



# DREF Operation-Final Report

## Indonesia | Foot and Mouth Disease Outbreak

<b>DREF operation n°</b> MDRID024	<b>Operation n°</b> MDRID024
<b>Date of Issue:</b> 26 May 2023	<b>Glide number:</b> <a href="#">OT-2022-000260-IDN</a>
<b>Operation start date:</b> 12 July 2022	<b>Operation end date:</b> 31 January 2023
<b>Host National Society(ies):</b> Indonesian Red Cross	<b>Operation budget:</b> CHF 372, 747
<b>Number of people affected:</b> 112,243	<b>Number of people assisted:</b> 53,282
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</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>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.	

## A. SITUATION ANALYSIS

### Description of the disaster

On 2 July 2022, the Government of Indonesia through the Indonesian Disaster Management Authority or *Badan Nasional Penanggulangan Bencana* (BNPB) declared the status of certain emergency situations for Foot and Mouth Diseases that are highly contagious towards cattle farming. Additionally, the declaration status included six additional points, which were:

1. The declaration of certain emergency situation status for Foot and Mouth disease.
2. The certain emergency response activities.
3. Open access to support the response activities mentioned in the previous point.
4. Regional governments may declare certain emergency situations to their respective region if necessary.
5. All costs borne by the declaration and response can be covered through domestic funds and or BNPB ready to use fund.
6. The declaration effectively starts from 2 July 2022 until 31 December 2022.

The certain emergency situation status was declared due to the high amount of Foot and Mouth Disease or FMD reported across Indonesia. By July, BNPB reported there were 233,370 FMD active cases in 246 sub-districts across 22 provinces in Indonesia. Based on Ministry of Agricultural Crisis Centre data, Central Java province was the top province with the most FMD with 133,460 cases reported. Followed by West Nusa Tenggara province with 48,246 cases, East Java with 33,178 cases, Aceh province with 32,330 cases and West Java with 32,178 cases.

Before the declaration, Indonesia had been FMD-free since 1986, a status recognized internationally by the World Organization 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 East Java province with four districts affected: Mojokerto, Sidoarjo, Gresik, Lamongan (1,641 animals infected) and on 22 April 2022 in Aceh 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 first observed by field officers have decreased appetite, hypersalivation, lameness, and fever.

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. Based on the Ministry of Agriculture of Indonesia, the population of cattle animals in 2020 is 18,8 million both beef and dairy cattle. Thus, making livestock one of the valuable assets for communities in Indonesia and serving as a saving/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 livestock loss due to animal death or partial livestock loss, affecting farm revenue. In addition to livestock 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 the long term, which is correlated with the decreasing level of community health due to decreased protein sources from milk and meats.

## Summary of response

### Overview of Operating National Society

In Indonesia, the BNPB act as the lead responder and official coordinator for response activities related to the FMD outbreak. As mentioned in the previous chapter, besides the declaration, BNPB also instruct to carry out a series of response activities to minimize the impact and to prevent unnecessary risk from the outbreak. Prevention measures such as:

- Establishing FMD outbreak post command at National, Provincial and District levels.
  - Establishing FMD outbreak task force at National, Provincial and District level
  - Establishing National Crisis Centre for FMD disease
- Limiting large-scale cattle mobilization
  - Coordination with Food supply task force, transportation authority and limiting market operational hour.
- 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 vaccine.
  - Importing or procuring vaccine
  - Production of vaccine
- Training
  - Targeting animal health workers, inseminators, relevant authorities, and farmer
- National FMD prevention campaign
  - Prevention, response, and recovery information dissemination to the community
  - IEC material production

As an auxiliary to the public authorities, the Indonesian Red Cross or *Palang Merah Indonesia* (PMI) contributed to the prevention and response activity at the district level. Responding to the situation, PMI in six different provinces such as Central Java, West Java, North Sumatera, South Kalimantan and Lampung provinces mobilized their personnel and resources to minimize the impact of FMD outbreak. Activities such as:

- Conduct prevention and promotion activities, including dissemination of FMD prevention messaging to cattle owners in villages, slaughterhouse, and market.
- Develop community awareness and activate Community-based Action Team or CBAT
- Perform disinfection spraying.
- Support vulnerable livestock owners by reducing the risk and/or impact due to livestock loss.

Aligning with the government response strategy, PMI also activated its provincial chapter and branch to take part in the response activity. Throughout the year, eight PMI provincial-level namely Central Java, East Java, Aceh, North Sumatera, West Nusa Tenggara, South Kalimantan, West Java and Lampung provinces participated in the response. The first three mentioned provinces were the top priority provinces as they were the top provinces with reported FMD cases and livestock populations in Indonesia. The three priority provinces were supported by the DREF funds.



PMI Boyolali spraying cows shed. (Photo: PMI Boyolali)

## Overview of Red Cross Red Crescent Movement in country

IFRC Country Cluster Delegation (CCD) for Indonesia, Brunei Darussalam, Singapore, 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), planning, monitoring, evaluation, and reporting (PMER), support services in finance, human resources, and administration. The participating 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.

During the operation, IFRC CCD monitored the situation and other disasters, as well as public health risks, including COVID-19 daily cases in the affected area. Through this, IFRC and PMI will be able to analyze the needs of IEC material distribution and volunteer mobilization to deliver FMD awareness to targeted or affected cattle community groups. Further, the health team is assisting PMI to extend modalities of its CBS (community-based surveillance) information system (Satu SBM) which has been developed under the CP3 programme to be tested for FMD outbreaks in targeted areas. This will allow national or sub-national levels to have early warning detection on FMD outbreaks. IFRC CCD's DRM and Health units were supporting PMI to give technical oversight during operation as well as CEA/PGI focal point assisting the integration of protection, gender and inclusion, and community engagement and accountability into the operation.

## Overview of non-RCRC actors in country

The government of Indonesia through the Indonesian Disaster Management Authority or *Badan Nasional Penanggulangan Bencana* (BNPB) declared the status of certain Emergency Response for Foot and Mouth Disease in Indonesia. This was the follow-up action for the increasing number of reported FMD cases throughout Indonesia. As soon as the declaration was official, the Coordinating Ministry of Economic Affairs also issued an instruction letter to form a National FMD response task force consisting of BNPB, Technical ministry consisting of Ministry of Health and Ministry of Agriculture, Military and Police force and other relevant agencies.

Besides establishing the FMD task force, the authority has designated a portion of the National Economic Recovery (*Pemulihan Ekonomi Nasional*/PEN) fund for FMD management. Having established the task force with the funding support, BNPB issued instruction letters to provincial and district-level authorities across Indonesia to respond to the outbreak through the six response strategies mentioned in the previous section. As technical lead, 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.

Aligned with the National government instruction, provincial and district level governments also coordinated to form the FMD taskforce in their area respectively. The established task force also consists of the regional Disaster Management authority, ministry of agriculture and animal husbandry department led the vaccination campaign and monitoring, military and police and also other relevant authority. To limit livestock mobilization during the Eid Qurban, Police and the ministry of transportation monitoring all entry point from province to other.

## Needs analysis and scenario planning

Needs analysis findings/situation		
Sector	Initial assessment	Situation during implementation period
Health	<ul style="list-style-type: none"> <li>Vaccination is one of the vital response plan and prevention measure. As of July 2022, vaccine availability could only cover for 30 per cent of the actual needs across the nation. The government aiming to cover all the vaccination needs by March 2023.</li> <li>As the vaccination coverage were low, FMD cases spreaded rapidly in July to August and reached new provinces.</li> <li>Community has insufficient information and understanding of the virus itself causing harmful or not scientifically proven prevention measure that in certain case could lead to livestock fatality</li> <li>With limited resource availability and capacity at local animal husbandry department, day-to-day monitoring and reporting were minimum. Thus, there were</li> </ul>	<ul style="list-style-type: none"> <li>As soon as the national government took action against FMD outbreak, additional vaccines were procured to fill the in-country needs.</li> <li>First dose of vaccination campaign took place on 14 June 2022 in Sidoarjo district, East Java province.</li> <li>As of 3 September 2022, West Nusa Tenggara Province has reached 90 per cent vaccination rate.</li> <li>Whilst in North Sumatera, as of 27 July 2022 zero case repeatedly reported into the Ministry of Health crisis centre dashboard.</li> <li>Even though vaccination rate in Central Java reached 78 per cent by September 2022, there were average of 17,125 cases report daily in the area.</li> <li>As the needs in West Nusa Tenggara and North Sumatera reduced, PMI shifted their activities targeting Central Java, East Java and Aceh provinces</li> <li>To support monitoring and surveillance activity, PMI trained community-based action team (CBAT) as</li> </ul>

	cases reported without any further follow up took place.	sustainable prevention measure. Not limited to reporting cases in the area, but the CBAT team were also supporting the vaccination campaign in their area by facilitating and linking the animal husbandry to the affected cattle owner.
<b>Livelihood and basic needs</b>	<ul style="list-style-type: none"> <li>• The fast spread FMD caused panicked especially for the cattle owners and industry.</li> <li>• Without clear policy from the government, cattle owners sold their livestock in a very low prices reducing their livelihood and income.</li> <li>• Based from previous studies conducted in neighboring country, to cope with the situation, commonly cattle owners use negative coping strategy which includes selling their valuable asset or productive asset or getting additional funds through debt. All of the mentioned coping strategy will led to negative outcome which also reducing their resilience.</li> <li>• To support small and vulnerable cattle owner, the government of Indonesia through the regional disaster management authority will give compensation fund for each of cow fatality occurred. Compensation of IDR 10 million or CHF 645 provided to the cattle owners.</li> <li>• To prevent such negative impact, PMI planned to support cow and buffalo owner in Central Java.</li> </ul>	<ul style="list-style-type: none"> <li>• In order to prevent community engaging with negative coping mechanism, PMI provided information and materials on how should they treat their infected livestock and to safely process their livestock product. Hence, community avoided losing their active and productive asset.</li> <li>• No compensation fund was provided to other livestock owner besides cow owner. Based on statistics bureau data, goat and lamb population are bigger than cow population in Central Java. As lamb and goat are also vulnerable to FMD, PMI identified this as a major gap.</li> <li>• After coordinated with Grobogan and Magelang district authority, PMI shifted their livelihood activity to support lamb and goat owner in the area. By the end of the operation, PMI managed to reach 1,100 goat owner in Grobogan and Magelang district. For more detailed information, please see Section C.</li> </ul>
<b>PGI</b>	<ul style="list-style-type: none"> <li>• Opportunities to strengthen the integration of PGI into all aspects of programming and the within the PMI structure.</li> </ul>	<ul style="list-style-type: none"> <li>• PMI ensured PGI aspect was implemented throughout the operation, especially in the livelihood sector. PMI consulted with the government and the communities about the purpose of the activity was to target the most vulnerable household including when beneficiaries list finalized.</li> </ul>
<b>CEA</b>	<ul style="list-style-type: none"> <li>• As the FMD has not present in Indonesia 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.</li> <li>• 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.</li> <li>• As there were too many rumours especially on the effect of the diseases to the cattle productivity, compensation and alternative medicine or traditional treatment which has no scientific evidence to support the rumours increased the risk of mistreatment and negative coping strategy within the cattle owners.</li> </ul>	<ul style="list-style-type: none"> <li>• PMI used RCCE and effective health promotion to manage rumours, inaccurate information, and misperceptions through IEC material distribution at the community level, radio talk show, and social media.</li> <li>• PMI enabled community feedback through call-in radio and social media.</li> <li>• PMI established issues monitoring through daily alerts and weekly media to seek the development on FMD outbreak.</li> </ul>

## Risk Analysis

Some operational risks identified that could hamper the operation include:

- Escalating and deescalating situation on the field caused changes of priority within the operation. Initially, this DREF operation targeted North Sumatera, Aceh, West Nusa Tenggara and East Java provinces. As situation changed, PMI shifted its focus to East Java, Central Java and Aceh provinces. Changes were approved and implementation executed accordingly to the new proposal after coordinated and communicated to the DREF team at the Regional and Geneva levels.

- Community perception varied in the three targeted provinces. Due to false rumours and misinformation spread among livestock owners, the community was initially reluctant to vaccinate their livestock. However, as PMI reached the community through the CBAT team, trust and communication were gradually built throughout the operation.
- This operation was the first DREF operation in response to an animal health-related incident. Despite the fact that PMI also responded to the COVID-19 pandemic outbreak via the Emergency Appeal funding mechanism, this DREF operation was the first 6-month outbreak response operation in Indonesia. Through the ongoing CP3 Programme, the internal capacity of the organization for outbreak emergency response was developed. PMI ensured that there was no duplication of community support between the DREF operation and the CP3 Programme, as the two operations involved similar activities.
- At the same time, other humanitarian situations arose, including the arrival of irregular migrants in Aceh province in January 2023. As auxiliary to the public authorities, PMI Aceh stretched their capacity to respond to concurrent needs. From a programmatic standpoint, PMI Aceh was required to shift their focus from one operation to another. PMI recruited dedicated personnel to ensure the operation implementation was carried out as planned.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The DREF operation aimed to provide support to the community especially livestock owners in the three provinces of East Java, Central Java and Aceh to mitigate the negative impacts of the FMD outbreak over the course of six months. Aligned with the Government of Indonesia's strategy, PMI positioned itself to contribute to the training and FMD prevention campaign.

Based on assessment reports and PMI's capacity, PMI through the DREF support implemented the response in seven districts across three provinces in Indonesia with:

- Awareness campaign by PMI staff/volunteers:
  - a. Distribution of IEC material. PMI personnel distributed IEC material on FMD prevention and control to vulnerable communities as well as government service intervention in targeted areas.
  - b. Mobilized volunteers delivered FMD awareness as well as government service intervention by targeting cattle community groups, affected communities at cattle markets, etc.
- Volunteer mobilization to support biosecurity actions PMI branches at operation targeted areas contributed to supporting the government in reducing the risk of mechanical spreading by disinfectant activities at cattle pens, cattle markets and slaughterhouses. As PMI has been implementing Community-based Surveillance (CBS) to allow the community to do early detection of signs and symptoms of health and animal health diseases, and report them to local health authorities, PMI and IFRC will scale up its modality for FMD operation.

An information system, called Sistem Informasi Terpadu Surveilans Berbasis Masyarakat (SatuSBM), will be used for an animal surveillance system under PMI's FMD operation. This will allow early detection at the grass root level as well as timely data analyses at the national or sub-national level to allow early detection at the grass root level and provide more time for early actions to prevent the further spread of the disease among the cattle in the area. Further, 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 for FMD cases at the community level.


- Ministry of Agriculture and Animal Husbandry Department led the province-wide vaccination campaign and monitoring. As PMI has the capacity for community-based mobilisation, it serves as a link between the community and the local Agriculture and Animal Husbandry local authority for vaccination activities. All vaccines were administered by trained and experienced Animal Husbandry professionals.
- Provided cash and voucher assistance to protect the most vulnerable group of people in the affected area.

PMI's operational strategy for responding to the FMD outbreak was based on the modalities developed through the Community Epidemic & Pandemic Preparedness programme (CP3). These modalities include community volunteer structures, technical guidelines for epidemic control for volunteers (ECV & Community-Based Surveillance (CBS), an Information System, and Coordination Mechanism both internally (PMI NHQ to District) & externally (with government and partners).

By mobilizing their community volunteers to conduct various activities, including cattle vaccination, risk communication, Community-Based Surveillance, and biosecurity measures, PMI was able to respond to the outbreak rapidly and efficiently.

The SatuSBM, an integrated Community-based Surveillance Information system, allowed them to monitor the outbreak's spread and identify high-risk areas quickly. Overall, PMI's operational strategy for responding to the FMD outbreak was effective due to their community-based approach and the use of an integrated information system. The clear and concise reporting style used in this passage effectively communicates the key elements of PMI's operational strategy.

## C. DETAILED OPERATIONAL PLAN

	<p><b>Livelihoods and basic needs</b></p> <p><b>People reached: 3,892</b></p> <p>Male: 2,116</p> <p>Female: 1,776</p>		
<p><b>Indicators:</b></p>		<p><b>Target</b></p>	<p><b>Actual</b></p>
<p># of household supported with in-kind assets or cash or voucher for starting/strengthening economic activities</p>		<p>1,000</p>	<p>1,100</p>
<p><b>Narrative description of achievements</b></p>			
<p>A sum of IDR 1,500,000 (equivalent to CHF 100) was transferred to 1,100 households (HHs) in Magelang (210 HHs) and Grobogan (890 HHs) districts which are livestock centred districts in Central Java.</p>			
<p>The additional 100 HHs were to accommodate the need found during assessment and registration process, which is, household that depended on livestock as main source of income/saving and categorized as small livestock breeder (owns maximum of three cows and five sheep/goats).</p>			
<p>This transfer was originally intended to cover 70 per cent of the supplement concentrate feed requirements for three dairy cows or beef cattle; however, it can also assist small livestock owners who own goats, which face similar risks of contracting FMD.</p>			
<p>The change of the target from dairy cows or beef cattle to small livestock animal like goat was made based on the initial findings that the government provided assistance of IDR 10,000,000 for each forced slaughtered cattle (including dairy cows) for maximum of five cattle per owner, which recorded previously in National Animal Health Information System / Sistem Informasi Kesehatan Hewan Nasional (iSIKHNAS).</p>			
<p>However, none of the goat owner received the same treatment or compensation for their infected livestock. As goat also bear the same risk as other priority livestock, PMI provided support to goat owner in order to fill the gap. This planned later approved and endorsed by Magelang and Grobogan authority.</p>			
<p>The following summarizes the activities implemented under this area of intervention:</p>			



Cattle owners in Grobogan and Magelang district, Central Java encashed PMI support. (Source: PMI)

- **Dissemination:**

PMI conducted socialization events in five sub-districts within Grobogan District; Geyer, Kedungjati, Ngaringan, Pulokulon, Purwodadi, Tawangharjo, and Toroh, and 2 sub-districts in Magelang District; Dukun and Srumbung. Material or topics of the dissemination were the purpose of the CVA Assistance, beneficiaries' selection criteria and selection process, timeline for implementation and activity flows, and hotline for feedback mechanism.

- **Registration:**

Since PMI Grobogan and Magelang already actively involved with those communities in targeted villages, the beneficiaries' secondary data as based for beneficiaries' registration comes from the village authorities which then verified by PMI personnels against two set of criteria; PMI's vulnerable criteria for the household and program specific criteria, which are the followings:

A. PMI vulnerable criteria for the household:

1. Women as Heads of Families
2. Having a family member directly affected by COVID-19
3. Have a child under 5 years old family member.
4. Have family members of school age from elementary to junior high school
5. Have an elderly family member.
6. Have a pregnant/breastfeeding family member.
7. Having a family member with a disability
8. Not getting government assistance related to this programme

and

B. Programme specific criteria:

1. Areas with red and black impacts that cause severity to FMD
2. Have a maximum of 3 cows or a maximum of 5 goats.
3. Families that have a large dependency on livestock both as daily income and as savings.

Registration took place at the sub-village authority office involving community representatives. The CEA team was mobilized to disseminated information on how community addressed their feedbacks (complaints, inputs/suggestions, appraisal etc), both through face-to-face discussions, phone calls or electronic message.

- **Verification:**

The verification processes conducted at two separate occasions; first occasion is during the registration process, where PMI visited the beneficiaries, observed the situation (living and surrounding conditions etc), cross checking the secondary data from village authorities, and collecting addition information required for verification process, and then published those beneficiaries as temporary list for community's feedbacks for 3 days. Based on provided inputs and followed up, PMI consulted the final list to the authorities for their final endorsement before all the data was registered into the PMI CBI Ranger application (PMI beneficiary data management system). The second occasion conducted by PT Pos Indonesia, PMI's financial service provider, which verified the ID number of beneficiaries against government citizen's database before creating money order<sup>1</sup> for distribution to beneficiaries. The profile of beneficiaries selected as beneficiaries are the following:

a. Head of household

- Grobogan; female headed HH as recipient: 424, male headed HH as recipient: 466, total is 890 HHs
- Magelang; female headed HH as recipient: 24, male headed HH as recipient: 186, total is 210 HHs

b. Based on the average family members per households, which is 3.7 for Magelang and 3.5 for Grobogan<sup>2</sup>, the total beneficiaries are 3,892 people.

- **Distribution:**

Cash distributed through PT Pos Indonesia, an Indonesia's government owned postal company which providing money order service to PMI through a 2-year framework agreement. The distribution process took place from Dec 19 to 30, 2022, with the distribution kick-off being opened by the representative from Grobogan Vice Regent, PMI NHQ, IFRC, PMI East Jawa, PMI Grobogan, and PMI Magelang and the representative from PT Pos Indonesia. The encashment process took place at 2 encashment points in village meeting buildings in Kalibening and Kaliurang villages in Magelang District; and 6 encashment point in Wates, Ngembak, Selo, Jambangan, Monggot, and Sumberagung villages in Grobogan District. PT Post Indonesia have deployed their personnel to those villages to

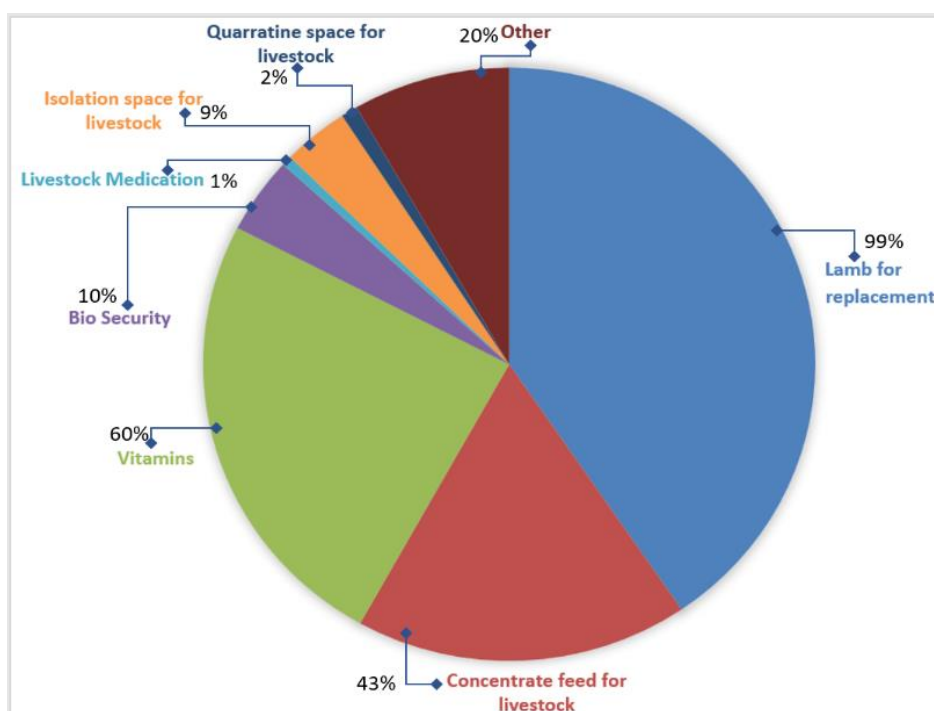
<sup>1</sup> Money order is a paper or certificate that can be used to make payments, especially overseas or without a checking account

<sup>2</sup> <https://jateng.bps.go.id/statictable/2020/06/11/1793/rumah-tangga-dan-rata-rata-banyaknya-anggota-rumah-tangga-menurut-kabupaten-kota-di-provinsi-jawa-tengah-2010-dan-2019.html>

minimize the need for beneficiaries to go to their offices which will take some resources to do it. To ensure crowd control and to adhere to Covid-19 social-distancing policy, distribution and encashment were done in a scheduled manner and supervised closely by PMI Grobogan and PMI Magelang which also conducted exit survey to ensure the service being delivered appropriately to communities.

**• Evaluation:**

Post Distribution Monitoring (PDM) was conducted by interviewing 375 beneficiaries, which was higher from 285 beneficiaries planned, to fulfil required sample size of 5 per cent margin error, 95 per cent confidence level, and 50 per cent response distribution for the total population of 1,100 HHs. The important highlights from the PDM for the use of the assistance can be found in the following diagram (please note that one beneficiary could select more than one answer):



Other highlights from the PDM are:

- The 20 per cent 'Other' use of funds is mostly to buy food items for beneficiaries.
- 92 per cent of the interviewed beneficiaries prefer to have cash as assistance modality, while the 2<sup>nd</sup> preference is to receive live livestock or in-kind (20 per cent),
- About 99 per cent of the samples satisfied by the form of support with 90 per cent of the respondent very satisfied for the assistance
- 77 per cent stated they have PMI contact number for the feedback and 71 per cent knew where to direct their feedback but only 9 per cent stated they have contacted PMI and all those feedbacks have been addressed by PMI.

The preference of choice to deliver feedback are 72 per cent face to face, 44 per cent through WhatsApp, 12 per cent hotline phone, and 3 per cent through social media.

**Challenges**

Cash and Voucher Assistance (CVA) has rarely been used to respond to this specific type of disaster which is also not common for the country. FMD was considered to be totally eradicated from Indonesia when it happened, so the response from the government was not clear at the beginning.

This created some difficulties on beneficiaries targeting especially related to geographical focus, type of support that can be complimentary with the government's assistance, and the transfer values for the assistance etc. PMI NHQ supported by deploying their staff to provide orientation to the volunteers with the implementation plan. This includes IT/IM resource mobilizations such as phone or tablet from the PMI NHQ office and need to develop specific procedures and KIE material for this respond.

PMI with support from IFRC CCD (Country Cluster Delegation) Jakarta decided to work in two districts, Magelang and Grobogan, Central Java Province since these two districts are livestock centred areas, located in the middle of livestock transportation chains, and both PMI District Offices have strong presence at community level.

### Lessons Learned

- Information dashboard should accommodate the link for picture documentation.
- IFRC CCD Jakarta and PMI NHQ need to continuously support the CVA capacity building especially at the branch and provincial level to maintain the knowledge, especially, to support localization. This will be one important point to push on PMI's CVA Readiness Initiative.
- Pre-disaster MoU between PMI and Pos Indonesia accelerated the implementation as it shortened the lead time, especially for distribution and coordination.
- Friction and overlapping can be minimized at the field level through close coordination, communication and active engagement with authority, community, and other stakeholders.



### Health

**People reached: 49,390**

Male: 26,210

Female: 23,180

Indicators:	Target	Actual
# of people reached by the operation	16,000	49,390
The context analysis and risk assessment are done according to an agreed guideline	Yes	Yes
#of session on outbreak control activity	96 <sup>3</sup>	6058
# of people reached by health promotion activity	20,000	49,390
# of personnel mobilized for CBS	40 <sup>4</sup>	316
% of alerts from volunteers cross-checked and accurately matched community case definition	60%	95%
# of session of prevention/livestock biosecurity being conducted	96	1,173

### Narrative description of achievements

The programme aims to control the spread of Foot and Mouth Disease (FMD) among cloven-hoofed animals and prevent human intermediaries from spreading the disease. Efforts were made to improve technical capabilities of PMI and its volunteers, implement disease control actions, and increase public awareness. Volunteers are trained to properly deliver information to public, especially their respective communities, conduct community-based surveillance (CBS) to monitor potential cases, and conduct biosecurity measures at cattle pens.

Health promotion was conducted through door-to-door visits by PMI volunteers to cattle farmers and the public. One of the key messages communicated during the programme was that FMD is not a food safety or public health concern, and that the meat, milk, and dairy products from infected animals are safe to consume with proper processing. Due to the lack of knowledge in the public domain, rumours and inaccurate information on social media about humans contracting the disease from consuming beef was widely spread.

To address this issue, effective health promotion & risk communication strategies were employed to educate the public about the science behind the disease and address their concerns. The other issues addressed was the path of infection of FMD which usually occurs through the clothes and boots of farmers attending the cattle and moving between pens. PMI volunteers educate the farmers for biosecurity in farms, to prevent further spread of the virus between pens.

As not all community in the targeted district owned livestock, PMI volunteer identified primary targeted beneficiaries based on coordination with the community leader (commonly the head of village). In Central Java and East Java, all cows pen commonly located nearby or within the owner house. However, in Aceh province, cows and other livestock roamed freely without any shed or cage. Thus, PMI had to identified all the cattle owner in the area to ensure all the message and promotion message can be reached by the most vulnerable cattle owner in the area.

<sup>3</sup> No specific indicator mentioned in the previous EPoA. The number is indicative number of sessions in four provinces

<sup>4</sup> No specific indicator mentioned in the previous EPoA. The number is indicative number of personnel mobilized in each district

The response operation mobilized a total of 316 personnel who worked tirelessly to monitor the situation and provide support to the affected communities. These efforts were further strengthened using a community-based surveillance (CBS) system, which helped identify potential foot and mouth disease cases. In the Grobogan district, the CBS system was highly effective, with 21 out of 22 alerts (95 per cent) from volunteers being cross-checked and accurately matched to the community case definition.

This helped to ensure that any potential disease cases were identified and addressed. PMI continues the evaluation and development of the CBS system, adjusting to the needs and real-time situations in the field. This including sensitive community-case definition that referred to government's official definition of the disease and adjusted to simple language, and strong linkages to local authorities' surveillance system, has helped ensures effective implementation of CBS to early detect potential cases.

The programme was successful in reaching a wide audience and engaging the community. It was activated in 97 villages across 23 sub-districts in 7 districts/cities in 3 provinces. In total, PMI managed to reach 49,390 people through Health promotion activities, Community-based surveillance, and biosecurity measures. As part of the response, 6,058 sessions were held to control the outbreak and prevent the further spread of the disease, including 5,763 health promotion activities, 1,173 disinfection spraying activities, and 322 vaccination support activities.

As a result, 4,015 cattle were vaccinated, and 11,174 farmers received disinfection on their cattle farms. From the start of the operation, PMI volunteer has started disinfection activities throughout their respective area. With close coordination with Agricultural and Animal Husbandry authorities, PMI targeted public spaces such as animal market and private facilities such as animal shed as their main target. Following the Agricultural and Animal Husbandry authorities' recommendation, PMI volunteers used Prodestan liquid disinfectant and bio disinfectant as main spraying ingredients.

Overall, the programme achieved its objectives of controlling the spread of FMD and increasing public awareness. Through effective community education strategies, the programme was able to manage rumours and inaccurate information and address concerns about the safety of meat from infected animals. The programme's success was attributed to the effective health promotion and risk communication, vaccination of cattle, and disinfection of farming areas, and effective activation (partial) of Community-Based Surveillance.



*PMI volunteers along with Animal Husbandry Division conducted assessment. (Source: PMI Grobogan)*

## **Challenges**

At the beginning of Indonesia's national operation to control and eradicate Foot and Mouth Disease (FMD) encountered several challenges. One of the significant challenges was the unregulated movement of animals, which increased the risk of the virus spreading. Difficulties in vaccine application and efficacy also posed a challenge. There were low technical capacities in the field on case management, insufficient biosecurity practices, and low levels of local engagement of smallholders in disease control.

Another challenge was the lack of emergency disease response capacity. Coordination of national control operations was also difficult due to resource allocation and priorities differing between countries and provinces. Modernization of cattle production systems was slow, and fulfilling vaccine needs would take three to six months or longer given the current situation.

In PMI, during the implementation of health-related activities, the programme faced various challenges. One of the challenges was the reluctance of the community to receive information and their fear of vaccinating their cattle. This was due to rumours that the price of vaccinated cattle would be reduced. This created a barrier in implementing the vaccination programme effectively. Effective Risk Communication strategy were pivotal in addressing this challenge, persuading the community to allow their cattle to be vaccinated. In Aceh, for example, several community members that were initially strongly against the vaccination, were turned into the champion for the campaign after effective communication and approach by PMI volunteers.

Additionally, the newly developed CBS information system called SatuSBM was not ready during the response time, which hindered data collection and management. During the response, PMI developed form using KOBO toolbox to substitute the system but was not successfully implemented in all of operation targeted areas due to limitation resources capacity & coordination mechanism. This is taken as lesson learned by PMI to further strengthen its data collection and management system for future outbreak responses. In additions, PMI also identified that clear role and responsibilities mapping across DM Division and Health division especially in outbreak response operation is important.

## Lessons Learned

The foot and mouth disease outbreak response in Indonesia highlighted several important lessons in responding to emergencies:

**Preparedness and Anticipatory Actions:** The foot and mouth disease response by the Indonesian Red Cross emphasized the importance of preparedness and anticipatory actions. Communities need to have the necessary structures of community volunteers based in the village, a map of risks, human resources, and sustainable finance mechanisms, and robust information systems linked to the authority to respond to emergencies promptly. When well prepared, communities are better equipped to deal with emergencies, and their response is more coordinated and efficient. Preparedness and anticipatory actions should be considered critical components of any emergency response plan.

**Engaging the Community:** The involvement of the community is crucial during an emergency response. The community is often the first responder, and their engagement is essential for the success of the response effort. One of the key lessons learned from the foot and mouth disease response was that the community responds more effectively when they receive information from their own members. Thus, it is critical to have community leaders and members involved in the response effort to help deliver information and encourage participation.

**Coordination with Local Authorities:** During emergencies, coordination with local authorities is vital. The community often prefers to go to the Red Cross rather than directly to the authorities, making coordination with local authorities even more important. By collaborating with local authorities, the Red Cross can ensure that their response efforts are aligned with the overall response plan and that resources are utilized most effectively.

**Strengthening Coordination Mechanisms:** Another crucial lesson learned from the foot and mouth disease response was the need to strengthen coordination mechanisms at all levels, from the National Headquarters to the Province and Districts. Effective coordination mechanisms ensure that data flows smoothly, enabling timely decision-making and action. Strengthening coordination mechanisms can help reduce duplication of efforts, promote resource sharing, and ensure that response efforts are aligned with overall response goals.

**Community-Based Surveillance (CBS):** An important lesson learned from the implementation of the CBS system during the foot and mouth disease outbreak in Indonesia is the need to strengthen the system and define clear indicators of achievement. CBS is a surveillance system that relies on community participation in identifying and reporting disease outbreaks. However, the success of CBS depends on the strength of the system, including the capacity of the volunteers and the availability of necessary resources.

Thus, it is critical to ensure that the CBS system is well established and equipped to handle emergencies. Additionally, clear indicators of achievement should be defined to measure the effectiveness of the CBS system. This helps in evaluating the impact of the system, identifying areas for improvement, and informing decision-making. Clear indicators of achievement can also help in communicating the progress and success of the CBS system to the community, which is essential for building trust and maintaining their involvement in the system.

In conclusion, the lessons learned from the foot and mouth disease response by the Indonesian Red Cross have broad implications for emergency response efforts. Preparedness and anticipatory actions, engaging the community, coordinating with local authorities, and strengthening coordination mechanisms are all critical components of a successful emergency response effort. By incorporating these lessons into future response plans, emergency responders can be better equipped to respond to emergencies and mitigate their impact.



## Protection Gender and Inclusion

People reached: 53,282

Male: 28,965

Female: 24,317

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 the IFRC minimum standard commitment to gender and diversity in emergency programming.</i>	Yes	Yes
<b>Narrative description of achievements</b>		
<p>PGI orientation to all of the volunteers involved in the operation. The orientation was facilitated by PMI NHQ PGI staff with material provided such as:</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 20 volunteers (male-12 and female-8) from seven PMI district representatives and three PMI provincial representatives. The orientation was held at Jakarta, so each PMI district and province could interact between the teams. This also triggered strategy of implementation discussion with sharing session. After the orientation, PGI session was conducted to all volunteers involved in the operation.</p> <p>The PGI component was considered throughout the implementation of all activities. This includes targeting vulnerable households, socialization in communities, the adaptation of distribution plans to accommodate different needs and strict observance of child protection and sexual abuse prevention policies of PMI and IFRC.</p> <p>Overall, the PGI component was ensured through the CEA team through monitoring of feedback from communities which was gathered when volunteers were deployed to the field and through the hotline number.</p> <p>In addition to the hotline number, PMI volunteers also established WhatsApp group with the community. This was the preferable way of communication with the community as they could share information, documentation and location effectively and faster. Thus, feedback and reports were also received through WhatsApp communication.</p>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>• Due to the geographical location and limited resource, PGI orientation had to be delivered in one session inviting representative from 10 PMI branches supporting the operation. Trained representative then conducted follow up PGI session in their respective branch.</li> <li>• As PMI also received report and information through WhatsApp group chat, not all information and request were documented for monitor and reporting purposes. Therefore, there are no clear indicator whether the reports and information received was taken care of.</li> </ul>		
<b>Lessons Learned</b>		
<ul style="list-style-type: none"> <li>• The utilization of 'KOBO collect' to gather data was effective especially to ensure collection of segregated data.</li> <li>• Refresher PGI orientation are needed to ensure volunteer knowledge on PGI are continuing and sustain. In addition, PGI focal point is also vital to ensure PGI issues are well maintain within the organization.</li> </ul>		

## Strengthen National Society

Indicators:	Target	Actual
<i># of volunteer insured</i>	240	30
<i># of volunteer received briefings on role and risk</i>	Yes	Yes
<i># of feedback received and responded</i>	N/A	62
<i># of daily and weekly analysis from traditional and social media relevant to the issues</i>	1	3
<i># of lessons Learned workshop undertaken at the end of the operation</i>	1	1
<i># of district supporting the operation</i>	6	7

% of compliance with IFRC financial procedures	100%	100%
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**Narrative description of achievements**

Throughout the operation, PMI in three provinces deployed 255 volunteers (120 volunteers from Aceh Province, 60 volunteers from Central Java Province and 75 volunteers from East Java province). Prior to their deployment, a safety and security briefing provided to all of the volunteer to enhance their understanding of the risk and hazard on the field. In addition to the safety and security briefing, refresher orientation on Red Cross and Red Crescent movement provided to the volunteers. This is to ensure Code of Conduct is followed and integrated to all activities carried out by the volunteers.

As part of safety and to prevent further transmission, spraying team were equipped with Personal Protective Equipment (PPE) consist of hazmat suits, rubber gloves, safety goggle, facemasks, helmet and rubber boots. After each spraying activities, all PPE disinfected, and fresh new PPE equipped at the next spraying location. All volunteers registered under the operation were insured through National Insurance Mechanism or BPJS. BPJS was more preferable as it could cover for COVID-19 related cost. In total, 255 volunteers and staff insured. However, to avoid overlapping support only 30 volunteers insured through the DREF support as majority of the volunteer are insured already through COVID-19 operation support in Indonesia.

In addition to the face-to-face promotion and prevention campaign, PMI also conducted the activities through radio show, social media campaign and advertisement. PMI collaborate with three local radio station and eight community station. PMI conducted two talk show, five quiz sessions and five advertisements. Topic discussed and advertised such as basic knowledge on what FMD is, how to identify FMD symptoms, how to treat sick cattle, how to prevent further transmission, and how safely use the products from infected animals. Based on the radio engagement report, there were approximately 1,740 people tuned in to the show and 208 people actively following the quiz session.

PMI also actively engage the community through social-media interaction through Facebook live and Instagram feed. By using the same material discussed at the radio talkshow, PMI managed to get views from 66,471 Facebook and Instagram accounts. In additions, PMI also received active engagement through number of likes, comments and re-share feature. Topic which generated the most active engagement was how to prevent FMD transmission with 386 likes on Instagram, 2,200 likes on Facebook, 11 comments and content reshared 15 times.

Moving towards digitalization, PMI has developed a dashboard to serve as reporting and monitoring purpose. The dashboard was developed to meet the needs of actual and live information on the operational progress. With the dashboard developed, all detailed operation and implementation information can be accessed on daily basis. This is to ensure accountability not only to the donor but also to public. All detailed information on PMI FMD activities can be accessed through the following link: <http://bit.ly/dashboardpmkpmi>.

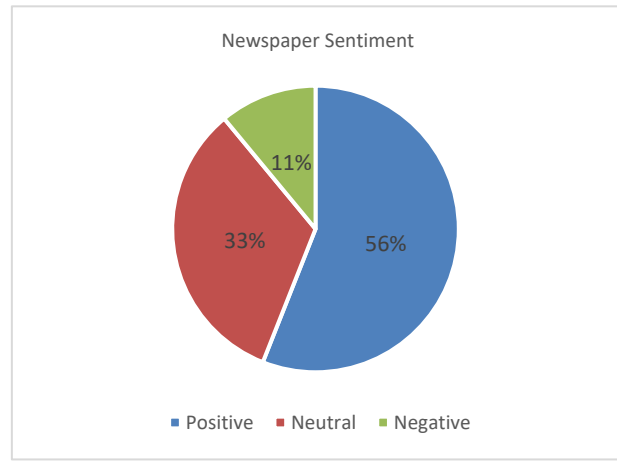
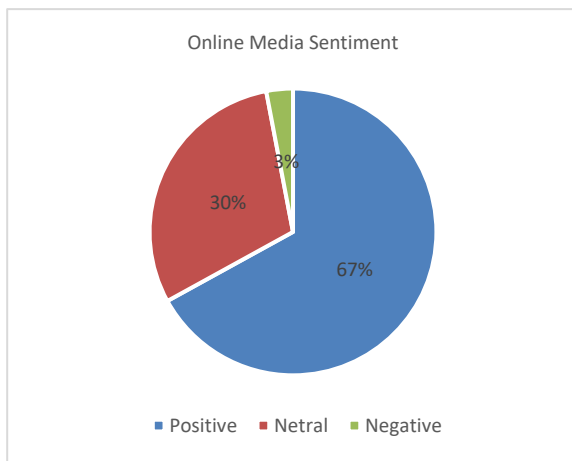
As part of monthly media monitoring, information, articles and news which related to FMD recorded in PMI report. In total, PMI occurred in 31 online news and ten newspaper articles.



Talk show advertisement on how to prevent FMD (Source: PMI)



One of PMI's digital contents to raise community awareness on FMD (Source: PMI)



Majority of the news published were positive news about PMI activities in FMD outbreak response. All 41 news and articles fall under seven topics that is:

- *FMD response synergy across Indonesia*
- *Limiting cattle movement to prevent transmission.*
- *Zero cases declaration*
- *Campaign and prevention session with the community*
- *Vaccination progress*
- *LSD vaccination: Based on community feedback, Lumpy Skin Disease or LSD was one of the disease which affected the cattle owner and started affecting the community soon after FMD were under control. Cattle owner sought out more information on the disease.*
- *Update FMD data and information*

By the end of the operation, a two-days lesson learn workshop was held in Bali province. The event took place on 24 – 27 January 2023. The event was attended by 41 participants from PMI district level, PMI Provincial level, PMI NHq and also IFRC staffs. Several points discussed and noted in the workshop as follows:

- Under the DREF operation, PMI has started to utilize online dashboard for reporting and monitoring purposes. There was one dashboard for activity reporting and one dashboard to monitor financial expenditure. Both dashboards could provide live information that can be accessed through website. However, only activity dashboard used accordingly to its purpose. While the financial expenditure dashboard reflecting until November 2022 only. To avoid this issue in the next DREF operation, PMI should clearly divide the role and responsibilities between the team at the branch and provincial level.
- Financial and expenditure report remain as a challenge at the field level. Due to the limited personnel involved in the operation, volunteers had to implement and do the financial reconciliation at the same time. In addition, volunteers were also conducting activity for other programmes. Therefore, they were working in-between programmes.
- As PMI actively engage in the response activity, PMI received positive feedback from the community. Even though the implementation has ended, PMI volunteers kept getting support request from the community. PMI volunteer then forwarded the message to relevant stakeholder for further action.
- Trained volunteer and CBAT team are still active monitoring the situation on the field. All PMI team are committed to continue report any cases identified at the field level to PMI Surveillance dashboard. All team also agreed *that the dashboard could be used as advocacy tools to their respective local authority on the health-related outbreak prevention.*

### Challenges

- By the time the operation rolled out, PMI was the only humanitarian organization that was actively responding to the outbreak. Throughout the implementation, PMI volunteers were very close communicating and coordinating with cattle owners in the area. Trust between the community to PMI gained through door-to-door promotion, spraying disinfectant and multi-purpose cash grant distribution. As the operation ends, PMI had to develop exit strategy to prevent community dependency for PMI support.
- The vaccination supply was limited compared to the amount of cattle in the area. In additions, to able to reach the vaccination target, the government need more additional human resources specially to reach those in remote area.

### Lessons Learned

- PMI surveillance dashboard is one of the effective exit strategies especially for health-related emergency response tools. The tools can be used as advocacy tools to the government whilst maintaining active engagement from the community.
- PMI volunteer and trained CBAT team, could continue the surveillance activity as it is not borne any cost. On the other hand, as they also have received outbreak prevention and response material, they could also conduct orientation for new participant

## D. Financial Report

In total, CHF 372,747 was allocated for Foot and Mouth Disease Response in three targeted provinces namely Aceh, East Java and Central Java provinces in Indonesia. Throughout the implementation period, CHF 359,223 worth of expenditure recorded. The remaining funding of CHF 13,524 will be returned to the DREF pot.

The financial report includes several variations, specifically on:

- **Health:** Under expenditure occurred in livestock biosecurity support in Aceh province. PMI Aceh accomplished a high number of cattle vaccinations with a relatively small amount of funding. Specific challenges were encountered in certain areas of Aceh where cattle were not confined to shelters and freely roamed the region. Locating and vaccinating these cattle proved to be a significant hurdle, leading to deviations from the initial plan and had to be concluded earlier than intended. As a result, some funds earmarked for the activity remained unused. Despite these obstacles, PMI has fulfilled its primary role by actively supporting cattle vaccination efforts. This has been achieved through extensive community outreach for prevention sessions and by forging stronger collaborations with the local government.
- **PGI and CEA:** The plan was to conduct three separate PGI and CEA orientations to volunteers in three provinces. Instead, due to limited staff and tight schedule, the orientation was conducted by inviting PMI representative from respective targeted area in Jakarta for one week including PGI, CEA, Finance and Procurement orientations. In addition, volunteer mobilization for CEA and PGI were reported together with Health and or Cash team mobilization. As PGI and CEA volunteers were embedded in the technical team, all their mobilization cost were reported together as health and or cash activity.
- **National Society Strengthening:** The budget line was to provide support for emergency command post and also to provide other technical orientation such as financial, procurement and programmatic reporting. As PMI integrated all the orientation session, the costs occurred were charged mainly to health and cash activity. Therefore, there are specific line budget under the national society strengthening left unused even though the activities carried out as planned. Three emergency command post were established at the provincial level. Besides reporting and coordination, the command post supported the implementation of health and cash activities. To avoid any double charging, most of the cost charged to the sectoral budget.
- **Multi-purpose cash grant:** Over expenditure occurred due to additional volunteers mobilized to verify the beneficiaries list. In the preparation phase, volunteer mobilized more than initially planned as local authority has limited data on cattle owners in the area. Hence, PMI had to find the intended cattle owners, ensure that targeted cattle owner is fit with the beneficiary criteria and to ensure no overlapping support provided to the targeted cattle owner with additional volunteer mobilization and coordination with the community and local authority.
- **Coordination and partnership:** Aligned with the explanation above, additional coordination and partnership meeting not only occurred in Cash implementation but also in health sector. While most of the health activity involved and required animal husbandry, local authority and community, PMI had to conduct regular meetings, updates and evaluations with these stakeholders. In the implementation period, PMI identified vaccine reluctance in several villages. To avoid any friction between the community and animal husbandry, PMI acted as liaison point between the authority and the cattle owner. By act as liaison point, PMI manage to reduce the vaccine reluctance. However, this required constant and repeated meetings and coordination with the community and authority.
- **Secretariat services:** According to the initial plan, secretariat services budget consisted of operational cost including consultancy fee and personnel cost. Consultant was needed to support PMI to design communication material such as IEC material, advertisement, communication material and to monitor and evaluate engagement from the activity. All activities were done and concluded. However, the consultancy budget was initially not coded to the correct account code for consultant cost but rather to publishing activity. As the actual expenses charged as consultant cost, consequently, overspend recorded for consultancy fee.
- **Personnel:** Overspending on personnel mobilization budget occurred, because technical expertise and trained volunteers at the field level were limited, so to support the branch, mobilization of trained and experienced volunteers and staffs had to be done from NHQ level to the district level. This was done to ensure the quality of

programmatic implementation whilst developing local capacities especially in outbreak response operation. More than foreseen technical support was provided particularly on outbreak response management, Community based Surveillance, set up and socialization of surveillance system application, set up and socialization of cash system application. PMI NHQ staff especially for Health, Cash and IM/IT were mobilized regularly to support the team on the field. Besides the additional mobilization cost, there were no additional staff recruited within the operation as operational structures at the field level remain the same from the start of the operation.

Detailed expenses are outlined in the attached Final Financial Report 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](#)

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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	2022/7-2023/4	Operation	MDRID024
Budget Timeframe	2022/7-2023/1	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 18/May/2023

All figures are in Swiss Francs (CHF)

## MDRID024 - Indonesia - Foot and Mouth Disease Outbreak

Operating Timeframe: 11 Jul 2022 to 31 Jan 2023

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>372,747</b>
DREF Response Pillar	372,747
<b>Expenditure</b>	<b>-359,223</b>
<b>Closing Balance</b>	<b>13,524</b>

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

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	138,795	143,799	-5,004
PO04 - Health	124,256	104,338	19,917
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion	6,816	260	6,556
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	10,650	442	10,208
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>280,517</b>	<b>248,840</b>	<b>31,677</b>
EA01 - Coordination and Partnerships	20,448	30,894	-10,446
EA02 - Secretariat Services	66,670	79,390	-12,720
EA03 - National Society Strengthening	5,112	98	5,014
<b>Enabling Approaches Total</b>	<b>92,230</b>	<b>110,383</b>	<b>-18,153</b>
<b>Grand Total</b>	<b>372,747</b>	<b>359,223</b>	<b>13,524</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2022/7-2023/4	Operation	MDRID024
Budget Timeframe	2022/7-2023/1	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 18/May/2023

All figures are in Swiss Francs (CHF)

## MDRID024 - Indonesia - Foot and Mouth Disease Outbreak

Operating Timeframe: 11 Jul 2022 to 31 Jan 2023

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>179,200</b>	<b>115,733</b>	<b>63,467</b>
Clothing & Textiles		649	-649
Water, Sanitation & Hygiene		33	-33
Medical & First Aid	29,600	3,958	25,642
Teaching Materials	34,400		34,400
Cash Disbursement	115,200	111,093	4,107
<b>Logistics, Transport &amp; Storage</b>	<b>12,200</b>	<b>5,642</b>	<b>6,558</b>
Distribution & Monitoring		277	-277
Transport & Vehicles Costs	12,200	5,365	6,835
<b>Personnel</b>	<b>64,400</b>	<b>105,964</b>	<b>-41,564</b>
National Staff		776	-776
National Society Staff	32,800	50,367	-17,567
Volunteers	31,600	54,822	-23,222
<b>Consultants &amp; Professional Fees</b>		<b>15,094</b>	<b>-15,094</b>
Consultants		15,094	-15,094
<b>Workshops &amp; Training</b>	<b>45,796</b>	<b>67,748</b>	<b>-21,952</b>
Workshops & Training	45,796	67,748	-21,952
<b>General Expenditure</b>	<b>48,400</b>	<b>27,117</b>	<b>21,283</b>
Travel	8,000	1,889	6,111
Information & Public Relations	19,200	5,922	13,278
Office Costs	18,450	9,158	9,292
Communications	1,950	4,051	-2,101
Financial Charges	800	6,093	-5,293
Other General Expenses		3	-3
<b>Indirect Costs</b>	<b>22,750</b>	<b>21,924</b>	<b>825</b>
Programme & Services Support Recover	22,750	21,924	825
<b>Grand Total</b>	<b>372,747</b>	<b>359,223</b>	<b>13,524</b>