to Tanah Laut and Hulu Sungai Tengah districts.

Throughout the operations, PMI managed to distribute 554,900 litres of clean water to 32,783 people in 5 affected districts. Water trucking served the affected communities at evacuation centres and surrounding areas from 15 January to 31 May 2021. PMI kept the water treatment plants running from 22 February to 5 March 2021. Kindly refer below for detailed clean water distribution activities per district:



Charts 2 and 3 : Percentage of clean water distribution (litre) and percentage of the targeted people per district



Pictures 29-32: Clean water distribution activities. Source: PMI South Kalimantan province

Post-flood clean up

Soon after the flood receded, PMI supported post-flood debris cleaning activity in Banjar and Banjar Baru districts. and the activities benefitted 261 households or 1,042 people in 10 villages. Public facilities such as bus stations, markets, schools, local authority offices, local community health centres and community centres/halls were targeted for the clean-up activities.



Pictures 33-36: Post-flood debris cleaning activities. Source: PMI Banjar and Banjar Baru districts

Water tank distribution

PMI distributed 397 communal water tanks at communal areas located in 5 districts. The distributed communal water tanks have a potential reach of 90,033 people. These water tanks are stationed at public facilities such as mosques, schools, community halls/centres in more than 52 locations. PMI started the distribution process from 31 January to 28 May 2021. The distributed water tanks can be used as short- and medium-term solution for water storage.



Picture 34-37: Water tank distribution activities. Source: PMI South Kalimantan province

Hygiene promotion

To complement the distribution of water, hygiene kit and water tanks, PMI also conducted hygiene promotion sessions to the communities. PMI volunteers delivered the sessions and materials through door-to-door dissemination methods. These activities were carried out from 15 March to 15 April 2021. PMI not only targeted affected communities at the evacuation centres but also communities around the evacuation centres. PMI managed to reach 2,588 people across 5 districts. IEC materials were distributed during these sessions and were displayed at public facilities such as mosques, markets, schools, etc. Topics covered include how to properly wash your hands, the importance of maintaining personal and environmental hygiene and waste management. To complement the hygiene promotion activities, PMI also distributed 1,394 hygiene kits¹ and 341 cleaning kits², benefitting 5,895 people across 5 affected districts. PMI also monitor the use of the provided hygiene kit each time they revisit the community. PMI did not receive any report issue on the hygiene kit content.



¹ Hygiene kit consist of bath soap, shampoo, toothpaste, toothbrush, tampons, towel, detergent and container box.

² Cleaning kit consist of broom stick, mop, dustpan, floor drainer, plastic bucket, floor brusher, rubber gloves, handle brush and floor carbolic



Pictures 38-41: Door-to-door hygiene promotion activities in Banjar Baru and Hulu Sungai Tengah districts. **Source:** PMI Banjar Baru and Hulu Sungai district

Challenges

PMI had to ensure all water tanks were distributed to the most affected and vulnerable village or community whilst ensuring no duplication at the ground level. During the emergency response period, PMI struggled to access the most affected area due to the flood level in the location.

Due to the presence of humanitarian actors and donations on the field, PMI had to ensure the hygiene kits were distributed to the targeted people whereas Hygiene Promotion was done through door-to-door visit. Hence, the discrepancy between the actual Hygiene Promotion and Hygiene kit beneficiaries in the reports. In additions, due to the Covid-19 social restriction, face-to-face session was limited whereas online delivery methods would not be effective.

Data consistency was found to be a challenge especially during the emergency response phase.

Lessons Learned

In the emergency period, PMI coordinated with BPBD so they could use BPBD's rescue boats to reach the most affected area. Even when PMI could get access to the affected area, they had to consider the risk of the flood wave or flash flood that may happen any time.

Through active community engagement, PMI received support and input from the local community on how to determine the distribution points for water tanks, relief items beneficiaries and clean water distribution target area. This also to ensure no duplication or overlapping intervention at the evacuation centre or nearby village.

Hygiene promotion and dissemination activities should be followed up or delivered through constant and regular sessions with the communities.



Protection, Gender, and Inclusion

People reached: 331

Male:

Female:

Indicators:	Target	Actual
The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response service	Yes	Yes
The operation demonstrates evidence of compliance with IFRC minimum standard commitment to gender and diversity in emergency programming	Yes	Yes
# of volunteers who have signed the code of conduct	250	331

Narrative description of achievements

Through of the operations, PMI ensured that all recipient lists were sex and age segregated. However, due to the situation on the field, detailed Sex Age Disaggregated Data (SADD) were not available in the emergency phase. Due to the Covid-19 prevention and social restriction policy, mass gathering activities and direct interaction with the community were limited. This included distributions, socialization meetings and in feedback and reporting mechanisms that ensured the issues reached the decision makers and become concrete actions. Hence, PMI had to rely on secondary sources of gender data in the affected locations.

PMI considered providing specific needs for the targeted vulnerable people such as baby kits, baby clothing and other utensil. In additions to the Family kit with tampons included in the kit, PMI also distributed additional tampons based on reports and feedbacks they received from the communities. PMI also provided praying materials such as mukena and alquran to ensure dignity of the affected families.

The PGI component was considered throughout the implementation of all activities. This included targeting of vulnerable households, socialization in communities, adaptation of distribution plans to accommodate different needs, and strict observance of child protection and sexual abuse prevention policies of PMI and IFRC. Overall, the PGI component was ensured by the CEA team through monitoring of feedbacks from communities which were gathered via hotline service. No incident of abuse, exploitation or discrimination was reported. Related to community feedback, in total, PMI received 215 feedbacks from the communities

Challenges

Main challenge faced is to gather and present detailed SADD data and data consistency especially data from the emergency phase.

Lessons Learned

PMI had to consistently reminding their volunteer to provide SADD data even though direct interaction was limited.

Further PGI trainings are needed for PMI volunteers in South Kalimantan Province

Strengthen National Society

Indicators:	Target	Actual
# of volunteers safely mobilized under the operation	250	331
# of volunteers insured under the operation	250	331
# of volunteers receiving briefings under the operation	250	331
% of target population satisfied with level of consultation, information, and involvement in the operation	85%	85
% of target population satisfied with support received	85%	85
Effective and coordinated international disaster response ensured	Yes	Yes
NS is provided with shared services	Yes	Yes
IFRC and NS are visible, trusted, and effective advocates on humanitarian issues	Yes	Yes
Communications materials are produced	Yes	Yes
# of lessons learned workshop	1	0
# of staff and volunteers participating in the lessons learned	50	0

Narrative description of achievements

In total, PMI deployed 331 volunteers and staffs to respond to disaster in South Kalimantan Province. All deployed staff and volunteers from outside of the province received training and held specific specializations prior to mobilizations. As Code of Conduct is a standard PMI volunteer brief and debrief, all deployed volunteers were aware of COC.

Throughout the operation, 331 volunteers and staffs who were actively involved in the operations were insured. Due to the second wave of Covid outbreak in Indonesia, PMI had to cancel planned the lessons learn workshop due to lock down and all activities were postponed until the DREF timeframe passed

Challenges

Further challenges were found in the limited capacity in terms of reporting. This caused programmatic reporting delay especially for the financial reporting.

Due to the Covid-19, direct monitoring from PMI NHQ and IFRC was limited. Hence, there were some communication and coordination issue occurred along the operation

Lessons Learned

Localization is vital to ensure the quality and efficiency of provided and implemented services on the field since resource mobilization was hampered by Covid-19 prevention policy

D. FINANCIAL REPORT

In total, CHF 346,255 was allocated to respond to the humanitarian needs of household affected by the flood in South Kalimantan province. In total, CHF 196,307 booked and reported as expenditure with the remaining balance CHF 149,948 to be returned to DREF pot.

Several underspent budgets in the operation were in Health and WASH sector. As mobile clinic only operated in threedistricts, PMI did not absorb mobile clinic budget fully. In addition, due to the Covid-19 prevention and mass-gathering restriction, PMI conducted the health promotions, hygiene promotions and any mass-gathering activities by visiting the community door-to-door. Therefore, several operational cost especially for transport (rent and fuel) and melas overlapped between the sectors.

As explained in the narrative section, PMI managed to reach the targeted people with provision of clean water, deployment of Water Treatment Plan and distributed household items. However, since there were several organizations provided clean water and various local humanitarian actors (individual and organization) donated and distributed clean water at the evacuation centre, PMI had to ensure that their service was not duplicating and overlapping with others. Therefore, implementations plan had to be fit the actual needs on the field.

On the other hand, overspent occurred on shelter sector caused by two key factors:

- PMI revised their standard relief item package to fit and align with PGI and Covid-19 prevention purposes. Several items identified and added to the kit such as face masks, hand-sanitizer, hand soap and supporting IEC material.
- To fit the actual need on the field, PMI changed their strategies to meet the needs at evacuation centre such as shelter tool kit and kitchen set. The items were used to shelter the community belonging at the evacuation centre while the kitchen set were used to support the field kitchen activities.

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, German, Ireland, Japan, New Zealand, Norway, Sweden and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The IFRC, on behalf of Palang Merah Indonesia, would like to extend thanks to all for their generous contributions.

Detailed expenses are [outlined](#) in the attached Final Financial Report at the end of this report.

Contact information

Reference documents



Click here for:

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

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

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For IFRC Resource Mobilization and Pledges support:

- **In IFRC Asia Pacific Regional Office: Pui Wah Alice Ho, Partnership in Emergencies Coordinator**; Email: alice.ho@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.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/01-2021/09	Operation	MDRID021
Budget Timeframe	2021/01-2021/07	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 18/Oct/2021

All figures are in Swiss Francs (CHF)

MDRID021 - Indonesia: South Kalimantan Floods

Operating Timeframe: 19 Jan 2021 to 31 Jul 2021

I. Summary

Opening Balance	0
Funds & Other Income	346,255
DREF Allocations	346,255
Expenditure	-196,307
Closing Balance	149,948

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	110,078	117,631	-7,552
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	52,411	20,529	31,882
AOF5 - Water, sanitation and hygiene	130,463	29,664	100,798
AOF6 - Protection, Gender & Inclusion	1,704		1,704
AOF7 - Migration			0
Area of focus Total	294,656	167,825	126,832
SFI1 - Strengthen National Societies	2,396	2,534	-138
SFI2 - Effective international disaster management	4,580	2,111	2,468
SFI3 - Influence others as leading strategic partners	43,772	26,532	17,240
SFI4 - Ensure a strong IFRC	852	-2,695	3,547
Strategy for implementation Total	51,599	28,483	23,116
Grand Total	346,255	196,307	149,948

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/01-2021/09	Operation	MDRID021
Budget Timeframe	2021/01-2021/07	Budget	APPROVED

FINAL FINANCIAL REPORT

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MDRID021 - Indonesia: South Kalimantan Floods

Operating Timeframe: 19 Jan 2021 to 31 Jul 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	209,798	121,976	87,822
Shelter - Relief	9,500	6,115	3,385
Clothing & Textiles	23,360	7,075	16,285
Water, Sanitation & Hygiene	118,000	33,169	84,831
Medical & First Aid	16,438	8,200	8,238
Teaching Materials	2,500	399	2,101
Utensils & Tools		2,513	-2,513
Other Supplies & Services	40,000	64,505	-24,505
Logistics, Transport & Storage	19,600	15,663	3,937
Distribution & Monitoring	17,600	10,668	6,932
Transport & Vehicles Costs	2,000	4,995	-2,995
Personnel	79,325	40,560	38,765
National Staff	200		200
National Society Staff	20,100	17,367	2,733
Volunteers	59,025	23,193	35,833
Workshops & Training	4,500	791	3,709
Workshops & Training	4,500	791	3,709
General Expenditure	11,900	5,335	6,565
Travel	200		200
Information & Public Relations	500	990	-490
Office Costs	9,600	4,508	5,092
Communications	800	1,226	-426
Financial Charges	800	-1,388	2,188
Indirect Costs	21,133	11,983	9,150
Programme & Services Support Recover	21,133	11,983	9,150
Grand Total	346,255	196,307	149,948