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# Final Report

## Indonesia: West Kalimantan and Central Kalimantan Floods Operations

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation n° MDRID022;</b>
<b>Date of Issue:</b> 30 August 2022	<b>Glide number:</b> <a href="#">FL-2021-000173-IDN</a>
<b>Operation start date:</b> 13 November 2021	<b>Operation end date:</b> 31 May 2022
<b>Host National Society(ies):</b> Palang Merah Indonesia (PMI)	<b>Operation budget:</b> CHF 244,375
<b>Number of people affected:</b> 202,309	<b>Number of people assisted:</b> 116,024
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The Indonesian Red Cross (Palang Merah Indonesia or PMI) – has 34 provincial chapters and 474 district branches nationwide, with 24 branches in West Kalimantan and 14 branches in Central Kalimantan. In total, PMI has deployed 145 volunteers and staff in West Kalimantan Province and 150 volunteers and staffs in Central Kalimantan Province to the field. The IFRC Country Cluster Delegation (CCD) in Jakarta provided technical support to PMI in planning and implementing this DREF operation.	
<b>Other partner organizations actively involved in the operation:</b>	
<ul style="list-style-type: none"><li>Public Departments or Government Organizations: Indonesian Disaster Management Authority (Badan Penanggulangan Bencana Daerah (BPBD), Indonesian Search and Rescue Authority (BASARNAS), Regional Water Authority (Perusahaan Daerah Air Minum or PDAM), and Community Health Centre (Pusat Kesehatan Masyarakat or PUSKESMAS).</li><li>Non-governmental Organizations: Rumah Zakat, BAZNAZ, World Vision Indonesia, local youth organization and individual donors</li></ul>	

## A. SITUATION ANALYSIS

### Description of the disaster

The Indonesian Meteorological Service (*Badan Meteorologi, Geofisika dan Klimatologi* or *BMKG*) forecasted that heavy rainfall would occur in West Kalimantan and Central Kalimantan provinces from October to November 2021. Following heavy rainfall in October 2021, floods started inundating several districts in Kapuas Raya, Katingan, Kotawaringin, Palangkaraya, and Pulang Pisau in Central Kalimantan and in Sintang, Sanggau, Melawi, Kapuas Hulu, Ketapang and Sekadau districts in West Kalimantan. Although the floods occurred quickly, they also receded rapidly. As heavy rains kept on pouring in the two provinces, the situation escalated again causing inundation in more areas with the flood level ranging from 1–3 meters. Emergency responders and local government who were overwhelmed by the situation, started their emergency response efforts in West Kalimantan and Central Kalimantan affected areas by 6 November and 12 November, respectively. The event came at the beginning of a prolonged La Nina that Indonesia's meteorological agency indicated would significantly increase the risk of widespread flooding, especially in the Kalimantan area.

### Floods in West Kalimantan

Prolonged and heavy rainfall along with strong winds from October to early November 2021 caused Kapuas River, which flows through West Kalimantan to Central Kalimantan, to overflow. By the end of October, floods started to inundate areas in West Kalimantan province; several districts, including Sintang, Sanggau, Melawi, Kapuas Hulu, Ketapang and Sekadau. However, the floods receded quickly, and the situation went back to normal for several days. In early November, there was more heavy rainfall causing floods in five districts. The floods reached their peak on 6 November and the local authorities in five districts declared an emergency response phase in their area as the floods situation was beyond control. A summary of flood impacts in West Kalimantan is shown below.

Province	Districts	Impacts
West Kalimantan	Sekadau	<ul style="list-style-type: none"> <li>7,795 households (46,440 individuals) were reportedly affected in 20 villages</li> <li>The Flood level was reported to be between 0-45 cm</li> </ul>
	Melawi	<ul style="list-style-type: none"> <li>17,000 households or 69,987 individuals affected by the floods in 11 sub-district</li> <li>The flood level was recorded between 0-40 cm</li> </ul>
	Sanggau	<ul style="list-style-type: none"> <li>20,586 households or 26,184 people affected by the floods in 6 sub-districts</li> <li>The flood level was reported to be between 0-45 cm</li> </ul>
	Sintang	<ul style="list-style-type: none"> <li>35,677 households or 123,537 people affected by the flood in 12 sub-districts</li> <li>4 people passed away due to the flood</li> <li>Flood level was reported between 0-100 meter</li> </ul>
	Ketapang	<ul style="list-style-type: none"> <li>400 households or 1,508 people affected by the flood in 2 sub-districts</li> <li>The flood level reported between 100-150 cm</li> </ul>

Source: PMI West Kalimantan Situational Report

### Floods in Central Kalimantan

As in West Kalimantan, heavy rainfall also occurred in Central Kalimantan and causing Kapuas River to overflow; several districts were inundated, including Kapuas Raya, Katingan, Kotawaringin, Palangkaraya, and Pulang Pisau. Flooding caused the areas to be inundated from 10 November and further escalated on 12 November as flood levels reached 20-110 cm and communities started to evacuate themselves. Following the event, local authorities declared an emergency response phase in the area from 12 to 25 November. A summary of flood impacts in Central Kalimantan is shown below.

Province	Districts	Impacts
Central Kalimantan	Kapuas Raya	<ul style="list-style-type: none"> <li>2,678 households (8,112 individuals) were reportedly affected in 20 villages</li> <li>The Flood level was reported to be between 20-110 cm</li> </ul>
	Katingan	<ul style="list-style-type: none"> <li>16,184 household or 55,686 individuals affected by the floods in 62 villages</li> <li>158 household were displaced and receded in temporary evacuation center</li> </ul>
	Kotawaringin	<ul style="list-style-type: none"> <li>3,626 household or 11,272 individuals affected by the floods in 22 villages</li> <li>2,306 residential houses, 15 schools, 16 praying houses and health facilities were also badly affected</li> </ul>
	Palangkaraya	<ul style="list-style-type: none"> <li>8,858 household or 31,047 individuals affected by the flood in 21 villages</li> <li>Emergency response phase declared by local authorities started from 12 - 25 November 2021</li> <li>Flood level was reported between 0-200 cm</li> </ul>
	Pulang Pisau	<ul style="list-style-type: none"> <li>1,981 household or 7,881 individuals affected by the flood in 13 villages</li> <li>The flood level reported between 45-100 cm</li> </ul>

Source: PMI Central Kalimantan Situational Report

## Summary of response

### Overview of Host National Society

#### West Kalimantan response

As soon as the floods started to inundate the area, PMI districts and province established an emergency response unit to conduct an impact assessment and started to receive in-kind and food donations from various local donors. All food donations were distributed and processed through established PMI field kitchens and were then distributed door-to-door to the affected community. PMI branches coordinated with relevant stakeholders present in the field to ensure all

services were aligned with the response plan and to avoid any duplication. With support from PMI West Kalimantan provincial level, PMI mobilized 145 personnel to the affected areas in the emergency phase.



PMI West Kalimantan response to the flood. (Photo: PMI West Kalimantan)

In the emergency phase, PMI provided support and services such as evacuation, setting-up field kitchens, food and meal distribution, household items distribution, basic health services and psychosocial support (PSS) sessions that were provided in the evacuation area. Soon after the floods receded, PMI continued their activity by cleaning up post-flood debris and mud in the affected villages and providing clean water to the affected households. In total, there were 145 volunteers deployed to support the flood response on the field in the five affected districts.

By January 2022, PMI shifted their emergency response efforts from addressing immediate needs to raising awareness through a series of promotions sessions, finished evacuation activities and support at the evacuation centres and also concluded water trucking activities. PMI continued providing basic health services and PSS sessions and also distributed household items, such as family kits<sup>1</sup> and hygiene kits<sup>2</sup> as a top-up item, they also provided water tanks at communal spaces and established hand-washing stations.

To cope with the needs, PMI NHQ dispatched additional household items, including blankets, family kits, baby kits, hygiene kits and tarpaulins. In the emergency phase, PMI NHQ transferred an emergency operational fund of IDR 100 million (CHF 7,000) that was later reimbursed through DREF support.

### Central Kalimantan response

In Central Kalimantan, in the initial phase of the response, PMI deployed 31 personnel to support the operation. Deployed personnel were divided into teams to conduct impact assessments, search and rescue, evacuations, provide basic health services, and establish field kitchens and emergency shelters. In addition, PMI Central Kalimantan deployed two water trucks, operational vehicles and a truck (to support the transportation of relief items to affected areas), two ambulances and a field kitchen unit.

Most of the emergency efforts were focused on the needs at the evacuation centre and communities who were still living in their inundated houses. As the situation improved and communities started to return to their houses, PMI shifted their operation to address the needs in the affected villages. By January 2022, PMI continued providing basic health services by conducting PSS sessions and promotion activities distributing water tanks and establishing hand washing stations.

In addition, PMI NHQ dispatched 100 family kits, 1,000 hygiene kits, 500 cleaning kits, 100 kitchen kits and 250 baby kits from Serang regional warehouse. PMI's Head of Office and Head of the Disaster Management Unit went to visit the affected area in both provinces and coordinated with both PMI provinces in November.

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

<sup>1</sup> PMI Standard Family Kits consist of bath soap, washing soap, shampoo, toothpaste, toothbrush, towel, plastic plate and glass, eating utensil, candle, flip flops, and garbage bag

<sup>2</sup> PMI Hygiene Kits consist of detergent, facemasks, gloves, body soap, carbolic acid, sheets, shampoo, toothpaste, toothbrush, sanitary pad, towels and container box

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

In-country partner National Societies present include American Red Cross, Japanese Red Cross Society, and Turkish Red Crescent. Besides partner National Societies, the ICRC is also present in the country. The CCD is also set to provide financial support to enable the mobilization of personnel and supplies by PMI.

### **Overview of non-RCRC actors in country**

In both affected provinces, PMI branches worked closely with the Indonesian Disaster Management Authority (*Badan Nasional Penanggulangan Bencana* or *BNPB*) and the Regional Disaster Management Authority (*Badan Penganggulangan Bencana Daerah* or *BPBD*). The Indonesian Search and Rescue Agency (*Badan SAR Nasional* or *BASARNAS*) led the search and rescue efforts in the affected area. The Ministry of Public Works and Housing (*Kementerian Pekerjaan Umum dan Perumahan Rakyat* or *PUPR*) with the support from the Indonesian National Armed Forces (*Tentara Nasional Indonesia* or *TNI*) personnel deployed heavy equipment to clean and remove flood debris and mud. In addition, the Ministry of Social Affairs (*MOSA*) provided trauma healing sessions at the evacuation centre.

PMI also worked in close coordination with the District Health Office (*DHO*) to obtain updated information on the immediate medical needs of injured people. As PMI mobilized their trained volunteers to provide health services to the affected community, the *DHO* supplied medicine and health equipment to PMI health team. As the situation improved and access to the affected areas was regained, PMI concluded their water trucking activities but provided water tanks to the affected area so it can be linked with the water pipeline constructed by the National Water Company.

Besides government organizations, there were 45 non-government organizations (*NGOs*) including companies, non-profit organizations and individuals who were present and provided support to the affected communities in West Kalimantan and Central Kalimantan. Support provided included in-kind items, tarpaulins, blankets, hygiene items, clothing material, medicine, donations, and food items. Most of the organizations, however, did not continue their support after they finished their distributions or continue their support after the emergency period was over.

### **Needs analysis and scenario planning**

Based on PMI's initial needs assessments the primary needs identified were food supplies or ready meal packages; household items such as blankets, baby kits, and blankets; clean water, hygiene kits, medicines and evacuation. Due to the high inundation in the affected area, primary access, such as main roads and limited availability of public transport, to enter and exit the areas were blocked. During the flood, boats were the only means of transportation available and operational. However, not all families owned a boat, so they had very limited mobility or access to support or aid in the area. In addition, the flood also disrupted livelihoods such as farming and trading in local markets. For two weeks, the affected community has lost their access to the market, which eventually affected their income stability during the ongoing floods

During the emergency period, PMI categorized the affected people into two main groups: the affected people displaced in the evacuation centres and, second, those affected people who decided to stay in their houses. PMI identified that in the evacuation centres, most of the basic needs such as food, water, sanitation, and clothing materials were largely being managed and covered by *BPBD* in each district, other organizations, and in-kind donations from the public. To avoid any duplication and overlapping intervention, PMI provided support at the evacuation centres that were not already covered by any organization.

During the floods, most of the population affected, whose houses had been inundated, faced difficulties to get basic supplies for food and medical care, while people who worked in informal sectors temporarily stopped working and lost their income. In addition, the affected communities could not go to the market without the support of boats. The initial phase of the response focused on saving lives and meeting the most urgent needs (including the provision of food supplies and relief items) and continued assessments conducted to address evolving needs in the field.

After the flood waters receded, access to the affected areas was regained. Therefore, households who had been staying at evacuation centres started to return to their houses to clean their belongings and with this their needs evolved. *PUPR* with the support of the Indonesian Military and Police service continued cleaning post-flood debris using heavy equipment. Besides cleaning post-flood debris, *PUPR* also started to rehabilitate damaged bridges, schools and infrastructure in the area. However, there were still gaps, identified households required cleaning equipment and support from volunteers to clean their houses.

During this period, PMI also conducted secondary needs assessment post-flood in January, which led to the identification of additional needs in terms of household items in the communities. In addition, PMI received reports of injuries, infections, and risk of water-borne diseases such as malaria and dengue, typhoid and upper respiratory

infection. Several community health centres were temporarily disabled due to the floods. In several cases, hospital and or community health centres were fully operating. However, the facilities were surrounded by flood therefore ambulances could not reach the facilities. Despite the limited access, the local authorities mobilized mobile clinics and ambulance services for referral but given the dispersed nature of affected households there were gaps in terms of personnel in the mobile health teams at the evacuation centres, and children and adults could not continue their daily routine and life such as going to school or work.

In the WASH sector, the flood disrupted water supply and contaminated water resources in the affected areas. Without sufficient and clean water, affected communities were exposed to hygiene and health risks. At the evacuation centre, PDAM ensured clean water was distributed on daily basis to address the needs. As most of the evacuation centres took place at schools or government official buildings or mosques, latrines and other hygiene facilities were available. However, the facilities were not designed for mass sheltering purposes. In addition, access was limited to the affected areas and water trucks could not reach the most affected areas.

### **Risk Analysis**

Some operational risks identified that could hamper the operation include:

- Reoccurring floods in West Kalimantan especially Melawi and Sintang district and also in Central Kalimantan especially in Katingan district, hampered the implementation activities and escalated needs in the area.
- Kapuas River is considered one of the biggest rivers that flow across provinces in Kalimantan. Several districts or villages located near the river are considered disaster-prone areas vulnerable to landslides, floods and flash floods. In 2020, Melawi district received DREF support for Floods response. This indicates that floods or flash floods are frequent in the area. In addition to the climate change effect, environmental degradation around the river may cause severe impact in near future.
- Based on PMI's report, to reach affected communities, relief items needed to be transported to the affected area by passing through several unaffected villages. There was a risk that some of these unaffected communities may try to take advantage by denying or limiting access to affected areas without some form of financial reparation. PMI worked closely with local governments to try and reduce this risk to allow free access to affected communities. No security or access concern was reported.
- This operation was the first DREF operation managed by PMI Central Kalimantan province. From the initial phase until the evaluation phase, PMI Central Kalimantan was always in close coordination with PMI West Kalimantan who had experience managing a DREF operation in 2020. With the support from PMI NHQ, experienced and trained staff from neighbouring branches were deployed to support PMI Central Kalimantan in managing the operation.
- Due to COVID - 19, PMI NHQ and IFRC staff movement were limited, making close monitoring and technical support to the operation done through remote support. PMI NHQ planned to deploy more trained and experienced volunteers to support both of the provinces. However, due to increased COVID-19 cases in January, mobilizations were limited. Therefore, technical support was provided remotely.
- Other disasters struck Indonesia, such as the earthquake that happened in Pasaman, West Sumatra in February 2022. As auxiliary to the government, PMI had to stretch their capacity to cope with the situation. From a programmatic perspective, PMI had to switch their priority from one operation to the other. PMI has recruited dedicated staff to ensure the operation implementation was delivered according to its plan.

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

This operation aimed to provide support to PMI branches in West Kalimantan and Central Kalimantan. In total, the DREF operation aimed to assist 16,775 people in West Kalimantan province and 10,400 people in Central Kalimantan province by meeting their immediate needs through the distribution of essential household items, supporting evacuation efforts, the provision of drinking water, first aid and PSS, as well as health and hygiene promotion at evacuation centres. Additionally, PMI expanded their target through several activities: continuing household items distribution (top up), providing water tanks to the community, supporting environmental cleaning activities, conducting PSS sessions, providing basic health services, dissemination of health and hygiene promotion material through face-to-face meetings and radio show targeting people in the affected villages. Assessment and coordination were conducted continuously to avoid any duplication and overlapping of services to the targeted population.


The initial phase of the operation was based on the short-term needs of the affected population, aligned with the government's response plan. PMI aimed to support shelter needs through the distribution of essential household items such as blankets and baby kits to 400 households (1,600 displaced people) in evacuation centres across ten affected districts. Besides providing support at the evacuation centre, PMI was also providing essential household items such as hygiene kits, baby kits (consisting of baby soap, baby shampoo, baby lotion, diapers, towel, blankets, eucalyptus oil, baby oil and container box) and cleaning kits (consisting of a broom stick, mop, dustpan, plastic bucket, hand gloves, hand brush, sack, door mat and floor cleaner) to 2,000 households or approximately 8,000 people. The ongoing COVID-19 emergency operation covered some of the needs of the activities including rapid antigen testing and replenishment of mobilized hygiene kits. This DREF provided 1,800 COVID-19 prevention kits to support the operation, with 1,500 kits distributed to the affected communities and 300 kits for mobilized personnel. In addition, more people were reached through health and hygiene promotion activities in the wider affected population.

Besides basic household items distribution, PMI continued to support evacuation efforts for the affected community. PMI provided basic health services and deployed mobile clinics to provide first aid and basic medical services at evacuation centres. This was to ensure health services were available to the affected community while supporting the local health capacity to cope with the needs. The community health centre provided the medical supplies whilst PMI provided additional trained and qualified human resources. PSS sessions were conducted at evacuation centres and targeted children and elderly people. Health awareness sessions were also conducted, whilst ensuring all the displaced community practised COVID-19 prevention measures. PMI also targeted affected people around the evacuation camp with PSS activity, health awareness sessions and promotion activities. To limit face-to-face or gathering activity, PMI used radio to conduct health awareness and promotion sessions. Health and hygiene promotion was implemented in a coordinated and integrated way, by conducting Community Engagement and Accountability (CEA) assessments to identify relevant community questions and concerns, and determine the most appropriate and trusted channels, sources and preferred formats of communication.

To ensure that the communities had access to water, the local government through its water-supply agency (PDAM) continued their water trucking activities to provide water at the evacuation centres. However, due to the limited access to the affected village, PMI complemented the water trucking activity by distributing bottled water and transporting it by boat to the community who remained in their inundated houses. At the evacuation centres, PMI distributed hygiene kits to ensure appropriate hygiene levels. The evacuation centres were mostly located in public buildings equipped with latrine facilities; therefore, PMI supported the district Disaster Management Agency (BPBD) in monitoring the existing latrines in evacuation sites, ensuring they are well functioning and have the materials needed to ensure good hygiene for the evacuees. Furthermore, as soon as the flood receded, PMI shifted their focus to address the needs in the affected villages by distributing cleaning kits to assist the affected communities in debris removal and cleaning their surroundings, distributing clean water to provided water tanks, and conducting hygiene promotion through face-to-face meeting and radio show. Lastly, PMI also distributed top-up hygiene kits to the most vulnerable affected community.

With support from IFRC, PMI adjusted the response to COVID-19 context and safety guidance. Following MoH's data on the pandemic situation in West Kalimantan and Central Kalimantan, it was identified that all affected districts were categorised as a low-risk zone. As required by MoH, all personnel mobilized to these areas should take health screening with at least rapid antigen and apply strict COVID-19 protocols.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Shelter</b>  <b>People reached: 6,958</b>  Male: 3,393  Female: 3,565</p>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with safe and adequate shelter and settlement assistance	1,400	6,958
# of household receiving essential household items	350	1,527
<b>Narrative description of achievements</b>		
<b>West Kalimantan response</b>		
At the evacuation centre, PMI continued addressing the needs by establishing a field kitchen to provide ready meal packages to the evacuated community. This DREF operation did not cover food material procurement as various donors donated a lot of food items and materials. All these donations were then cooked at the field kitchen provided by PMI and BPBD. PMI kept the field kitchens that operated in Sangau, Melawi and Sintang districts in operation for the		

whole of April. While the field kitchen in Sekadau operated for 12 days and the field kitchen in Ketapang was handled by BPBD and the Military field kitchen. By the end of the emergency phase, PMI had produced 7,004 meal packages (which did not include ready-to-eat packages) at the evacuation centre.

PMI also distributed household items to the evacuated community at the evacuation centre. The first phase of distribution took place from 6 November to 6 December 2021. Items distributed were family kits, baby kit, blankets, and tarpaulins. Due to the number of in-kind donations distributed at the evacuation centres, PMI postponed their distribution activities in early December. In addition, PMI also distributed food items and household items by boat to the community who remained in their houses. In total, PMI deployed 62 volunteers (male-39 and female-23) on daily basis to support the distribution process in the five affected districts.

As soon as the flood receded, PMI West Kalimantan shifted its activities to support the community to return to their houses. In the affected villages, PMI conducted post-flood needs assessments to determine the most vulnerable households in the area. In January 2022, PMI West Kalimantan started to receive top-up requests for basic household items. As there were only limited items remaining, a series of coordination meetings were conducted between PMI and local authorities and community leaders to avoid any misunderstanding and friction between the community. As the community has been informed, PMI continued the distribution activities as a top-up for the most vulnerable household in the area from 12 March to 18 April 2022. Items provided included family kits and baby kits with 30 (male-17 and female-13) volunteers supporting the distribution.

### Central Kalimantan response

As soon as the floods started in the area, PMI Central Kalimantan also deployed their assessment team in the five affected districts. As evacuation efforts started, PMI Central Kalimantan constructed one emergency tent in one of the evacuation centres in Pahndut sub-district in Palangkaraya city. The emergency tent was occupied by 40 people (female-25 and male-15).

In addition to the emergency tent, PMI Central Kalimantan also established field kitchens at the evacuation centres in Palangkaraya and Kotawaringin. PMI kept the field kitchen operational for 20 days in both districts while the other three districts were already covered by BPBD and other organizations. By the end of the operation, PMI in Central Kalimantan has produced 2,587 meal packages (which did not include ready-to-eat packages) at the evacuation centres. In addition to the meal packages, PMI Central Kalimantan also provided household items such as family kits, baby kits, blankets, tarpaulins and kitchen sets. Just like in West Kalimantan, PMI Central Kalimantan also transported the meal package and household items by boat to be distributed to communities who were isolated in their inundated houses. Distribution activities were carried out from 11 November to 12 December 2021, supported by 52 volunteers (male-33 and female-19) daily.

Based on the post-flood needs assessments and a series of coordination with the communities in the affected villages, PMI continued the household distribution by targeting the most vulnerable household. To avoid any friction between intended beneficiaries and other community members, PMI Central Kalimantan involved local authorities and community leaders to attend the distribution process. The items provided such as baby kits, family kits and cleaning kits were distributed from 18 March to 26 April 2022. Throughout the process, PMI deployed 30 volunteers (male-19 and female-11) daily in the five affected districts.

Items	West Kalimantan		Central Kalimantan		Total	
	Target	Actual	Target	Actual	Target	Actual
Blankets	500	1,338	-	10	500	1,348
Baby kit	100	368	100	175	200	543
Family kit	-	1,497	-	30	-	1,527
Kitchen sets	-	-	-	12	-	10
Cleaning kits	250	250	250	225	500	475
Tarpaulins	-	41	-	3	-	44

Throughout the operation, PMI managed to reach **6,490** people (male-3,156 and female-3,334) in West Kalimantan and **468** (male-228 and female-240) people through the distribution of household items in both of the provinces. Through DREF support, all dispatched relief items were replenished at PMI regional warehouse (Banten and South Kalimantan). The procurement process to replenish the West Kalimantan response was led by IFRC CCD Jakarta. On the other hand, the procurement process to replenish the Central Kalimantan response was led by PMI NHQ locally in Kalimantan. IFRC CCD procurement unit provided close monitoring and technical inputs to the procurement process. All stock was delivered to PMI Regional warehouses from January to February 2022. All procurement processes conducted under these operations were ensured to align with IFRC procurement procedures and regulations

### Challenges

- During the emergency response period, due to the level of inundation, distribution activities needed to be done by a door-to-door visit by boat. Due to the amount of food and non-food items to be distributed, PMI had to separate the boat for relief items and boat for personnel for safety reasons.
- Due to the amount of in-kind and food donations at the evacuation centres, PMI had to rely on BPBD data and closely coordinate to avoid any duplication and overlapping of support.
- Amount of people staying at evacuation centres kept on fluctuating since, during the day, evacuees would return to their houses to monitor the situation and then at night-time, they would return to the evacuation centre.
- Post-emergency period, due to the limited available items to be distributed, PMI had to distribute the family kits by items per item but not as a whole standardised package. This was agreed upon between PMI, local authority, community leaders and community members. However, PMI managed to distribute the kit as a whole package for households with babies, elderly people and disabled people as communities also considered them vulnerable households.

### Lessons Learned

- To get volunteers or staff able to reach the most affected area, PMI required specialized land or water-based transportation vehicles. Based on needs, PMI was able to procure boats through other sources of support. Each of the provinces received 2 boats that can be mobilized for flood response in the future.
- As not all the dispatched items from PMI regional warehouses were distributed to the community, these items were stored as buffer stocks or for top-up at PMI branches and Province.



### Health

People reached: 116,024

Male: 53,716

Female: 62,308

#### Indicators:

	Target	Actual
# of people who are directly reached to lessen immediate risk to the health	2,000	13,327
# of people reached with health promotion activities	16,775	116,024
# of people who receive first aid support through mobile clinics	2,000	7,055
# of people who are assisted to reach safety through evacuation	2,000	31
# of people reached through psychosocial support activities	2,000	5,696

#### Narrative description of achievements

##### West Kalimantan response

Responding to the flood situation in West Kalimantan, PMI deployed their assessment team to get rapid information and needs assessments. On top of the assessments, PMI also mobilized evacuation teams to help the community evacuate from their inundated houses. PMI managed to evacuate 31 people (male-16 and female-15) all of who were elderly people (>60 years) with no family support and living alone. PMI evacuated them to their relative's houses as evacuation centres were not ideal for elderly people living alone. PMI mobilized 13 volunteers to support the evacuation efforts. The activities were carried out from 7 November until 13 November 2021 in Sintang, Melawi and Sanggau districts. Due to the limited capacity in Sekadau and Ketapang, PMI focussed their effort to address the needs in evacuation centres.

PMI mobilized their mobile clinic to address the needs at the evacuation centres and also at the nearest point of accessible area from the worst affected areas. PMI targeted the community who stayed at the evacuation centres and also the community who remained in their inundated houses. PMI managed to reach 2,690 people (male-1,325 and female-1,365) from mobile clinic activities in Sanggau, Sekadau and Melawi districts. At the evacuation centres, PMI's mobile clinics provided basic health services starting from 6 to 23 November 2021. As soon as the flood receded and health facilities were rehabilitated, households started to go to the health facilities available in their area. PMI continued deploying their mobile clinic team. This was done in response to ongoing needs assessments and coordination with the local health authorities, which indicated that affected communities were still in need of health services, especially



PMI Mobile clinic team providing basic health service to the community. (Photo: PMI West Kalimantan)

for those living in remote areas. The activity continued from 13 March to 2 April 2022. The most common illnesses identified were skin rash, sore throat, coughing and minor injuries.

PMI conducted PSS interventions in West Kalimantan targeting children and adults to help them cope with their difficult situation in evacuation centres. In the evacuation centre, there was limited space for children to play around as their schools were inundated. Children also lost their daily school activities whilst in the evacuation centre. Along with the supportive activities, PMI distributed PSS materials including school items such as books, crayons, pencils, drawing books, and pencil cases for children that can be used for individual play and learning activities. On the other hand, access to religion is seen as one of the significant psychosocial needs of adults, therefore the PMI provided prayer materials for them to continue their religious practices. These PSS interventions started from 7 November to 6 December 2021. On the other hand, PMI also conducted PSS interventions in the affected villages doing psychological first aid to individuals and families from 13 March 2022 until 2 April 2022. The PMI has reached 2,010 people (male-980 and female-1,030) with PSS interventions. Throughout the operation, 51 volunteers (male-25 and female-26) actively supported the PSS interventions.

Along with the PSS sessions, PMI also conducted promotion sessions to increase community health awareness. PMI conducted face-to-face promotion sessions at the evacuation centre. Materials provided such as COVID-19 prevention protocols (social distancing, wearing mask, avoid social gatherings and always keep hands cleaned) and vector-borne disease prevention (dengue and malaria). PMI also distributed IEC materials such as pamphlets, posters and leaflets so communities could keep the information. During the post-emergency phase, PMI continued the face-to-face health promotion targeting the community in the affected villages. However, to minimize mass gatherings, the sessions were conducted through door-to-door visits rather than in communal spaces. To reach a broader audience and beneficiaries, together with local radio, PMI disseminated health promotion material through radio programming. Material aired such as COVID-19 vaccination campaign, healthy lifestyle and Covid-19 prevention. By implementing the face-to-face promotion activity, PMI managed to reach 10,399 people (male-5,046 and female-5,353) from 23 November 2021 to 2 April 2022 period of visit.

### **Central Kalimantan response**

Due to limited capacity, PMI Central Kalimantan and branches focussed their activity on addressing the needs at the evacuation centre rather than supporting the evacuation efforts as the military and BASARNAS were the lead for evacuation efforts at the field.

In Central Kalimantan, PMI also mobilized their mobile clinic team to address the needs at evacuation centres and also the people who remained in their inundated houses. Each team consisted of one doctor, one nurse, one trained volunteer and one driver. The first phase of deployments was conducted from 16 November to 11 December 2021 in Palangkaraya, Katingan, Pulang Pisau, Kapuas and Kota Waringin districts. Due to the volume of needs, PMI deployed their mobile clinic once every week at the evacuation centre. Based on the post-flood needs assessment, the community were still in need of basic health care at the village. Therefore, PMI continued deploying their mobile clinic on weekly basis to visit the affected village. The second deployment started from 10 March 2022 to 25 April 2022. From the activity, there were 4,365 people (male-1,538 and female-2,827) who benefitted from the mobile clinic activities.

As communities were forced to stay at evacuation centres, PMI provided PSS sessions to minimize their stress, especially for kids. PMI mobilized teams skilled in PSS to the evacuation centre from 18 November to 11 December 2021. The sessions targeted children since they had lost their daily routines such as school or play. PSS sessions provided were mostly games, exercises and school activities for children. As the flood receded and affected communities returned to their houses, PMI continued their PSS activity targeting schools in the area. From the activity, PMI managed to conduct 75 sessions and reached 3,686 people or children (male-1,474 and female-2,212). Lastly, there were 83 volunteers (male-33 and female-50) who actively supported the activity.

PMI, in Central Kalimantan, took a different approach to RCCE. PMI started conducting the promotion session after the community went back to their houses. The promotion sessions were conducted through door-to-door visits to the villages. The visits started from 10 March 2022 until 25 April 2022. In parallel, they collaborated with a local radio station, to air health promotion material. The program aired from March until May 2022. Topics discussed in the program included:

- Covid-19 vaccination campaign (16 March 2022)
- Blood donations (13 April 2022)
- Red Cross or PMI auxiliary role in Indonesia especially in emergency situation (11 May 2022)

From the activity, PMI managed to reach 2,928 people (male-1,124 and female-1,348) whilst from the aired commercial and talk show, PMI reached approximately 102,697 people<sup>3</sup>.

### **Challenges**

<sup>3</sup> Number based from 10% of population under the coverage of the radio transmission

- In the emergency phase, mobile clinic mobility was limited due to the inundation level. On the other hand, roads were jammed due to the amount of vehicles on the main road.
- Due to the limited available medicine, PMI had to rely on local health authority capacity to cope with the needs
- Community awareness to avoid mass-gathering and to wear face mask while in public spaces were minimum. PMI volunteer had to keep reminding them to wear their mask and maintain physical distancing.

### Lessons Learned

- PMI volunteers distributed face masks every time they saw the community who attend PMI sessions. Therefore, it was important for each PMI volunteer to bring additional masks with them to sessions.
- To raise the communities' awareness and knowledge, especially for health awareness, PMI had to meet and conduct promotion services regularly in the communities. This is to ensure that the community understands the message and extends the practice of it in their daily lives. By disseminating the health message through local languages, it proved effective for the local context and was easily understood by the community.



## Water, sanitation and hygiene

People reached: 115,499

Male: 56,528

Female: 58,971

Indicators:	Target	Actual
# of people provided with WASH services that meet agreed standards according to specific operational and programmatic context	16,775	115,499
# of assessments/monitoring visits undertaken and shared	5	9
# of people provided with safe water	8,000	19,100
# environmental sanitation event conducted together with the affected communities.	n/a	125
# of people reached by hygiene promotion activities	16,775	115,499
# of households provided with hygiene kits	2,000	3,921

### Narrative description of achievements

#### West Kalimantan response

Based on initial assessments, PMI identified that most of the evacuation areas were public buildings including government offices or schools or mosques that were already equipped with latrines. PDAM was responsible to establish additional latrine at evacuation centre as per need identified whilst BPBD maintain close monitoring on the facilities to ensure all latrines were working with running water. In addition, as main access to the affected area were inundated, water trucking could not reach the affected communities. Therefore, PMI supported the community by distributing bottled water through door-to-door distribution. The door-to-door distribution took place from 7 November to 4 December 2021 and supported by 63 volunteers (female-32) in the five affected districts. From the activity, PMI distributed 16,665 bottles of water to 13,335 affected people.

At the evacuation centre, PMI continued monitoring the water, hygiene and the latrine conditions to ensure all the facilities operating well. In addition, PMI also distributed hygiene kits to the community who occupied the evacuation centre and also community who were living in their inundated houses. The hygiene kits distributed were sufficient for two months of daily hygiene needs for one household. Just like the family kits distribution, to avoid any duplication and overlapping support, PMI distributed the hygiene kit in two phases. The first phase was distributed at the evacuation centre and through door-to-door distribution from 6 November to 6 December 2021. The second phase or the top-up kit was distributed from 13 March to 2 April 2022. In total, PMI managed to distribute 2,347 kits to 2,117 households or 10,585 people (female-5,449).



PMI distributing water tank in Sekadau district, West Kalimantan province. (Photo: PMI West Kalimantan)

Along with the distribution, PMI provided basic information on how to use the kit properly including teaching the community how to properly wash their hands, waste management and the importance of environmental cleanliness. The information provided increase community awareness and understanding of their hygiene, especially after a flood situation. To adhere to the COVID-19 protocols and to limit any mass-gathering activity, PMI also aired hygiene promotion messages through radio programmes. Together with the health promotion

messages, the hygiene messages were aired on the radio from April to May 2022 and could be accessed by a broader audience. In total, 10,399 people (female-5,353) were reached from the hygiene promotion activity.

As the floods receded, PMI supported the community to return to their houses by conducting environmental cleaning activity in five districts with **123** different villages. Together with the community, PUPR and Indonesia Military service, PMI helped to clean public facilities in the area such as bus stations, markets, schools, local authority offices, local community health centres, community/communal halls and also houses. From the activities, public facilities could be accessed and restored to full benefiting approximately 22,419 people around the facilities and premises. In total, there were 618 volunteers (female-352) who supported the environmental cleaning activities in five districts in West Kalimantan.

To support PUPR in rehabilitating the damaged pipeline in the area and also to provide alternative water resources to the community, PMI West Kalimantan distributed, in total, seven water tanks with the capacity of 2,000 litres to seven villages in Melawi and Sekadau districts. All the water tanks were set at public mosques so it can be accessed by 3,053 people (female-1,588) in the seven villages. Whilst PUPR rehabilitated the water pipeline, PMI ensured that the provided water tanks were filled with water and operational. Soon after the pipeline was operational, the water tanks were linked to the PUPR pipeline.

### Central Kalimantan response

As the community started to evacuate themselves to the evacuation centre, PMI in Central Kalimantan deployed their volunteers to conduct needs assessments at the evacuation centre. In the emergency phase, BPBD acted as the coordinator at the evacuation centre and provided relief items and additional latrines. PUPR also presented at the evacuation centre by providing clean water to the facilities. Based on the initial assessment, various donors and organizations also presented and provided bottled water and also hygiene items to the affected communities.

Even though there were many organizations providing support, PMI identified gaps in Palangkaraya City which had not received any support at the time. PMI mobilized their water trucks to support the community in Pahandut and Jekan Raya sub-district by providing 2,000 litres of clean water daily to 1,150 people (female-598). The water trucking activities were conducted from 16 to 24 November 2021.



PMI volunteers conducting hygiene promotion to children. (Photo: PMI Central Kalimantan)

At the evacuation centre and through door-to-door visits, PMI managed to distribute 619 hygiene kits to 1,804 people (male-673 and female-1,131). Along with the distributed hygiene kit, PMI Central Kalimantan also provided basic hygiene information such as how to wash your hand and the importance of environmental cleanliness, especially after a flood situation. The promotion session was conducted at the evacuation centre and also during the door-to-door visit. However, after the community returned to their houses, PMI focused the promotion activities targeting the community at the village level and conducted environment cleaning activities in two villages located in Kota Waringin Timur district. Just like in West Kalimantan, by collaborating with local radio, PMI Central Kalimantan aired the hygiene messages as radio programs and conducted radio shows along with the health promotion. Through the door-to-door sessions, PMI managed to reach 2,392 people (female-1,116) and from the aired show and advertisement, PMI could reach approximately 102,697 people in five districts.

Post-emergency phase, PMI Central Kalimantan also distributed 1 water tank in Katingan district. The water tank was placed at a local school so it could be accessed by 1,562 people (female-774) including the students. While in the same district, PMI also deployed their volunteers to support post-flood environmental cleaning activity.

### Challenges

- Due to the flood level, initially, PMI in both of the provinces had to distribute bottled water to provide clean water to the affected community. The bottled water needed to be transported by boats to each of the houses. This caused delays and a slow distribution process.
- In the emergency phase, all support and relief items were distributed at the evacuation centre. While needs were also identified at the affected village where some of the household remain in their isolated houses.

### Lessons Learned

- As mentioned in the health sections earlier, promotions and dissemination should be followed up or delivered through a constant and regular session with the communities.
- From the PDM activities, PMI reported that all communities received hygiene kits in full, received items were reported as received in good condition, and the kits and items were sufficient for two months of hygiene needs.



## Protection Gender and Inclusion

Indicators:	Target	Actual
<i>The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services.</i>	Yes	Yes
<i>The operation demonstrates evidence of compliance with IFRC minimum standard commitment to gender and diversity in emergency programming.</i>	Yes	Yes
<b>Narrative description of achievements</b>		
<p>Both of the Provinces conducted PGI orientation for all of the volunteers. The orientation was requested by the provinces and facilitated by PMI NHQ PGI staff. Orientation in West Kalimantan was held from 25 to 26 February 2022 whilst in Central Kalimantan, the training was held from 18 to 19 February 2022. The orientation covered:</p> <ul style="list-style-type: none"> <li>• Introduction to PGI;</li> <li>• PGI basic contexts such as Gender, Protection and Implementation.</li> <li>• Gender-based violence.</li> <li>• PGI minimum standards such as dignity, access, participation and safety.</li> </ul> <p>The orientation was attended by 22 volunteers (male-10 and female-12) in West Kalimantan and 23 volunteers (male-11 and Female-12) in Central Kalimantan. Not limited to PGI, the orientation also discussed on CEA and PMI programme or financial reporting mechanism.</p> <p>PMI ensured that all recipient lists were sex and age segregated. However, due to strict COVID-19 prevention policy and social restrictions, direct interactions, and activities to gather information with the communities were impeded. This included distributions where not all targeted recipients could attend distribution due to the pandemic situation, most of them being elderly people. PMI, therefore, had to deliver the items via door-to-door distribution. This was also the case for socialization meetings and in feedback and reporting mechanisms. As the social restriction and mass-gathering activities were limited, not all household members/recipients could attend the session. Usually, household representatives attended the session and interacted with PMI volunteers.</p> <p>The PGI component was considered throughout the implementation of all activities. This included targeting of vulnerable households, socialization in communities, the adaptation of distribution plans to accommodate different needs (door-to-door strategies ensured access to those who could not attend sessions), and strict observance of child protection and sexual abuse prevention policies of PMI and IFRC. Overall, the PGI component was ensured through the CEA team monitoring feedback from communities which was gathered when volunteers deployed to the field and through an established hotline. However, feedback was not recorded or documented properly. Recipients often gave their feedback when they interacted with volunteers in the field and based on the feedback/ response, volunteers took action to assist. Without proper documentation or recording, it was difficult to make sure or to keep track of the status on the report.</p>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>• To some extent PMI is still struggling to mainstream PGI component, especially to collect sex and age-disaggregated data (SADD) in their reporting. There are still some inconsistencies in the quality of reporting in this regard.</li> <li>• PMI volunteers were not briefed to take records of feedback provided in the field. More efforts need to be made to ensure that feedback loops are attended to and closed properly.</li> </ul>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>• Continuous PGI training is needed in PMI Central Kalimantan and West Kalimantan. In addition, PMI Central Kalimantan and West Kalimantan need to have PGI dedicated staff within the organization.</li> </ul>		

<b>SFIs</b>		
Indicators:	Target	Actual
<i># of volunteers safely mobilized under the operation</i>	200	272
<i># of volunteers insured under the operation</i>	200	216
<i>Lessons learned are undertaken on the start-up of the operation and considered in revision process</i>	Yes	Yes

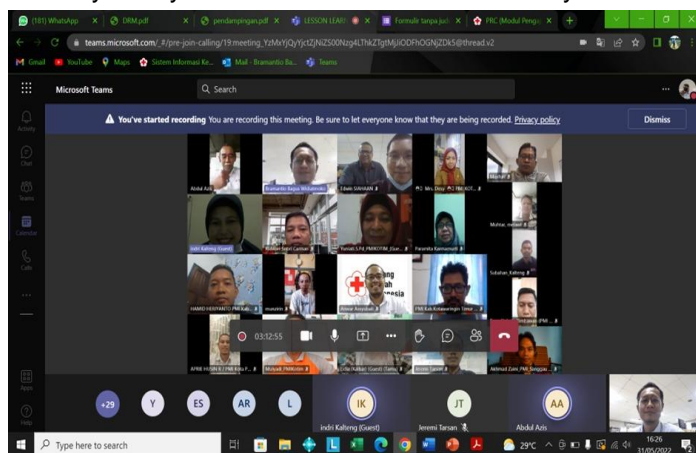
# surge capacity deployed/assisted the response from PMI NHQ/IFRC	1	1
Complementarity and strengths of the Movement enhanced	Yes	Yes
Operation is 100% compliant with IFRC procurement procedures	Yes	Yes
Operation is 100% compliant with IFRC financial procedures	Yes	Yes

**Narrative description of achievements**

As mentioned in the earlier section, this operation was the second DREF operation under the management of PMI West Kalimantan. The Provincial-chapter managed to roll out the implementation whilst acting as the coordinator at the province level. The district chapter also received guidance from the provincial level and in general, could manage the implementation on the field level.

On the other hand, this DREF operation was the first DREF operation managed by Central Kalimantan Province. At the beginning of the operation, PMI province specifically requested close monitoring and guidance from PMI NHQ. In addition, PMI Katingan and Pulang Pisau districts were relatively newly established districts without any volunteers recruited yet. Based on the request, PMI NHQ deployed three trained and experienced staff from neighbouring provinces to support Central Kalimantan province in implementing and reporting the operations. Whilst the Province supported the newly established district to recruit volunteers to help the implementation process.

Through the national insurance company or BPJS, 216 volunteers were insured by national insurance. The insurance also covered COVID-19-related costs and risks. By the end of May 2022, an online lesson learned workshop was held. PMI NHQ head of Office attended the meeting and both PMI Provinces and districts were invited to the workshop. From the workshop, it was found that prior to the disaster, communities were not aware that PMI existed as support within their area, especially in the districts.



Lesson Learn Workshop West Kalimantan and Central Kalimantan via Microsoft Teams. (Photo: PMI NHQ)

From the lesson learned workshop, PMI received positive feedback and appreciation from the community and the local authority. In addition to this feedback, PMI also received volunteering applications throughout the operation and newly recruited volunteers were deployed to support the operation. Several recommendations and good practices from the operations are identified as follows:

- Active collaboration between PMI West Kalimantan and Central Kalimantan proved vital to the implementation of the DREF operation. As mentioned earlier. West Kalimantan has experience implementing DREF operations in 2020. Whereas PMI Central Kalimantan was relatively new, with limited branch capacity.
- PMI Central Kalimantan also benefited greatly from the deployment of experienced staff from neighbouring provinces such as Central Sulawesi province.
- PMI NHQ will duplicate the coordination mechanism from the two provinces in Kalimantan in other emergency responses in the future. Lastly, PMI NHQ also requested PMI West Kalimantan and Central Kalimantan to actively mobilise their experienced staff to support other provinces across Indonesia.

**Challenges**

Two newly established branches had no volunteer roster available at the beginning of the operation. In addition, the board members were also new to the Red Cross movement. With these two challenges, this branch had limitations in its knowledge and capacity on how the Red Cross respond to a disaster in addition to possessing the knowledge and understanding of DREF.

**Lessons Learned**

The DREF operation was directly involved in the establishment of two new district branches in Central Kalimantan. The branch has proved that with support from neighbouring branches and supervision from the province, they have the capacity to implement operations successfully and address needs in the area.

## D. Financial Report

In total, CHF 244,375 was allocated to respond to the humanitarian needs of households affected by the flood disaster in West Kalimantan and Central Kalimantan provinces. The amount of expenditure is CHF 203,239 (83.2 per cent), with a balance of CHF 41,136 to be returned to the DREF pot.

There are several underspent budgets within this DREF operation, mainly related to health and PGI, which occurred due to the mobile clinic activity and ambulance in Central Kalimantan only operating for two weeks. As explained in the narrative, due to PMI's limited resources and more specifically the needs on the field which were addressed by the local health authorities, mobile clinics and ambulance services were stopped earlier than initially planned. Consequently, operational costs to support these activities were far lower than expected. In addition, search and rescue activities, especially for dead body management, were conducted for a shorter period than initially planned. This was also due to BASARNAS, Military and Police which led and managed the search and rescue process.

Besides, water trucking activities in Central Kalimantan were only planned to last two weeks and were only to be rolled out in Palangkaraya. Based on the initial plan, water trucking activities in Central Kalimantan were budgeted to cover at least a one-month distribution period in five districts. As the floods receded and needs were shifted from immediate needs at the evacuation centre to medium-term water needs, PMI Central Kalimantan decided to shift the available budget by providing water tanks and distributing them to the communities. Most of the allocated budget in both provinces was for the provision of bottled water in the emergency phase.

PMI also deployed and implemented activities in parallel or simultaneously. For example, while distributing water, volunteers were also deployed to distribute household items or to conduct further assessments (coordination, CEA and monitoring). While conducting PSS sessions, another team of volunteers were also deployed to conduct health promotion/hygiene promotion, household items distribution and assessment. As a result, the bulk of the operational costs, especially for transport (rent or fuel) and meals were charged under the WASH and Health sectors. Consequently, operational costs under PGI or livelihood activities remain untouched except for PGI orientation.

In addition, there was an overspend on shelter, caused by two key factors:

- Unit prices for family kits were over the allocated budget. The allocated budget per kit was CHF 20. However, the family kits procured for this operation were priced at CHF40.30. This was due to items being added to the kits such as 10-ply facemasks, two bottles of hand sanitizer, additional soaps, and additional hand towels to accommodate COVID-19 household prevention items.
- Initially, hygiene kits mobilized to West Kalimantan and Central Kalimantan were to be replenished by the ongoing COVID-19 operation in Indonesia. However, due to the omicron wave in January 2022, there were competing priorities in terms of the COVID-19 budget, which saw a shift in priority in Indonesia towards boosting vaccination coverage in Indonesia. Therefore, available funds under the COVID-19 operation shifted to support the vaccination campaign and the COVID-19 operation was only able to cover half of the hygiene kits to be replenished. This DREF operation covered the hygiene kit replenishment cost, hence, the overspending.

The full financial report is attached at the end of this report.

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

## Contact information

Reference documents



Click here for:

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

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### **For IFRC Resource Mobilization and Pledges support**

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

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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.

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/11-2022/7	Operation	MDRID022
Budget Timeframe	2021/11-2022/5	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 22/Aug/2022

All figures are in Swiss Francs (CHF)

### MDRID022 - Indonesia - West Kalimantan Floods

Operating Timeframe: 13 Nov 2021 to 31 May 2022

#### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>244,375</b>
DREF Allocations	244,375
<b>Expenditure</b>	<b>-203,239</b>
<b>Closing Balance</b>	<b>41,136</b>

#### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	15,709	44,373	-28,664
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	93,454	58,240	35,214
PO05 - Water, Sanitation & Hygiene	59,108	50,410	8,698
PO06 - Protection, Gender and Inclusion	10,650	4,045	6,605
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	4,793	1,373	3,419
PO10 - Community Engagement and Accountability	2,663	3,147	-484
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>186,375</b>	<b>161,586</b>	<b>24,789</b>
EA01 - Coordination and Partnerships	2,130	1,761	369
EA02 - Secretariat Services	51,610	39,744	11,866
EA03 - National Society Strengthening	4,260	147	4,113
<b>Enabling Approaches Total</b>	<b>58,000</b>	<b>41,652</b>	<b>16,347</b>
<b>Grand Total</b>	<b>244,375</b>	<b>203,239</b>	<b>41,136</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/11-2022/7	Operation	MDRID022
Budget Timeframe	2021/11-2022/5	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 22/Aug/2022

All figures are in Swiss Francs (CHF)

### MDRID022 - Indonesia - West Kalimantan Floods

Operating Timeframe: 13 Nov 2021 to 31 May 2022

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>99,750</b>	<b>89,163</b>	<b>10,587</b>
Clothing & Textiles	1,750	1,274	476
Water, Sanitation & Hygiene	19,500	65,314	-45,814
Medical & First Aid	46,000	8,681	37,319
Teaching Materials	20,000	9,885	10,115
Utensils & Tools		4,008	-4,008
Other Supplies & Services	12,500		12,500
<b>Logistics, Transport &amp; Storage</b>	<b>38,050</b>	<b>23,021</b>	<b>15,029</b>
Storage		45	-45
Distribution & Monitoring	19,300	5,529	13,771
Transport & Vehicles Costs	18,750	17,447	1,303
<b>Personnel</b>	<b>66,700</b>	<b>59,743</b>	<b>6,957</b>
National Society Staff	26,200	24,956	1,244
Volunteers	40,500	34,787	5,713
<b>Workshops &amp; Training</b>	<b>7,000</b>	<b>7,677</b>	<b>-677</b>
Workshops & Training	7,000	7,677	-677
<b>General Expenditure</b>	<b>17,960</b>	<b>11,231</b>	<b>6,729</b>
Travel	450		450
Information & Public Relations		3,012	-3,012
Office Costs	16,500	4,656	11,844
Communications	210	1,872	-1,662
Financial Charges	800	1,691	-891
<b>Indirect Costs</b>	<b>14,915</b>	<b>12,404</b>	<b>2,511</b>
Programme & Services Support Recover	14,915	12,404	2,511
<b>Grand Total</b>	<b>244,375</b>	<b>203,239</b>	<b>41,136</b>