

www.ifrc.org
Saving lives,
changing minds.

DREF Final Report Indonesia: West Sulawesi Earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRID020	GLIDE n° EQ-2021-000003-IDN
Date of issue; 2 November 2021	Timeframe covered by this update: 15 January – 31 July 2021
Operation start date: 15 January 2021	Operation timeframe: 6 months End date: 31 July 2021
Category allocated to the disaster or crisis: Orange	
Funding requirements (CHF): 749,252 (second DREF allocation of CHF 289,275 on top of initial allocation of CHF 459,977)	
N° of people being assisted: 40,000 people (10,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Indonesian Red Cross (Palang Merah Indonesia or PMI) – has 34 provincial chapters and 474 district branches nationwide. PMI has deployed a total of 403 volunteers and 79 staff from local branches and other provinces.	
Other partner organizations actively involved in the operation: Provincial and district government agencies such as provincial-level Indonesian Disaster management Authority (<i>Badan Nasional Penanggulangan Bencana Daerah</i> or BNPB), Indonesian Search and Rescue Authority (BASARNAS), and Department of Social Affairs (DINSOS), and Community Health Centre.	

A. SITUATION ANALYSIS

Description of the disaster

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

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

Government offices and private businesses were also damaged by the earthquake, as well as schools, markets, and religious places. In Mamuju, a major hospital collapsed. Electricity and communication networks were temporarily disrupted making it difficult to communicate with Mamuju during the height of the emergency. Communication lines have since improved while road networks are now passable.

The Government of Indonesia declared the response operation as a Provincial disaster. The province was also put under a state of emergency from 29 January to 5 February 2021.

Summary of current response

Overview of host National Society response action

PMI branches in the affected areas and neighboring provinces were immediately deployed to support evacuations and emergency medical or ambulance services. PMI NHQ also deployed technical personnel to support emergency needs assessments. PMI headquarters was also in close coordination with its branches in Palu, Central Sulawesi and Makassar, South Sulawesi to ensure sufficient surge support was provided to the West Sulawesi chapter. Overall, PMI mobilized more than 400 staff and volunteers from 41 branches across 9 provinces in the first month of the operation. *Dashboard on personnel deployment is found [here](#) (in Bahasa Indonesia only).*

PMI national headquarters, in the first few hours after the disaster, immediately mobilized 200 sets of family kits (which contains bath and hand soap, shampoo, washing detergent, toothpaste, toothbrush, plastic plate, glass and eating utensil, candle, hand towel, flip flop, sarong and garbage bag) and 200 blankets from their warehouse in Makassar with support from the Indonesian Airforce (*Tentera Nasional Indonesia Angkatan Udara*). In addition, NHQ mobilized 100 units of hazmat PPE, 1,500 units of face masks, two rolls of tarpaulin measuring 4 x 100 meters, 50 pairs of vests and 30 pairs of boots.

West Sulawesi provincial branch deployed 30 volunteers and a further 12 volunteers were deployed from the branch in East Kalimantan. The East Kalimantan branch mobilized 200 sets of family kits, 200 blankets, six units of water containers, and a water treatment plant. PMI's branch in South Sulawesi mobilized 50 volunteers from Makassar City and Pinrang Regency along with 3 ambulances and 1 truck to assist with transportation of equipment and PPE to Majene. PMI's Central Sulawesi branch mobilized 47 personnel, 2 ambulances, 1 water-tank truck, 4 vehicles and 1 motorbike to Mamuju.

One of PMI's CEA specialists was deployed as part of the assessment team traveling from Central Sulawesi. A CEA rapid assessment was undertaken from 18 to 21 January 2021 to determine the immediate information needs of the affected population and support the development of a CEA strategy for the operation as well as to establish feedback mechanisms for the affected population.

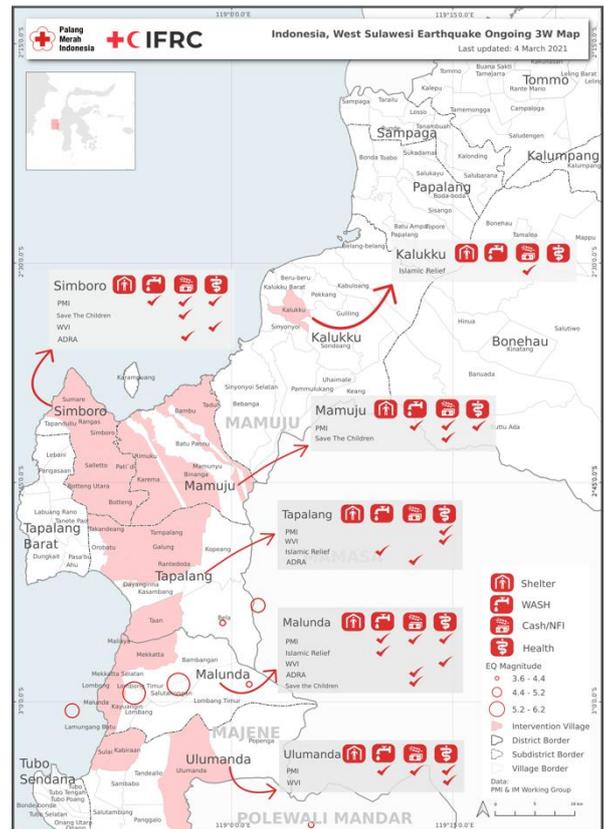
Overview of Red Cross Red Crescent Movement actions in country

IFRC has a country cluster delegation (CCD) for Indonesia and Timor-Leste consisting of a head of delegation and technical capacities in disaster management, shelter, health, water, sanitation and hygiene, National Society development, communication, protection gender and inclusion (PGI), community engagement and accountability (CEA) and support services in finance, human resources and administration.

IFRC's CCD office in Jakarta was liaising closely with PMI NHQ and branches in Majene and Mamuju regarding damages and needs. IFRC CCD and sub-office in Palu, as well as IFRC Asia Pacific Regional Office, deployed technical staff members to support PMI's assessment teams in West Sulawesi. In addition, IFRC mobilized 199 sets of family tents, 45 sets of hygiene kits, 86 units of mosquito nets, 100 units of hazmat suits, 30 boxes of masks and 30 pairs of boots from stocks in Central Sulawesi.

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

The situation also drew international attention, wherein IFRC and PMI were engaged by media and other partners. The CCD also organized a meeting to update partners on the situation, needs and the implementation, as well as coordinate the overall response, while situational reports were regularly uploaded to the IFRC Go Platform.



Map of West Sulawesi earthquake operation

Overview of non-RCRC actors' actions in country

The Provincial Disaster Management Agencies (*Badan Penanggulangan Bencana Daerah* or BPBD) from Majene, Mamuju, and Polewali districts were rapidly mobilized to carry out emergency response activities such as providing medical treatment to the injured, evacuating people from unsafe areas, collecting data and establishing evacuation sites.

The Head of the National Disaster Management Agency (*Badan Nasional Penanggulangan Bencana* or BNPB) and the Minister of Social Affairs also deployed personnel to Mamuju to assess the situation. BNPB was monitoring all emergency response activities being carried out by different agencies including BPBD, National Border Management Agency (*Badan Nasional Pengelola Perbatasan* or BNPP), National Search and Rescue Agency (BASARNAS), the Indonesian Army (TNI), and the Indonesian Police (Polri) who have deployed teams to the areas to assist with search and rescue efforts.

National health cluster meetings were also conducted, led by the National Health Crisis at Ministry of Health (MoH). These meetings were initially conducted daily during the first weeks of the emergency. The meetings were then held weekly. The first health advance team was mobilized to affected areas in collaboration with the Provincial Health Office to undertake a rapid health assessment. The National Doctor and Midwife Association also mobilized its personnel to assist in providing immediate medical care in Mamuju. The health clusters in Mamuju and West Sulawesi were also activated.

The MoH mobilized its EMT (Emergency Medical Team) through the support of Muhammadiyah Disaster Medical Care (MDMC), Dompot Dhuafa, and government hospital of Wahidin in Makassar, South Sulawesi. Additionally, 25 ambulance units, orthopedic kits, medicine, and PPE were sent to affected areas.

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

Needs analysis and scenario planning

Needs analysis

Immediate needs as a result of the earthquake included search and rescue, emergency health and ambulance services to treat the injured, shelter support including household items such as family kits (eating utensil and kitchen appliances, soap/shampoo/toothbrush), blankets and sleeping mats, and the provision of food at evacuation centers.

Between January and early February 2021, PMI, with support from the IFRC deployed a team to conduct multi-sectoral assessments to identify needs and map capacities in the field. The assessment team also gathered information on actions by the government and other organizations to identify gaps in services. Feasibility of cash and voucher assistance was also assessed. Consistent monitoring of needs was also done through observations, coordination meetings with government and non-government actors and community feedbacks. Changes in the needs were observed and incorporated in the decision making, while the operating context due to COVID-19 and weather events were also accounted for during the implementation.

The key findings were identified for immediate to permanent shelter support/solution exist. The Government of Indonesia (GOI) is planning to provide permanent support to households which sustained heavy damaged houses, while other organizations were requested to support affected households during the transition to recovery.

A total of 3,836 housing units were severely damaged or destroyed, 4,983 houses sustained medium to partial damage, and 6,703 houses were slightly damaged. Along with the damage to their houses or shop-houses, many people also lost their belongings, household items, and livelihood assets. Based on observations, the damage was most extensive to houses or buildings that were built new since they were not supported with extensive concrete reinforcement, while the relatively older buildings have less extensive or lightly damaged due to used of sturdy shelter materials such as better wood quality. This has raised questions if the newer buildings consist of low-quality material and compromised structure while the older ones demonstrated stronger reinforced concrete construction and show better resilience.

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

to return, while those whose houses were totally destroyed or severely damaged were expected to stay longer in displacement sites.

During the covid operating context, collective accommodations also increased the vulnerability of people with disabilities, the elderly, children, and pregnant women, as these accommodations were not equipped to meet special needs because all the premises were designed as office or school originally. Affected populations, especially those accommodated in tents, had an urgent need for more durable solutions as rainy season was taking place, and groups such as pensioners and people with disabilities may need continuous medical or social care due to chronic illnesses and types of disabilities.

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

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

In displacement sites such as evacuation centres and IDP camps, there was a need to intensify COVID-19 prevention messaging and protocols, as well as health and hygiene promotion to ensure prevention of the spread of communicable diseases. Furthermore, a significant part of the population was reluctant to have symptoms checked in fear of being tagged as a COVID-19 case and placed in isolation.

Operation Risk Assessment

Risk area	Controls/management
Staff and volunteer health: risk of contracting COVID-19 through clinical or community-based activities in the response.	<ul style="list-style-type: none"> • Information and training for staff and volunteers. • Provision of PPE and orientation on the proper use and disposal of PPE for all frontline volunteers and staff in high-risk affected areas. • Training on COVID-19-safe implementation for PMI staff and volunteers. • Minimizing non-essential travel as written in the PMI and IFRC BCP.
Increase of COVID-19 cases in the evacuation centres.	<ul style="list-style-type: none"> • 3M protocols are in place.¹ • Mask distribution for IDPs in evacuation centres. • Shelter/evacuation centre arrangement to meet safe distancing and COVID-19 protocols.
Negative media coverage related to handling of the response operation.	<ul style="list-style-type: none"> • Proactive communication with media and stakeholders. • Community Engagement and Accountability. • Thorough needs analysis, planning, prioritization and reporting.
Disruption on the access to deliver support such as road cut off, bridge collapsed, airport damaged as the impact of earthquake.	<ul style="list-style-type: none"> • Mapping alternative routes and transportation.
Earthquake aftershocks.	<ul style="list-style-type: none"> • Active communication on what to do during an earthquake. • Setting up the evacuation centres in the safe zone, open space, higher ground and far from the seaside

¹ 3M referred as 'Menggunakan masker or Wear Mask, Mencuci tangan or Wash hands and Menjaga Jarak or Maintain social safe distance'. 3M campaign is part of the Government Covid-19 prevention throughout Indonesia.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

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

Water trucks were deployed to support the provision of water in areas where the main water supply was disrupted. PMI also initially planned to mobilize 3 units of water treatment plants to be strategically placed, based on need, to provide clean water for 5,000 people at evacuation centers or IDP camps; however, these were deemed no longer necessary as local supply was available with only transportation support needed. The operation also provided emergency medical support, including first-aid, ambulance services and psychosocial support.

The operation also targeted 1,500 households (6,000 people) with emergency shelter and essential household items, including tarpaulins, blankets, family kits (which contains bath and hand soap, shampoo, washing detergent, tooth paste, toothbrush, plastic plate, glass and eating utensil, candle, hand towel, flip flop, sarong and garbage bag) and baby kits. Furthermore, based on the needs assessments, cash was provided to 2,000 households (8,000 people) to enable them to meet their basic needs during the transition to early recovery.

Different interventions were done alongside promotion of healthy and hygienic behavior, as well as risk communication regarding COVID-19 safety precautions and other diseases. Orientation on COVID-19-safe programming was also conducted with PMI and IFRC personnel to ensure that health protocols are disseminated and observed. Basic health screening was undertaken by mobile health clinics and volunteers and evacuation centers and case referrals were made through local referral systems as necessary. Staff and volunteers received PPE and regular health screening were also undertaken.

Operational Support Services

Human resources

PMI West Sulawesi provincial office led the operation, utilizing existing staff and volunteer base from the province, with support from NHQ and neighboring provinces. PMI hired or seconded additional temporary staff to support the implementation, as necessary. PMI NHQ was also overseeing financial, administrative and general management of the operation. Staff and volunteers from neighboring branches in South and Central Sulawesi and East Kalimantan were also deployed to support during the emergency phase. Insurance was provided to the volunteers.

IFRC APRO, CCD and Palu sub-office support services and technical teams were also providing remote support to PMI teams on the ground. In addition, a technical staff and a driver from the Central Sulawesi operations were immediately deployed to support rapid assessments, while an IM and a logistics officer from the CCD and an operations coordinator from the Asia Pacific Regional Office were deployed to support the multi-sectoral assessment. An IFRC CBI officer was deployed later to extend technical support on the adjusted plan based on the assessment findings.

Community engagement and accountability

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

PMI also shared information on earthquake survival and safety tips through local PMI social media accounts. Further technical oversight was monitored and supported by PMI NHQ, while CCD's DRM and CEA/PGI focal points supported the development and implementation of strategies for CEA based on the rapid assessment. PMI also continued to use its social media and hotline, as well as radio shows and public service announcements, to receive and address feedback (questions, concerns, appreciation, complaints). Existing feedback mechanisms were and continued to be adjusted to ensure that these mechanisms are promoted and accessible to the different communities and to support the whole operation.

Logistics and supply chain

Logistics activities aimed to effectively manage the supply chain, including, procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to PMI and IFRC's logistics standards, processes and procedures. Under the operation, IFRC was leading the procurement processes including for new purchases, replenishments, and supporting PMI contracting a financial service provider. An IFRC senior logistic officer was also deployed to support PMI in overseeing the warehouse, trucking, and fleet services.

The deployed IFRC logistics officer also led the procurement process, in coordination with PMI logistics and operational teams. The logistic supply chain was supported remotely by the procurement staff working under the earthquake & tsunami operations from the IFRC Palu and Lombok sub-offices. IFRC organized the transportation of goods from the regional warehouses and where local procurement was not available. The IFRC procurement officer in Jakarta supported the procurement process for the financial service provider for the multi-purpose cash grants.

Communications

IFRC and PMI provided updates to partners on a need basis, ensuring timely and accurate information on the situation in the field and the interventions being implemented. Communications focused on utilizing PMI's unique position to inform partners, stakeholders and the general public of the needs on the ground and the efforts to address them. Information on disaster awareness, COVID-19-protection, healthy and hygienic behaviors, social inclusion, and others were promoted, while feedback was encouraged. PMI and IFRC worked in close collaboration to ensure consistency in messaging and to expand the reach of communication materials.

Security

The National Society's security framework applied throughout the duration of the operation to their staff and volunteers. The National Society conducted briefings for personnel working in the field with regards the evolving situation and the relevant evacuation routes and processes to ensure they operated safely. IFRC staff was monitoring progress remotely. The IFRC CCD Jakarta security focal point was also working closely with the PMI NHQ and provincial branch to provide advice as required. The operation was following the existing security regulations of the IFRC for IFRC staff. Volunteers were provided with mobile phones to ensure they have constant access to means of communication throughout the operation, while IFRC and PMI staff were provided with satellite phones to be able to provide information from remote places.

A risk register was also developed to identify possible risks and to ensure measures were in place. COVID-19 safety was also treated as a security concern – a COVID-19-safe guide translated into Bahasa Indonesia was shared with PMI to ensure PMI teams are operating and following a safe covid operations guidelines.

Planning, monitoring, evaluation, & reporting (PMER)

The plan of action was guided and monitored by PMI West Sulawesi province with support from PMI NHQ and the IFRC operations manager in Jakarta. Updates on the event and response were being posted on IFRC GO Platform.

Reporting on the emergency plan of action was carried out during the joint weekly coordination meeting and according to IFRC and PMI standards. Monitoring visits to the affected communities were done by PMI branches aligned with the physical distancing measures for COVID-19. Additionally, monitoring was also done through phone interviews or offline/online surveys or interviews with beneficiaries, volunteers and others participating in the response to assess progress at regular intervals.

Administration and Finance

IFRC CCD provided the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Society on procedures for justification of expenditures, including the review and validation of invoices. IFRC administrative and finance teams were also supporting all procurement procedures. A monthly financial reporting schedule was agreed and strictly followed throughout the whole operation to ensure financial reconciliation is closely monitored and provided on timely manner. The IFRC finance focal point in Jakarta provided oversight and two finance officers supported PMI directly on financial reporting to ensure timeliness compliance with IFRC procedures. A joint finance desk was established at the field level to ensure meeting operation reporting commitment as well as enhancing local branch capacities. A finance officer from IFRC was deployed to support the finance desk.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 6,364

Male: 3,194

Female: 3,170

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

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

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

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

Narrative description of achievements

With support from the IFRC, PMI has been able to reach more than 1,591 households (6,364 people) with essential household items such as tarpaulins, family kits, and blankets. Items were not distributed in standard sets but based on field assessments by staff and volunteers and gaps of assistance on the ground in coordination with local authorities and other stakeholders. PMI was also able to support 100 households with emergency shelters (tents) in two displacement sites as displacement sites were located at open area such as field and farmland. The sites were set-up with PMI support and are currently being managed by the community members.

Number of households reached with essential household items

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

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

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

Challenges

- Initial road conditions were a challenge as well as the remoteness of some of the target areas
- There were challenges in holding assemblies for distribution due to COVID-19, which made service delivery longer
- Challenges in cross-regional delivery of goods due to COVID restrictions

Lessons learned

- Using KOBO as reporting tool very helpful, related stakeholder can be monitor activity real time
- Orientation for the volunteer before carried out the services



Livelihoods and basic needs

People reached: 8,000

Male: 4,013

Female: 3,987

Outcome 1: Households in disaster-affected areas are supported to regain basic needs

Indicators:	Target	Actual
# of households supported to obtain basic needs to meet survival threshold	2,000	2,000
Output 1.1: Households are provided with unconditional and multi-purpose cash grants to address their basic needs		
Indicators:	Target	Actual
# of households that have enough cash to meet their survival threshold	2,000	2,000

Progress towards outcomes

Provision of multi-purpose cash was included in the plan of action based on emergency needs assessments conducted by PMI and IFRC showing the disaster's adverse impact to local economies particularly farmers, unskilled workers and small business owners. PMI and IFRC in Jakarta mobilized personnel (some via the Central Sulawesi operation) to remotely support the cash assistance, including assessments, in West Sulawesi. Experienced cash assistance volunteers and staff from Central Sulawesi and Jakarta also provided field support during the implementation.

Supported by IFRC, PMI provided IDR 2 million (approximately CHF 130) to 2,000 households via the post office. Households who experienced medium-level damage to their shelters were targeted with this intervention (heavily damaged households will be targeted by government permanent shelter assistance based on assessments and discussions with the cash working groups).

Households reached with cash assistance

District	Sub-district	Village	Number of households
Majene	Malunda	Lombang Timur	178
		Malunda	515
Majene sub-total			693
Mamuju	Mamuju	Karampang	237
		Bela	93
	Tapalang	Kasambang	515
		Kopeang	93
	Tapalang Barat	Ahu	19
		Pasabu	350
Mamuju sub-total			1,307
Grand total			2,000

The amount was based on the Minimum Expenditure Basket identified by the National Cash Working Group (IDR 700,000). This was increased to IDR 2 million to enable households to partially meet early recovery needs for shelter, WASH or livelihood. The additional amount was based on computation of shelter materials. Based on the assessments, many households also relied on their houses for their livelihood, particularly those who run small shops.

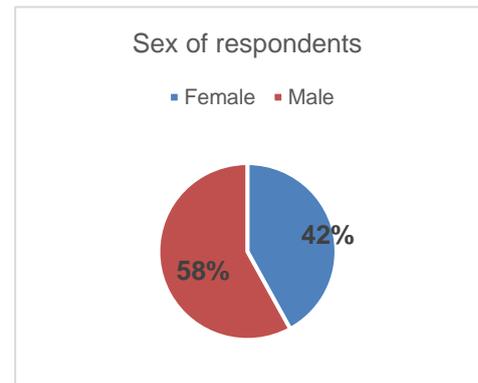
Selection was done by analysing the damage to the houses, targeting medium-damaged houses based on the assessment, and combining it with a scoring matrix based on PMI and IFRC vulnerability criteria. Each criterion was assigned a weight and an overall score is calculated. For example, a family with two members who are elderly, one with a disability and one younger than 5 years old would score a total of 50 based on the scoring table below $[(2 \times 10) + (1 \times 10) + (1 \times 20)] = 50$.

#	Criterion	Weight
1	Elderly	10
2	Female-headed	10
3	Pregnant	10
4	Breastfeeding	10
5	Toddler	10
6	Child	10
7	Disability	20
8	Orphan	10
9	Poor	10
10	Seriously ill	10

Basic safer shelter messaging incorporated whilst conducting the cash literacy and socialization prior to the distribution date. From the activities, PMI explained on the objective of the intervention and why they have been selected as beneficiaries. A post-distribution monitoring survey was also conducted with 323 respondents taken as sample from the total households (based on 95% confidence level and 5% confidence interval) and proportionally distributed

based on the number of beneficiaries per sub-district. A total of eight volunteers were deployed to conduct the survey, utilizing mobile data collection technology. Below are highlights from the survey:

Of the 323 respondents, 42 per cent were female. In terms of age, 29 per cent of the respondents were from 41 to 50 years old and 16 per cent were over 60. Some 80 per cent of the respondents were also heads of households, of which, 24 per cent were females. When asked about the reason for receiving the cash assistance, 82 per cent mentioned that it was because their house was damaged and 17 per cent responded that they have vulnerable members of the household. Less than one per cent said they did not know why they were selected.



Slightly over half the respondents mentioned they learned about the assistance through village level leaders, 35 per cent they learned from PMI while 10 per cent they learned from their neighbours. When asked about PMI feedback mechanisms, 85 per cent said they did not know PMI had set up feedback channels.

Of the respondents, 34 per cent said they fully-utilized the cash assistance for shelter repairs, while 25 per cent said they used the assistance to repair shelters and to purchase basic needs. Less than 10 per cent spent the cash on basic needs solely. Some 83 per cent of the respondents also mentioned that they preferred the cash assistance, while 4 per cent said they would have preferred in-kind.

Challenges

- Further improvement of socialization of programmes was required to ensure that communities are fully aware of the selection criteria and process, as well as to promote feedback channels (based on the survey)
- Delays in the procurement process for the financial service provider

Lessons learned

- PMI was able to adequately target the most vulnerable to be beneficiaries based on the scoring matrix utilized
- Deployment of experienced staff and volunteers neighbouring provinces also allowed for the cash-based activities of this DREF to be implemented more efficiently, while also transferring skills and knowledge to West Sulawesi PMI
- Coordination with local community leaders was a crucial element of the implementation – further investment on improving coordination capacities needed



Health

People reached: 6,168

Male: 1,753

Female: 1,715

No data:

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

Indicators:	Target	Actual
<i>Immediate risks to health of the affected population are identified and mitigated</i>	Yes	Yes

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

Indicators:	Target	Actual
<i># of assessments conducted based on standard IFRC assessment guidelines</i>	2	1

Progress towards outcomes

The multi-sectoral needs assessment that was conducted identified health needs in communities such as emergency medical assistance and first aid, as well as risks posed by displacement including communicable, vector and water-related diseases. Evacuation centres and IDP camps also increased the risk of COVID-19 transmission. The earthquake also caused significant mental trauma to some of the people affected.

PMI has deployed volunteers and continued to coordinate with local health ministries to monitor health conditions in the affected villages and in displacement areas during the emergency and response phase.

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

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

Indicators:	Target	Actual
# of people receiving First Aid Service	5,000	6,168

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

Indicators:	Target	Actual
# of people receiving treatment through mobile medical clinic	5,000	6,168

Progress towards outcomes

Immediately after the disaster, PMI deployed medical teams to the affected villages to support local health authorities. West, Central and North Sulawesi chapters of PMI deployed ambulances and personnel who have been able to provide emergency medical and first aid services to 6,168 people.

PMI also mobilized mobile medical teams to monitor health situations and promote COVID-19 safety in communities. Through a radio station in Mamuju, PMI also disseminated prevention messages and public service announcements.

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

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

Progress towards outcomes

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

Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators:	Target	Actual
# of people reached with activities on disease control and health promotion	10,000	6,168

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

Indicators:	Target	Actual
# of people reached with health promotion activities	10,000	6,168
# of people reached with COVID-19 protocol awareness (3Ms)	10,000	6,168

Progress towards outcomes

It was observed that general compliance to health protocols was low, particularly with regards to the use of masks. This was observed in markets, community areas and displacement sites and confirmed by the assessment findings. As the affected population lost assets, masks and hand sanitizers have not been a priority, while compliance to protocols was overcome by the need to access basic needs. Furthermore, there was reluctance in communities to utilize health services from both the government and humanitarian agencies to avoid being tested for COVID-19, afraid of the possibility of being isolated from the rest of the family.

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

Overall, PMI health promotion activities have reached 6,168 people. COVID-19 risks and prevention messages were incorporated in these activities, particularly the 3Ms in Bahasa Indonesia which translate to wearing a mask,

maintaining distance, and avoiding crowds. Other diseases such as dengue, malaria, and acute respiratory infections were also highlighted.

Health promotion activities also included key messages on COVID-19 vaccination, in coordination with health officials at the provincial and district levels, as well the National vaccine authorities. PMI also utilized multiple channels, including social media to continue spreading disease and prevention awareness.

Output 4.2: Vector-borne diseases are prevented

Indicators:	Target	Actual
# of mosquito nets distributed	86	86

Progress towards outcomes

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

Outcome 6: The psychosocial impacts of the emergency are lessened

Indicators:	Target	Actual
# of people reached through psycho-social services	2,150	4,208

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

Indicators:	Target	Actual
# of people in the communities reached with PSS	2,000	3,941
# of staff and volunteers who received PSS	150	267

Progress towards outcomes

PMI provided psychosocial support services to affected populations in Majene and Mamuju. Trauma experienced from the quake was a cause for concern for some members of the population, including children. PMI was employing play therapy with kids, while adults were counselled or referred to professionals, as necessary.

PMI provided psychosocial support services as necessary, reaching 3,941 community members. PMI also provided counselling to staff and volunteers, reaching 267 people.

Challenges

- A number of personnel were infected by COVID-19
- Limited resources of local government as well as PMI to isolate infected people
- Lack of local volunteers with medical backgrounds (doctor, nurse, etc)

Lessons learned

- Good coordination with Province COVID-19 taskforce in term of test, tracing and treatment
- Good coordination with provincial level ministry of Health
- All volunteers were provided with COVID-19 PPE
- Modified SOP during pandemic



Water, sanitation and hygiene

People reached: 93,268
 Male: 45,889
 Female: 47,379

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

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

% of population that has access to sufficient safe water	25%	54% ²	
Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in target communities			
Indicators:	Target	Actual	
# of WASH sector assessment/monitoring undertaken and shared	4	2	
Progress towards outcomes			
<p>WASH assessment was included in the initial and multi-sectoral needs assessments conducted by PMI and local community and government partners. Through the assessments, communities with difficulties in accessing safe water due to damaged sources and broken pipelines have been identified. These communities were supported by PMI through water trucking as well as improvement of water systems (storage and piping) to ensure the community needs for safe water can be fulfilled.</p> <p>Based on the developments in water supply, deployment of water treatment plants was cancelled. PMI and IFRC decided to continue with the existing strategy (using local supply) to deliver water through trucking. The number of hand washing facilities were also reduced based on the remaining gaps in displacement sites and evacuation centres. PMI and IFRC also included distribution of water tanks to households or communities and connecting these to household taps to further improve access to water.</p>			
Output 1.2: Daily access to safe water which meets WHO and Sphere standards in terms of quality and quantity is provided to target population			
Indicators:	Target	Actual	
# of people with access to clean water through trucking	40,000	93,268	
# of households supported with improved access to water through pipes and water tanks	500	741	
Progress towards outcomes			
<p>Overall, PMI was able to provide more than 3.6 million litres of clean water to 23,317 households (93,268 people) in Mamuju and Majene districts via water trucking. Water trucks were deployed from all over the region, including North and Central Sulawesi to augment the province's capacity.</p> <p>PMI water distribution was utilizing water sourced from the local water company (PDAM) which also serves the community and other organizations. To reduce the load of water trucking, PMI initially planned to deploy one unit of NUF filtration system (water treatment plant) as a water station that can be accessed by the affected community especially those who still live in IDP camps. However, as PDAM was able to repair some of their water supply systems, PMI continued to source its water from PDAM for distribution. Scheduled monitoring was conducted along with PDAM staff while quality testing was done through and align with PDAM quality.</p> <p>PMI also installed 650-litre water tanks in households and community areas across the affected villages. These were connected to household taps and filled by PMI water trucks to ensure adequate safe water supply. Overall, more than 10.5 km of pipelines were installed in the villages.</p>			
Households reached with longer-term water support			
District	Sub-district	Village	Number of households
Mamuju	Mamuju	Tadui	220
	Tapalang	Galung	227
		Taan	38
	Rangas	Sese Selatan	256
Total			741
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quality and quantity is provided to target population			
Indicators:	Target	Actual	
# of people supported with emergency latrines in displacement/evacuation sites	400	4,860	
Progress towards outcomes			
<p>According to the findings of multi-sectoral assessment, sanitation facilities were a major issue with displaced people having limited access to toilet in displacement sites. Cases of diarrhoea increased for children under five during the initial emergency, which may relate to the lack of handwashing facilities in displacement sites and also low level of awareness on hygiene practices and household water treatment.</p> <p>PMI mobilised 20 units of portable latrine equipped with anal cleansing and handwashing facilities from their warehouse in Makassar and Serang. These were installed in displacement sites and volunteers' camp site in Mamuju and Majene. Overall, with the support of other partners, PMI was also able to install 41 latrines in 17 locations in 2 districts, with a reach of about 1,215 households (4,860 people). These latrines were installed in IDP camp sites, mosques, PMI command post and other public areas.</p>			

² Based on number of people reached with water and latest estimates of the population in Mamuju and Majene districts (170,000).

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

Indicators:	Target	Actual
# of people reached with hygiene promotion activities	10,000	14,358

Progress towards outcomes

PMI conducted hygiene promotion alongside other activities, reaching some 14,358 people from 112 areas in 40 villages. Each session was delivered in several location in parallel to ensure the amount of people attending the session not exceeding Covid-19 prevention policy (30 people maximum per session). Hygiene promotion modules included proper handwashing, solid waste management, diarrhea prevention, hygiene kit usage and hygienic and clean behaviour. COVID-19 prevention messaging was also prioritized to ensure that households observe the 3M model promoted by the government (*mencuci tangan* - handwashing with soap; *menjaga jarak* - safe distancing and *memakai masker* - mask wearing). PMI also installed 20 handwashing stations in different public areas and displacement sites to promote handwashing in high-risk areas.

Each deployed volunteer received briefing and debriefing session by the end of their duty. This is to ensure all implementation, information, materials and documentation aligned with PMI programmatic minimum standard and also to link the program with local hygiene context such as Covid-19 prevention policy.

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

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

Progress towards outcomes

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

Due to the amount of humanitarian actors presented on the field and they also addressed same needs, PMI did not distribute all hygiene kit to avoid any duplication and overlapping. PMI kept the undistributed Hygiene kit as buffer stock for future needs or for top-up. Alongside the distribution, hygiene promotion was conducted to ensure proper knowledge on use of the kit as well as hygienic behaviour within the community. PMI also monitored the use of hygiene kit while maintaining close coordination on hygiene issues at the evacuation center and IDP camps through scheduled monitoring visit.

Challenges

- There were issues in double counting while using KOBO Collect application
- Topography and remoteness of locations made some communities difficult to access by water truck

Lessons learned

- Good cooperation with local drinking water supply company
- Good capacity of volunteers for WASH services



Protection, Gender and Inclusion

People reached: 6,364

Male: 3,194

Female: 3,170

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

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

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

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

Progress towards outcomes

The PGI component was mainstreamed throughout the implementation of all activities, while promoting dignity, access and participation of target communities in the design and implementation of programmes. The strategy 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 with the support of the CEA team through monitoring of feedbacks from communities which were being gathered via multiple channels.

Furthermore, to ensure that interventions were aligned with both its own and IFRC minimum standards for protection, gender and inclusion in emergency programming, PMI prioritized households according to the following criteria:

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

Challenges

- Limited space available in the IDP camps

Lessons learned

- Local volunteers who spoke the local language delivered PGI messaging
- Good coordination with lowest government level (head of village)

Strengthen National Society

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

Indicators:	Target	Actual
# of volunteers safely mobilized under the operation	150	400
Output 1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of volunteers receiving briefings under the operation	150	400
# of volunteers insured under the operation	150	150

Progress towards outcomes

PMI deployed some 400 volunteers to support the interventions in West Sulawesi (250 volunteers deployed from other provinces and regions). Volunteers from the province were covered under the IFRC volunteer insurance while some of the surge volunteers were covered by existing insurance from their original branches.

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

International Disaster Response

Outcome S2: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
Lessons learned are undertaken on the start-up of the operation and considered in the revision process	Yes	Yes
Lessons learned are documented after the operation	Yes	Yes
Output 2.1.1: Effective and respected surge capacity is maintained		

Indicators:	Target	Actual
# of staff and volunteers participating in the lessons learned	150	150
Progress towards outcomes		
<p>Lessons learned from previous operations were incorporated in the West Sulawesi response, including with regards to COVID-safe programming, cash and voucher assistance roll out and remote monitoring. PMI and IFRC maintained close coordination to ensure that any changes to plans or adaptations in the implementation takes into account best practices from other operations within and outside Indonesia.</p> <p>A lessons-learned workshop on the operation was also conducted.</p> <p>Below is a summary of findings and challenges:</p> <ul style="list-style-type: none"> • Some delays in transfer of funds from NHQ to branches • Limited prepositioned stock at PMI Province • Procurement is carried out centrally from Jakarta, which took a longer time • Devices and applications used are not yet available at the start of operation • Understanding and awareness of personnel about the rules of health protocols was still minimal • SADD data were not consistent considering the situation on the field where affected communities oftenly move around the area <p>Below is a summary for the recommendations:</p> <ul style="list-style-type: none"> • A need to enhance governance and management mechanisms at branch level for effective response and ensuring oversight. • Delay in financial transactions, reporting and reconciliation within the organization that requires an enhancement of the financial management system during emergencies • Improvement of organization management capacity with special focus on preparedness to ensure effective disaster response, prepositioned stocks, availability of emergency response kits including IT assets for operational purposes including assessment, conferencing and reporting. In addition, close technical monitoring are also vital to ensure programmatic quality according to minimum standard. • A need for an effective and sustainable HR system allowing for immediate mobilization of appropriately skilled national response capacities to respond to disasters aligned with clear NS disaster response mechanism. • COVID and pandemic related enhancements to ensure a safe operating context including the need to enhance readiness of the personnel as well as the NS (SOPs, vaccination, isolation centres, business continuity plan, PPE and safety equipment) 		
Output 2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities		
Indicators:	Target	Actual
% of population satisfied with the level of consultation, information and involvement in the operation	85%	87%
% of the population satisfied with the support received	85%	87%
Progress towards outcomes		
<p>In the start of the operation, PMI's CEA focal person was deployed to the province to support with the rapid CEA needs assessment. A total of three IDP camps and seven villages in Mamuju, Majene and Ulumanda districts were assessed. The team interviewed 357 residents (185 men, 172 women), aged between 15 and 70 years old.</p> <p>Main findings:</p> <ul style="list-style-type: none"> • Many vulnerable groups in IDP camps, mostly pregnant/lactating women, and older people above age 60, and children. • Information needs by affected people are information on access to clean water, food and daily needs, health facilities, and items such as tents, household items, and blanket. In addition, information on the accuracy of aftershocks prediction is also highly required to avoid panic and misinformation. • 77 people from different age groups, mostly between 18 to 49 years old chose that social media is the most trusted information source by the respondents – the social media channels where community looked for information are through Mamuju's Facebook group, Instagram, and WhatsApp group. • In expressing the community's concerns and questions, communities in in all different age groups preferred to share feedback face-to-face as well as WhatsApp or Facebook. 		

- Community leaders in villages are chosen as the trusted group/agency/group by communities. PMI, government and BNPB are the other trusted organizations within the communities.

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

Overall, PMI received 278 feedbacks from affected communities through the hotline number (including WhatsApp, call and SMS) and face-to-face interactions, the most preferred option in the community. People from eight sub-districts including IDP camps shared feedback to PMI channels, most of whom were aged between 18 and 49 years old. Almost half of them were female.

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

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

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

Progress towards outcomes

IFRC supported PMI in ensuring the availability of necessary assets and systems to implement the activities in the operation. This included support for procurement and transportation of goods and equipment, management of assets and fleet, and other technical support. IFRC also supported PMI with information technology equipment, as well as augmenting its information management capacity by mobilizing personnel and tools (these were funded by DFAT and not part of the DREF budget). IFRC continued to coordinate with PMI to provide adequate support services, as requested.

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

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

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

Progress towards outcomes

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

D. Financial Report

At the end of the operation the budget was 97 per cent expended, with CHF17,945 remaining, which will be returned to the DREF. A significant underspend occurred in WASH (CHF94,704) due to changing needs in the affected areas. Initially it was planned to mobilise water purification units and install additional emergency latrines in camps for IDPs. However, it was found that the water purification units were not required and water trucking using district water supplies was the preferred option for ensuring sufficient water supplies in affected areas. Similarly, an assessment of camps prior to the installation of latrines found that additional latrines were not needed due to the fact that other partners on the ground had installed latrines.

Some of this underspend was reallocated to AOF2 Shelter, AOF4 Health and SFI3. Under shelter additional transportation costs were incurred due to the need to shift additional household items of the regional warehouses to the affected locations. In addition, transportation costs were higher than expected to reach the affected communities. Additional expenditure was also made under medical and first aid because the needs of the affected population were slightly higher than expected in this regard. A substantial amount of the reallocation of the WASH underspend to AOF2, AOF4 and SFI3 went toward the costs of salaries and volunteer mobilisation for additional surge support from nearby PMI branches to support the implementing branches with various activities such as distribution of household items and health promotion.

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.

Please find the final financial report [attached](#).

Contact information

Reference documents



Click here for:

- [DREF Operation](#)

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

In the Palang Merah Indonesia (PMI)

- Sudirman Said, secretary general; phone: +62 11811945; email: pmi@pmi.or.id
- Tia Kurniawan, head of disaster management; email: tia.kurniawan@pmi.or.id

In the IFRC Country Cluster Delegation for Jakarta

- Jan Gelfand, head of delegation, CCD and representative to ASEAN; email: jan.gelfand@ifrc.org
- Ruth Lane, programme coordinator; email: ruth.lane@ifrc.org

In the IFRC Asia Pacific Regional Office, Kuala Lumpur

- Alexander Matheou, regional director; email: alexander.matheou@ifrc.org
- Gwendolyn Pang, deputy regional director a.i.; email: gwendolyn.pang@ifrc.org
- Joy Singhal, acting head of DCC unit; email: joy.singhal@ifrc.org
- Vinod Muniandy, operations coordinator; email: opscoord.southeastasia@ifrc.org
- Siokkun Jang, logistics manager; email: siokkun.jang@ifrc.org
- Antony Balmain, communications manager; email: antony.balmain@ifrc.org

In IFRC Geneva

- Christina 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 Performance and Accountability (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**.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/01-2021/09	Operation	MDRID020
Budget Timeframe	2021/01-2021/07	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 18/Oct/2021

All figures are in Swiss Francs (CHF)

MDRID020 - Indonesia - West Sulawesi Earthquake

Operating Timeframe: 16 Jan 2021 to 31 Jul 2021

I. Summary

Opening Balance	0
Funds & Other Income	749,252
DREF Allocations	749,252
Expenditure	-731,308
Closing Balance	17,944

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	193,381	228,196	-34,816
AOF3 - Livelihoods and basic needs	300,650	295,722	4,927
AOF4 - Health	45,374	74,769	-29,394
AOF5 - Water, sanitation and hygiene	157,237	62,533	94,704
AOF6 - Protection, Gender & Inclusion	1,704		1,704
AOF7 - Migration		1,218	-1,218
Area of focus Total	698,345	662,437	35,908
SFI1 - Strengthen National Societies	1,651	169	1,481
SFI2 - Effective international disaster management	5,432	2,078	3,353
SFI3 - Influence others as leading strategic partners	42,973	65,365	-22,392
SFI4 - Ensure a strong IFRC	852	1,257	-405
Strategy for implementation Total	50,907	68,870	-17,963
Grand Total	749,252	731,308	17,944

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/01-2021/09	Operation	MDRID020
Budget Timeframe	2021/01-2021/07	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 18/Oct/2021

All figures are in Swiss Francs (CHF)

MDRID020 - Indonesia - West Sulawesi Earthquake

Operating Timeframe: 16 Jan 2021 to 31 Jul 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	546,643	450,193	96,450
Shelter - Relief	71,400	64,908	6,492
Construction Materials		33	-33
Clothing & Textiles	10,184	10,705	-522
Food		4,787	-4,787
Water, Sanitation & Hygiene	114,226	24,074	90,152
Medical & First Aid	15,618	17,249	-1,630
Teaching Materials	1,000	1,570	-570
Utensils & Tools		1,477	-1,477
Other Supplies & Services	64,215	70,470	-6,255
Cash Disbursement	270,000	254,919	15,081
Land, vehicles & equipment		3,230	-3,230
Computers & Telecom		116	-116
Office & Household Equipment		2,432	-2,432
Others Machinery & Equipment		683	-683
Logistics, Transport & Storage	37,100	42,996	-5,896
Storage		3,930	-3,930
Distribution & Monitoring	13,100	10,317	2,783
Transport & Vehicles Costs	24,000	28,750	-4,750
Personnel	85,080	161,979	-76,899
National Staff		5,725	-5,725
National Society Staff	24,150	46,834	-22,684
Volunteers	60,930	109,420	-48,490
Workshops & Training	2,100	7,090	-4,990
Workshops & Training	2,100	7,090	-4,990
General Expenditure	32,600	21,187	11,413
Travel	1,400	419	981
Information & Public Relations	10,300	2,555	7,745
Office Costs	500	11,515	-11,015
Communications		1,138	-1,138
Financial Charges	4,800	4,695	105
Other General Expenses	15,600	865	14,735
Indirect Costs	45,729	44,634	1,095
Programme & Services Support Recover	45,729	44,634	1,095
Grand Total	749,252	731,308	17,944