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Final Report

Indonesia: 2018 Earthquakes and Tsunamis

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRID013
Date of Issue: 15 February 2022	Glide number: EQ-2018-000156-IDN ; EQ-2018-000135-IDN ; EQ-2018-000127-IDN ; EQ-2018-000122-IDN
Date of disaster: 29 July 2018, 28 September 2018, 22 December 2018	
Operation start date: 31 July 2018	Operation end date: 30 September 2021
Host National Society: Indonesian Red Cross (PMI)	Operation budget: Emergency appeal budget ¹ : CHF 38.18 DREF allocated loan: CHF 1.58 million
Number of people affected: almost 1 million people	Number of people assisted: 255,000 people (63,000 households)
National Societies involved in the operation: The Indonesian Red Cross (PMI) works with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) as well as the American Red Cross, the Australian Red Cross and the Japanese Red Cross Society in-country on longer-term programmes. The American Red Cross, Australian Red Cross, Hong Kong Branch of the Red Cross Society of China, the Canadian Red Cross Society, Italian Red Cross, Belgian Red Cross, Danish Red Cross, Finnish Red Cross, Japanese Red Cross Society, Czech Red Cross, Lichtenstein Red Cross, Spanish Red Cross, Swiss Red Cross, British Red Cross, Austrian Red Cross, Swedish Red Cross and the Netherlands Red Cross are contributing financially to the response. The Singapore Red Cross and Qatar Red Crescent Society are contributing bilaterally to the Lombok Earthquake Operation.	
Other partner organizations involved in the operation: Mainly national agencies are actively involved in the response. These include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies. DG ECHO, the Governments of Australia (DFAT), the Netherlands, New Zealand, Italy, Lichtenstein, Ireland, Spain, Czech Republic, Monaco, Malta, Cyprus, Luxembourg and Switzerland, the OPEC Fund for International Development (OFID), Coca-Cola Foundation, the Intercontinental Hotel Group, Western Union, IKEA Foundation, Grab, Tides Foundation and private donors from Ireland, Netherlands and the United States provided financial support to the emergency appeal as well.	

This Final Report for the MDRID013 emergency appeal operation reflects the overall context of the disasters, the operational strategy, the overall achievements (in numbers), National Society Development and coordination components, the PMI branch construction projects, and findings from the CVA lessons learned and findings and recommendations from the Final Evaluation.

Detailed final report for the community-level activities implemented under each of the three operations are found here:

- [Lombok](#)
- [Central Sulawesi](#)
- [Sunda Strait](#)

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

Appeal History

- 29 July 2018:** A 6.4 magnitude earthquake strikes off Lombok, province of West Nusa Tenggara
- 31 July:** IFRC allocates CHF 211,569 from the [Disaster Relief Emergency Fund](#) (DREF) to enable PMI to meet the humanitarian needs of 1,000 households (4,000 people).
- 5 August:** A second and stronger earthquake, of 7.0 magnitude and depth of 15km hits Lombok
- 7 August:** An [Emergency Appeal](#) seeking **CHF 8.9 million** is launched to support PMI in providing assistance to 20,000 households for **18 months**. DREF loan is increased to a total of CHF 500,000.
- 9 and 18 August:** New 5.9 and 6.4 magnitude earthquakes strike Lombok. According to BNPB, the four quakes killed more than 510 people, injured at least 7,100 others, and displaced more than 431,000 people.
- 21 September:** The Emergency Plan of Action (EPoA) for Lombok operation is issued.
- 28 September:** A 7.4 magnitude earthquake at a depth of 10km strikes Central Sulawesi, followed by a tsunami which hit coastal areas of Donggala and Palu regencies.
- 29 September:** IFRC allocates CHF 750,000 from DREF, bringing the total DREF advance for this Emergency Appeal to CHF 1.25 million.
- 30 September:** A [Revised Emergency Appeal](#) incorporating the Sulawesi earthquake and tsunami is issued, seeking **CHF 22 million**.
- 31 October:** The EPoA for Sulawesi operation is issued.
- 8 November:** The [Emergency Appeal](#) is further revised to include mid- to longer-term recovery needs in the affected areas as well investing in increased preparedness and resilience for both affected communities and local actors such as PMI's branches, seeking up to **CHF 38.5 million** to enable PMI to deliver assistance to 40,000 households – 20,000 in Lombok and 20,000 in Central Sulawesi for **30 months**.
- 25 November to 4 December:** Recovery needs assessment is carried out for Lombok & Sulawesi earthquake and tsunami operations. The assessment recommendations inform an integrated multi-sectoral recovery programme approach and revision of the emergency plans of action.
- 27 December:** The [Emergency Appeal](#) is revised for a third time, incorporating the Sunda Straits tsunami, seeking up to **CHF 38.9 million** to enable PMI to deliver assistance to 41,400 households in the 3 operational areas.
- 11 March 2019:** The Revised Emergency Plans of Action for Lombok, Central Sulawesi and Sunda are published.
- 2 December:** The second revision of the emergency plans of action of all three operations are published with the following target households: 20,000 in Lombok, 20,000 in Central Sulawesi and 3,000 in Sunda.
- May 2020:** Operation updates for [Lombok](#) and [Sunda](#) are published – extending the timeframe of implementation to February 2021 and September 2020, respectively.
- June:** The [Revised Emergency Plan of Action](#) is published for Sulawesi, targeting 40,000 households for 30 months.
- September:** The Sunda Strait operation is completed.
- November:** Overall MDRID013 appeal is extended – to end on 31 August 2021.
- February 2021:** Field activities in Lombok are completed.
- August:** Field activities in Central Sulawesi are completed. The appeal is extended to end on 30 September 2021 to complete the final evaluation of the emergency appeal.
- 30 September 2021: MDRID013 Emergency Appeal closes**

A. SITUATION ANALYSIS

Description of the disaster

Context (Lombok operation)

Since the first 6.4 magnitude earthquake hit Lombok, province of West Nusa Tenggara, Indonesia, on 29 July 2018, four further earthquakes and multiple aftershocks impacted the districts of North Lombok, East Lombok, West Lombok, Central Lombok, Mataram, and Sumbawa Island, in addition to Bali Island. The Indonesian National Board for Disaster Management (*Badan Nasional Penanggulangan Bencana* or BNPB) reported more than 564 fatalities and almost 150,000 houses damaged due to the earthquakes.

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

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

Context (Central Sulawesi operation)

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

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

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

The status of government response is on the recovery phase.

Context (Sunda operation)

On 22 December 2018, another tsunami hit Carita Beach in Banten Province and the coast around the Sunda Strait, specifically in Pandenglang, South Lampung and Serang districts. The tsunami was generated when a part of the Krakatau volcano collapsed into the sea and displacing large quantities of water.

Based on government reports, more than 1,600 houses were severely damaged or destroyed and more than 600 were medium- or lightly damaged, displacing more than 16,000 people. The disaster also killed more than 400 people and injured more than 14,000. More than half of the casualties was recorded in Pandeglang district.

The tsunami was recorded four times in four different locations with waves reaching a height of 0.3 to 0.9 metres. The highest wave hit Serang sub-district with a height of 0.9 m. The National Meteorology, Climatology and Geophysical Agency – *Badan Meteorologi, Klimatologi, dan Geofisika* (BMKG) issued high-tide warning before the tsunami struck for the mentioned area. A tsunami early warning was not issued as the cause of the tsunami was not an earthquake, which the current system monitors and responds to.

BPBD, together with the military, police, BASARNAS, local government office, Ministry of Social Welfare Volunteers (TAGANA), PMI, volunteers and the community provided emergency response support to the affected people. The response was locally coordinated in a command post, along with the establishment field kitchens and displacement sites. Heavy equipment was dispatched to clear debris to ease evacuation and response efforts.

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

Summary of response

Overview of Host National Society

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

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

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

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

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

A comprehensive assessment and analysis of the cross-sector recovery needs was conducted in November 2018 by a joint PMI and IFRC recovery assessment team to support the design of a robust and effective recovery programme. More detailed findings and recommendations are found in the [Needs analysis, targeting, scenario planning and risk assessment section](#). Further changes in the EPOA utilized the recovery needs assessments of November 2018 as the foundational analysis, which was complemented by monitoring surveys, feedbacks from communities, and inputs from PMI personnel based on their direct observations in the field.

For the Sunda operation, PMI deployed hundreds of volunteers to support the emergency operation. In addition, PMI national headquarters key staff, together with IFRC, were immediately deployed to the field to support and accelerate the initial response. Additional volunteers and staff members were also mobilized and deployed from nine other provinces to support the operation.

Both the Lampung and Banten PMI provincial branches have been actively supporting the affected areas since the onset and have deployed some 650 volunteers from across their provinces. These volunteers provided support to evacuations, search and rescue, first aid and medical clinics (mobile and fixed) and referrals, set up emergency shelter sites, and distribution of clean water and essential relief items. To keep their work coordinated and ensure good communications, PMI Banten and Lampung province established operation command posts (Posko) from which team leaders coordinated the response, directed the volunteers, gathered information including feedback from the community and offered hot meals to the affected population or those involved in the response.

Additionally, PMI recruited and trained 11 community-based action volunteer teams (CBAT/SIBAT, *relawan Siaga Bencana Berbasis Masyarakat*) as part of the Disaster Risk Reduction (DRR) activities. Each team consists of 20 people from affected communities in both of provinces. In total, 220 CBAT members actively supported implementation of activities organized by PMI and external stakeholders in their area and are prepared to respond to any disaster in their communities.

Based on information gathered by PMI from communities and local government offices, the operation was expanded to cover early recovery with additional activities such as:

- Extended support to relocated households to supply shelter materials and replace lost household items.
- Continuing basic services in the transitional shelter such as health services, clean water distribution, pipeline construction, boreholes & sanitation, PSS, and health & hygiene promotion.

- Livelihood support to replace damaged livelihood assets of the most affected including relocated families and fishermen or farmers in the areas.
- Disaster Risk Reduction activities to build community resilience.

Overview of Red Cross Red Crescent Movement in country

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

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

Inter-agency coordination

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

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

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

Overview of non-RCRC actors in country

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

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

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

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

Needs analysis and scenario planning

Needs analysis

On November 2018 PMI agreed with IFRC to undertake joint recovery assessments across the disaster affected areas in Central Sulawesi. The recovery assessment findings and recommendations were crucial in providing information for proper planning of recovery operations and aligning activities with the government and other actors. The Recovery Assessment Team (RAT) was comprised of 10 members made up of PMI staff from different departments at the HQ and experienced PMI volunteers, as well as IFRC Field Assessment and Coordination Team (FACT) members, Regional Disaster Response Team (RDRT) members and other IFRC technical staff. Technical expertise in the team covered the sectors of migration/displacement, livelihoods, information management (IM), cash and voucher assistance (CVA) programming, psychosocial support, water, sanitation and hygiene (WASH), health, shelter, logistics and protection, gender and inclusion (PGI).

Specific needs analysis for the operations are linked below.

- [Lombok](#)
- [Central Sulawesi](#)
- [Sunda Strait](#)

Adaptation of implementation strategy due to the COVID-19 situation

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

- Working from home for some PMI and IFRC personnel in the province
- Reduction of field movements, with remote support from CCD Jakarta
- Personal protection equipment was provided to staff and volunteers implementing in the field, while masks were provided to affected community members
- Information, Education and Communication (IEC) materials on COVID were distributed or provided to communities; SMS blasts on COVID were also done
- Vehicle and workplace disinfection were also conducted
- Reduction of number of people in each work location and physical distancing was observed
- Socialization components and post-distribution monitoring surveys were conducted via phone
- Trainings were conducted on-line, as possible

B. OPERATIONAL STRATEGY

With the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), Palang Merah Indonesia (PMI) or the Indonesian Red Cross has provided immediate relief assistance to households affected by the multiple earthquakes that struck Lombok on July 2018, the earthquake and tsunami that struck Central Sulawesi on September 2018, and the tsunami that struck around Sunda Strait in December 2018. Technical and coordination support for all three operations is also provided through the emergency appeal.

The Emergency Appeal aims to support the needs of up to 20,000 households (80,000 people) from the affected areas in Lombok, 40,000 households (160,000 people) in Central Sulawesi and 3,000 households (15,000 people) in Sunda with appropriate immediate, medium-term and recovery assistance in a timely, effective, and efficient manner and increase their resilience to future shocks.

Proposed strategy

In support of the government, PMI's strategy primarily focused on improving the living conditions of the affected people to hasten the recovery process. Mid-term recovery became the priority of this operation, augmenting the government

plans with durable shelter solutions, rehabilitation of WASH facilities, better preparedness for future disasters and the sustainability of benefits achieved within the affected communities.

Specific strategies of the individual operations are linked below.

- [Lombok](#)
- [Central Sulawesi](#)
- [Sunda Strait](#)

Operational Strategy for COVID-19 pandemic response

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

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

The operational area was in area of Indonesia which were considered as white zone for security, with limited security risks and good access of the PMI Province. Mitigation measures such as ensuring all staff and volunteers travelling to affected areas inspect the routes before taking the journey, ensuring the health protocol, personnel protective equipment, regular health screening as well as ensuring they have sufficient communication means. IFRC also provide insurance for field staff and volunteers in the operation, including hotel quarantine for deployed staff after field mission.

The three MDRID013 operations were revised their plans to adapt to the altered operational environment due to the impacts of COVID-19 on communities that were affected by the 2018 earthquakes and tsunamis, as well as the pandemic's impact on the implementation of activities in the field. Changes were made to ensure health risks to PMI and IFRC personnel, as well as community members, are mitigated such as by providing masks and ensuring physical distancing in all activities. The operations also incorporated interventions that respond to COVID-19-related health and WASH needs of the communities, e.g., COVID-19 prevention messaging, provision of self-disinfection kits and installation of hand-washing facilities; as well as to mitigate the pandemic's secondary socio-economic impacts by expanding the cash and voucher assistance programme. Furthermore, socialization activities and trainings, both for PMI personnel and community members, have been postponed following government regulations, while others are being conducted via phone or online.

PMI staff and volunteers, with support from IFRC, have been carrying out health, disaster risk reduction, and other programmes at the community level. PMI also leads in giving accurate information based on community questions and concerns, providing communities tools for positive behaviour change to reduce the risk of disease, documenting and responding community feedback (questions, concerns, rumours), and communicating risk information.

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

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

Operational support services

Overall, IFRC supported PMI with the following:



Emergency
Needs
Assessment



Finance
Management



Logistics
Management



Cash Transfer
Programming



Coordination



Information
Technology



Human Resource
Management



Monitoring



Basecamp
Management



Information
Management



Capacity
Enhancement



Reporting



Emergency
Telecommunications



Advocacy



Community
Engagement and
Accountability



Protection,
Gender and
Inclusion

Specific operational support services of the individual operations are linked below.

- [Lombok](#)
- [Central Sulawesi](#)
- [Sunda Strait](#)

C. DETAILED OPERATIONAL PLAN

Areas of Focus (AoFs)

The following are combined numerical achievements under the areas of focus from the three operations under this appeal.

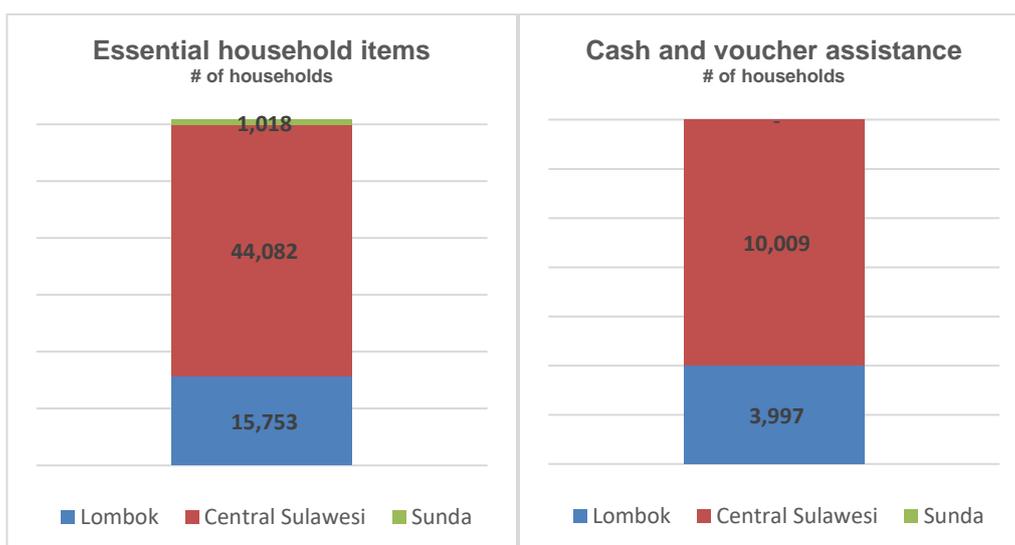
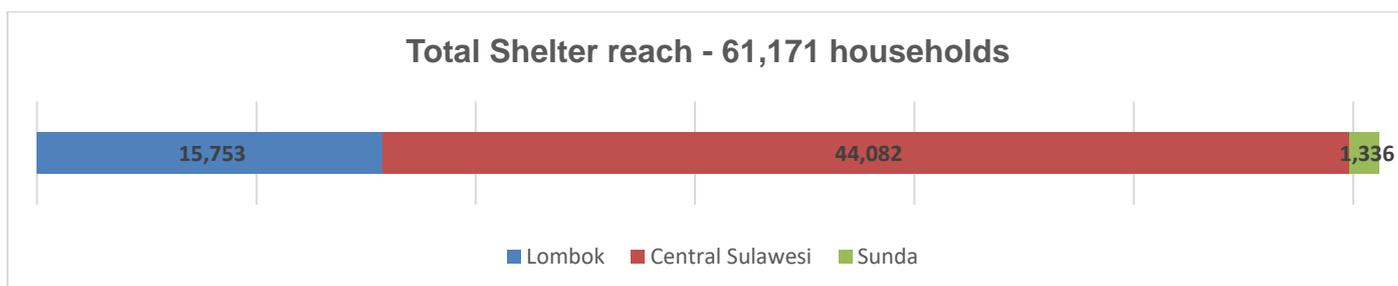
Full reports on achievements of the individual operations are linked below.

- [Lombok](#)
- [Central Sulawesi](#)
- [Sunda Strait](#)



Shelter

Overall, the emergency appeal was able to support more than 60,000 households with shelter interventions across the three operational areas. The support included the provision of essential household items such as tarpaulins, tents, shelter toolkits, blankets and sleeping mats. Cash was also provided to more than 10,000 households in Central Sulawesi and to almost 4,000 households in Lombok through bank transfers. The cash was intended to support households obtain necessary shelter items based on their priorities for their early recovery.

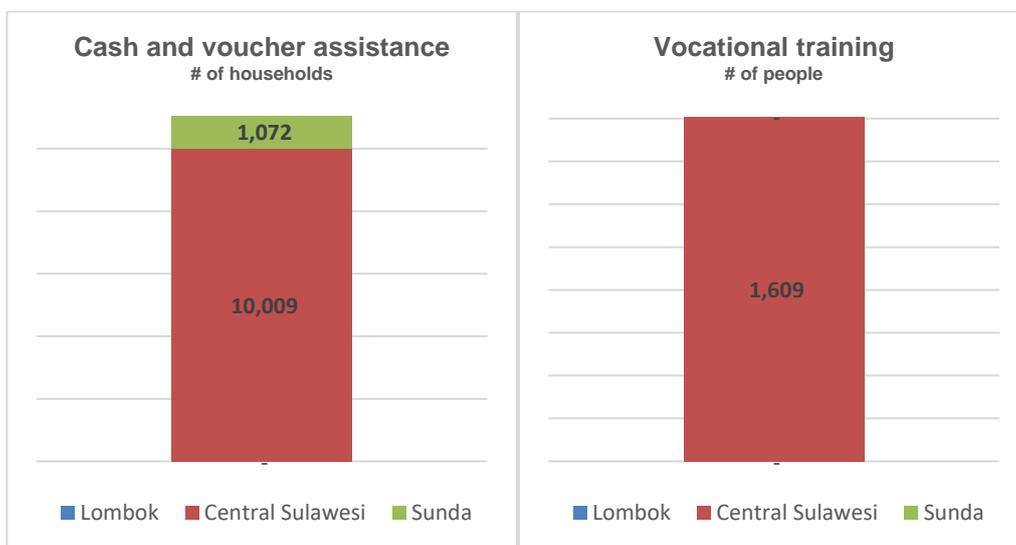
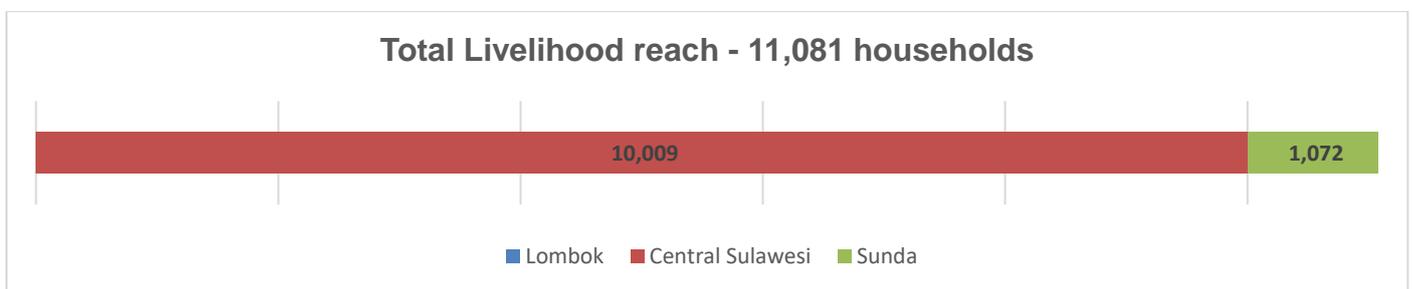




Livelihood

Overall, the emergency appeal was able to support more than 11,000 households with livelihood interventions. The support included the provision cash to more than 10,000 households in Central Sulawesi and more than 1,000 households in Lampung and Banten (Sunda operational provinces). Central Sulawesi households received their cash via bank transfers while those in Lampung and Banten were reached through the post office. The cash was intended to support households to restart economic activities.

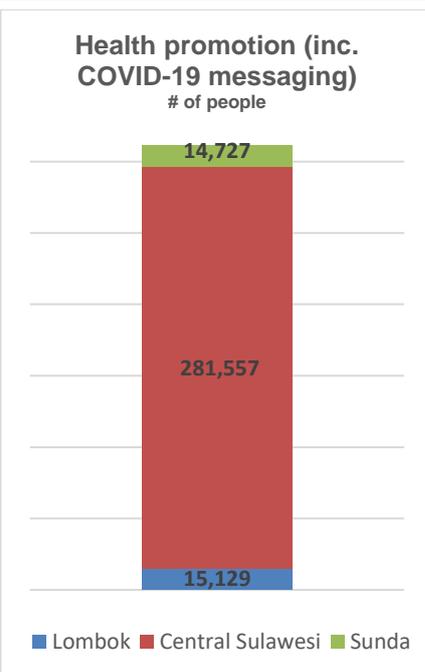
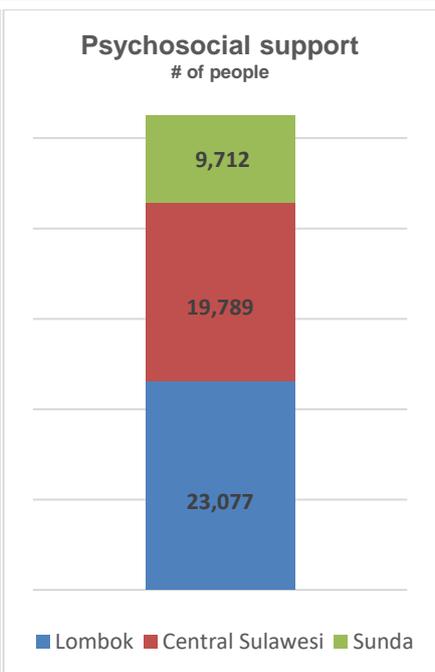
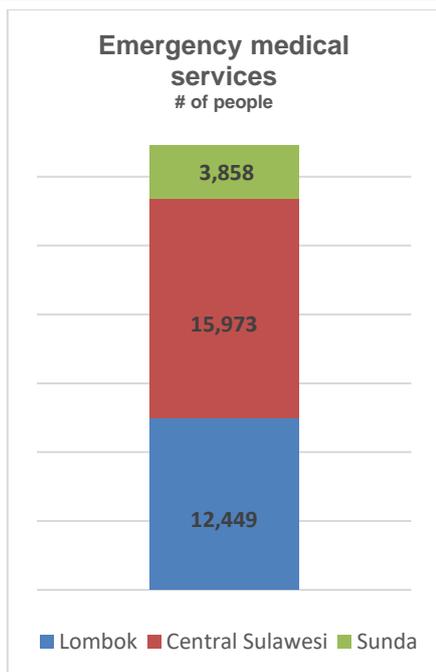
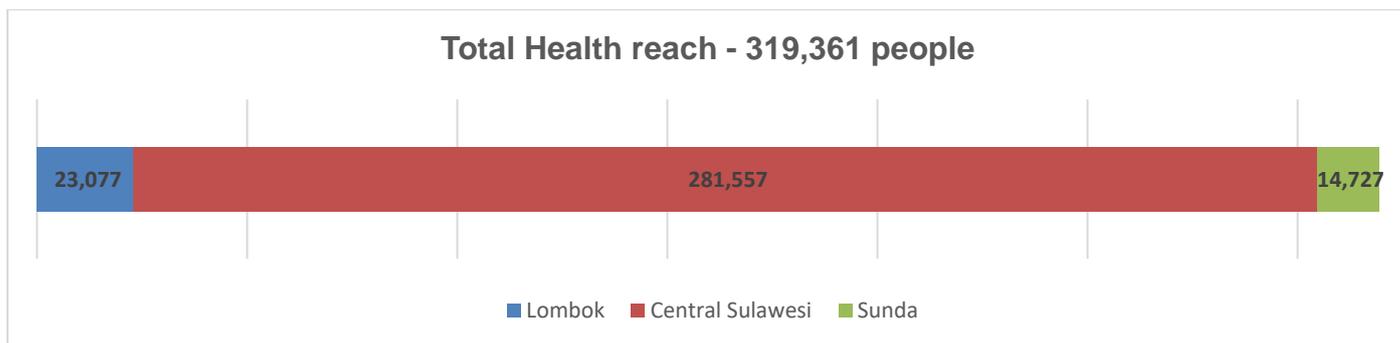
In Central Sulawesi, more than 1,600 people (selected mainly from the households of the cash recipients) were able to receive vocational trainings and cash transfers for transportation to attend the classes. Upon graduation, they were also provided cash grants to support them in starting or restarting their business. A total of 14 different types of trainings were made available.



Health

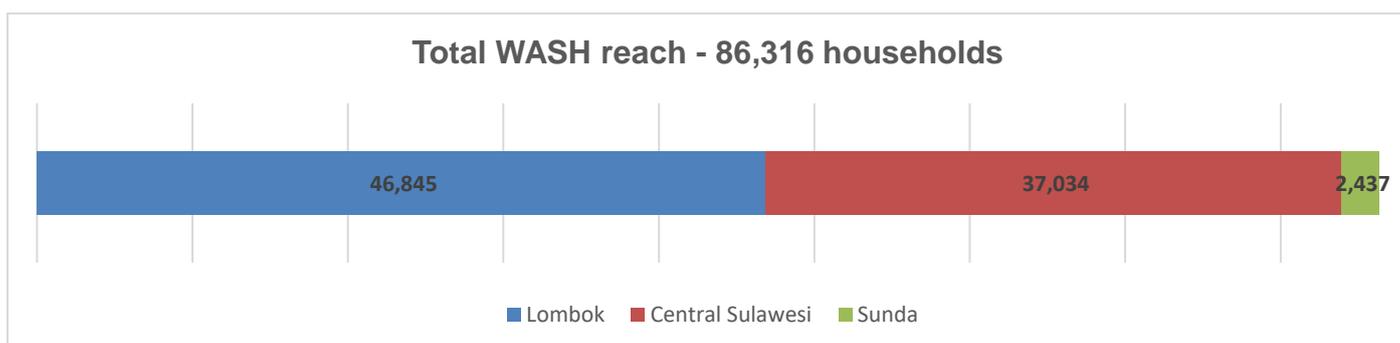
Overall, the emergency appeal was able to support almost 320,000 people with health services across the 3 operational areas. These included emergency medical services, psychosocial support and health messaging. As COVID-19 impacted communities further, the appeal also included COVID-19 messaging into the programming while ensuring staff and volunteers were able to work safely during the pandemic. The appeal also supported in constructing/rehabilitating

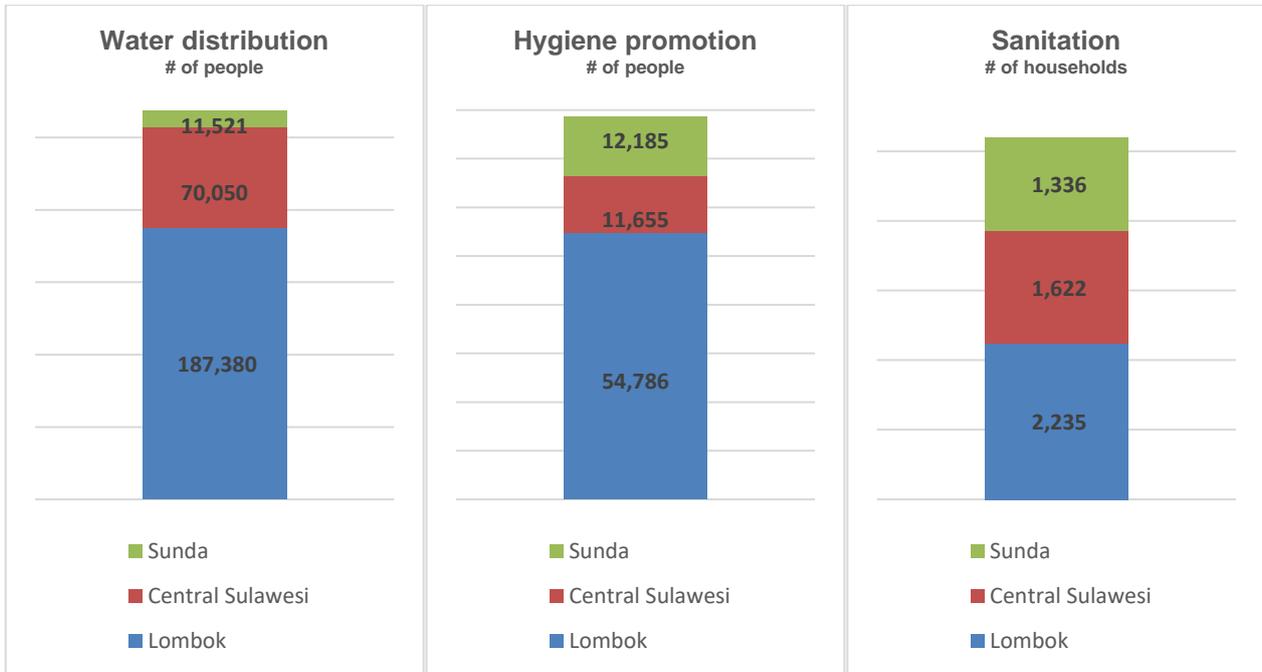
health facilities in Central Sulawesi while also upgrading the provincial PMI's blood capacity through the rehabilitation of the blood bank and provision of a mobile blood unit.



Water, sanitation and hygiene (WASH)

Overall, the emergency appeal was able to support more than 86,000 households with WASH interventions across the three operational areas. The support included the provision of water, sanitation facilities, essential hygiene items and hygiene promotion. The appeal also provided 10 water trucks to PMI to support future water distribution.



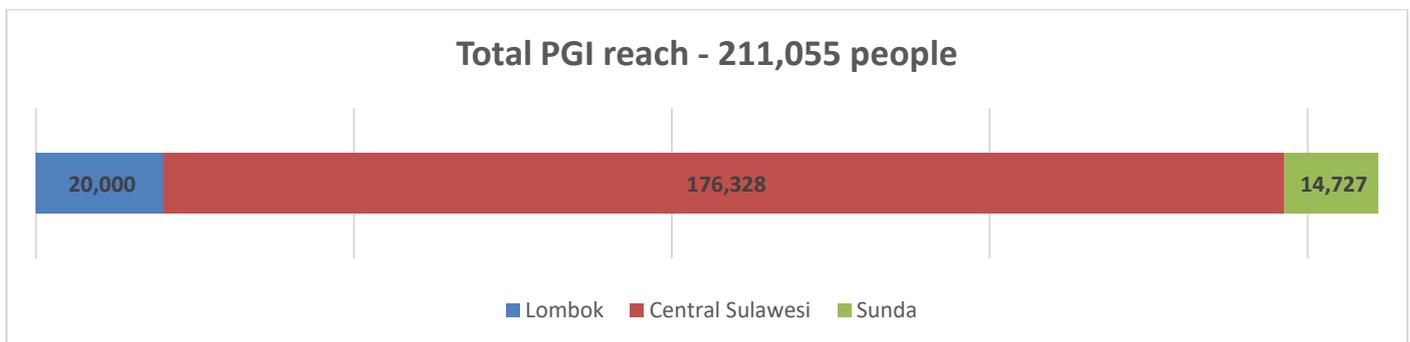


Protection, gender and inclusion (PGI)

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

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

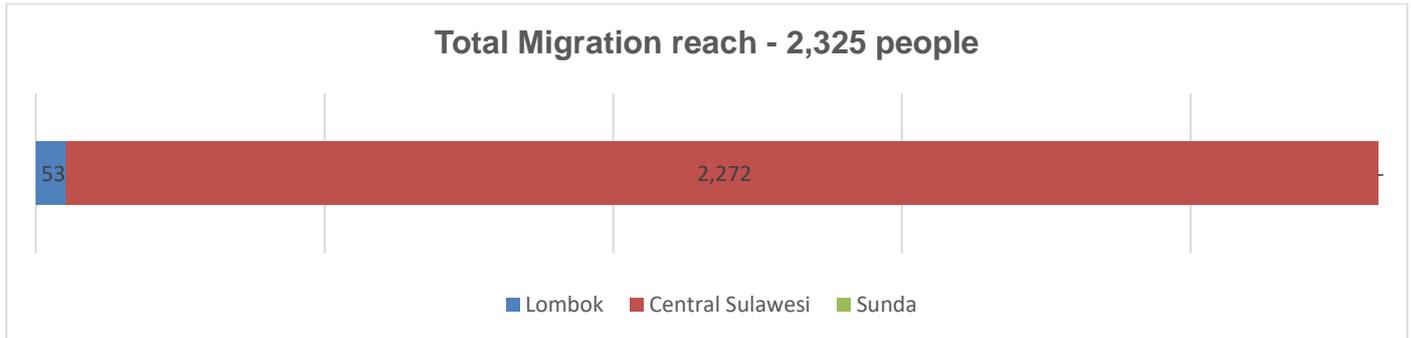
During the roll-out of the interventions, PMI and IFRC monitored, through personnel reports and community feedback, if PGI guidelines are being observed and are fully applicable to the local context. The PMI Child Protection guidelines were implemented and promoted throughout all levels of implementation. Volunteers and staff involved received orientation or refreshers on the IFRC Code of Conduct.





Migration

ICRC launched a family link site for people looking for family members affected to the Sulawesi earthquakes and tsunami. This included people who would like to register to inform their families that they are safe and alive. The site is available in both English and Bahasa Indonesia. ICRC, with the support of this appeal, managed activities on restoring family links and management of the dead.

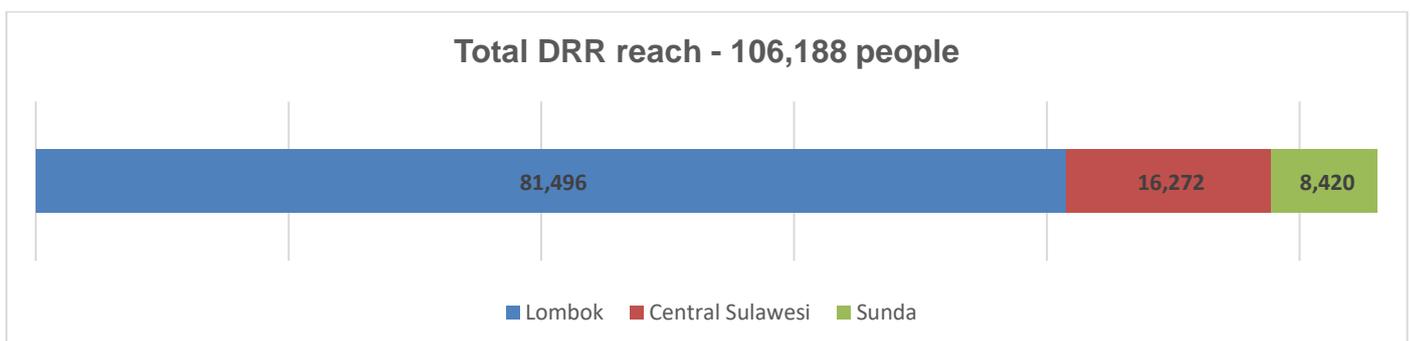


Disaster Risk Reduction (DRR)

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

Collaboration between IFRC and PMI continued to develop the integrated community-based risk reduction (ICBRR) approach. The appeal enabled IFRC to support PMI in deploying DRR staff and volunteers, both within operational areas for implementation as well as those from the National Headquarters and neighbouring regions to provide technical support for training, simulation and roll-out of the vulnerability and capacity assessments. PMI and IFRC worked closely with the communities throughout the process, ensuring a participatory process to enable them to develop risk reduction plans.

Overall, the appeal contributed to the reduction of disaster risks for more than 100,000 people across the 3 operational areas.



Strategies for Implementation (SFIs)

The following are achievements under the strategies for implementation from the three operations under this appeal which were not covered by the individual final reports for each operation.

Full reports on achievements of the individual operations are linked below.

- [Lombok](#)
- [Central Sulawesi](#)
- [Sunda Strait](#)

SFI1: Strengthen National Society

Branch construction/rehabilitation

IFRC supported PMI with the construction/rehabilitation of a total of seven branch buildings in Sulawesi and Lombok. Construction was based on a design done by an architectural firm. The design was also based on PMI specifications related to the types of services the branches offer and/or will offer in the future.

The design was reviewed and approved by PMI and IFRC technical, financial and logistics personnel. These personnel were also tasked to monitor the construction to ensure quality and financial fidelity, as well as other commitments based on the signed agreements.

IFRC also supported these PMI branches with furniture, IT equipment and other materials to enhance their capacities to maintain day-to-day operations as well as their readiness to respond to disasters in their area. These branches may also serve to support neighbouring PMI units if called upon.

National Society Capacity Building

PMI Strategic Plan

One of the priorities under National Society Development programme of IFRC under this appeal is to support PMI to finalize its Strategic Plan 2019 – 2021 which also integrates the IFRC Strategy 2030. This was important to ensure that PMI was in line with IFRC strategies while also ensuring that IFRC was responsive to the National Society's long-term objectives and strategies.

In 2019, PMI NHQ held its General Assembly to elect its chairman and the selection committee tasked to select the next Governing Board. The General Assembly also approved the 2019 – 2024 PMI Strategic Plan and the revised statutes. Prior to this process, IFRC was requested by PMI leadership to support its process on developing the strategic plan to ensure the alignment with the direction of IFRC Strategy 2030 and Indonesia Red Cross Law No.1/2018.

In September 2019, supported by the Red Ready project under the *Thematic Area One: Law, Strategy and Oversight*, IFRC supported PMI in developing the latter's Strategic Plan implementation guidance for NHQ, province and district offices. The result of OCAC, BOCA, PER and SAF assessments were taken into consideration in the development of the strategic plan.

In October 2019, through funding from this emergency appeal, 72 participants consisting of existing PMI NHQ Board Members, representatives from 34 provinces, heads of bureaus/divisions/units of PMI NHQ and the PMI NHQ Head of Office attended the pre-general assembly meeting. This is one of the key meetings for PMI wherein the draft of the strategic plan receives feedbacks and comments from the participants to ensure the alignment of the humanitarian needs at the field and PMI Strategic Plan 2019 – 2024.

During the event, the head of IFRC CCD in Jakarta and CCD's NSD and partnership coordinator were provided time to share regarding IFRC's Strategy 2030. The focus was on the seven transformation areas of the strategy, focusing on the capacity of the NS and encouraging PMI to focus on these areas as well.

Volunteers Forum

The operations under this appeal mobilized numerous volunteers throughout its operation and supported the NSD team to continue its support to PMI on volunteer development and protection. Following the Pre-General Assembly process, PMI NHQ Youth and Volunteers Division held a Volunteers Forum (the highest forum of Volunteers Association in PMI) to prepare their input to Strategic Plan 2019– 2024 and the PMI revised statutes. In this forum, 34 volunteer leaders from each province and some volunteer members participated in the process.

Using the final draft of the Strategic Plan 2019 – 2024, the volunteers forum launched the volunteers voice document as their strategic view for implementation of strategic aim 3 of the draft – *Increasing the quality and quantity of PMI volunteer recruitment and management as backbone of PMI Humanitarian Services*. The volunteers forum launched 12

points that needed to be taken into consideration for the achievement of PMI Strategic aim 3, including the increased protection of volunteers and further involvement of volunteers in PMI's strategic decision-making process and to be able to be selected as board members in the respective levels of the National Society. These 12 points were presented in the PMI General Assembly in December 2019. Their request on having volunteers' further involvement were approved and included in the 2019 approved PMI Statutes. This is the very first time that PMI recognized this request and formalized the role of volunteers in the decision-making process.

PMI Transformation

In December 2019, PMI endorsed its 2019 – 2024 Strategic Plan (SP). The Strategic Plan provides a broad picture of humanitarian challenges both nationally and globally that PMI is committed to address. The strategy also provides that strengthening PMI accountability and capacity is the backbone of the organization's main strategy to be able to provide sustainable humanitarian services.

PMI Strategic Plan 2019 – 2024 provided SWOT analysis of the organization. PMI stated that one of their strengths is their national-wide network which covers 474 districts in Indonesia. Four areas were also identified as weaknesses of the organization: 1) PMI organizational management is not functioning well at all levels; 2) PMI resources (human capital, facilities and funding) do not evenly exist at all levels; 3) disaster response and health risk response operational capacity are not even at all levels; 4) quality and quantity of blood transfusion services need to be increased. These findings were also similar to the SWOT analysis found in the PMI initial Transformation Plan Document. This document reflects that PMI believes that the organization is well trusted and exists national-wide as well as internationally. The document also stated that the organization's weaknesses are: 1) PMI offices and quality of facilities are not adequate; 2) capacities and competencies of PMI human resources need to be increased; 3) logistics and procurement systems are not integrated nationally; 4) non-existing main database of PMI volunteers and their technical specializations.

The PMI 2019 – 2024 Strategic Plan also identified that media relationship is one of their external challenges. Based on its analysis, PMI has yet to build strong relationships with the media, where the role of media clearly could further promote the role and services of PMI as well as to attract various partners to support its work. The SP also provides that relationship with communities and governments as stakeholders for PMI need to be further emphasized. Relationships with corporate sectors also need to be further strengthened to establish sustainable support to the NS. Lastly, PMI SP also made a clear connection with IFRC Strategy 2030², where PMI would take strategic steps to contribute to the implementation of the seven transformation areas planned in the Strategy 2030: 1) supporting and developing National Societies as strong and effective local actors; 2) inspiring and mobilizing volunteerism; 3) ensuring trust and accountability; 4) working effectively as a distributed network; 5) influencing humanitarian action; 6) undergoing a digital transformation; and 7) financing the future.

PMI appointed a group of consultants to assist PMI on increasing capacity in financial management. The work of the consultants focuses on 1) strengthening and improving financial management and 2) strengthening PMI financial procedures and capacity. PMI has focused on analysing the effectivity of the finance system it uses and agrees that this system is too complicated to the needs of PMI and that it would be necessary to start working on establishing a new system. Several procedures were reviewed, such as finance in emergency which focused on COVID-19 operation, and accounting and finance SOP as well as SOP on assets. The new system is expected to be in place by end of 2021.

PMI also committed to contribute further to the localization agenda by strengthening its capacity throughout the organization and its services as presented by PMI during the localization regional conference held by the Indonesian Ministry of Foreign Affairs in 2019.

Based on these analyses and commitments, PMI has been carrying out its organizational transformation process to enable the organization to address the gap identified within the 2019 – 2024 Strategic Plan.

This approach is based on the readiness to response framework (Red Ready framework) that was shared to PMI Secretary-General at the initial stage of his departure to PMI. With support from IFRC and Movement partners, PMI SG is determined to build a stronger National Society and to guide PMI to be a more modern organization that further strengthens its services by strengthening its organization management (including finance and HR) system and its way of providing continuous effective services.

PMI HR and NSD Project – Certification Agencies

In Indonesia, one of the requirements to be deployed in disaster areas is the need to be certified by the Indonesia National Body Profession Certification (BNSP). This is based on the Disaster Management Law of 2014 wherein certification for all human resources on the field of disaster management and health crisis must be done by a national body.

² IFRC Strategy 2030 : <https://future-rcrc.com/wp-content/uploads/2019/10/E-6-Strategy-2030.pdf>

This has not been fully implemented due to the high number of disasters in the country and the limitations from BNSP to manage all the humanitarian workers in Indonesia.

PMI as one of humanitarian responders in the country needs to be able to follow this regulation and has put this in their Strategic Plan 2019 – 2024 output 5.3.4 Indonesian National Work Standard Competency (SKKNI) on humanitarian services based on Red Cross law is available and implemented.

In 2012, PMI started its collaboration with the BNSP. IFRC and the American Red Cross have been supporting PMI personnel to be certified by BNSP. At least 200 PMI personnel certified in various expertise in disaster management and health crises.

In 2020, BNPB called for partnership with various organizations to support their work and PMI was selected as one of the partners given their expertise and experiences

To be recognized, PMI needs to ensure some minimum requirements provided by BNSP. Through funding support from this emergency appeal, PMI managed to set up their first steps of requirements, including:

- a. To have Disaster Management and Health Crisis Management Scheme
- b. Recertified PMI Assessors whose license expired
- c. To have assessment and quality control tools on the certification section
- d. To pass the competence test
- e. Venue for Competence Test needs to be certified

In total 161 people (122 M and 39 F) were involved in this process. PMI have produced 29 professional certification standards that are being approved by BNSP and can be used to train not only PMI personnel but also other humanitarian actors. PMI is in the process of reviewing its training guideline and to ensure that its personnel could be certified as professional responders following the required qualifications of BNSP.

Building leadership in key areas of humanitarian and development policies

The IFRC network builds its leadership in key areas of humanitarian and development policy, and influences decisions and outcomes in intergovernmental and inter-agency forums on questions related to the five priority areas, according to a global HD strategy that has been agreed with member NSs to ensure a collective approach.

The IFRC have further strengthened its relationship with the ASEAN Secretariat and AHA Centre. ASEAN Secretariat Youth and Sport and DMHA (Disaster Management and Humanitarian Assistance) have been involving IFRC in the process of developing the 2021 – 2025 Youth Work Plan, 2021 – 2025 Sport Work Plan and AADMER (ASEAN Agreement on Disaster Management and Emergency Response) Work Programme 2021 – 2025.

In one of IFRC's collaborations with ASEAN, at least two programmes have been conducted in Indonesia and Lao PDR together with their respective National Societies. The programme supported the implementation of ASEAN Secretariat Sports Work plan. In Indonesia, collaboration between PMI and Special Olympics Indonesia was done to train young athletes with intelligence disabilities to enable them to do first aid and preparedness in disaster, while promoting healthy lifestyle and leadership. This programme was highly appreciated by Ministry of Youth and Sport of the Republic Indonesia, where they are committed to further strengthen their collaboration with PMI and to give contribution to SOMS (Senior Official Meeting on Sports of ASEAN). In Laos, a programme focusing on empowerment and engagement of young people as peer educators and agents of change for the promotion of healthy lifestyles and the prevention of Non-Communicable Diseases among their peers, families and communities was implemented in collaboration of Laos RC, IFRC and SOMS Laos.

The IFRC has also explored further with DMHA on possible areas to collaborate with ASEAN Secretariat in Disaster Management through the implementation of AADMER workplan. IFRC is working with ASEAN on mapping of ASEAN laws related to disasters and to public health in emergencies. In collaboration with UNWomen, the IFRC has also been supporting the ASEAN Secretariat on the activation on ASEAN technical working group on protection, gender equality, and inclusion. IFRC contributed to the ASEAN Secretariat series of dialogue on PGI and will further pursue the SGBV study in some of Southeast Asian countries while reviewing the existing work. IFRC is also a part of ASEAN ADMER Fund Review Brainstorming Workshop, which will support the ASEAN Secretariat to further find innovative ways of working on the ASEAN ADMER fund. In addition to this, IFRC continues its dialogue with ASEAN Secretariat DMHA and AHA Centre.

In 2021, IFRC and ICRC continued its collaboration with AHA Centre on providing a session on the Movement in their ACE program. This is a way to strengthen the network at country level between NDMO/A and the Red Cross Red Crescent Movement. IFRC has been co-facilitating in the AHA Centre HELIX (Humanitarian and Emergency Logistics Innovation Expo) as a key speaker and co-hosting several sessions. IFRC contributed to the AHA Centre ARMOR (ASEAN Risk Monitor and Disaster Management Review) where IFRC focused on forecast-based financing and early action, and also facilitated a session in the AHA Center Webinar series on the same points.

IFRC also continues to maintain its relationship with the Government of Indonesia. IFRC has been invited to be part of the Ministry of Foreign Affairs process on establishing the Regional Conference on Humanitarian Assistance which will be participated by Asia Pacific countries in August 2021. The Ministry Foreign Affairs also requested for the IFRC to support the GoI in the hosting of the Global Platform Disaster Risk Reduction in 2022.

IFRC Induction Operations Training Module

IFRC hired a consultant to design and develop an online induction to IFRC operations training module, accessible to all RCRC staff and volunteers. The overall objective is to create a performance change in the IFRC Rapid Response Personnel by enabling individuals to navigate the IFRC system as a responder in an international emergency operation.

This module provides an interactive training to prepare staff and volunteers on how to navigate critical IFRC systems, policies and procedures during an emergency. The module also utilizes real-life scenarios to prepare Movement personnel to enhance capacities and readiness for rapid response deployment.

Background and rationale of the project:

- To ensure the IFRC surge system is able to deploy the right people to the right place at the right time
- To provide equal access to joining the Rapid Response network & equitable opportunities based on merit
- To ensuring those supporting the operation know how to apply IFRC policies and procedures
- To implement the new competency-based approach to Rapid Response learning and development

It is expected that this project will achieve:

- Competency-based online learning experience
- A library of job aids to aid deployed personnel when dealing with IFRC policies and procedures
- A pool of trained tutors and facilitators to support the learning
- Training material translated into the four RCRC official languages
- A roll out and decentralization of the training by interested regions and NS

The module is expected to be online by end of 2021.

IFRC support to PMI for increasing WASH capacities

Palang Merah Indonesia (PMI) emergency WASH capacity is well known as strong and well experienced. Nevertheless, PMI has also developed WASH non-emergency experience and capacity. Towards this, IFRC supported PMI in activities such as:

a. Disaster Preparedness

PMI developed an adequate WASH capacity to be able to respond to any disaster. IFRC has continued to support the WASH in Emergency Warehouse and training center in Jatinangor, West Java. This support includes:

- Facilitating the national training on technical WASH and WASH for field coordinators to ensure that every WASH intervention conducted by PMI can run smoothly and give positive impact to vulnerable communities.
- WASH equipment. Supported by various donors, maintenance of the WASH equipment in PMI Warehouse is regularly conducted. New equipment such as backhoe, forklift, and sanitation construction equipment were also provided to increase PMI WASH emergency sanitation capacity.

b. WASH Development

Numerous WASH development projects have been implemented by PMI supported through bilateral and multilateral projects. Some of the projects include the Multilateral WASH Project supported by Samsung in East Kalimantan and East Java, bilateral WASH project supported by Korean National Red Cross in Central Java, Bilateral WASH Project supported by Indomaret in Sumatera, Java, Sulawesi, and Moluccas islands, and others. IFRC supported these projects through:

- Concept note and proposal development. This include analysing the assessment results and secondary data to develop the concept note, proposal and project budget.
- Technical support on both hardware (access to facilities) and software (hygiene promotion, community mobilisation, networking and coordination)
- Planning, monitoring, evaluation and reporting - annual planning, regular monitoring and evaluation as well as support in interim, annual and synthesis reporting.
- Capacity building for local staff and volunteer in both technical and project management.
- Donor relations – e.g., budget and activity negotiation, regular discussion with the donor and delivery timely and accurate reports.

c. Guidelines

Several WASH guidelines were translated, adapted and disseminated to PMI provinces and districts all over Indonesia and their volunteers with the support of this emergency appeal. Those guidelines are:

- IFRC WASH guidelines for hygiene promotion in emergency operations.
- IFRC Menstrual Hygiene Management guideline and tools.

- WASH Strategic Direction – the strategic direction for WASH in line with IFRC Strategy 2030

d. WASH Centre of Excellence (CoE)

This medium to long-term programme was initiated as part of PMI's overarching goal to be a prominent National Society in the region in terms of WASH. While this project is still on its conception phase, several initial activities have been conducted including the development of the concept note and strategy to attract potential donors.

The main goal of WASH CoE is to develop standards and best practices that can serve as benchmarks for the development of policies and WASH capacity building of Movement partners and its stakeholders within the Asia Pacific region. It will use the best available expertise within and outside the region to ensure the delivery of high-quality outputs such as research, implementation strategies, training sessions and policy papers.

WASH Centre of Excellence would include the following components:

1. WASH capacity building (strategy, policy, guidelines)
2. WASH research and development (innovations)
3. Knowledge and information sharing (training, workshops)
4. Networking, cooperation and collaboration (peer-to-peer support)

SFI2: International Disaster Response

Logistics and supply chain

The three operations in under this appeal adhered strongly to the localization principle promoted both by the GOI and PMI. Efforts to enhance localized response capacities of the NS to enable them to be better prepared for possible emergencies were extended at various political, institutional and technical levels. After the four rotations of ERU for at the onset of the emergency, IFRC and PMI decided to set up a longer-term logistics strategy. This change in the operational structure was crucial to ensure programme support services, particularly logistic services, were centralized at Jakarta level throughout the three operations to enhance accountability, avoid duplication, ensure compliance and consistency, improve efficiency and to have stronger national structure and profile in the country.

The operations were set up with the aim to support local supply chains to deliver immediate relief and emergency assistance to the needs of people. The PMI logistics hub was established in Palu, Central Sulawesi with the support of IFRC. The hub consisted of six mobile storage units (MSUs) with about 1,440 sqm space, as well as office tents to run the operation. Logic was also used as the inventory system for the emergency. The IFRC teams in Lombok and Central Sulawesi were reporting on IFRC and PMI stocks using the warehouse management system, while also providing technical guidance to the PMI warehouse staff on the use of the system and standard warehouse management procedures.

The urgent need for provision of goods after the government did not allow for international pipelines forced the IFRC procurement team at the time to start working on building a list of suppliers to cover the urgent needs. Due to complex procurement processes, long approval times, supplier delivery lead times and limited capacity, as well as other sourcing challenges, the development of pre-validated local supplier database system was crucial to avoid procurement challenges experienced during the emergency phase. Covid-19 also disrupted timely logistics support to this operation mainly due to the challenges experienced in the global supply chain.

PMI and IFRC recommended that pre-disaster agreements with the government on importation, and the role of Movement needs to be advocated. Furthermore, it continues to be extremely relevant to build strategic relationships and partnerships with the related entities such as BNPB, Customs authorities and other relevant key stakeholders for rapid processing of incoming aid and other supplies.

SFI3: Influence others as leading strategic partner

Cash and voucher assistance lessons learned

The lessons learned activity aimed to provide an overall depiction of the best practices, challenges and innovations within the different operations, highlighting the similarities and differences within the different modalities. Findings from the exercise highlight best practices and stories of success in the field, as well as challenges in the implementation, with special attention to the adaptations made to the implementation due to the pandemic.

The activity also aimed to provide an overview of the process and impact of the cash and voucher assistance projects. Specifically, the lessons learned activity looked into:

- a. Relevance and impact of the intervention
- b. Process and procedures for implementation
- c. Integration of cross-cutting components such as CEA and PGI

Multiple interviews and focus group discussions were conducted, while secondary information from post-distribution monitoring reports and other narrative reports were utilized in this review.

Findings from CVA LL

Best practices

- *Fair beneficiary selection criteria*

Targeting was done based on damage to shelters utilizing data from the government and partners. Criteria for selection was also adopted by most of the actors in the areas. Coordination with these key stakeholders were also kept to prevent overlapping.

IFRC and PMI prioritized vulnerable members of communities including women-headed household, households with elderly, persons with disabilities and lactating or pregnant mothers. These criteria were also properly communicated to target communities (e.g., posters, info sheets, flyers) through CEA teams as well as CVA technical personnel. However, few noted that some people did not understand the criteria due to it not being in the local language (all information shared were in Bahasa Indonesia).

There were also some feedbacks received that some people were left out of the lists. This was also partially related to incomplete government lists. This was not a common occurrence but were dealt by PMI through further information sharing and coordination with community leaders.

- *Community engagement and feedback mechanisms*

There was a general consensus that CEA was a success with regards developing and rolling out feedback mechanisms. Aside from the initial emergency aid, most feedbacks received were regarding CVA. Most of these CVA feedbacks were responded to immediately. The majority of these feedbacks were questions on criteria, registration process and regarding the distribution schedules.

Community participation was also welcomed by IFRC and PMI, mostly through coordination with community leaders. PMI hotlines were also the primary way of receiving feedbacks from other members of target communities. Two-way communication mechanisms were also essential as the programmes were initially delayed and were also thoroughly adjusted to fit the COVID-19 context. Radio programmes that discussed the PMI/IFRC CVA programmes were also utilized.

However, some of the interviews mentioned that there were some obstacles in operationalizing the mechanisms as it was designed mainly by IFRC and not PMI.

- *PMI CBI system*

An existing strong centralized PMI system to manage CVA activities was utilized. Through this system, approved users can view profiles and the progress of the cash assistance receipt process for each beneficiary, photos related to the profile of beneficiaries and events related to the process, as well as several recaps both overall and per district. A mobile application that is used to regularly update beneficiary registration activities, with photos of events & status of CBI stages, such as submission of invitations, registration of beneficiaries and distribution of ATM cards and Savings Book was also part of this system.

However, only a few personnel had the capacity to use this system, wherein most of the personnel in the field had very limited or no capacity at all.

- *Financial literacy (ATM and bank use)*

The inclusion of the financial literacy components in the cash programme was widely accepted by the beneficiaries (according to post-distribution monitoring data). Many of the beneficiaries selected were getting bank accounts and ATM cards for the first time, hence the literacy component was useful to them. However, this can be further strengthened to ensure that particular groups (e.g., elderly, PWD) were targeted with more sustained support to utilize the ATM cards and bank accounts. Although most were able to get support from their relatives when they needed it.

- *COVID-19 adaptation*

The operations were quick to adapt to the “new normal” of COVID-19, providing masks to personnel, ensuring safe distributions by limiting the number of people in distribution sites and regular testing were done for personnel going to the field. Through these adaptations, more than 15,000 households were reached by CVA in a time where social gatherings and travel were restricted.

Information dissemination, monitoring and coordination also adapted to the COVID context. The operations utilized mobile phones and social media to connect with communities, reducing the need for travel which reduced risks to RC personnel and to target communities. Messaging on COVID-19 prevention were also incorporated in the CVA programmes, maximizing the impact of community engagement for cash.

Challenges

- Capacity of field personnel on cash

There was limited capacity in the field to implement cash. Trainings were also not deemed sufficient due to several factors such as lack of commitment from some volunteers while some volunteers who were initially trained had already resigned by the time the cash programme was being implemented.

- FSP contracting/procurement

Contracting the financial service provider was the main cause of delay in the implementation of the cash activities. The selection of the FSP underwent a tedious procurement process at IFRC to ensure compliance and transparency in the procedures. The lengthy procurement process created resentment and tension in the field (procurement was a major bottle neck, an area that requires serious revision from both PMI and IFRC. Coordination, open dialogues, written and verbal communications were constantly needed to defuse tension and ensure understanding of the process and the progress on these files while maintaining communications at the field and community level that had been expecting assistance. Overall, the FSP procurement took around 6 months. This, as well as COVID restrictions, hampered the delivery of cash. There were also some issues regarding the FSP's ability to deliver results during COVID-19 as the design of the programme did not consider the possibility of a pandemic (the scope of work was done in 2019). IFRC and PMI had to take on some of the roles of the FSP identified in the scope of work.

- Coordination

There were general responses regarding inadequate coordination or unclear systems of coordination particularly during the planning and implementation phases. Some respondents mentioned that there were several informal avenues in coordination which circumvent the formal ones. Some mentioned that information flow was not always timely.

This also led to delays in finalizing plans which caused delays in the transfer of funds used to mobilize personnel. Narrative reports were also delayed due to lack of dedicated personnel in the branches and lack of guidance on reporting.

There were also coordination issues within IFRC, particularly regarding the contracting process for the FSP. This led to further delays in the implementation of the project.

- Information management and information technology

Some branches were not able to manage information on beneficiaries due to lack of capacity, lack of office equipment and also remoteness of some areas (telecommunication issues). This made it difficult for some branches to identify and monitor beneficiaries.

Recommendations

Based on the CVA experiences from the operations, the following recommendations are made to be considered in future CVA programming including the enhancement of PMI CVA preparedness:

1. Conduct regular CVA-related trainings including refreshments and establish a database of all CVA related studies and evaluations managed by dedicated PMI CVA staff. This will ensure well prepared PMI CVA- human resources, able to be deployed within short notice in case of need.

2. Development of cash standard operating procedures.

The developed SOPs were constantly adjusted as the implementation went on. Improving the general PMI CVA SOPs based on lessons learned from CVA activities in different areas with both fixed and flexible options that could fit in various operational contexts will be highly beneficial for future programming.

3. Cooperation with Dukcapil.

The close link between the National Dukcapil System and the CBI system (PMI system to manage CVA activities) was seen to be urgently needed due to the changes in provisions concerning the requirements for opening bank accounts which obliged beneficiaries' ID cards to be registered in the National Dukcapil System. However, especially in remote villages, many beneficiaries are not registered in the national population system, even though they have a KTP (household registration number) of the Republic of Indonesia.

The current Dukcapil system, in addition to being centralized in the central national Dukcapil server, also has a special database that is available to be accessed by agencies or private partners who have cooperation agreements (DWH Server). This system may also be accessed locally in each district / city. Unfortunately, the three nodes of the system are not integrated in real-time. The delay that occurs from recording data at the district / city level to updating it on the DWH server can take one day to more than a week. This situation causes the delays in the completion of the implementation of CVA in the field making planning difficult.

The recommendation is to open a partnership with Dukcapil to allow real-time system interconnection between the CBI System of PMI and the National Dukcapil System. This will ensure that the PMI personnel recording data on potential beneficiaries will immediately be made aware on potential issues related to the KTP and allow immediate recommendations to the beneficiaries, such as renewing ID cards or transferring accounts to other active family members; and to programme to be more efficient by reducing the implementation timelines.

4. Improvement of CBI system

- Inclusion of ATM Distribution control and reporting features per batch transfer - the Microsoft Excel tables that were used to control daily ATM distribution work and group transfer groups can be used as a reference for developing this feature. This table was referred to in Central Sulawesi as a *magic table*.
- Enabling the ID card interconnection with the National Dukcapil online system - the interconnection feature between systems is important to build as soon collaboration between PMI and Dukcapil is realized. Interconnection makes it easy to query on the NIK KTP system to find beneficiaries not yet registered in the National Dukcapil System.
- Enabling the interconnection with the bank/FinTech system(s) - with the development of the banking system to allow interconnection between systems.
- Increasing the offline features options in the CTP Mobile Ranger App - the data collection app of the CBI system currently only runs online. The addition of an offline capability can solve problems when working in locations without internet coverage.
- Enabling the integration of CBI system into PMI information management system - PMI has several Information Systems, one of which is MIS or the *Kepalangmerahan Information System*. Integrating the CBI System will eliminate a lot of duplication and sharpen efficiency for user management, area code standardization, volunteer roster, CEA and PMER.

5. Having a Framework Agreement with an FSP

The delay caused by the contracting of the FSP created risks for PMI and IFRC which include security risks in the field due to delayed realization of expected assistance. There were also risks with regards donor relations and straining of partnerships and work relations between and amongst PMI and IFRC staff. Having a framework agreement with a service provider will not only expedite the delivery of CVA but will also help personnel of both the Movement and the FSP with the CVA processes, further improving competencies and capacities of both.

MDRID013 Final Evaluation

The purpose of the final evaluation was to review the Indonesia 2018 earthquakes and tsunami response by Palang Merah Indonesia (PMI) supported by International Federation of Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNSs). It assessed the operational strategy and implementation, highlight learnings and best practices. Findings and recommendations from the evaluation will be used by the management and operation teams of PMI, IFRC and PNSs to support the development of a roadmap for improving emergency response and coordination mechanisms.

Findings from the Final Evaluation

Originally intended as a Mid-term Review to be conducted from February to April 2019, this evaluation was deferred on several occasions because of the COVID-19 pandemic. The mid-term review was initially postponed and ultimately cancelled, while there were delays as well in the final evaluation as the context, particularly travel restrictions, kept changing throughout the pandemic.

The overall purpose of this evaluation was to examine the response's operational strategy and implementation **during the relief phase, transition into recovery and the reconstruction phase** of the operation. The evaluation was also asked to examine **how the response adapted to the Covid-19 pandemic**, in addition to the **exit process**. Programme achievements in connection with the emergency plans of action were analysed.

Particular attention was also focused on assessing the **response strategy, co-ordination, structure, system, procedures and performance of different PMI and IFRC sectors and services involved in the operation**. Specific thematic sectors such as WASH were examined in some detail while additional consideration was given, modalities such as cash assistance and other approaches.

Key Findings

This operation has delivered considerable assistance and support to a significant number of people, though not without certain challenges. From a positive perspective, the following are among some of the main – summary – points that stand out:

- √ Health – one of PMI's focus sectors – was well addressed, including later realignment of activities to address Covid-19 and building this into certain ongoing activities such as Malaria awareness campaigns.

- √ though lacking needs assessments and accountability at the outset of relief distributions in both Central Sulawesi and WNT, the beneficiary selection process was considerably strengthened with CEA inputs for later distributions, including cash;
- √ Feedback mechanisms received high recognition from international and national staff and beneficiaries alike: one person spoken with described it as a “*good legacy*” to leave behind;
- √ The provision of cash (though delayed) was widely appreciated by beneficiaries who experience very few challenges in getting this into their bank accounts;
- √ Provision of fresh water to affected rural and urban communities was important for peoples’ well-being, hygiene and personal dignity though more attention should have been given to sustainable options that prolonged water trucking;
- √ From a co-ordination perspective there was very good early deployment from the Country Cluster Delegation, with some key needs being met in terms of Human Resources early on;
- √ There was very good co-ordination between the IFRC and Partner National Societies in terms of communications, co-ordination and collaboration; and
- √ Good communications, transparency and honesty played a critical part in maintaining confidence with several key donors: keeping donors and partners informed on time was essential to adapt to timelines and priorities.

At the same time, there were some challenges encountered which required adjustments to the planning process, not least of which of course was having to respond to a global pandemic at the same time as managing three complex disasters. Amongst the areas for improvement, one should consider:

- Localisation was a constant consideration in this operation and, while recognising the importance of this, the structure of the National Society was not yet prepared to take real advantage of this.
- Learning from experiences of this operation, PMI can do much to better position itself and prepare for future multiple disasters. National Society Development, Human Resources and Administration should be strengthened at the central level while communications and delegation of responsibilities to the Provinces and Branches needs to be accelerated.
- Volunteering – while playing a core part of each of the responses in this operation –a should be modernized, especially in terms of peoples’ understanding of the IFRC Code of Conduct, consistent insurance coverage being provided, safety and well-being needs and enhanced training in specialist themes in addition to approaches such as CEA and data collection and information management.
- IFRC needs to better orient PMI board members and senior management of the working mechanisms of the Movement in general, and the importance of the National Society’s auxiliary role.
- Better and earlier mutual agreement of roles and responsibilities between the IFRC and PMI, particularly focused on the Emergency Plan of Action and Emergency Appeal is needed. Both should be developed through close consultation and collaboration with open sharing of information and common agreement on what is expected and planned from each other.

KEY RECOMMENDATIONS (summary)

A) General Operational

1. **Procedures need to be localised – or be capable of being localised.** This operation highlighted gaps in expectations and procedures between the National Society and Federation. Early guidance is needed to help a National Society understand what is expected of them in key administrative and programme planning and management.
2. **“Localisation” needs more attention.** Further clarity on “localisation” is needed at various levels, primarily between the Federation HQ, National Societies, key donors and representative government authorities.
3. **Provide capacity enhancement for National Societies that need it in the localisation context.** Further dialogue is required with National Societies on their capacities to respond to local, provincial or national disasters, with regards to areas such as initial assessments, information management (to include data collection and analysis), donor relations, relief distribution, ensuring procurement and logistics.
4. **Better preparations are essential.** For countries/regions known to be especially vulnerable or at risk to disasters and other emergencies, more advance planning is required in relation to advance knowledge of working conditions (such as visas) in country, with regards logistics, preparedness and pre-positioned essential relief items, framework agreements such as Cash Providers, customs regulations and sourcing and warehousing capacities.
5. **Improve the clarity of and coordination with surge requests.** Improvement is needed to better understand what skills are needed at what stage of the response, better planning in deployment, improved and consistent hand-over – written or oral – between rotations. Surge delegates should be known to the National Society and their roles equally explained to volunteers and other key people they are likely to interact with on a regular basis on the ground.

6. **Surge needs to remain flexible.** To deal with a wide range of contexts – and, at times, unknowns – the surge system needs to have a certain degree of flexibility to respond to needs as best possible, with emphasis on meeting the realities on the ground. It should not become too bureaucratic a process as this will ultimately undermine its prime function for rapid deployment.
7. **IFRC delegation should consider reviewing its Status Agreement with the Ministry of Foreign Affairs (MOFA).** Under the current Status Agreement with MOFA, IFRC can only deploy up to five people in Indonesia at a given time. During an emergency, this places an immediate constraint on the rapid deployment of key people, which could have impact on the initial response. Deploying additional people requires agreement and approval by PMI.
8. **The Emergency Plan of Action (EPoA) needs to have a shared understanding and agreed common ownership.** Have a clear Plan of Action from the beginning of the response, as this will persuade donors to donate to the areas where the funding is needed right from the beginning. The plan, however, needs to be flexible to evolve with changing circumstances.
9. **All actors need to understand the purpose of the EPoA.** The lack of a shared understating of the EPoA was seen as a weak link in this operation. This could have been accounted for by many reasons – lack of knowledge of/appreciation for the EPoA, language, institutional politics and information sharing within PMI and others. The lack of buy-in to the EPoA, at all levels did, without doubt, contribute to confusion and delayed response to affected communities.
10. **Needs assessments need attention.** Ideally, up front clarity and agreement on what type of assessment is being conducted, why and for who, in addition to the level of detail required at specific phases of the operation should all be considered depending on the situation.
11. **Needs assessments are needed quickly. Dedicated and qualified teams should conduct integrated needs assessments.** Having a skilled and dedicated team within the National Society – with appropriate plug-in support from other delegates if/as necessary should be encouraged for future operations. This, with the intent of gathering sound and workable primary data to inform decision making, which requires sound protocols to be in place in advance for data management.
12. **Response planning needs to be integrated.** The IFRC has a good vision for integrated recovery and DRR, particularly so in terms of the importance it gives to community engagement.
13. **Be prepared – cash.** The cash intervention in this operation showed how much this was appreciated – despite the lateness of cash reaching affected and selected beneficiaries. Provisions need to be made proactively if this approach is to be used to maximum effectiveness and efficiency in future emergency responses. Existing regulation and CVA procedures need to be less complex and more flexible to allow people to adapt and speed up the assistance.
14. **Enhance the response capacity of regional delegation offices.** As the pressure for and desire for increased and meaningful localisation to happen even in an emergency response, there is a clear need to invest in meaningful planning and support to this approach. For the foreseeable, however, it should consider to still invest in regional capacities from structures such as the APRO and CCD as they are closest to, should have the required skills, know the IFRC systems and possibly speak the local languages. First responders, however, often burn up first as they must face the brunt of the realities, so back-up support needs to be in place.
15. **Need better preparation around agreements.** Given the growing acceptance of cash systems in emergency response, both the Federation and National Societies need to become more proactive in identifying and setting up essential structures, processes and procedures to improve the process and make it timelier and more responsive to needs.

B) The National Society

16. **Become prepared.** The National Society needs to improve its preparedness for large scale emergencies. Provincial and local structures need to build their skills and capacities to be in a better position to mobilise resources and undertake some of the earlier activities in emergency response on a better footing.
17. **Roles and responsibilities among Movement partners need to be clear.** Clear agreements need to be reached as quickly as possible between the National Society, the IFRC and other partners early in the response matching expectations and standards of all parties.

- 18. Relations with government.** PMI should make better use of their role as auxiliary to government to establish greater clarity of their role within the national disaster management plan and ensure and agreements with government counterparts are in place.
- 19. Volunteering needs more support.** PMI needs to review its approach to and support package for volunteers. This should start with an honest assessment of volunteering needs which should ultimately lead to better long-term impact on beneficiaries and staff and volunteers on long term.
- 20. Build local data management capacity.** The operation highlighted the need for additional investment in capacity building of the National Society's branch staff and volunteers in IM and PMER especially in relation to data collection, cleaning and analysis.

C) IFRC/Red Cross Red Crescent Partners

- 21. Establishing a more robust capacity for emergency response.** IFRC and other internal partners should have a realistic understanding of PMI's capacity: PMI consists of more than 400 Branches and the capacity amongst them is very different. In this instance, for example, some of the Branches did not yet have an operating bank account. The expectation of IFRC and PNSs on PMI should be more realistic, in terms of the capacity in which PMI could take up and perform.
- 22. Both PMI and the IFRC need to play to their respective and complementary skills.** IFRC needs to support PMI 100 per cent by not taking over or immediately trying to deploy a lot of people to the operation. While urgency is of course a key consideration at such times, some space should be found to allow PMI to use its own resources as much as possible in the first instance. This, however, requires considerable advance planning, positioning and agreement.
- 23. Early guidance is needed on a pandemic such as Covid-19.** Ideally, earlier guidance should have been provided on Covid-19, in particular on what could and should not be attempted at the different levels of operation. This should have been accompanied with broad training and awareness raising for volunteers and staff, alike.

D. FINANCIAL REPORT

Overall, CHF 38,045,321 was received from multiple donors, covering 96.5 per cent of the appeal. Of these, 35,981,098 (97 per cent) was spent with the timeframe. There remains a balance of CHF 2,064,223. In keeping with the original intention of the pledges, these funds will be used to strengthen and modernize PMI disaster risk management capacity and systems as well as related development projects as outlined in the country Operational Plan. Part of these funds will be allocated to regional coordination, preparedness and National Society Development initiatives directly linked to Indonesia Operational Plan, supplementing the capacity of the Country Cluster Delegation.

Out of an operation budget of CHF 37,139,219, the operation spent CHF 1,158 million (3 per cent) less due to programming delays attributed to the COVID 19 pandemic. Overspending occurred in the areas of shelter, livelihood and health, while less funds were spent, given the complexities of carrying out activities during the pandemic, in other areas of focus and strategies for implementation (except migration).

The final financial report is [attached](#) at the end of this document.

Contact information

Reference documents



Click here for:

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

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How we work

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

www.ifrc.org

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

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/7-2021/12	Operation	MDRID013
Budget Timeframe	2018/7-2021/9	Budget	APPROVED

Prepared on 31 Jan 2022

All figures are in Swiss Francs (CHF)

MDRID013 - Indonesia - Earthquakes and Tsunamis

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

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	5,107,000
AOF2 - Shelter	8,060,868
AOF3 - Livelihoods and basic needs	7,666,000
AOF4 - Health	1,759,945
AOF5 - Water, sanitation and hygiene	3,676,945
AOF6 - Protection, Gender & Inclusion	616,000
AOF7 - Migration	661,000
SFI1 - Strengthen National Societies	3,279,000
SFI2 - Effective international disaster management	6,163,866
SFI3 - Influence others as leading strategic partners	1,448,000
SFI4 - Ensure a strong IFRC	463,000
Total Funding Requirements	38,901,624
Donor Response* as per 31 Jan 2022	37,539,215
Appeal Coverage	96.50%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,247,734	1,155,811	91,923
AOF2 - Shelter	7,812,678	7,877,583	-64,905
AOF3 - Livelihoods and basic needs	7,282,912	7,353,746	-70,834
AOF4 - Health	2,302,515	2,336,278	-33,764
AOF5 - Water, sanitation and hygiene	2,855,580	2,616,135	239,444
AOF6 - Protection, Gender & Inclusion	27,480	25,669	1,810
AOF7 - Migration	556,858	556,858	0
SFI1 - Strengthen National Societies	2,869,055	2,563,947	305,108
SFI2 - Effective international disaster management	6,849,301	6,575,138	274,164
SFI3 - Influence others as leading strategic partners	1,289,411	1,107,086	182,325
SFI4 - Ensure a strong IFRC	4,045,695	3,812,847	232,849
Grand Total	37,139,219	35,981,098	1,158,121

III. Operating Movement & Closing Balance per 2021/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	38,045,321
Expenditure	-35,981,098
Closing Balance	2,064,223
Deferred Income	0
Funds Available	2,064,223

IV. DREF Loan

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

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Budget Timeframe	2018/7-2021/9	Budget	APPROVED

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V. Contributions by Donor and Other Income

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Opening Balance					0	
Albanian Red Cross	10,000				10,000	
American Red Cross	2,209,810				2,209,810	
Australian Government	359,802				359,802	
Australian Red Cross	745,361	11,610	7,829		764,799	
Australian Red Cross (from Australian Government*)	269,813				269,813	
Austrian Red Cross (from Austrian Government*)	1,093,037				1,093,037	
Avery Dennison Foundation	4,952				4,952	
Belgian Red Cross (Francophone)	736,770				736,770	
British Red Cross	5,126,099	79,353			5,205,452	
Charities Aid Foundation	25,965				25,965	
China Red Cross, Hong Kong branch	152,286				152,286	
China Red Cross, Macau Branch	75,730				75,730	
Czech Government	435,614				435,614	
Czech Red Cross (from Czech private donors*)	4,260				4,260	
Danish Red Cross	80,000		22,800		102,800	
European Commission - DG ECHO	819,973				819,973	
Finland - Private Donors	57				57	
Finnish Red Cross	84,505				84,505	
French Red Cross	189,488				189,488	
German Red Cross	737,623	907,472	45,521		1,690,616	
Germany - Private Donors	171				171	
Government of Malta	33,719				33,719	
Grab-GP Network Asia PTE LTD	35,244				35,244	
Hewlett Packard Co. Foundation	23,710				23,710	
IFRC at the UN Inc (from Coca Cola Foundation*)	940,891				940,891	
IFRC at the UN Inc (from Facebook*)	945,849				945,849	
IFRC at the UN Inc (from Tides Foundation*)	238,363				238,363	
IKEA Foundation	15,000				15,000	
Indonesia - Private Donors	198				198	
Intercontinental Hotels Groups(IHG)	24,354				24,354	
Ireland - Private Donors	114				114	
Irish Government	285,751				285,751	
Italian Government Bilateral Emergency Fund	511,436				511,436	
Italian Red Cross	78,146				78,146	
Japanese Red Cross Society	882,708	418,015			1,300,722	
Liechtenstein Government	100,000				100,000	
Liechtenstein Red Cross	202,147				202,147	
Lululemon HK LTD	4,897				4,897	
Luxembourg Government	147,345				147,345	
Monaco Government	113,686				113,686	
Mondelez International Foundation	4,729				4,729	
Netherlands - Private Donors	114				114	
New Zealand Government	2,462,250				2,462,250	
Norwegian Red Cross	220,586	119,135			339,722	
Norwegian Red Cross (from Norwegian Government*)	851,371				851,371	
On Line donations	30,984				30,984	
Other	22,957				22,957	
Red Cross of Monaco	59,277				59,277	
Red Cross of Viet Nam	9,966				9,966	
Sales				364	364	

Emergency Appeal

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

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Singapore - Private Donors	289				289	
Slovenia Government	56,392				56,392	
Spain - Private Donors	80				80	
Spanish Government	411,019				411,019	
Spanish Red Cross	234,057				234,057	
Swedish Red Cross	158,085				158,085	
Swedish Red Cross (from Swedish Government*)	1,095,117				1,095,117	
Swiss Government	800,000				800,000	
Swiss Red Cross	630,000				630,000	
Switzerland - Private Donors	200				200	
Taiwan Red Cross Organisation	136,500				136,500	
The Canadian Red Cross Society	511,584	103,268			614,852	
The Canadian Red Cross Society (from Canadian Gov	549,667				549,667	
The David&Lucile Packard Fdtion	101,986				101,986	
The Netherlands Red Cross	3,570,397				3,570,397	
The Netherlands Red Cross (from Netherlands Govern	1,707,396				1,707,396	
The Netherlands Red Cross (from Netherlands - Privat	16,288				16,288	
The OPEC Fund for International Development	787,463				787,463	
The Republic of Cyprus	22,538				22,538	
The Republic of Korea National Red Cross	1,893,658				1,893,658	
Ultradent Products, Inc.	14,226				14,226	
United States Government - USAID	1,576,197	538,519			2,114,716	
United States - Private Donors	8,789				8,789	
UPS foundation	49,406				49,406	
Western Union Foundation	52,993				52,993	
Total Contributions and Other Income	35,791,436	2,177,371	76,150	364	38,045,321	0
Total Income and Deferred Income					38,045,321	0