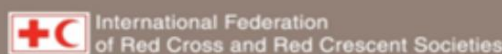




# Emergency Plan of Action (EPoA)

## Indonesia: Foot and Mouth Disease Outbreak



<b>DREF Operation n°</b>	<b>MDRID024</b>	<b>Glide n°:</b>	<a href="#">OT-2022-000260-IDN</a>
<b>Date of issue:</b>	<b>12 July 2022</b>	<b>Expected timeframe:</b>	<b>6 months</b>
		<b>Expected end date:</b>	<b>31 January 2023</b>
<b>Category allocated to the disaster or crisis: Yellow</b>			
<b>DREF allocated: CHF 372,747</b>			
<b>Total number of people affected:</b>	<b>112,243<sup>1</sup></b>	<b>Number of people to be assisted:</b>	<b>20,000 people</b>
<b>Provinces affected:</b>	<b>East Java, Aceh, North Sumatera, West Nusa Tenggara</b>	<b>Provinces/Regions targeted:</b>	<b>East Java, Aceh, North Sumatera, West Nusa Tenggara</b>
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> The Indonesian Red Cross Society (Palang Merah Indonesia – PMI) is Indonesia’s largest humanitarian organization. PMI works through 34 provincial chapters and 474 district branches covering all major cities and administrative districts in the country. PMI has approximately 1.5 million volunteers and supporters nationwide.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> PMI will lead the overall response operation. This action is supported by the International Federation of Red Cross and Red Crescent Societies (IFRC).			
<b>Other partner organizations actively involved in the operation:</b> At the national level, the government response is coordinated by the National Board for Disaster Management ( <i>Badan Nasional Penanggulangan Bencana – BNPB</i> ) while the Ministry of Agriculture acts as the Technical Lead. In the field, the response is led by the Regional Disaster Management Agency ( <i>Badan Penanggulangan Bencana Daerah – BPBD</i> ) of each province and in collaboration with the local Agricultural authority. Other government agencies involved include the Ministry of Coordinating Ministry for Human Development and Cultural affair, and the Indonesian military and police force.			

## A. Situation analysis

### Description of the disaster

Indonesia has been struck by a highly contagious viral Foot and Mouth Disease (FMD), affecting the population of cattle farming. As of 2 July 2022, the Government of Indonesia reported that an FMD outbreak has been detected in 20 Provinces and 227 districts or cities. FMD has infected a total of 313,636 cattle, 105,675 of which has recovered, 2,734 died and 1,948 had to be slaughtered (with the severe condition). Responding to the outbreak situation, the Government of Indonesia, through the Indonesian Disaster Management Authority (*Badan Nasional Penanggulangan Bencana* or BNPB) declared outbreak status from 29 June 2022 until 31 December 2022.

Until this outbreak, Indonesia had been FMD-free since 1986, a status recognized internationally by the World Organisation for Animal Health in 1990. The World Organisation for Animal Health (OIE) data indicates that FMD was first suspected in backyard farms in both beef and dairy cattle in 2 provinces: on 12 April 2022 in Jawa Timur province with four districts affected: Mojokerto, Sidoarjo, Gresik, Lamongan (1,641 animals infected) and on 22 April 2022 in Aceh

<sup>1</sup> Number based on total #reported cases from 4 provinces divided by 3 (average number of cattle owned by 1 household). Therefore, affected people mentioned are farmers with cattle affected by FMD (data as of 7 July 2022)

province (1,855 animals infected). In both provinces, FMD was confirmed by OIE on 6 May 2022. The OIE reported that in these provinces, clinical signs of the animal affected firstly observed by field officers have decreased appetite, hypersalivation, lameness, and fever. Click [here](#) to see the map of the affected areas.

Even though the FMD does not directly affect human health, there is a high risk of the level of livelihood decreasing due to the death of the cattle and the sudden price drop. Livestock is a valuable asset for vulnerable communities and served as an investment. Potential economic loss due to the FMD outbreak is approximately IDR 9.9 trillion/USD 6.6 billion per year because of decreased production, livestock fatality rate, as well as material export prohibition, and restriction policy that may be imposed. On-farm, the impacts may occur in many forms, from complete stock loss due to animal death or partial stock loss, affecting the farm revenue. In addition to stock loss, there is a reduction in farm income due to reduced animal weight gain or milk production and increased cost of treatment and cash flow risk due to delayed sales. This situation might eventually affect the quality of life of the community in long term, which correlated with the decreasing level of community health.

### Summary of the current response

This FMD disease is not transmitted to humans or is not a zoonotic disease so the current government's focus is to prevent the FMD spread this disease between susceptible cattle animals and prevent humans to become intermediaries or spreaders of FMD. Humans are not susceptible to FMD, however, humans can carry FMD from infected to healthy animals. Animals that are susceptible to FMD include cattle, buffaloes, goats, sheep, deer, pigs, camels, and other cloven hoof animals such as bison, antelope, giraffe, and elephant.

The spread of the FMD virus is worrying for farmers because it spreads quickly and is transmitted through indirect contact and through the air (airborne) which means that farmers have the potential to act as the carrier of the virus from one cattle shed to another if disinfection protocols are not properly followed.

At the national level, the Government of Indonesia has undertaken several preventive measures to reduce the spread of FMD disease by:

- Establishing FMD outbreak post command at the national, provincial, and district levels;
  - Establishing an FMD outbreak task force at the national, provincial, and district levels.
  - Establishing National Crisis Centre for FMD disease.
- Limiting large-scale cattle mobilization
  - Coordination with Food supply task force, transportation authority, and limiting market operational hours.
- Distribution of medicine
  - Antipyretic, analgesic, vitamin, disinfectant, and other medicine.
  - Distribution is being done in several tranches and targeting areas with a high number of FMD cases reported.
- Provision and distribution of vaccines
  - Scientific analysis to determine the most effective vaccines.
  - Importing or procuring vaccines.
  - Production of vaccines.
- Training
  - Targeting animal health workers, inseminators, relevant authorities, and farmers.
- National FMD prevention campaign
  - Prevention, response, and recovery information dissemination to the communities.
  - IEC materials production.



Picture 1: PMI attend National FMD response and prevention campaign led by Ministry of Agriculture. (Source: PMI NHq)

### Overview of Host National Society Response Action

To respond to the FMD outbreak, as auxiliary to the public authorities, PMI has initiated rapid actions to minimize the transmission of the virus. PMI in six different provinces have conducted immediate responses as follows:

- Central Java Province:
  - According to the Ministry of Agricultural data, Central Java is considered the most affected area by the FMD outbreak. PMI's Central Java Provincial chapter actively conducts prevention and promotion activities including

Public

Public

FMD prevention messaging (FMD risk prevention at pens, slaughterhouses, and markets; safe processing of meat and other products for human consumption and carcass burial), developing community awareness, and activating community-based surveillance in 58 sub-districts located in 14 districts across the province. PMI Boyolali district chapter (Central Java) has even been appointed officially by the district authority to support the FMD operation and is actively involved in prevention and control; community-based surveillance and conducting disinfection spraying. Since 22 June 2022, there have been 153 FMD cases reported by community volunteers, and they have been referred to the authority for further response.



Picture 2: PMI Boyolali spraying cows shed. (Source: PMI Boyolali)

- West Java Province:  
In West Java Province, PMI is conducting prevention and promotion activities in 10 sub-districts located in two cities; Bogor City and Sukabumi City.
- North Sumatera Province:  
In North Sumatera, PMI targets two sub-districts with reported FMD cases and conducts prevention and promotion activities.
- South Kalimantan Province:  
PMI Tanah Laut district is actively responding and implementing prevention activities in 12 sub-districts.
- Lampung Province:  
PMI Lampung provincial chapter is coordinating the response in Lampung province with 15 PMI branches actively responding to the outbreak situation in their area.
- At the national level, PMI NHQ attended the National FMD Disinfection Campaign arranged by BNPB and the Ministry of Agriculture. This will be followed up with further collaboration between PMI and both governmental boards for FMD response at the national level which will be adapted to provincial and district levels.

### PMI response under CP3

Community-based surveillance (CBS) is a system developed to enable the community to do early detection of signs and symptoms of health and animal health diseases, and report to local health and animal health authorities. As part of its ongoing programming, PMI has been implementing CBS through Community Epidemic and Pandemic Preparedness Program (CP3) funded by USAID. This program is being implemented by PMI in six districts in Indonesia: Tabanan district in Bali, Boyolali district in Central Java, Bogor City in West java, Pandeglang in Banten, Maros in South Sulawesi, and Ketapang in West Kalimantan. Currently, PMI has 500 volunteers trained for CBS in these districts/cities. PMI has also built an information system to support reporting of CBS alerts, called *Sistem Informasi Terpadu Surveilans Berbasis Masyarakat* (SatuSBM), allowing timely data analyses for decision making. The SatuSBM system is planned to be used for an animal surveillance system under PMI's FMD operation. Both web and mobile applications of SatuSBM were completed to develop and are ready to be utilized for FMD operation. PMI has seen the operation as a valuable opportunity to address field testing SatuSBM directly for outbreak response. Community case definitions for FMD have been consulted with the Ministry of Agriculture (MoA) to ensure the alignment of CBS with the existing animal health surveillance system in Indonesia (SIKHNAS). As part of their current response to FMD in these target provinces, PMI branches are coordinating closely with FMD response taskforces at the sub-national level on activities such as risk communication and community engagement (RCCE); bio-security disinfecting at farms, slaughterhouses, and markets, and carcass burial management.

For epidemic control under the CP3 program, PMI Community volunteers are trained to detect and report the signs and symptoms of diseases, using a set of simple and identifiable lists of signs and symptoms (not to be confused with clinical symptoms for diagnostics) for FMD case at the community. CBS can be activated to allow early detection at the grass-root level, providing more time for early actions to prevent the further spread of the disease among the cattle in the area. PMI Community volunteers that are trained to effectively deliver information to their community members are also delivering information including:

- FMD Risk Prevention at pens, slaughterhouses, and markets.
- Safe processing of meat and other products for human consumption.

Public

Public

- Carcass burial.

In addition, PMI branches at CP3 targeted areas have contributed to supporting the government to reduce the risk of mechanical spreading by disinfectant activities as follows:

- Providing disinfection activities to support livestock biosecurity in cattle pens  
Indirect/mechanical risk from farmers occurs when a farmer attending one sick animal gets contaminated by the virus on their body surface and then contaminates (via direct contact) and infect other healthy animals. The virus can also attach to the equipment and vehicles used during the activity. These risks can be reduced by providing disinfectant activities such as disinfectant for boot washing (dipping) and body (clothing) spraying (need to use safe disinfectant for the human body) or use of personal protective equipment when it is available
- Providing and conducting disinfection activities at cattle markets and slaughterhouses  
The mechanical risk of spreading the disease through humans, equipment, and vehicles that are used for activity at the markets can be reduced by providing disinfection activities at the cattle markets. For humans, boot washing facilities (dipping) and cloth spraying facilities are recommended. The activity can be conducted pre-, during, and post-activity in the market. Further, decontamination of the market areas after the market activities is also part of the initial role of PMI in the field.

Importantly under CP3 support, PMI NHQ has initiated the process by conducting a national webinar for PMI branches/chapters and general audiences about FMD prevention and control, and how PMI can be involved at the sub-national level.

#### **Overview of Red Cross Red Crescent Movement actions in-country**

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

IFRC team is monitoring the current situation with the disaster and other public health risks, including the transmission rates of COVID-19 in the affected area. Further, the health team is monitoring national epidemiological data, health indicators, and disaster and disease patterns for analysis and early detection of public health concerns, disease outbreaks, or epidemics, to facilitate the identification of necessary readiness and response actions to be taken through the Emergency Plan of Action (EPoA).

#### **Overview of other actors' actions in-country**

An official from the Coordinating Ministry for Economic Affairs has formed foot-and-mouth disease (FMD) task forces as the disease has spread to several regions in Indonesia. FMD could potentially affect the national economy as restrictions that might be enforced against cattle exported from Indonesia could create a domino effect on other economic sectors. Besides setting up an FMD task force, the authority has also set aside a portion of the National Economic Recovery (PEN) fund for FMD handling. In addition, on 30 June 2022, the Ministry of Agriculture led the technical operation of FMD in the country and launched a national campaign for massive disinfection spraying targeting cattle pens, slaughterhouses, and animal markets.

To celebrate Eid al-Adha festive, the Indonesian Ulema Council (MUI) has allowed cattle infected with foot-and-mouth disease (FMD) and exhibiting mild symptoms to be used for the Islamic ritual Qurbani (animal sacrifice) during Eid al-Adha. The approval was set with the issuance of MUI Fatwa Number 32 of 2022 concerning the regulation and guidelines for the implementation of Qurbani worship during the FMD outbreak.

To control the virus transmission broadly at province and district levels, the authorities have imposed restrictions on cattle distribution, working with the food task force and with other stakeholders, such as transportation to postmasters, as well as closing animal markets in areas where the virus is rampant. Measures taken to control the disease include establishing a post, dispatching task forces in each district and city, opening crisis centers, and conducting coordination meetings. In addition, the government is also distributing antipyretic drugs, analgesics, vitamins, and other medications in stages. In Addition, the government has rolled out FMD vaccination for cattle, starting in East Java.

## Needs analysis, targeting, scenario planning, and risk assessment

### Needs analysis

The cattle markets in Indonesia are in turmoil because of the rapidly spreading Foot and Mouth Disease (FMD) outbreak. Indonesia is now in the most dangerous phase of the FMD outbreak which is the phase between the emergence of the disease across the country; where cattle herds have zero immunity, and the delivery time of vaccines for preventing the infection and the spread out of the FMD to most of the cattle population is critical (cattle, cows, sheep, goats, buffalos, and pigs and Bali cattle). FMD vaccines are extremely effective in controlling the disease and preventing clinical signs so once the vaccines are administered to the bulk of the population, the animal production losses are minimal, and the strategy is then changed to eradication where the costs tend to be on the government side more than the industry. Currently, government operation for FMD outbreaks has experienced a shortage of vaccine production and distribution to support case management. The government defined the total vaccine needed for the operation as approximately 30 million doses while as of July 2022, the total vaccine available was only reached 30 per cent. The government has planned to complete all stock vaccines for distribution by March to April 2023.

During this period with rapidly spreading infection, many livestock unvaccinated, and vaccine availability currently low, the costs to the industry will be staggering. The value of animals is already plummeting as panic selling has set in. The movement of cattle has become heavily restricted with the various animal health agencies, the police, and even the army often operating on different sets of regulations creating confusion and disruption to the flow of animals to slaughter facilities. Cattle owners with healthy fat stock want to get them slaughtered before they become infected (and potentially worthless), but abattoirs are overwhelmed by the emergency slaughter of infected stock. Emergency slaughter will also be taking place on farms where animals are unable to be moved to abattoirs with these additional meat supplies being delivered to already oversupplied retail wet markets.

Referring to the results of the national coordination meeting led by the Kemenko PMK (Coordinating Ministry for Human Development and Cultural Affairs) and BNPB (National Agency for Disaster Management) on risk mitigation of FMD outbreak in Indonesia to economic sector in Indonesia mentioned the most deprivation of outbreak to small and medium livestock enterprises. A significant proportion of smallholders stand to lose on average 2 cows each which represents a significant reduction in their wealth as the cows are often as valuable as the farmers' houses. Large lot feeders are in a similar position but just on a much larger scale. Elsewhere in the world when unvaccinated animals are infected about 30% of the herd can be clinically affected with foot and mouth lesions. This generally means that they stop eating, have difficulty walking, and must lay down on their side to reduce the pain in their feet. 300kg feeders will have a fair chance of recovery but in the case of heavy animals, infection usually leads to recumbency, rapid weight loss, pressure sores, and secondary infections including pneumonia. As these large, heavy animals are reluctant to walk even a few feet to the water trough they are not able to be trucked to the abattoir. The only chance for a quick resolution of this FMD outbreak is the rapid application of appropriate vaccines, while it appears that the government is still having challenges with vaccine importation and distribution. While the government, is working through the process to fulfil vaccine needs, it is estimated that it will take three to six months and possibly more. With this delayed timeline to secure vaccinations, the disease is likely to unleash a national animal health catastrophe and cause huge economic loss currently estimated at IDR 9.9 trillion/USD 6.6 billion per year<sup>2</sup>.

Studies from other countries in Asia, such as Laos and Mongolia, demonstrate that FMD outbreaks can cause substantial financial impacts at the village level that are dependent upon morbidity and mortality rates, numbers of FMD-affected households, and the treatment regimens and control measures adopted.<sup>3</sup> Generally, there are greater impacts for livestock holders where livestock have to be culled or quarantined.<sup>4</sup> In an immediate sense, FMD leads to a reduction in the sale of animals and animal products that were planned to be sold and would have been sold if the outbreak had not occurred, which results in a reduction in household income.<sup>5</sup> This leads affected households to often experience an increased reliance upon markets to supplement food needs because affected households have lost the use of livestock to meet household food needs.<sup>6</sup> Studies also show that in terms of food security, household food access and availability have been reduced in both affected and quarantined herders and their families and that borrowing money is a common

<sup>2</sup> Indonesian Ministry of Coordination, Human Development and Cultural Affairs, 'Penyakit Mulut dan Kuku', National Coordination meeting 30 June 2022.

<sup>3</sup> S. Nampanya, S. Khounsy, R. Abila, J.R. Young, R.D. Bushand P.A. Windsor, 'Financial Impacts of Foot-and-Mouth Disease at Village and National Levels in Lao PDR', *Transboundary and Emerging Diseases* (2016): 4.

<sup>4</sup> G Limon, G. Ulziibat, B. Sandag, S. Dorj, D. Purevtseren, B. Khishgee, G Basan, T. Bandi, S Ruuragch, M Bruce, J. Rushton, P. M. Beard and N. A. Lyons, 'Socio-economic impact of Foot-and-Mouth Disease outbreaks and control measures: An analysis of Mongolian outbreaks in 2017', *Transboundary Emerging Diseases*, 67 (2020): 2023

<sup>5</sup> *Ibid.*, 2024.

<sup>6</sup> *Ibid.*, 2044

coping strategy amongst affected households, representing a shift from livestock to use of credit to cover expenses such as buying food, covering medical expenses, and paying bills. The impact of FMD on livestock holders is therefore dependent upon the diversity of their livelihood strategies. Households predominantly dependent on livestock as their livelihood strategy will experience greater impacts.<sup>7</sup> Other social impacts may include mental health issues, changes in gender roles, and reduced family welfare due to lost income and assets.<sup>8</sup> There is therefore a need to implement financial support to households to prevent the further loss of livestock and the implementation of negative coping strategies such as selling livestock at a reduced price and taking on debt to cover income losses.

Further, as a result of FMD not being present in the country for about 40 years, there is little knowledge in the public domain regarding the appropriate management of the disease and the safety of the meat from infected animals. The science is clear, infected animals do not pose a risk to human health but unfortunately, many people have already expressed their opposition to eating the meat following the spread of ill-informed rumors on social media of humans contracting the disease from beef consumption. It means that raising awareness of FMD control and prevention should be addressed as a priority for a national response. Cattle movement and trade in cattle products with poor biosecurity are the greatest risk factor in the transboundary spread of FMD in-country involving complex and rapidly changing market chains linking producers to consumers. A deep understanding of these market chains is essential to understanding the movements and pathways of FMD spread. In addition to the risk of the FMD virus, humans can play a role in the emergence of infectious diseases in animal populations. Poor biosecurity could lead to disease outbreaks in animal populations. As part of case management of FMD, there is a need to ensure effective risk communication and community engagement to rapidly disseminate clear messaging regarding the prevention and transmission of FMD and to address rumors about the risk of disease transmission to minimize unnecessary selling or culling of cattle that can still be treated and still sold for meat.

### Targeting

PMI will continue responding to the outbreak and focusing its response on East Java, West Nusa Tenggara, Aceh, and North Sumatera provinces. According to Ministry of Agricultural data, all provinces mentioned earlier are regarded as top-six provinces with total FMD cases reported. While the other two provinces (West Java and Central Java) are covered by the ongoing Community Epidemic and Pandemic Preparedness (CP3) program.

PMI will continue providing disease prevention and promotion sessions to farmers in targeted areas, including sensitizing communities regarding government-related services on FMD response, conducting cattle shed visits, monitoring and disinfection, establishing community-based surveillance teams, providing training to the surveillance team, and also mobilization and establishment of reporting mechanisms for any suspect FMD cases identified. PMI intends to reach up to 10 per cent of livestock farmers who have not been able to access vaccination services for their cattle with RCCE including FMD prevention measures. The targeted areas are different from existing CP3 targeted areas and there are no cross-cutting areas for the operation. All four targeted provinces have existing experiences in the community-based program (CBHFA), short orientation for ECV-CBS with FMD priority disease will be rolled out with simplified training packages for outbreak response. Along with the campaign and surveillance activity, PMI aims to reach up to 1000 vulnerable small farmers in the most affected villages within 2 provinces. PMI will provide an unconditional livelihood cash grant for selected households which can be used for preventative measures such as buying vitamins or food supplements for their cattle (concentrate feed, etc) and to support them to take other positive coping mechanisms in responding to this crisis. PMI uses the following criteria for prioritizing the selection of beneficiaries:

#### A. Specific criteria

- Households that rely heavily on cattle, both for their main source of income and savings.
- Has three cattle or less per household<sup>9</sup>.
- Living within the classified "Red Area".

#### B. Common vulnerability criteria

- Households with pregnant or lactating women.
- Female-headed households.
- A household that cares for a person with a disability and/or an elderly family member.
- A household that has children under the age of 13 years old.

<sup>7</sup> *Ibid.*, 2044-2047.

<sup>8</sup> Napanya et al. *Financial Impacts of Foot-and-Mouth Disease at Village and National Levels in Lao PDR*, 4.

<sup>9</sup> Based from official provincials minimum wage, farmers with 4 or more cattle would generate sufficient income to cover for their monthly needs. However, farmers with 3 or less cattle (without any secondary source of income) are more likely suffers and could not cope with the situation.

**Estimated disaggregated data for the population targeted**

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	15	46%	54%
Children (5-17yrs)	22	45%	55%
Adults (18-49 yrs)	49	48%	52%
Elderly (>50 yrs)	9	44%	56%
People with disabilities	5	40%	60%

**Scenario planning**

Scenario	Humanitarian consequence	Potential Response
The outbreak situation worsens and becomes out of control	<ul style="list-style-type: none"> <li>Smallholder farmers are likely to lose their livestock and source of income.</li> <li>Availability of food stock especially meat and dairy products will reduce significantly.</li> <li>Secondary impacts from poor management of deceased cattle may lead to other diseases.</li> </ul>	<ul style="list-style-type: none"> <li>Scale up the operation under a revised DREF or Emergency Appeal, including an increase in funding.</li> <li>Link the operation to other ongoing programs (CP3) to address the needs and escalated the situation.</li> </ul>
COVID-19 outbreak in the affected areas	<ul style="list-style-type: none"> <li>Inability to implement activities due to staff and volunteers contracting COVID-19.</li> <li>Challenges with activity implementation because of social restrictions are prohibiting mass-gathering and mobilization.</li> </ul>	<ul style="list-style-type: none"> <li>Activities such as health promotion and sensitization</li> <li>Ensure coordination with government agencies and affected communities.</li> <li>Ensure PMI staff are trained in COVID-19 safe protocols.</li> </ul>
Increase tension within the community due to CVA provision	<ul style="list-style-type: none"> <li>The implementation activities halted or stopped and PMI personnel's security was in question.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure CEA strategies such as feedback, suggestions, and report mechanisms are in place to maintain two-way communication with beneficiaries, community, and authority.</li> </ul>

**Operation Risk Assessment**

A few operational risks are identified in the scenario planning section that may occur and hamper the operation including the following:

Risk	Likelihood	Impact	Mitigating Steps
An increase in the number of vaccine-preventable diseases, including COVID-19, is reported in affected areas.	High	Medium	<ul style="list-style-type: none"> <li>Expansion of activities planned under the health component to accommodate increased needs in this sector.</li> <li>Support Department for Health mass vaccination campaigns, including COVID-19, through social mobilization of volunteers.</li> <li>PMI will ensure volunteers are briefed on COVID-19 safe protocols and will provide insurance for volunteers.</li> </ul>
Limited transport and supply chain restrictions adversely affect local market capacity.	Medium	High	<ul style="list-style-type: none"> <li>Support PMI to analyze, map, and plan for logistical challenges including risk assessment for challenging locations (risks/access).</li> <li>A regular meeting with APRO Global Humanitarian Services &amp; Supply Chain Management *GHS&amp;SCM) for alternative supply chain options, depending on changing environment.</li> </ul>
Access restriction.	Medium	High	<ul style="list-style-type: none"> <li>Keep donors and the stakeholders informed on the challenges and potential operational delays.</li> </ul>

Increase in prices and inflation.	Medium	High	<ul style="list-style-type: none"> <li>PMI to maintain involvement with national technical coordination forums to keep abreast of mapping, market assessment, and adjustment to response plan.</li> <li>Regularly, review budgets to ensure that savings from cost fluctuations can be reallocated to other activities.</li> </ul>
Reputation damage of PMI may be incurred through misinformation or other means.	Medium	High	<ul style="list-style-type: none"> <li>PMI activity planning to involve greater collaboration with communities.</li> <li>PMI to monitor community perceptions of its operation and address any issues accordingly.</li> <li>PMI remains vigilant for any activity, including communication, that may breach operational protocols.</li> <li>Ensure all volunteers and staff understand Red Cross principles, values, and guidelines and operationalize them through their activities.</li> </ul>
Increase in insecurity, clashes, and violence that affect staff and volunteer safety (IFRC and PMI).	Medium	High	<ul style="list-style-type: none"> <li>IFRC to maintain compliance with current security guidelines.</li> <li>IFRC security guidelines/advisory updated for minimal movement and are shared with PNSs &amp; PMI.</li> <li>Maintain tripartite (IFRC, PMI, and ICRC) security cell meetings.</li> </ul>
Changes in government strategy of the response may postpone the operation or even stop the intervention	Medium	Low	<ul style="list-style-type: none"> <li>PMI to coordinate and communicate regularly at the National FMD Response forum to get updated information, situation, and trend.</li> <li>PMI and IFRC to coordinate and communicate for any changes in response strategy and approach so it can be incorporated in Operation Update.</li> </ul>

## B. Operational strategy

### Overall operational objective

FMD control in Indonesia is unlikely to be achievable without solid strategies, policy, and commitment to partners for collaboration. Challenges facing the operation include unregulated susceptible animal movements; difficulties with vaccine application and its efficacy; a low capacity of government field personnel due to insufficient resource support and number; insufficient biosecurity practices; low levels of local engagement of smallholders in disease control and lack of emergency disease response capacity; as well as difficulties in coordination at national control operation.

The overarching operational objective is to support the government's rapid response to control FMD in its early stage to minimize and slow its spread and improve technical capabilities in the field as well as improve the implementation of disease control tools, including vaccines, surveillance, biosecurity, compliance with movement restriction and public awareness, particularly among small scale livestock holders. However, FMD control and its eradication will be difficult to achieve in the short to medium term as each province has different resource allocation and priorities, and response capacities, it is therefore important to simultaneously respond to the humanitarian implications of livestock loss, particularly for small-scale livestock holders. -.

Based on the analysis of the current needs and the action from the animal health authorities and PMI branches, PMI with support from IFRC will deliver the most needed services to the affected population in 8 districts in four provinces. PMI will ensure that the operation meets the immediate needs of the most vulnerable people by implementing the activities below:

1. Awareness campaign by PMI staff/volunteers:
  - a. Distribution of IEC material. PMI personnel will distribute IEC material on FMD prevention and control to the vulnerable communities as well as government service intervention in targeted areas
  - b. Volunteer mobilization to deliver FMD awareness as well as government service intervention by targeting cattle community groups, affected communities at cattle markets, etc
2. Volunteer mobilization to support biosecurity actions  
PMI branches at operation targeted areas will contribute to supporting the government to reduce the risk of mechanical spreading by disinfectant activities at cattle pens; cattle markets and slaughterhouses.

3. Scaling up epidemic control for FMD and activating community-based surveillance. PMI will extend modalities of its CBS (community-based surveillance) information system (SatuSBM) which has been developed under the CP3 program to be tested for FMD outbreaks in targeted areas. The web and mobile applications of SatuSBM are completed to develop in July 2022 and are ready to be utilized for the outbreak operation. The data manager to monitor the CBS dashboard during the operation will be assigned at the national and sub-national levels to ensure the accuracy and validity of data. PMI has worked closely with the Ministry of Agriculture (MoA) to define community case definition for FMD to ensure alignment of CBS with the existing animal health surveillance system in Indonesia (ISIKHNAS).

4. Provide cash and voucher assistance to protect the most vulnerable group of people in the affected area.

## **Operational Support Services**

### **Human resources**

PMI District will lead the operation in the field, while PMI Province will oversee the management and monitor the operation. Technical oversight will be provided by PMI NHQ with the support from IFRC CCD's DRM and Health units, while the CEA/PGI focal point will assist with the integration of protection, gender and inclusion, and community engagement and accountability into the operation. PMI has a well-established community feedback mechanism which will be adjusted to support this operation with the support of IFRC's CEA specialist. PMI NHQ and IFRC will also provide support in coordination with health-related stakeholders. The direct visit of IFRC staff to the operation will be conducted by considering the pandemic situation and PPKM policy in Indonesia. IFRC DRM specialist will support the overall management, reporting, and financial control of the operation.

### **Logistics and supply chain**

Logistics activities aim to effectively manage the supply chain, including, procurement, fleet, storage, and transport to distribution sites under the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures. PMI Branch will work directly with PMI Province and PMI NHQ for the transport of vehicles, equipment, or goods to the locations to enable them to implement the operation. The cash distribution will be conducted by a third-party financial service provider to ensure accountability and minimize programmatic risk. PMI has signed a Framework Agreement with Indonesia Postal Service as Financial Service Provider from 2022-2024. IFRC supported PMI to develop the Framework Agreement and also reviewed all processes to ensure accountability and alignment with the IFRC procurement policy and regulation. This operation will ensure that all activities will follow IFRC procurement policy and regulation.

### **Communications**

Communication will focus on the engagement of communities. Key messages and relevant documentation for media will be updated on a need basis, including updates regarding the humanitarian activity on the field, reallocation updates, programmatic updates especially relevant outreach activities by Red Cross personnel (e.g., awareness campaigns, volunteer mobilization, community-based surveillance intervention as well as cash and voucher assistance) towards the local populations through social media, radio, etc., in close collaboration with the PMI CEA and Communication team and supported by the IFRC.

### **Security**

Adequate measures will be taken to ensure the safety and security of all RCRC personnel involved in this operation. The National Society's security framework will apply throughout the operation to their staff and volunteers. The National Society will brief its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses. IFRC international staff will monitor progress both remotely and, in the field, dependent on the evolving situation with COVID-19. For personnel under IFRC security's responsibility, including surge support and integrated PNS deployed to the area, the existing IFRC country security plan, including security regulations, contingency plans for medical emergencies, relocation, and critical incident management will be applicable. Any field missions undertaken by IFRC personnel will be undertaken following the current IFRC travel approval process, current health advisories, and business continuity planning (BCP) guidance regarding COVID-19. The IFRC CCD Jakarta security focal point will work closely with the PMI NHQ and provincial branch to provide advice as required. The operation will follow the existing security regulations of the IFRC.

### **Planning, monitoring, evaluation, and reporting (PMER)**

The Plan of Action will be guided and monitored by PMI Provincial chapter with support from PMI NHQ and the IFRC Operation Manager in Jakarta. The current update on the event has been posted on the IFRC GO Platform at <https://go.ifrc.org/reports/15921>.

Public

Public

Reporting on the emergency plan of action will be carried out according to IFRC standards. Due to COVID-19, monitoring visits to the affected communities will be done by PMI aligned with the social and physical distancing measures for COVID-19. In addition, monitoring can also be done through phone interviews and or offline/online questionnaires with beneficiaries, volunteers, and others participating in the response to assess progress at regular intervals. In addition to that, a lesson learning workshop will be carried out by the end of the operation that will emphasize the cash intervention and overall response operation.

**Administration and finance**

The IFRC will provide the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Society on procedures for justification of expenditures, including the review and validation of invoices. The IFRC finance focal point in Jakarta will provide oversight.

## C. Detailed Operational Plan



### Livelihoods and basic needs

**People targeted:** 1000 household (or approximately 4000 people)

Male: 2,080

Female: 1,920

**Requirements (CHF): 130,324**

### Needs analysis:

FMD has a significant economic impact due to its high morbidity (up to 100 per cent) in susceptible animal populations. It has significant implications for small-scale household-based cattle farmers that own dairy cows and/or beef cattle due to the potential for daily income or saving losses. Some farmers are already suffering due to the loss of their animals as well as reduced daily income from milk due to the illness of their dairy cows. Another burden also comes from the additional expense to buy the increased need dwindling market stock of vitamins and feed supplements to strengthen cattle immunity as well as to buy medicines; which are currently limited in stock, to treat their livestock. The limited stock of vaccines in the country has led to a decision by the government that vaccines will only be provided to healthy dairy cows and not for beef cattle and also not for small livestock animal such as goats and sheep which also susceptible to FMD. To treat the infected, these small farmers also need to build isolation cattle/animal sheds to prevent the infection from spreading as well as to disinfect those sheds. While the government has already distributed the disinfectant liquid and the local authorities; provincial and district levels, most likely additional disinfectant liquid; since it needs to be used and applies several times per day, and disinfectant applicator equipment such as sprayer will need to be bought individually. The Government of Indonesia, through the Department of Agriculture, is preparing a compensation scheme to support cattle farmers affected by FMD, especially small and medium farmers. The scheme will provide IDR 10,000,000 for each force slaughtered cattle. The criteria for the selection of the farmer are not yet published.

PMI is still conducting a further needs assessment to determine the needs, gaps, and market capacity in different target areas to fine-tune the intervention. Based on the initial assessment and secondary data review analysis, the transfer value set for this intervention is IDR 1,500,000, (equivalent to CHF 100) this is based on the calculation of supplement concentrate feed that covers 70 percent of the needs for three dairy cows or beef cattle. The CVA intervention aims to strengthen the condition of healthy cattle or to improve the stamina of the infected for a speedy recovery. This assistance aims to enable access to supplement concentrate feed for the small trader who otherwise must borrow money to buy it. This amount also can be used to support small farmers for daily needs due to the loss of income caused by the death of their livestock, especially dairy cows.

### Risk analysis:

Support will be delivered through a cash transfer modality to complement the government support; such as the provision of vaccination and medication, to the affected cattle owned by vulnerable households in affected villages. Market activity for cattle supplement feed, medication, and vitamins is currently predicted to remain normal. The possible increased price of the items can be managed by persuading the community to buy the needed items in bulk and the bigger store. Community engagement is vital to determine the most vulnerable families to be supported and to ensure beneficiary criteria are well communicated and accepted by the broader community members.

**Population to be assisted:**

1,000 households (approx. 4,000 individuals) in selected affected villages within four districts of two provinces to be reached with unconditional livelihood assistance for one-time disbursement. The transfer value for one instalment will be IDR 1,500,000 or CHF100 sufficient to cover 70 per cent of the need to buy concentrate feed for the cattle.

**Programme standards/benchmarks:**

This operation will seek to meet IFRC minimum standards for livelihood activities and, Livestock Emergency Guideline and Standard and Sphere standards to bring a positive impact on immediate needs and predictable

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods	# People supported with in-kind assets or cash or voucher for starting/strengthening economic activities (target: 1,000 households)																								
		Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP081	Livelihood orientation for volunteers	x	x	x																						
AP081	Assessment (Needs, beneficiaries, and programmatic including beneficiary list finalization)		x	x	x	x																				
AP081	Setup reporting and monitoring mechanism					x	x	x																		
AP081	Coordination and communication at the community level and Financial Service Provider								x	x	x															
AP081	Cash assistance distribution support to affected smallholder farmer household											x	x	x	x											
AP081	Monitoring and evaluation (including post-distribution monitoring)															x	x	x								



## Health

**People targeted:** 4,000 Household (approx. 16,000 beneficiaries)

Male: 9,600

Female: 6,400

**Requirements (CHF): 116,672**

### Needs analysis:

FMD disease is not transmitted to humans and is not a zoonotic disease so the current government's focus is to prevent FMD from spreading between susceptible animals and prevent humans from becoming intermediaries or spreaders of FMD.

FMD is a highly contagious disease affecting cloven-hoof animals (those with a split toe, including cattle, sheep, goats, alpacas, llamas, camels, pigs, and deer – horses are not affected). Continued rapid response to control FMD in its early stages to minimize and slow the spread is vital, particularly to improve technical capabilities in the field and improve the implementation of disease control tools, including vaccines, surveillance, biosecurity, and compliance with movement restriction and public awareness.

Increasing understanding of FMD especially since it is not a food safety or public health concern, where meat, milk, and dairy products are safe to consume, is one of the priority key messages which need to be addressed during the operation. . As a result of FMD not being present in the country for years, there is little knowledge in the public domain regarding the appropriate management of the disease and the safety of the meat from infected animals. The science is clear, infected animals do not present a risk to human health but unfortunately, many people have already expressed their opposition to eating the meat following the spread of ill-informed rumors on social media of humans contracting the disease from beef consumption. RCCE and effective health promotion will be vital to manage rumors, inaccurate information, and misperceptions as quickly as possible at the community level.

### Risk analysis:

Challenges facing the operation include unregulated animal movements; difficulties with vaccine application and its efficacy; a low-level field technical capacity on case management; insufficient biosecurity practices; low levels of local engagement of smallholders in disease control and lack of emergency disease response capacity; and difficulties in coordination of national control operation

FMD control and its eradication will be difficult to achieve in the short to medium term as each country have its national disease control and provinces may have different resource allocation and priorities, and response capacities from one area to another are different modernization of cattle production systems is slow. Further with the current situation, to work through the process of fulfilment of vaccine needs as the effective way to eliminate the virus will take 3 to 6 months or possibly more, the disease is about to unleash a national animal health catastrophe and cause huge economic loss due to the FMD outbreak.

**Population to be assisted:** the operation will target the most vulnerable population which includes livestock groups, communities of cattle markets, and cattle businesses on both small and medium scales.

**Programme standards/benchmarks:** All the operation actions refer to the standard of the World Organization of Animal Health (OIE)'s procedures, and the respective Ministry of Agriculture (MoA) as the leading sector of the FMD operation in Indonesia.

<b>P&amp;B Output Code</b>	<b>Health Outcome 1: The immediate risks to the health of affected populations are reduced</b>	# People reached by the operation																
	<b>Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b>	The context analysis and risk assessment are done according to an agreed guideline (target: Y/N).																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	In coordination with health and or agricultural authorities, undertake detailed assessments to identify community needs. The coordination includes engagement to national/subnational task force for FMD operation		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>P&amp;B Output Code</b>	<b>Health Outcome 4: Transmission of diseases of epidemic potential is reduced</b>	# Session on outbreak control activity; # People reached																
	<b>Health Output 4.1: Community-based disease control and health promotion is provided to the target population</b>	# Session on outbreak control activity; # personnel mobilized; # People reached																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Rollout Epidemic Control for Volunteer training targeting farmers in the high-prone area		x	x	x	x												
AP021	Conducting community awareness on FMD prevention and control		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP084	CEA activities to promote community-based disease control and health promotion (radio talk show, public service announcement and social media campaign)		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP084	Enable community feedback through call-in radio and social media		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>P&amp;B Output Code</b>	<b>Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing</b>	% of alerts from volunteers cross-checked and accurately matched community case definition																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	AP021	Assessment of the capacity of CBS for FMD in the community		x	x	x	x											
AP021	Conduct orientation for volunteers on community-based surveillance (CBS) for FMD		x	x	x	x	x	x										
AP021	Establish communication and engagement with communities related to case detection		x	x	x	x												
AP021	Determine community case definition		x	x														
AP021	Supervision and data collection/monitoring of CBS's FMD				x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>P&amp;B Output Code</b>	<b>Health Output 4.7: Control of endemic transmissible diseases during emergencies</b>	# Session of prevention/livestock biosecurity being conducted																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16







## Funding Requirements

International Federation of Red Cross and Red Crescent Societies

*all amounts in  
Swiss Francs  
(CHF)*

### DREF OPERATION

MDRID024 Indonesia: Foot and Mouth Disease  
Outbreak

10/7/2022

#### Budget by Resource

Budget Group	Budget
Medical & First Aid	29,600
Teaching Materials	34,400
Cash Disbursement	115,200
<b>Relief items, Construction, Supplies</b>	<b>179,200</b>
Transport & Vehicles Costs	12,200
<b>Logistics, Transport &amp; Storage</b>	<b>12,200</b>
National Society Staff	32,800
Volunteers	31,600
<b>Personnel</b>	<b>64,400</b>
Workshops & Training	45,796
<b>Workshops &amp; Training</b>	<b>45,796</b>
Travel	8,000
Information & Public Relations	19,200
Office Costs	18,450
Communications	1,950
Financial Charges	800
<b>General Expenditure</b>	<b>48,400</b>
DIRECT COSTS	349,997
INDIRECT COSTS	22,750
<b>TOTAL BUDGET</b>	<b>372,747</b>

## Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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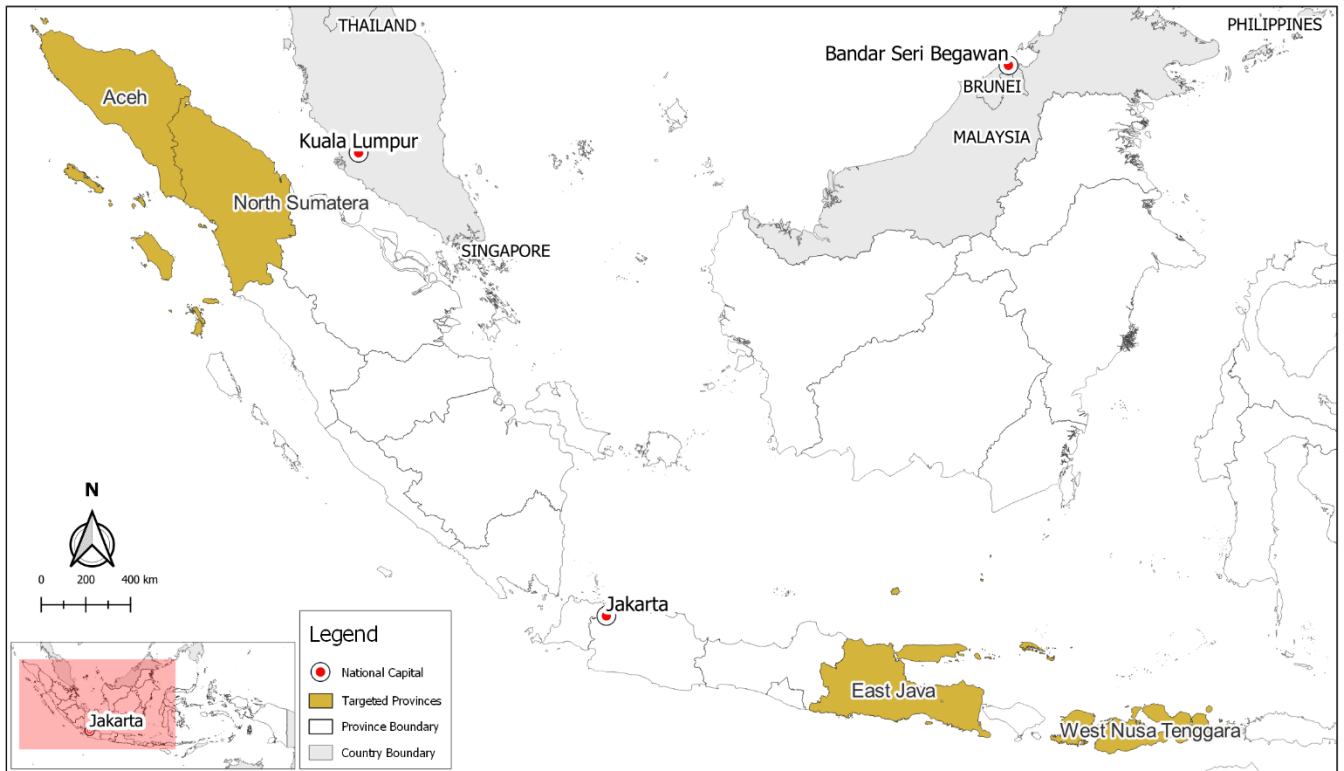
## How we work

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.



### Indonesia: Foot and Mouth Disease Outbreak Emergency Plan of Action (EPoA)

9 July 2022



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of territory or its authorities. Map data sources: OCHA, OSM Contributors, ICRG, IFRC.