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DREF final report

Indonesia: Central Aceh earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRID008
[GLIDE n° FL-2013-000073-IDN](#)
Final report
19 December 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 192,990 was allocated from the IFRC Disaster Relief Emergency Fund (DREF) to support Indonesian Red Cross (PMI) in delivering assistance to some 5,000 beneficiaries (1,000 households) over a period of two months.

This allocation was in response to a 6.2 magnitude earthquake which occurred in Indonesia's Aceh province on the island of Sumatra on 2 July 2013. Of the total amount allocated, CHF 125,565 was spent. The balance of CHF 67,425 will be returned to DREF.

**<see attached [final financial report](#)
[or contact details](#)>**

The earthquake caused significant damage to poorly designed structures and partially damaged many other buildings and facilities. It caused several landslides and contributed to further damage to infrastructure, buildings and communication systems. Many areas close to the epicentre were cut off from access by road.

Since the earthquake hit, the Indonesian Red Cross (PMI) quickly became involved in the relief operation. They mobilized to evacuate people from dangerous locations, distributed relief materials, provided basic first aid and medical assistance and helped in the provision of drinking water and shelter materials. Volunteers were engaged in raising awareness about improved hygiene and living conditions through a series of public awareness-raising campaigns and psychosocial support activities. Up to 5,000 people were targeted during the two months operation.

Donors to this DREF operation included the Canadian Red Cross/Canadian government, European Commission Humanitarian Aid and Civil Protection (DG ECHO), the Coca-Cola Foundation and Tsunami Residual Funds. On behalf of the Indonesian Red Cross, IFRC acknowledges with much gratitude, the contributions from each donor.



PMI leaders observe emergency response activities of the national society. Here, as part of the psychosocial support activities, children are engaged in a drawing competition. Photo: PMI

The situation



A 6.2 magnitude earthquake occurred in Aceh province on 2 July 2013. The epicentre was located in the western end of Central Aceh district proximate to the boundary of Bener Meriah in central Aceh. Most areas close to the epicentre were cut off from access to power and telecommunications. The areas most affected were the Bener Meriah and Central Aceh districts. In Bener Meriah district two sub districts were affected while in Central Aceh district eight sub districts were affected.

It was estimated that 53,403 people were displaced by the earthquake. A total of 42 people died while six people remain missing and are presumed dead. The earthquake damaged 20,877 buildings including houses, schools, health centers, religious structures and community facilities. Many of the displaced sought refuge in local community centres while others chose to stay in the ruins of their homes to protect their belongings and retrieve what items they could salvage from the

wreckage. Numerous people affected by the earthquake experienced respiratory illness, skin infection and hypertension. Casualties were evacuated to hospitals in Takengon and Bener Meriah for treatment.

The following table shows the extent of the damage in Central Aceh and Bener Meriah which were the two hardest hit locations.

Damage	Central Aceh			Bener Meriah			Total
	Heavy	Middle	Light	Heavy	Middle	Light	
Houses	5,450	2,420	6,101	1,132	1,270	2,638	19,011
Hospital	-	-	1	-	-	-	1
Community centre	4	3	2	-	-	1	10
Public health centre	16	3	2	1	-	-	22
Village health post	-	-	-	-	1	-	1
Village health centre	88	20	-	12	1	2	123
Office	21	29	34	6	4	8	102
Mosque	81	6	28	38	12	35	200
High school	79	51	2	24	31	-	187
Junior high school	127	40	6	19	43	-	235
Elementary	429	137	2	85	59	13	725
Pre-school	67	31	-	11	9	1	119
Village pre-school	75	63	0	1	2	0	141
Total	6,437	2,803	6,178	1,329	1,432	2,698	20,877

The governor of Nanggroe Aceh Darussalam declared a state of emergency for two weeks from 2 to 16 July 2013. During this time an Incident Command Post (ICP) was established in Takengon, the largest town proximate to the earthquake affected areas. An On-Site Operational Coordination Centre (OSOCC) was set up and operated under the support of the local military and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) team. Joint assessments were carried out under the direction of the ICP. The ICP and OSOCC seconded several PMI staff to assist them in the coordination of relief activities and to ensure those most vulnerable and at risk received priority care. The results of this assessment led to a commitment from PMI to essentially support relief efforts, to provide emergency shelter, distribute drinking water and set up an auxiliary health service.



The impact of the earthquake caused many landslides which resulted in the closure of roads and disrupted electrical, water and communication supplies. PMI branches in the two affected districts responded immediately as far as road access was possible. Once the roads were opened additional staff and relief items were deployed from neighbouring branches and the provincial chapter. A PMI rapid response team was dispatched from Jakarta on 6 July to reinforce the provincial teams during the early stages of the relief operation.

On 17 July 2013, the Government of Indonesia announced an end of the emergency response phase and a transition period to the early recovery phase from 18 July until 10 August 2013. The recovery programme was led by the local government under support from the United Nations Development Programme (UNDP) and the World Bank. After 17 July, emergency relief activities only continued in several hard to reach and badly hit locations like Bukit Rata. Apart from these locations, the priority was shifted towards the early recovery and restoration of community systems and services. The local government conducted a damage

assessment as a means to prioritize early recovery needs, such as rebuilding of government facilities, community services and repairs to infrastructure. A damage and loss assessment helped determine the extent of the damage and to identify specific amounts of cash to be provided to each house owner under the cash stimulus housing programme introduced by the president of Indonesia during his visit to the disaster location on 9 July 2013. A cash for work programme was offered by the government as a way to help accelerate the clearing of debris and rebuilding of services and infrastructure.

In total more than USD 4 million was pledged by the Indonesian government for the emergency programme. More than one thousand military, 600 police and various other government personnel were deployed. More than 30 relief agencies responded to mobilize staff, relief and recovery services for the affected communities. As mentioned above, the president of Indonesia announced that there would be a system of grants paid to the owners of damaged houses. Amounts agreed under the stimulus package included:

- IDR 40,000,000 (CHF 3,133) for houses completely collapsed or heavily damaged
- IDR 20,000,000 (CHF 1,567 for medium scale damage
- IDR 10,000,000 (CHF 783) for light damage.

The government is still in the process of assessing individual houses and facilities to determine the category of each building. Most of the building materials set aside for reconstruction (including the zinc sheeting provided by the PMI) is distributed immediately after the assessments on a case by case basis.

Coordination and partnerships

Coordination was done through the government-led Incident Command Post and a government cluster mechanism was established to cover areas including shelter and non-food relief, logistics, water, sanitation and hygiene, food and nutrition, health, child protection, and education. This mechanism aimed to streamline assessment data, improve coordination, ensure that essentials were clearly identified and that activities focused on priority areas and needs. The PMI seconded several staff to work in this office as a means to reinforce the government's capabilities and to ensure that their activities and plans were in support of the local government's administrative priorities. The national disaster management agency (BNBP) supported its provincial disaster arm (BPBD) to ensure all the relevant line ministries were clear on their roles and responsibilities. PMI participated in the government led strategic planning meetings along with other national disaster response agencies.

In Jakarta, an Inter-Agency Standing Committee (IASC) meeting was led by the UN resident coordinator and OCHA. Agencies participating in this meeting included donors (USAID, AusAID/AIFDR, JICA, New Zealand AID, ECHO), representatives from the private sector (DRP and UN Global Compact), INGOs, NGOs and other national stakeholders. Following the IASC meeting, an assessment team (consisting of UN, NGO and government representatives) was mobilized to Aceh to identify the requirements to reinforce the local government efforts and assist with coordination of non-government humanitarian providers.

Red Cross Red Crescent action

PMI mobilized its emergency response teams, supplies and relief items. Neighbouring PMI chapters and branches were deployed to backup and relieve the local teams. These teams came from North Sumatra, drawn from Medan, Binjai, Langkat, Labuhan Batu, Sibolga, Nias, Tapanuli Selatan, Tanah Karo, Deli Serdang, and Pematang Siantar. In total, 247 staff and volunteers were involved in the response.

Working together with the local authorities, military, police and other agencies, PMI volunteers and staff provided relief materials and the delivery of complementary medical and first aid services. Many of the required relief supplies were stockpiled in the regional warehouses of Padang and Banten and these were quickly dispatched into the earthquake affected locations. Search and rescue teams that had already been trained over the past years responded to the mounting emergency needs.



PMI volunteers worked quickly to provide emergency relief and tents. Photo: PMI

From the first day, PMI staff and volunteers assisted in the evacuation of displaced families to temporary shelters and into community centres. Community halls, stadiums, and churches were used to house displaced people. Under the local government coordination, PMI teams provided relief items, sleeping materials, clean drinking water, hygiene facilities and precooked meals to help ensure that basic services continued during the early stages of the emergency. Several emergency volunteer medical teams travelled by motorbike and by foot to reach locations that were inaccessible by car or truck. In addition to emergency services, PMI provided health and hygiene services until the local government was able to return these services back to normal. Other activities conducted by PMI included health and hygiene promotion, psychosocial support services, restoring family links, vector fogging and provision of emergency shelter.

The goal of PMI’s overall involvement in this emergency operation was to reduce the impact of the earthquake disaster on communities living in the affected locations. This DREF operation is a component of a larger PMI response.

Objective

The specific objectives of this DREF are:

1. Improve living conditions through the provision of emergency shelter materials
2. Increase access to basic health services through mobile health clinics

Emergency Shelter and Non-Food Items (NFIs)*

Outcome: Living conditions are improved for 5,000 people affected by the earthquake through distribution of blankets, sleeping mats, tarpaulins and zinc sheeting to repair damaged houses

Outputs (expected results) and activities planned:

- Conduct further assessment to identify/confirm beneficiaries
- Distribute shelter and non-food items to selected beneficiaries in a fair and transparent process
- Monitoring and evaluation of the distribution operations

Achievements:

- From 2 July, PMI volunteers have been actively involved in providing emergency services to the earthquake affected families mostly in Aceh Tengah and Bener Meriah districts. Priority was given specifically to these two locations as they were the most affected with many displaced and the need for urgent emergency services.
- PMI participated in the rapid assessments led by the local government. Based on these initial assessments, PMI identified a number of activities they wished to implement with the support from Australian Red Cross, American Red Cross and the IFRC under this DREF.
- During the emergency phase PMI collaborated with the local government in the dispatch and distribution of relief items, prepared and cooked ready to eat meals and provided potable drinkable water. Regular discussions with the village leaders and community groups helped to ensure that the distribution of items reached those most vulnerable.
- In total, 247 emergency volunteers (SATGANA) were involved in the response operation. With the exception of the national headquarters (NHQ) personnel, the team members were all deployed from the following locations within Aceh province:



Relief items are distributed to earthquake affected families.
Photo: PMI

#	PMI	Personnel	#	PMI	Personnel
1	PMI NHQ	12	9	STKIP GETSEMPENA	12
2	PMI PROVINCE ACEH	19	10	AKMSA	45
4	PMI ACEH TENGAH	42	11	PMI KOTA LHOKSEUMAWE	10
3	PMI ACEH UTARA	9	12	KSR PMI UNIT 07 UNMUHA	9
5	PMI SABANG	9	13	PMI KOTA BANDA ACEH	1
6	PMI KOTA LANGSA	18	14	PMI SUBULUSSALAM	5
7	PMI KABUPATEN PIDIE	20	15	PMI KABUPATEN BIREUEN	2
8	KAB PIDIE JAYA	13	16	PT KEBANGSAAN BIREUEN	21

- The PMI chapters assisted the local government in setting up a temporary radio communication post for transmitting vital information about the evolving situation and needs in the field.
- PMI was able to support 1,606 families or 6,718 individuals with hygiene kits, sleeping mats, and baby kits.
- PMI helped the internally displaced persons (IDP) to improve their living conditions by distributing tents, tarpaulins and blankets. Tarpaulins were used as shades and walls in their evacuation centre. Tents were used to provide temporary shelter to families whose home had been completely destroyed. Blankets were issued to provide warmth from the chilly nights.
- The PMI Aceh chapter established liaison officers within the Incident Command Post.
- The table below provides a list of all the items that were distributed by PMI. This list indicates items supported under this DREF and lists other items supported bilaterally.

Item	Total no. of units	Distributed to	
		Aceh Tengah	Bener Meriah
Under this DREF operation			
Zinc roof sheeting ¹	20,000	15,000	5,000
Tarpaulins	859	853	6
Mats	758	599	159
Blankets	2,638	2,399	239
External to this DREF			
Family tents	862	862	
Masks	7,000		
Family kits	1201	1,039	162
Mosquito nets	42		42
Baby kits	378	245	133
Jerry cans	2000	1,500	500
Sarong	1,416	1,416	
Tarpaulins	1,000	750	250
Toolkits	2,000	1,500	500
School kits	1,000	1,000	
Mukena (praying veil)	543	543	

- PMI used their prepositioned stocks to distribute relief items to the displaced and host families in a timely and proper manner. Later these items were replenished and updated to include two sets of field kitchens, 2,000 blankets, 2,000 sleeping mats, 860 tarpaulins, ten water tanks (2,000 litre capacity) and 100 garbage bins. All these items are now stocked at PMI North Sumatra warehouse on standby for future new emergency.
- Items that were initially drawn from the local warehouse in Banda Aceh have been replenished by stocks issued from the regional warehouses based in Padang, North Sumatra and Serang, Banten.

Emergency Health

Outcome: Immediate health risks of 5,000 earthquake-affected people in Central Aceh and Bener Meriah districts are reduced.

Outputs (expected results) and activities planned:

- Confirm IDP concentrations where health services are limited and assess needs and gaps
- Deploy seven mobile clinics for two months to provide first aid, curative and preventive health services, as well as referrals for severe cases.

Achievements:

The health response to the earthquake in central Aceh reached a total of 9,317 people through the delivery of mobile health services, disease prevention and health/hygiene promotion and psychosocial support services.

Mobile health services

- In total, four mobile health clinics reached 420 persons. Note that the original target of seven was proposed however after further discussion and coordination with the local authorities only four additional clinics were required.
- Four medical action teams (MAT), each consisting of an orthopaedic specialist and two general practitioners, were deployed to assist in the delivery of health services through mobile health clinics.

¹ The distribution of the zinc sheeting is on-going and is being coordinated under the direction of the local government. These materials have all been purchased and shipped to the field and will continue to be distributed along with other construction materials after verification of the status of each building by the local authorities.

- In the early stages of the emergency, two mobile clinics were stationed in the disaster locations where many houses and public buildings had collapsed. Two additional clinics were used to reinforce the Ministry of Health services. These units moved around based on specific need and under coordination with the local authorities. Medical staff went door to door offering medical services to the sick and wounded. Later individuals requiring further health assistance were coordinated by the local village chief through the schools and mosques.
- The PMI worked in close collaboration with the local health government office to provide additional medical and clinical services until the local government resumed its normal health services. Injuries related to cuts and abrasions were addressed by services from three mobile clinics which performed minor surgery and provided post-operative care such as re-dressing, blood donor services and referrals to the district hospital in Takengon. The mobile clinics provided general/basic health care services and attended to people who were affected with respiratory infections, eye infections, dysentery/stomach problems, hypertension and fever.
- One recurring challenge was related to local culture and knowledge. Many of the local population believe in and seek traditional methods of health care services. This required PMI to conduct extensive socialization about the importance and effectiveness of using modern health care services that would be made available to the local communities before any treatment by PMI or other health and care providers could go ahead.

Health and hygiene promotion

- Medical services were complemented by health and hygiene awareness-raising activities to promote better community practices that prevent the spread of diseases that may result in outbreaks. Through volunteers, PMI was able to reach the following families and individuals from seven locations. These numbers include those assisted through the mobile clinic services.

#	Village	Families	Individuals
1	Suka Makmur	275	1,015
2	Blang Paku	283	1,025
3	Pante Raya Dalam	427	2,303
4	Sukarramai Atas	149	930
5	Mekar Jadi Ayu	32	139
6	Syurajadi	233	1,060
7	Sumber Jaya	378	437
8	Bukit Mukie	108	322
9	Kulem Parakanis	72	284
	Total	1,957	7,515

Psychosocial support

Based on early assessment findings, most children in camps were contracting fever and rashes due to cold sleeping conditions and poor bathing practices. The earthquake had damaged many schools and mosques causing disruption to local education and religious practices. In addition, with the loss of livelihoods, the financial status of many families had been drastically reduced. These are a few of many factors that created considerable trauma and distress among the affected groups.

As a way of helping to reduce some of these stressors, PMI provided counselling services for adults and the elderly, which were done in conjunction with the non-food item distribution and health promotion activities. Movies were screened in the evenings, which were used as means to disseminate information and messages. PMI deployed ten volunteers to assist these groups which consisted of 331 women and 215 men.

PMI psychosocial support teams provided an assortment of exercises and games, specifically targeting children, to help them cope with the situation and to reduce boredom. Some of the arts, crafts and sports activities included drawing, colouring, snakes and ladders game, origami and football. Up to 418 children were actively involved in these activities which were conducted during the first six weeks of the intervention. In total, 964 people were reached: men, women and children.

Bilateral support

In addition, to its work with the local authorities PMI received bilateral assistance from both American Red Cross and Australian Red Cross. PMI has closely coordinating this support to ensure that all activities are complementary and there is no duplication of efforts. The American Red Cross has been supporting PMI to implement an integrated community-based risk reduction programme (ICBRR) in Aceh. As this ICBRR programme is relatively close to the disaster affected area, several staff and resources were quickly deployed to assist PMI in its response to this new emergency.

Bilaterally, PMI received support for this operation from American Red Cross and Australian Red Cross as follows:

Support from	Items
American Red Cross	Jerry cans, 1,000 sleeping mats, 1,000 tarpaulins, psychosocial support, and repair services for water pipes
Australian Red Cross	900 school kits, 750 hygiene kits

PMI worked together with the local government to distribute clean drinking water to displaced and host families. Five water trucks transported a total of 814,900 litres of drinking water (from eight water sources) to the following locations.

District	Sub-district	Village	Trip	Water source	Capacity
Central Aceh	Kute Panang	7	46	Redines, PDAM dan Alur Nege	373,000 litre
	Ketol	3	15	Simpang Juli	88,000 litre
	Silih Nara	3	22	MAS dan Pelang	205,900 litre
	Kebayakan	3	19	PDAM dan Redines	148,000 litre
Total					814,900 litres

Constraints

As the IDP's were scattered across the districts and housed in host family homes, public facilities and public community centres, it was difficult for PMI and the local government to cover all the areas adequately. Hilly terrain and damaged roads made access difficult. PMI focused its distribution plan in locations that were relatively close and where truck services could be best utilized.

Monitoring and evaluation

PMI branch and chapter representatives met regularly with the government as a means to safeguard transparency and to ensure that beneficiaries were appropriately targeted.

The PMI secretary general formed a special team to help supervise the chapters and branches in implementing the various activities. In the relief operation, team members were all actively involved in the distribution and roll-out of the emergency and early recovery programme. Each activity has representation from the community being assisted, the PMI national headquarters, chapter and branches to ensure the support is delivered in a well-coordinated manner.

Contact information

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

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DREF history:

- This DREF was initially allocated on [16 July 2013](#) for CHF 192,990 for two months to assist 5,000 beneficiaries.
- One DREF operation update was issued on [13 September 2013](#).

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 \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster 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.

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The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRID008 - Indonesia - Central Aceh Earthquake

Timeframe: 15 Jul 13 to 15 Sep 13

Appeal Launch Date: 15 Jul 13

Final Report

Selected Parameters

Reporting Timeframe	2013/7-2013/9	Programme	MDRID008
Budget Timeframe	2013/7-2013/9	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		192,990				192,990	
B. Opening Balance		0				0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		192,990				192,990	
C4. Other Income		192,990				192,990	
C. Total Income = SUM(C1..C4)		192,990				192,990	
D. Total Funding = B + C		192,990				192,990	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		192,990				192,990	
E. Expenditure		-125,565				-125,565	
F. Closing Balance = (B + C + E)		67,425				67,425	

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			192,990			192,990		
Relief items, Construction, Supplies								
Shelter - Relief	24,375		25,441			25,441	-1,066	
Shelter - Transitional	43,875		37,901			37,901	5,974	
Clothing & Textiles	30,225		22,507			22,507	7,719	
Medical & First Aid	51,675		17,750			17,750	33,925	
Total Relief items, Construction, Sup	150,150		103,598			103,598	46,552	
Personnel								
International Staff			23			23	-23	
Volunteers	31,061		14,281			14,281	16,781	
Total Personnel	31,061		14,303			14,303	16,758	
Indirect Costs								
Programme & Services Support Recov	11,779		7,664			7,664	4,115	
Total Indirect Costs	11,779		7,664			7,664	4,115	
TOTAL EXPENDITURE (D)	192,990		125,565			125,565	67,425	
VARIANCE (C - D)			67,425			67,425		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	192,990	0	192,990	192,990	125,565	67,425	
Subtotal BL2	192,990	0	192,990	192,990	125,565	67,425	
GRAND TOTAL	192,990	0	192,990	192,990	125,565	67,425	