

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

INDONESIA: YOGYAKARTA EARTHQUAKE

Appeal No. MDRID001
13 April 2007

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Operations Update no. 16; Period covered: 1 December to 1 March, 2007; Appeal target: CHF 38 million (USD 31 million or EUR 24 million); Appeal coverage: 94.1%; Outstanding needs: CHF 2.2 million (USD 1.8 million or EUR 1.3 million)

[<click here for the interim financial report showing latest income and expenditure>](#)

[<click here for a series of maps related to the operation>](#)

Appeal history:

- Preliminary appeal launched on 27 May 2006 for CHF 12.8 million (USD 10.4 million or EUR 8.2 million) for 8 months to assist 200,000 beneficiaries.
- Revised appeal launched on 6 June for CHF 38 million to assist 325,000 beneficiaries for 12 months.

Operational Summary:

In the first three months of the Indonesian Red Cross (Palang Merah Indonesia or PMI) and Federation operation, 119,000 affected families received relief packages, tents and tarpaulins, 2,800 families benefited from water and sanitation activities, and medical services treated over 23,000 people. Partner national societies were active contributors to the relief effort, with Netherlands, Spanish, Japanese and German Red Cross maintaining a longer term presence in Yogyakarta.

A needs assessment with communities was carried out in the early days, concurrently to the relief operation, to determine the starting point for their earliest recovery. The results of the assessment identified shelter as the most urgent need. Framed by the overall goal of community empowerment and the government's request to work with local community systems of mutual support (*gotong royong*), the PMI and Federation jointly developed a community cash-based shelter programme, forming the basis of the early recovery approach. The shelter programme has been highly successful, with a total of 11,500 transitional shelters completed, providing families in 29 targeted villages with a roof over their heads. As the shelter programme draws to a close, the operation is shifting its focus to other areas identified in the original needs assessment and by the affected, which the delegation is now planning towards. The other significant activities that have been ongoing since the relief operation are psychosocial support, rehabilitation programmes as well as water and sanitation.

The still significant needs of people affected by the earthquake require the operation to be reviewed. This process is currently underway and the results be shared in another operations update before the end of April 2007.

Background

An earthquake with a magnitude of 6.3 on the Richter scale struck near the city of Yogyakarta in central Java at 05:54 hrs local time on 27 May 2006, causing extreme and widespread destruction. There was considerable loss of lives and injuries, with villages in remoter areas south of Yogyakarta as well as in and around Bantul being the most affected. The official figures remain at 5,749 people killed, over 38,000 injured and more than 127,000 houses completely destroyed, with over 450,000 additional houses damaged by the earthquake. It is estimated that 1,173,742 people were made homeless. The earthquake epicentre was located some 20 km southeast of Yogyakarta at a depth of 10 km. Tremors were felt across the region, as far away as Semarang and Surabaya on the opposite coast of Java.

Operational developments

Eight months since the earthquake shook Yogyakarta and Central Java provinces, the operation is now consolidating its recovery methodology to meet the remaining needs of people left vulnerable by the disaster. This consolidation includes an integrated recovery approach through a pilot project in six villages (one per district), as well as traditional vertical implementation of programmes such as health and organizational development in other areas identified by Palang Merah Indonesia (PMI). Further details on this programme will be provided in the next operations update due end of April, where a revision to the plan of action and budget is foreseen.



Communities work together at night to build the bamboo houses so they are able to work during the day in income generating activities.

Key achievements of the operation to date include relief distribution to 124,778 families in the emergency phase, as well as the completion of 11,500 transitional shelters for families in 29 villages in the recovery phase (please refer to the Emergency Relief section).

At the end of December 2006, PMI and Federation stocks have been moved from the warehouse in Transito to Gamping as Transito's contract was not extended by PMI chapter. These remain under Federation control while waiting for PMI to officially confirm a plan of action for the stocks. Meanwhile, the Federation stock, particularly the medicines and the emergency health kit, were relocated to the Jakarta floods operation. In the meantime, replacement of relief items borrowed from the Merapi preparedness stock during the emergency phase of the earthquake response has been completed.

Red Cross and Red Crescent action - objectives, progress, impact

Emergency relief (food and basic non-food items)

Overall Goal: Beneficiaries have the necessary immediate support to meet their basic needs for food, non-food items and shelter until their permanent needs are met for the long-term

Objectives:

- **Food:** 65,000 families (approximately 325,000 beneficiaries) have supplementary food support until such time as they are able to resume their own income generating activities.
- **Non-food items:** 65,000 families (approximately 325,000 beneficiaries) have the necessary household items and basic economic support to restore domestic stability and their own capacity to initiate their recovery is reinforced.

- **Emergency shelter:** 65,000 families (approximately 325,000 beneficiaries) are provided with the appropriate type of emergency shelter, tools and materials to support their immediate recovery needs, with consideration of temporary, intermediate requirements for coping with the pending monsoon rain season that normally starts in September/October.

The operation completed the last of the planned emergency relief distributions successfully in the previous reporting period (please refer to Operations Update no.15), with 124,778 families from the quake-hit areas of Yogyakarta and central Java receiving essential relief items. Families received relief packages containing family kits, food and hygiene parcels, baby kits, sleeping mats and tents or tarpaulins, or individual relief items such as food and hygiene parcels as well as tents/tarpaulins according to their needs.

Recovery Shelter Programme

The recovery programme has continued to support communities with finance and technical assistance for constructing earthquake resistant, SPHERE compliant shelters. It aims to build 17,000 transitional shelters in targeted districts that were hit by the quake, as highlighted in [Operations Update no.12](#). Communities contribute materials and labour, adding balconies, or cement floors and low brick walls, to the core shelter supported by PMI. This community contribution averages 40 percent of total costs.

At a peak in December-January, 230 PMI volunteers were deployed, supporting 938 community groups in 54 villages, which were spread over ten sub-districts of five districts. A total of 12,435 families have requested assistance and as of 30 March, 11,500 shelters were reported as completed. Indeed construction in 29 villages has finished, while the rest are in final stages of procurement, construction or administration. It is expected that the majority of the shelters will have been completed, checked, and financially reported back by the end of March. The neighbourhoods that started late and have large numbers of shelters to build will complete their shelters by mid-April.

The PMI volunteers have continued to live in villages with affected communities and facilitate the requests for finance, purchase of materials, construction and financial reporting. Construction has been completed in the initial 21 villages selected as pilot areas, with a total of 7,898 shelters, ensuring all families in those two sub-districts are living with a roof over their heads. Name plaques and photos of each shelter have been completed, together with community reports on their usage of leftover finances.

Based on observed community satisfaction, the work area was expanded in stages on a needs basis, through a series of six trainings and deployment of PMI volunteers from three more branches of Yogyakarta province – Sleman, Kulon Progo and Gunung Kidul. The additional trainings allowed Federation support staff to build their capacity in training PMI volunteers in a step-by-step manner. Each of the areas the PMI field teams have entered are difficult to reach. These areas were also away from the epicentre of the earthquake and were not getting assistance from other organizations six months after the disaster. Generally, only where no other organization was willing to work have PMI/Federation agreed to assist.

Construction rate peaked in November with communities building over 800 shelters a week, before the government of Indonesia's (GOI) finance for building permanent houses came on stream. Once the GOI started providing financial support, communities had to split their time between building permanent houses and making a living, leading to most emergency shelters being constructed at night. Construction rates dropped as low as 195 per week. Over the past months, numbers have risen again to 430 per week.

The GOI has mobilized large amounts of resources to assist up to 240,000 families with approximately USD 1,500 per family to rebuild a permanent house. Attempts to mobilize technical assistance to support safer construction have been less than successful. To assist communities in rebuilding their homes, PMI and Federation have partnered with the engineering faculty of the largest State University in Yogyakarta (University of Gajah Madah), to develop and socialize key safe house construction messages. Five volunteer teams have undertaken evening and night village cinema shows, introducing concepts of earthquake resistance in rebuilding and repairs.

To date, 300 sub-villages have participated in this road-show. Based on experience of what communities knew and didn't know, the partnership has developed a series of newspaper public service advertisements highlighting the 12 principles of safe construction in earthquake areas. To support this effort, 2,500 colour calendars were produced

Indonesia: Yogyakarta Earthquake; Appeal no. MDRID001; Operations Update no. 16

with the same messages and distributed throughout the affected area. Most recently, Federation and Japanese Red Cross Society have supported the design, expert review and modification of a cartoon-based 'Safe House Booklet', giving both technical and easy to understand principles and practices of safe house construction. These booklets will be printed and distributed by the government of Yogyakarta to 300,000 families in Yogyakarta province. An easy-to-watch video is also being completed and will be launched for distribution at the same time, in mid-April.

The recovery team is investigating ongoing support for branches that wish to continue integrated assistance to communities who are particularly vulnerable to future disasters. This is possible because of the large amount of community contributions and the relatively low costs of supporting a large number of volunteers in the field.

Volunteers who wish to continue assisting communities will be invited to participate in additional training in community facilitation and technical fields, such as disaster preparedness, sanitation, water, health awareness and environmental rehabilitation. They will then be redeployed to high risk villages to support a community planning process. This process will demonstrate the involvement of the most vulnerable in assessment, planning and implementation of community programming. It will be coordinated within the PMI mandate of helping the most vulnerable and reducing risk of future disasters. Starting small with a pilot in each district, it can be expanded in iterations, if deemed successful, to reach a large number of villages in a way similar to the shelter programme. Ultimately, the project would address real needs and vulnerabilities, build capacities in communities, the PMI volunteer corps and PMI management as well as develop better relationships with local government.

Health

Overall Goal: The mortality and morbidity amongst the affected population is reduced to pre-disaster levels by addressing the immediate basic health care needs and future health risks through preventative and basic health care interventions.

Objective 1: To provide psycho-social support programmes (PSP) to affected communities in districts severely affected by the earthquake and to PMI volunteers supporting the response.

The Yogyakarta long-term PSP is taking place in the worst affected areas of Bantul and Klaten. It began on 15 January, with three days training and technical assistance from the American Red Cross. The ten volunteers from Bantul and Klaten carried out assessments in five target schools and communities in each area, which the PMI had identified as being vulnerable and in need of PSP for over two weeks. The objectives of this assessment were to identify:

- individual and community competencies that have helped people cope with the earthquake and can be strengthened to enhance community resilience,
- current priority concerns of communities and schools.

The Klaten volunteers found entry into the communities difficult because of two factors: the nature of the communities that are more closed/reserved compared with Bantul, and the material needs of the community that outweigh the perceived need for psychosocial support.

The assessment results revealed the main PSP issues for the affected communities are:

- loss of social cohesion since the earthquake, resulting in isolation and decrease in the number of community cultural, recreational and sporting activities;
- decreased trust in community leaders;
- anxiety about future earthquakes and tsunamis;
- people are still afraid to sleep in their houses and are suffering flashbacks and stress reactions.

In school communities, teachers are challenged by the emotional reactions and needs of children, the deterioration in children's behaviour and increased truancy. The working conditions are often difficult in temporary and damaged schools. The teachers, as earthquake victims, are also coping with their own stress reactions and are struggling to balance personal and professional challenges.

A skills-based training, with technical assistance from the American Red Cross, was held in mid-February to give volunteers the skills to facilitate PSP activities in communities and schools. Originally planned for implementation in five sub-districts in both Bantul and Klaten, the target areas have been reduced because the population size at

Indonesia: Yogyakarta Earthquake; Appeal no. MDRID001; Operations Update no. 16

sub-district level cannot be managed by the current team. However, based on need, the target areas were scaled down to *dusun*-level (sub-village) and the target number of communities and schools reduced to two communities and schools from five in each area.

The programme may be implemented in two phases in the communities. In phase 1, the PSP teams will begin activities in two *dusun*-level communities in Bantul and Klaten. Depending on the success of the pilot or “trigger” in phase 1, phase 2 will be implemented.

To be implemented in four and a half months, the pilot or “trigger” is a set of resilience building activities in a target area where targeted communities will be actively involved in the programme, with PSP volunteers acting as resource persons. Once the pilot or “trigger” is completed, the PSP team will commit to start working in a new community by the end of six months. However, if targets of the pilot are not met in the first targeted area, PSP volunteers will not enter the new community, leaving community volunteers already present to continue their current role.

PMI volunteers are now reintegrating into their target communities and schools and will begin facilitating activities with these communities in the coming weeks. Federation and PMI are working together on the project proposal and logframe which to be finalized in the coming weeks.

Objective 2: Reduce the impact of the most common diseases and ailments seen in the post disaster situations, including epidemics.

According to the World Health Organization’s (WHO) 5 February situation report, Yogyakarta’s health outlook is stable with no reported epidemics. The total number of dengue cases in Yogyakarta province in January 2007 shows a decrease compared to cases in January of the previous two years. The provincial health office reports that the earthquake has not had a significant effect on the dengue trend.

Health promotion activities on radio that disseminate health and water sanitation messages ran from August to December 2006. Avian influenza material and training on alert basics has been delivered to PMI branch volunteers.

Objective 3: To provide 325,000 beneficiaries with access to preventive, basic clinical and physical health and rehabilitation services.

There are relatively few health providers in the rehabilitation sector, and this number is decreasing over time as agencies move out. This leaves PMI with the important role of filling the gap in providing rehabilitation for the earthquake-affected population. To meet the increased needs among the population made vulnerable by the quake, it is planned to extend these services into the first half of 2007.

Rehabilitation and home based care

In Bantul, home care nurses are providing outreach services, targeting families who have disabled and or severely injured members requiring long-term care. The PMI have four nurses working six days per week, who carry out basic physical care, tend to dressings and catheter care, disseminate key health messages and refer serious cases to the local *puskemas* or hospitals. The nurses are supported by a team of nine volunteers who carry out data entry, administration and are drivers.

A PMI/Federation sponsored wound care workshop was held in January, and all agencies providing wound care in the field were invited. The goal was to standardize the assessment and treatment of decubitus ulcers among agencies working with earthquake victims in the disaster areas, and was a chance to share experiences and issues arising from the field. A speaker from the Indonesian Nurses Association gave an overview of the anatomy and physiology of decubitus and prevention, and another nurse from Indonesian Burn and Woundcare Association spoke on assessment, treatment and products available. Practical sessions on sterile techniques and dressing techniques were held. The workshop was videoed for use by PMI as a promotional and training tool.

The Bantul physiotherapy team consists of nine physiotherapists and ten volunteers. Four physiotherapists treat patients in the clinic that has a full range of equipment, while five physiotherapists treat patients in their homes.

Indonesia: Yogyakarta Earthquake; Appeal no. MDRID001; Operations Update no. 16

The physiotherapists identified 21 patients as being severely depressed and suicidal. These people have been referred to counselling services and the team reports a significant improvement in their condition.

The Klaten PMI branch established a home care and physiotherapy service in December 2006, with a team of three nurses, three physiotherapists, one doctor and four volunteers. In December, a one day induction to the Red Cross Red Crescent Movement was held for all members of the rehabilitation teams. The Klaten nurses and physiotherapists then had a week of on-the-job training with their counterparts in Bantul. The total number of patients seen for January was 51 and in February 66, with 59 of them physiotherapy patients and 13 of them home care patients.

With the conclusion of the weekly medical rehabilitation sub-cluster meetings, from February regular meetings among agencies, *puskesmas* (local health centres) staff and district health office (DHO) staff are now being held. The purpose is to improve communication and coordination between actors, and for the DHO and provincial health office to develop strategies that consider the exit plans of agencies. Currently, DHO is concentrating on increasing the capacity of the *puskesmas*.

January 2007

Bantul Physiotherapy

	Week 1	Week 2	Week 3	Week 4
Total Number of patients	Unavailable	152	142	168
Number of consultations	“	259	225	284

Bantul Homecare

	Week 1	Week 2	Week 3	Week 4
Total Number of patients	26	23	24	27
Number of Consultation	42	50	42	55

February 2007

Bantul Physiotherapy (Homecare statistics unavailable)

	Week 1 (1-3/2/07)	Week 2	Week 3	Week 4	Week 5 (26-28/2/07)
Total number of patients	115	169	164	154	110
Number of consultation	124	278	275	234	110

Objective 4: To support and coordinate efforts with Movement partners and international partners in support of the PMI

Objective 5: To ensure the target population has access to adequate and safe water supply, sanitation and hygiene promotion, materials and facilities to prevent significant outbreaks of water supply, sanitation and hygiene related diseases.

A total of 565 wells have been deepened, out of which 227 have had pumps installed. Almost 1,800 wells have been cleaned. In the reporting period, materials were developed to construct septic tanks and carry out well repairs as there is an expected need. One survey by the local government suggests that 69,266 septic tanks and 57,706 wells need to be repaired.

The WHO health indicators from November 2006 suggest that further water and sanitation interventions are needed (incidence of acute watery diarrhoea, bloody diarrhoea and typhoid fever are at 851, 16, 40 per 100,000, respectively, of the visits to the local health posts). A diarrhoea outbreak was reported, with 17 cases and one death. Insufficient morbidity data before the earthquake, new reporting methods and increased access to health care after the disaster limits comments on the relative impact of the quake on water-related diseases, but anecdotal evidence suggest a slight increase.

Indonesia: Yogyakarta Earthquake; Appeal no. MDRID001; Operations Update no. 16

It is suggested that the water and sanitation interventions use the integrated approach. The prioritization process by the community in the integrated approach would identify locations for the interventions. Implementation would be facilitated by community-based volunteers, supported by specially trained water and sanitation technical volunteers. During the intermittent period, the project has developed resources that can be offered to communities, which they can build themselves with technical guidance. Latrines and water catchment systems etc. are examples of such resources.

In November, the sub-delegation decided not to implement new water and sanitation projects that required capital investments before the monsoon was over. Instead, it was decided to build up and maintain a high level of emergency response capacity in case the monsoon brought new calamities on an already extremely vulnerable population. This was also done to ensure that capital investments, such as well cleaning and deepening, would not be washed away as a result of large rainfalls filling wells with silt etc.

Disaster Preparedness and Risk Reduction

Overall Goal: To reduce losses and suffering of vulnerable communities due to disasters through risk reduction and strengthening of preparedness and emergency response capacities of Indonesian Red Cross.

As mentioned earlier, the operation is in the process of revising its plan of action and budget to better adapt to residual needs of quake-affected communities, as well as address long-term needs of these communities and the PMI. This includes new activities through the community-based recovery programme, which would closely address risk reduction as well as preparedness and response capacity components of this objective. The recovery shelter programme is already addressing the risk reduction component, as outlined in the appeal, through awareness raising activities on safer building practices (please refer to the Emergency Relief section).

In the meantime, the disaster management team had assisted the monsoon preparedness efforts for the last three months (mid-November to mid-January). The team has successfully supported various branches in disaster response during the monsoon. Detailed operations are mentioned below:

Kulon Progo

The PMI have responded to localized disasters occurring in their respective districts. In the western area of Yogyakarta province, Gunung Kelir continues to be an issue since the earthquake, with families needing to be relocated because of the risk of landslides. Families are sleeping in tents in the relocation area and returning to their village during the day. Water facilities have also been provided. The PMI has responded quickly in Kulon Progo to address a landslide in Kalibawang, Banjararum (on 23 December 2006) and a strong wind in Karang Tengah Lor sub-village of Margosari, Pengasih sub-district. Following its initial assessment, the PMI distributed tents, tarpaulins, food parcels, sleeping mats, hygiene kits, boxes of milk and baby kits to two families in Kalibawang another family in Margosari.

Boyolali

A cyclone hit Boyolali on 2 January 2007, devastating maize farms, houses and killing one person. PMI has conducted an assessment and coordinated with the provincial government disaster team, Satlak to provide assistance to the affected families.

Cold lava flow has reached Kali Apu in Stabelan village and Tlogolele village (three km from Mt Merapi, an active volcano). Surrounding communities have not been advised on actions to take on cold lava flow yet. An assessment is being planned by PMI.

Table: Statistics on the impact of the Boyolali cyclone

Sub-district	Houses			Human casualties
	Collapsed	Heavy Damage	Slightly Damage	
Boyolali	2	6	43	1
Ampel	7	-	41	
Cepogo	-	20	197	
Mojosongo	1	3	8	
Selo	2	1	12	
Musuk	5	-	-	
Banyudono	-	2	-	
TOTAL	17	32	301	1

Gunung Kidul

Indonesia: Yogyakarta Earthquake; Appeal no. MDRID001; Operations Update no. 16

Twenty-seven families have been relocated in Mundon area, as their previous relocation area was deemed to be not safe when a small-scale landslide occurred.

Sleman

Related to the ongoing activity of Mt Merapi, the districts of Sleman and Klaten remain on alert. Assessments have been taken during the cold lava flow; some evacuations were also conducted in Kemalang sub-district of Klaten. At the same time, Sleman is prepared to respond to the potential landslide in Cangkringan.

Organizational Development

Overall Goal: PMI in the affected area has the structures, systems, skills and capacities to deliver quality services to the most vulnerable.

Objective: PMI's organizational structures in the affected areas are rebuilt and have increased capacity, skills and resources to implement PMI's Strategic Plan and continue to provide services to vulnerable groups, particularly those affected by disasters.

Following the massive earthquake which struck Yogyakarta and Central Java province in May 2006, the capacity of the chapters and its branches is challenged and revealed the need for organizational capacity building at chapter and branch level. PMI is now in a transition phase from acute emergency to recovery.

Analysis of the PMI capacity shows that the board from Yogyakarta chapter needed coaching as the board was elected only weeks prior to the earthquake, with nine of the 13 board members new to PMI. The first board orientation took place in September 2006 and further consolidation of roles and responsibilities is required. In contrast, Central Java chapter and branches are strong and well coordinated, requiring different levels of support.

The Yogyakarta sub-delegation adopted a two-pronged organizational development and branch capacity building approach through integrated community programming. Organizational development focuses at chapter level to support the chapters in improving their performance in administrative and operational management, while at the same time fulfilling their mandate to support the branches.

Support to the development of the chapters Yogyakarta and Central Java focuses on the following:

- Governance and management structure development
- Organizational systems development, including guidelines
- Resources development
- Human resources development and/or staff and volunteer management
- Knowledge sharing between the two chapters on disaster management, leadership, fundraising and advocacy/public relations
- Networking with relevant stakeholders related to PMI strategic priorities in disaster management, health services and capacity building. This especially relevant to networking with international development agencies, local consulting agencies, university institutes, mass media and public agencies

Branch capacity building as part of integrated community programming focuses on the following:

- promotion and application of methods of community-based risk reduction
- community action planning
- strengthening the interaction between beneficiary self-help groups and local authorities, which are in charge of social welfare and disaster management
- provision of financial and technical support (hardware for offices and communication)
- strengthening of leadership skills, project cycle management knowledge, communication and conflict resolution at branch level

Federation Coordination

To date, only the Japanese Red Cross, German Red Cross and Netherlands Red Cross remain active in Yogyakarta/Central Java provinces. Japanese Red Cross (JRC) continues their reconstruction of health stations, schools as well as distribution of school kits. The JRC has also partnered with PMI/Federation in producing a safe

Indonesia: Yogyakarta Earthquake; Appeal no. MDRID001; Operations Update no. 16

house booklet that is in the process of being distributed to 400,000 households affected by the earthquake. The development of this booklet has been carried out in coordination with relevant government bodies and partners in the shelter cluster.

German Red Cross (GRC) continues their support to PMI by mainly focusing on long-term organizational development and disaster management capacity building. A survey of the 35 branches of Central Java is completed and being translated. This survey will form the basis for a joint Federation/GRC organizational and disaster management support to Central Java chapter. Simultaneously, the GRC is working to support the PMI in developing an early warning tsunami system that is linked with government systems.

The Netherlands Red Cross is in the process of finalising a joint project with the International Office for Migration (IOM) and the PMI, which will support people that became disabled after the earthquake with adequate and especially-adapted semi-permanent shelter. In the meantime, Spanish Red Cross successfully finished their activities at the end of February.

Other coordination is mainly with the remaining international partners: United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), IOM, CHF as well as relevant government institutions. The UNDP and UNICEF offices are planning to close down in May/June.

[Interim financial report below; click here to return to the title page.](#)

How we work

All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The Federation's Global Agenda

The International Federation's activities are aligned with under a Global Agenda, which sets out **four broad goals** to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

- *Indonesian Red Cross (PMI): Mr. Arifin M. Hadi (acting head of disaster management division); mobile: +62.811.943.952; telephone: +62.21.799.2325 ext. 222; email: arifinmhd@telkom.net*
- *Federation country delegation in Indonesia: Bob McKerrow (head of delegation); email: bob.mckerrow@ifrc.org; mobile: +62.811.824.859; fax: +62.21.7918.0905, Oeystein Larsen (head of subdelegation, Yogyakarta); email: oeystein.larsen@ifrc.org; mobile: +62 811 1490 707*
- *Federation Southeast Asia regional delegation in Thailand: Bekele Geleta (head of regional delegation); email: bekele.geleta@ifrc.org; phone: +66.2.661.8201 ext 100; or Michael Annear (head of regional disaster management unit); email: michael.annear@ifrc.org; phone: +66.2.661.8201*
- *Federation secretariat in Geneva (Asia Pacific department): Josse Gillijns (regional officer); email: josse.gillijns@ifrc.org; phone: +44.22.730.4224, fax: +41.22 733.0395 or Priya Nair; email: priya.nair@ifrc.org, phone: + 44-22.730.4296.*

International Federation of Red Cross and Red Crescent Societies

MDRID001 - INDONESIA - YOGYAKARTA EARTHQUAKE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/5-2007/2
Budget Timeframe	2006/5-2007/5
Appeal	MDRID001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		38,045,440				38,045,440
B. Opening Balance		0				0
Income						
<u>Cash contributions</u>						
American Red Cross		1,735,408				1,735,408
Andorra Government		78,667				78,667
Andorra Red Cross		36,675				36,675
Australian Red Cross		961,245				961,245
Austrian Red Cross		2,391				2,391
Belgium Red Cross (Flanders)		437,655				437,655
Bosnia and Herzegovina Red Cross Soc		39,856				39,856
British Red Cross		3,032,802				3,032,802
Cambodia - Private Donors		249				249
Canadian Red Cross Society		2,661,930				2,661,930
Croatian Red Cross		220,000				220,000
Cyprus Red Cross		12,224				12,224
Czech Red Cross		5,444				5,444
Danish Red Cross		934,552				934,552
ECHO		0				0
Egyptian Red Crescent Society		62,970				62,970
Estonia Government		49,888				49,888
European Commission		2,700,683				2,700,683
Finnish Red Cross		438,720				438,720
German Red Cross		9,207				9,207
Great Britain - Private Donors		1,140				1,140
Hellenic Red Cross		31,337				31,337
Hong Kong Red Cross		427,735				427,735
Irish Government		779,500				779,500
Irish Red Cross Society		430,763				430,763
Italian DREF		787,775				787,775
Japanese Government		1,211,300				1,211,300
Japanese Red Cross Society		7,184,057				7,184,057
Korea Republic National Red Cross		347,278				347,278
Latvian Red Cross		39,250				39,250
Libyan Red Crescent		10,000				10,000
Liechtenstein Red Cross		30,000				30,000
Luxembourg Government		158,000				158,000
Luxembourg Red Cross		46,770				46,770
Macao Red Cross		30,000				30,000
Medicor Foundation		250,000				250,000
Monaco Red Cross		54,782				54,782
Netherlands - Private Donors		15,700				15,700
Netherlands Red Cross		2,190,054				2,190,054
New York Office		215,799				215,799
New Zealand Government		380,650				380,650
New Zealand Red Cross		189,866				189,866
Norwegian Red Cross		696,438				696,438
On Line donations		98,735				98,735
Other		-56,359				-56,359
Qatar Red Crescent Society		115,705				115,705
Senegal Private Donor		157				157
Singapore - Private Donors		77,950				77,950
Singapore Red Cross Society		114,705				114,705
Slovenia Government		65,322				65,322
Swedish Red Cross		1,492,700				1,492,700
Swiss Red Cross		100,000				100,000

International Federation of Red Cross and Red Crescent Societies

MDRID001 - INDONESIA - YOGYAKARTA EARTHQUAKE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/5-2007/2
Budget Timeframe	2006/5-2007/5
Appeal	MDRID001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

Switzerland - Private Donors		17,013			17,013
United States - Private Donors		12,599			12,599
USAID		151,409			151,409
VERF/WHO Voluntary Emergency Relief		4,000			4,000
C1. Cash contributions		31,122,696			31,122,696

Outstanding pledges (Revalued)

Albanian Red Cross		12,200			12,200
ECHO		697,257			697,257
Hong Kong Red Cross		316,600			316,600
OPEC Fund For International Developm		732,000			732,000
C2. Outstanding pledges (Revalued)		1,758,057			1,758,057

Reallocations (within appeal or from/to another appeal)

New Zealand Government		0			0
C3. Reallocations (within appeal or		0			0

Inkind Goods & Transport

Other		2,532,391			2,532,391
C4. Inkind Goods & Transport		2,532,391			2,532,391

Inkind Personnel

Australian Red Cross		74,400			74,400
Austrian Red Cross		37,200			37,200
British Red Cross		12,320			12,320
Canadian Red Cross Society		16,573			16,573
Danish Red Cross		7,440			7,440
Netherlands Red Cross		40,713			40,713
New Zealand Red Cross		113,919			113,919
Norwegian Red Cross		69,656			69,656
Other		26,254			26,254
C5. Inkind Personnel		398,475			398,475

Other Income

Service Agreements		3,671			3,671
C6. Other Income		3,671			3,671

C. Total Income = SUM(C1..C6)		35,815,291			35,815,291
D. Total Funding = B + C		35,815,291			35,815,291

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		35,815,291				35,815,291
E. Expenditure		-20,753,578				-20,753,578
F. Closing Balance = (B + C + E)		15,061,713				15,061,713

International Federation of Red Cross and Red Crescent Societies

MDRID001 - INDONESIA - YOGYAKARTA EARTHQUAKE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/5-2007/2
Budget Timeframe	2006/5-2007/5
Appeal	MDRID001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		38,045,440					38,045,440	
Supplies								
Shelter - Relief	9,080,000		4,173,741			4,173,741	4,906,259	
Shelter - Transitional			2,782,286			2,782,286	-2,782,286	
Construction Materials			701			701	-701	
Clothing & textiles	1,625,000		814,476			814,476	810,524	
Food	4,435,000		2,513,802			2,513,802	1,921,198	
Water & Sanitation	4,287,110		105,235			105,235	4,181,875	
Medical & First Aid	1,937,937		679,838			679,838	1,258,099	
Teaching Materials	40,000		1,172			1,172	38,828	
Utensils & Tools			1,197,070			1,197,070	-1,197,070	
Other Supplies & Services	3,505,800		2,179,327			2,179,327	1,326,473	
Total Supplies	24,910,847		14,447,649			14,447,649	10,463,198	
Land, vehicles & equipment								
Land & Buildings	105,000						105,000	
Vehicles			7,062			7,062	-7,062	
Computers & Telecom	666,000		182,965			182,965	483,035	
Office/Household Furniture & Equipm.			9,787			9,787	-9,787	
Others Machinery & Equipment			1,057			1,057	-1,057	
Total Land, vehicles & equipment	771,000		200,871			200,871	570,129	
Transport & Storage								
Storage	454,000		191,310			191,310	262,690	
Distribution & Monitoring	1,104,000		1,874,001			1,874,001	-770,001	
Transport & Vehicle Costs	529,000		204,016			204,016	324,984	
Total Transport & Storage	2,087,000		2,269,327			2,269,327	-182,327	
Personnel Expenditures								
Delegates Payroll	2,015,139		507,589			507,589	1,507,550	
Delegate Benefits	1,152,000		842,747			842,747	309,253	
Regionally Deployed Staff			14,009			14,009	-14,009	
National Staff	1,855,000		281,545			281,545	1,573,455	
National Society Staff	800,000		105,877			105,877	694,123	
Consultants	27,000		70,940			70,940	-43,940	
Total Personnel Expenditures	5,849,139		1,822,708			1,822,708	4,026,431	
Workshops & Training								
Workshops & Training	975,000		106,213			106,213	868,787	
Total Workshops & Training	975,000		106,213			106,213	868,787	
General Expenditure								
Travel	500,000		102,262			102,262	397,738	
Information & Public Relation	89,000		77,285			77,285	11,715	
Office Costs	312,700		217,844			217,844	94,856	
Communications	77,800		124,455			124,455	-46,655	
Professional Fees			1,227			1,227	-1,227	
Financial Charges			-15,384			-15,384	15,384	
Other General Expenses			697			697	-697	
Total General Expenditure	979,500		508,386			508,386	471,114	
Depreciation								
Depreciation			4,966			4,966	-4,966	
Total Depreciation			4,966			4,966	-4,966	
Program Support								
Program Support	2,472,954		1,272,828			1,272,828	1,200,125	
Total Program Support	2,472,954		1,272,828			1,272,828	1,200,125	
Operational Provisions								

International Federation of Red Cross and Red Crescent Societies

MDRID001 - INDONESIA - YOGYAKARTA EARTHQUAKE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/5-2007/2
Budget Timeframe	2006/5-2007/5
Appeal	MDRID001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		38,045,440					38,045,440	
Operational Provisions			120,629				120,629	-120,629
Total Operational Provisions			120,629				120,629	-120,629
TOTAL EXPENDITURE (D)	38,045,440	20,753,578					20,753,578	17,291,862
VARIANCE (C - D)		17,291,862					17,291,862	