

# EMERGENCY APPEAL



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  
(Revised)  
6 June 2006

*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 183 countries.*

### In Brief

**THIS REVISED EMERGENCY APPEAL SEEKS CHF 38,045,439 (USD 31 MILLION OR EUR 24 MILLION) IN CASH, KIND, OR SERVICES TO ASSIST 325,000 BENEFICIARIES FOR 12 MONTHS.**

*<click here to go directly to the attached revised Appeal budget; here to view the list of contributions, or here to view the map of the affected area>*

*A timely and generous donor response to the preliminary appeal (now CHF 20 million, including hard and provisional pledges) has enabled an effective response operation. Assessments continue on relief and longer-term recovery needs, and a revised plan of action is in preparation, to be issued in the coming weeks. The Federation encourages cash contributions (a further CHF 18 million is required) to allow maximum flexibility in assisting the Indonesian Red Cross (Palang Merah Indonesia, or PMI) to deliver the planned assistance to the affected population.*



*Indonesian Red Cross with support of the Federation and sister societies has been on the forefront of the earthquake response but more resources are needed to address longer-term needs of the affected communities.*

*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](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>*

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For longer-term programmes, please refer to the Tsunami Plan of Action.

## The situation

An earthquake with a magnitude 6.3 on the Richter scale struck nearby the city of Yogyakarta in Central Java at 05:54 hrs local time on 27 May 2006. It caused extreme and widespread destruction, with consequent injuries and considerable loss of life. Its epicenter was located some 20 kms south-southeast of Yogyakarta at a depth of 10 km (see the attached map). Tremors were felt across the region, as far away as Semarang and Surabaya on the opposite coast of Java. The overall affected area covers 500 square kms and contains a population of approximately five million people.



**The Red Cross field hospital, set up within 48 hours of the earthquake, has provided critical medical care to over 1,100 patients.**

Some villages in more remote areas south of Yogyakarta in and around Bantul were the most severely affected, and bodies continue to be recovered from the rubble more than a week later. Estimates of the loss of life range from 4,992 to 6,234, and the number of injured from 33,699 to 57,790. Given the population density of the impact zone and the fact that many people remain outdoors in fear of the aftershocks (now subsiding), internally displaced persons (IDP) figures are put broadly between 200,000 and 650,000.

While the urgent life-saving phase has passed and the long lines of injured has decreased at over-crowded hospitals, health facilities remain clogged with injured people.

Damage to infrastructure is still being determined. Estimates of destroyed or damaged houses have fluctuated from 130,000 to 175,000. Reports received in the last few hours as this

revised appeal is prepared, forewarn, however, that the actual numbers of houses destroyed and consequent size of the homeless population may be greater than originally forecast. Households in the impact area built by poorer families were primarily constructed of limestone and mortar rather than concrete, and these types of structures were much more susceptible to heavy damage or total destruction. Yogyakarta's Public Works Department has identified an initial 15,000 latrines needing quick construction to preempt a deterioration of sanitary conditions.

The bulk of humanitarian relief supplies initially flown in from Jakarta to the nearby city of Solo, and then directly to Yogyakarta when the airport runway was repaired, will now be transported by rail on Indonesia's state-owned train company. Custom-clearance delays for large quantities of materials rushed into the country pose the risk of backlogs and bottlenecks similar to the logistics problems experienced in the months after the tsunami. World Food Programme (WFP) has provided two logistics specialists to help expedite emergency stocks donated for the Yogyakarta response.

An emergency immunization campaign against measles has begun by the World Health Organization (WHO) in

support of the provincial health department, and tetanus shots are also available for those made homeless by the earthquake.

Seismic activity and the spewing of hot gas, ash and rocks continue at Mount Merapi, the active volcano on the outskirts of Yogyakarta, whose activity has reportedly trebled since the earthquake. According to the Indonesian Centre of Volcanology and Geological Hazard Mitigation, the lava dome at the summit has partially collapsed. Scientists continue to closely monitor the volcano's activity, cautioning that an eruption could be weeks or months away – or as early as tomorrow.

Health professionals involved with issues related to avian influenza have pointed out that some homeless people in the quake zone have moved into chicken coops, raising the possibility of contact with flu-infected birds in a country with a toll of 37 confirmed cases to date of human deaths caused by the H5N1 virus (see [avian influenza information bulletin](#) regularly updated on the Federation's website).

## Red Cross Red Crescent action to date

From the start of this emergency relief operation until today, the Indonesian Red Cross (Palang Merah Indonesia – PMI), with the support of the International Federation, has provided emergency shelter (family tents and tarpaulin) to over 40,000 people, food parcels, hygiene kits, baby kits (to families with babies; approximately 30% of the target population to date), and sleeping mats to more than 10,000 families in the most affected eight districts of Yogyakarta and Central Java (Bantul, Klaten, Sleman, Kulon Progo, Jogja, Gunung Kidul, Magelang, and Boyolali).

The critical life-saving phase provided by the Red Cross and Red Crescent Movement (the Movement) medical personnel in support of over-burdened medical facilities is winding down as the peak emergency phase ends. Discussions are underway on the exit strategy for participating societies' seconded medical teams, along with the hand-over of medical supplies and field medical facilities transported into the operational area.

Meanwhile, the PMI, with the combined support of the Federation, Movement partners, and other agencies in the field, is providing basic health care services to 1,400 patients on a daily average through thirteen mobile clinics and four health posts covering four districts according to the following breakdown:

- Mobile clinics: 8 in Sleman; 2 in Bantul; 2 in Klaten; and 1 in Kulon Progo.
- Health posts: 2 in Bantul; 2 in Sleman.

Additionally, the ICRC/Norwegian Red Cross field hospital from the 2005 Tsunami operation in Banda Aceh (subsequently donated to the Ministry of Health in coordination with PMI and subsequently set up within 48 hours of the earthquake beside the PMI Bantul branch) has provided critical medical care to 1,100 patients (until 4 June).

The 10 PMI field kitchens have each increased their respective capacities from 500 to 600 meals per shift (three shifts per day), and have therefore prepared a combined total of 18,000 meals a day. The primary focus for the provision of hot meals are the hospitals, field hospitals, health posts and, where possible, injured citizens residing in houses or other safe structures.



**Indonesian Red Cross mobile kitchens are preparing a total of 18,000 cooked meals per day for earthquake survivors in ten different locations.**

The coordinated Red Cross and Red Crescent water and sanitation (watsan) team has thus far identified areas in Klaten district and sub-district in which PMI and two delegates have begun safe water production sufficient for 20,000 people. Watsan assessments in different parts of the most affected areas are being carried out by the Federation/PMI, French Red Cross and German Red Cross, with the bulk of activities expected to transition from emergency water distribution to interim water provision and sanitation. Thus far, 250 PMI volunteers have been

selected to carry out the complementary hygiene promotion.

The local Spanish Red Cross/PMI water-sanitation response unit team produces high quality water at the rate of 8,000 litres per hour and continues distribution to the PMI Bantul field hospital. Emergency latrines have also been constructed at the temporary IDP camp in Bantul and in the PMI field hospital vicinity.

Three ERUs<sup>1</sup> in logistics (British Red Cross), relief (American/Spanish Red Cross) and IT/telecommunications (Danish Red Cross), mobilized within days of the disaster by the Federation, are fully operational and are supporting PMI.

So far, the logistics team has handled 19 flights of relief goods in Solo and Yogyakarta and has assisted several flights sent bilaterally by participating societies. A central logistics warehouse in support of this emergency response is now operational, providing 1,600m<sup>2</sup> of secure, covered storage and temporary overflow parking for Movement vehicles assigned to the Yogyakarta activities. The team has had good cooperation with local police authorities, who are now organizing traffic control at the warehouse and at the holding areas.

Some 500 PMI volunteers in total are engaged on a daily basis across the eight affected districts to support ongoing assessments, relief and logistic operations, basic health care delivery, watsan and psychosocial support activities.

The response from partner Red Cross and Red Crescent societies in the country and in the region since the onset of the disaster has been enormous. The use of available resources, including personnel, disaster response equipment and relief supplies from the tsunami operation and the Mount Merapi preparedness operation, has been optimized and coordinated swiftly. To date, over 148 staff members from the Federation and about 20 national societies are engaged in the Yogyakarta earthquake response operation.

Details of partner PNS activities in support of the PMI and Federation emergency response are reported in the [Operations Updates](#) for this appeal available on the Federation's website.

## **The proposed operation**

This revised Emergency Appeal is launched based on initial assessments carried out in the first week by the PMI and the Federation teams. Assessments are ongoing for all sectors particularly for early recovery. Upon completion of these assessments a revised plan of action with an amended budget will be issued. In addition, in the possible event of a Mount Merapi volcanic eruption, this operation may expand to cover humanitarian needs arising from the disaster. This operation will therefore replenish disaster preparedness stock that were earlier pre-positioned for a possible volcanic eruption, but have since then been mobilized to support the Yogyakarta earthquake operation.

The Federation urges donors to continue to contribute generously with cash support to allow rapid, flexible and longer-term assistance to the earthquake survivors.

The relief operation will consult and engage communities themselves to ensure relief is appropriate and acceptable to affected communities. The approach of this operation will ensure good technical integration among various sectors of intervention within health programming (preventive and clinical service, water and sanitation/hygiene, psychosocial support, community health etc) and with relief, shelter, organizational development, disaster preparedness etc). Efforts will be made to contribute towards the overall aim and objectives of national and international efforts to reduce the impact of the disaster as well as towards the Federation's Strategy 2010, the Global Agenda, and further capacity building of the PMI core programming.

All procurement will be carried out locally to the maximum extent possible. Any national or international procurement will factor in possible inflation of market prices and its impact on local population.

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<sup>1</sup> ERUs are made up of trained teams of specialists and pre-packaged sets of standardized equipment ready for immediate use in disaster zones.

## Objectives and activities planned

### Emergency relief (food, non-food and emergency shelter)

**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.**

**Objective 1: 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.**

Early assessments indicate that the agricultural sector was not significantly affected by this earthquake. Although farming communities were disrupted, with damage to villages and consequent injuries and loss of life among farming families, the crops were not affected. Therefore harvests are expected to proceed normally with foodstuffs in the marketplace for those whose livelihoods were not affected. Consequently, emergency food distributions are not anticipated to last for a prolonged period of time.

Purchasing power among the overall population will need to be assessed. The operational plan is based on the assumption that the majority of the population retains its food purchasing capacity. Ongoing assessments will enable the PMI and Federation to adjust implementation. Standard Red Cross and Red Crescent registration procedures will be applied. All aspects of food distribution will be well coordinated with the beneficiary community, government authorities and the UN system agencies.

- 65,000 vulnerable households will be provided with adequate and appropriate supplementary food for the first two months following the disaster;
- 6,000 of the most vulnerable people left homeless by the earthquake, including hospital in-patients and their relatives, will be provided with hot meals daily through the services of field kitchens during the initial emergency phase estimated at four weeks.

**Objective 2: 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.**

In addition to ongoing distributions of food aid, the prospect of cash or voucher assistance to meet other basic needs is being actively considered for provision to vulnerable households whose key means of making a living have been disrupted or lost as a result of the earthquake. The target number of beneficiaries is set at 3,100 households, based on the assumption that the families of up to 50% of the people killed in the earthquake (3,100 of 6,200) have been made vulnerable due to disruption of their household income sources. The amount of the assistance, IDR 5 millions, represents 3 months salary for an average worker. A needs assessment is currently underway to determine the potential design for a cash or voucher program for vulnerable households.

Based on assessments carried out by the respective ERU teams and consultations in the field, the basic final beneficiary package will consist of:

- Tent or tarpaulin (allotment depending on severity of damage to beneficiary's house).
- Hygiene kit (1 per month for 2 months).
- Sleeping mats (2 per family).
- Baby kits (for children < 5 years).
- Sarongs (5 per family), based on beneficiary preference, also as replacement of sheets.
- Lanterns and stoves (will be included on an "as needed" basis from already existing stocks).

There is effective coordination between the members of the ERU Logistics team related to the arrival of relief supplies. Procurement is progressing with the majority of items most likely to be procured in-country, and an estimated time of arrival of within the next 1-2 weeks. As a result:

- 65,000 households will receive essential non-food items based on needs and identified by on-going assessment;
- 20,000 households with infants will receive two distributions of baby kits;
- 3,200 vulnerable households including those who have lost their breadwinner, receive basic assistance to enable them to meet basic needs.

**Objective 3: 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 target number of beneficiaries for the appeal has been set at 65,000 households (325,000 persons). This was determined by the total number of houses completely destroyed and heavily damaged (130,000), PMI local capacity, government commitments and other local, national and international actors (including partner national societies). An estimated 50% of this figure constitutes the global target of this revised Emergency Appeal.

The government plans financial assistance to affected households (IDR 30 million for totally destroyed/heavily damaged, IDR 15 million for heavily damaged houses). The UN's \$35m shelter budget is a (provisional) statement of overall shelter needs for 250,000 beneficiaries in the Indonesia earthquake operation. This budget includes emergency shelter and transitional shelter and can be expected to be revised as further assessment information arrives. The needs are intended to be met by any humanitarian actor responding to shelter needs. This Federation appeal is to be considered as a contribution to the overall shelter needs of \$35 million identified in the UN Appeal. If a partner national society or government contributes to the Federation's appeal, this is effectively considered as a response to the UN Response Plan. The Federation therefore encourages donors to provide support to its shelter operation by direct contributions to the revised Emergency Appeal, and not via the UN mechanism.

Some fifteen international and national agencies are currently providing tents and tarpaulins to families with damaged or destroyed houses. However the deliveries fall significantly short of the needs which at the end of May were estimated as being 50% met. Many families are indicating that tarpaulins are more useful than tents given the climate and damage, and the Federation estimates that current planned deliveries of other agencies will leave 65,000 families in need of shelter materials. Tent distribution will be based on numbers already available. Initial needs assessment indicate that tarpaulins may be a more preferred solution because of the availability of repair and reconstruction material that can be salvaged from collapsed houses.

The Federation, working in close collaboration with PMI, is currently undertaking additional assessments of further possible emergency sheltering needs such as: tool/repair kits and cash/voucher supplements for homeowners to help them clear rubble and salvage materials from their destroyed homes to construct emergency shelters and undertake emergency repairs to damaged homes, where structurally safe for habitation. Additional support will be given by way of short-term technical assistance and public information programs on safe ways to construct/repair shelters to make them hazard resistant. This will be done in coordination and cooperation with other agencies that are also providing emergency shelter assistance.

The Federation is undertaking the lead role of the Emergency Shelter Coordination Group (ESCG) in Yogyakarta. The ESCG is independent of the Federation's relief response programming. The International Federation's revised Emergency Appeal is independent of the UN's Inter-Agency Earthquake Response Plan<sup>2</sup> that references the ESCG, and does not duplicate the requirements of that plan. The Federation plans entail:

- Providing 15,000 households with immediate temporary shelter through the provision of tents.
- Providing 50,000 households with temporary shelter through the provision of tarpaulins (two per household) enabling their return to the original dwelling site.
- Providing 1,300 community groups of 50 households each (65,000 individuals) with tool kits to enable the clean up and the establishment of temporary accommodation at their dwelling site.
- Ensuring that up to 13,000 households with specific shelter-related vulnerability is identified and supported through the provision of material or other necessary assistance.

This assistance will be provided in close coordination with the beneficiary communities as well as the government, UN agencies and other organizations providing emergency shelter. The Federation, working in collaboration with PMI in the National Society's capacity as principal member of BAKORNAS (Indonesia's National Coordinating Board for the Management of Disasters), will monitor the progress of implementation of transitional shelter plans throughout the rainy season, to ensure that basic living standards are met in the move from tarpaulins and tents into more weather-resistant structures.

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## Health and Care

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

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

Immediately after the disaster, the PMI deployed a PSP team with 30 volunteers from the PMI Yogyakarta district branch to Bantul. PMI requested the American RC PSP Aceh team to provide assistance to the Klaten district, and a team of eight was deployed, with four PMI staff from Aceh and one staff from national headquarters, Jakarta. A rapid assessment in Klaten started on 30 May, integrating the activity with the PMI relief and assessment teams covering the four most affected sub-districts of Gantiwarno, Wedi, Bayat and Prambanan in Klaten district.

The rapid assessment revealed the PSP immediate needs to be the:

- Provision of informal schooling and creative expressive activities within the community to help children to recover from fear;
- Facilitation of individual and family grieving rituals;
- Provision of spaces to restart formal educational activities;
- Psychological First Aid for individuals who have lost family members.

Approximately 605 children and 61 teachers, 217 adults (women, elderly, village leaders, and traditional birth attendants) have now been reached through psychological First Aid. The PSP needs of the affected population will grow. The mid-term needs during the reconstruction process are related to restarting of communities' traditional activities and facilitating community sharing and organization. A priority is to provide teachers, students and caregivers information, skills and facilitation on how to best intervene and provide support in the area.

Based on the rapid assessment in the Klaten area, the further PSP programming will be scaled-up; focused on reaching more of the affected population in several districts as per further needs assessments, working through the PMI, as well as further capacity building of PMI in the affected area.

- Affected communities will receive emergency PSP support.
- PSP programmes will initially focus on the most vulnerable (e.g. in temporary shelters).
- Traditional healing mechanisms will be considered in the provision of PSP.

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

The large number of injured and the damage to health infrastructure has created a heavy burden on the remaining health system. The Federation, working in support of the PMI and MoH, and in coordination with partner national societies, will fill service gaps and relieve take pressure on medical facilities. By addressing immediate basic health care needs and future health risks through preventative and basic health care interventions, implementation activities will support the PMI capacity building in health, in keeping with goals laid out in their strategic plan.

Working in close cooperation and coordination with the IASC health cluster (led by WHO), the Federation will support and coordinate efforts with Movement and international partners to enable the PMI and its government (through the MoH) to respond to earthquake-related needs. The approach will ensure good technical integration within health programming (preventive and clinical service, water and sanitation/hygiene, psychosocial support, community health etc) and health related areas (relief, shelter, organizational development, disaster preparedness, etc), contributing towards the overall aim and objectives of national and international effort to reduce the impact of the disaster as well as towards the UN's Millennium Development Goals (MDG's) in health, the Federation's Strategy 2010, and further capacity building of the PMI core programming. Activities will include:

- Further assessments and monitoring of the health situation will continue also with a focus on peripheral areas and on the most vulnerable, especially those accommodated in temporary shelter;
- In coordination and cooperation with PMI and MoH, constantly monitoring disease outbreaks and ailments, and potential epidemics such as avian flu, malaria, dengue fever, etc.

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

The support to existing basic health and community care provided by PMI is vitally important until MoH capacities are restored to pre-earthquake levels. Simultaneously, immediate basic health care needs exacerbated by the disaster, will be responded to by filling service gaps and caring for the current patient overload from other health facilities, caused by the disaster. These services will have to be provided until the health conditions of the affected population returns to pre-disaster levels. Any such support will also strengthen PMI capacity building in line with their strategic plan.

- Assistance to PMI/MoH to assess and constantly monitor health situation and health care service capacity, in close cooperation and coordination with IASC Health cluster, led by WHO, focusing on peripheral areas and the most vulnerable, especially those living in temporary shelters.
- Supporting the provision of services at the field hospital in the emergency phase and during rehabilitation and ensure appropriate referral system.
- Provision / coordination of static basic clinics / mobile clinics systems, including input form RDRT as a complement to PMI capacity.
- Continued assessments and monitoring using an integrated approach ( health including community health, wat/san/hygiene/vector control, PSP, relief, shelter).

**Objective 4: To support and coordinate efforts with Movement partners and international partners in support to the PMI and its government (MoH).**

In order for such assistance to be effective, the vulnerable sections of the population needs to be prioritised with the aim of maximising delivery of assistance by partnering with Ministry of Health, sister societies and PMI for the effective and coordinated use of resources. The operation will clearly contribute towards the overall aim and objectives of national and international efforts to reduce the disaster impact, as well as to the UN's MDG's in health and the Federation's Strategy 2010. Such support will also include the further building up of the PMI core programming capacity in the health sector.

Health programmes will:

- Ensure good technical integration within health programming (preventive and clinical service, water and sanitation/hygiene, psychosocial support, community health etc) and with health related areas (relief, shelter, organizational development, disaster preparedness, etc).
- Include lessons-learned workshops integrated with other technical health associated areas well in advance of the expiry of the appeal period, ensuring a good preparation for possible further support beyond this appeal.

**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 disease.**

Initial on-site assessments by Movement watsan delegates, gleaned through observation, consultations with affected people, with local government authorities and with other agencies indicate that the main requirement is for sanitation and hygiene promotion and supporting materials, and a targeted water supply response.

The water supply systems are largely functioning and the support required is targeted water purification and trucking, and rapid rehabilitation of existing systems (for example household wells) to specific areas and to health facilities where existing systems are not currently functioning. Currently, Red Cross Red Crescent provide safe drinking water to at least 20,000 people and the Bantul-based Field Hospital.

Sanitation and hygiene promotion needs are widespread and are the main intervention required to avoid hygiene-related disease outbreaks related to water supply and to sanitation. The Appeal will support hygiene promotion including the use of latrines and proper waste management, the provision of hygiene materials to enable hygiene, and supporting the construction or rehabilitation of latrines and other sanitation facilities.

The response will build on the capacity and activities of the affected community. Coordination with the affected people, the government and other agencies will ensure that the right response is made in the right place. Expected results stated below are thus indicative and will likely change in response to needs

Some partner national societies have, already, indicated their willingness to provide specific services to identified areas, such as:

- The German Red Cross plans to install a water treatment plant in Mlese village (Gantiwarno sub-district of Klaten) train PMI volunteers in the management and operation of this plant, and construct urgently required sanitation facilities in Gantiwarno sub-district.
- The Spanish Red Cross has outlined plans for environmental cleaning in Pudong sub-district of Bantul.
- The French, German and Spanish Red Cross are currently undertaking more in-depth water related assessments.
- Through a Federation coordinating process, it is hoped to develop clear areas / districts of implementation for partner national societies interested in directly supporting this activity.

Subject to further assessments and investigations, this revised Emergency Appeal will provide:

- Approximately 3,200 emergency latrines in the districts most in need.
- Well-cleaning in Klaten District.
- Health promotion, distribution of hygiene items, and related training of PMI volunteers.
- Some 8 million litres of safe water will be provided by water purification and trucking to affected communities and health facilities.
- 2,500 safe water supplies will be rehabilitated.;
- 65,000 appropriate sets of hygiene material will be distributed.
- 5,000 volunteers will be trained in health promotion.
- Waste management will be given particular emphasis.

More detailed assessments will follow.

## **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.**

The impact of the earthquake was magnified due to inadequate building practices. When people are building back they need to be aware of building principles and practices that will make them less vulnerable to future disasters.

The Movement has developed a safer housing awareness and building practices project in Aceh following the tsunami. Curriculum material developed during this project, with input from other agencies (for example UN Habitat) will be adapted to give householders information on how to build safely. It is expected that this awareness raising will, through working with other agencies including the Government, be supplemented with practical training during reconstruction to increase the impact.

In disaster preparedness, activities will focus on close involvement of National Society leadership, staff and volunteers and on a maximisation of their engagement and ownership of the programmes. This will include the strengthening of response tools and mechanisms of the National Society with a clear linkage to the government plans and the Red Cross and Red Crescent regional and global response system. It will also address the enhancing of response resources of the National Society including contingency planning, practice as well as dissemination and simulation at community level. The overall goal of enhancing community knowledge will particularly focus on gender sensitivity by increasing women participation and the involvement of marginalized groups at all levels. General risk reduction measures (such as safe housing, health environment, safe hygiene) will be applied in view to building community resilience. In addition, the following will be carried out:

- Distribution of awareness and training materials on safe building practices.
- Adaptation of existing awareness and training materials on safe building practices.
- Development of appropriate training and dissemination material, simulation exercises, etc.

- Further support to PMI in enhancing and developing emergency response / preparedness plans incorporating existing structures such as SATGANA, KSP, Tim Khusus volunteers including follow-up, monitoring and reporting systems.
- Training of PMI branches/chapters volunteers in Yogyakarta and Central Java to carry out and update vulnerability and capacity assessments (VCA).
- PMI refresher training and simulation exercise on disaster response.
- 2 lessons learned exercises with PMI, local government and other stakeholders from Yogyakarta and Central Java districts.
- Replenishment of relief items (details currently being assessed).
- Enhance integration and synergy with other stakeholders i.e. government, NGOs, UN in planning and implementation through strengthening coordination, cooperation and information sharing mechanism.

### **Organizational Development and Capacity Building**

The magnitude and complexity of current operations have put great demands on PMI volunteers, personnel and structures. In the last month, both Central Java and Yogyakarta chapters have been on a high level of preparedness in response to alerts and risks for an eruption of Mount Merapi. This risk still lures in the background to the earthquake. As a result, PMI volunteers and staff are very stretched, despite reinforcement and support from other chapters and the national headquarters.

There is an urgent need to reinforce PMI structures, human and operational resources at all levels. In a medium-term perspective, key targets for support include Central Java and Yogyakarta chapters, and seven branches in Yogyakarta.

The aim is to ensure that the society has the capacity, structures, systems and skills to maintain a high level of services to the most vulnerable in the aftermath of the earthquake. The chapters will consolidate co-ordination with and between branches. Key targets for support include uniform management, information and reporting systems in branches; management training; human resources development and strengthen related systems; volunteers support systems; intensified training and services; and fund-raising among local population, not directly affected (resource development)

There is also a need for strengthening IT capacity and electronic structures, which will enable the chapters to provide up-to-date information electronically with the national office and branches. And finally, support to Red Cross physical structures, including basic equipment.

**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.**

- Continuation of current damage assessments.
- Repair and restoration of two PMI chapter and 10 most affected branch buildings.
- Continuation of needs assessments in terms of equipment, manpower and staff/volunteer training needs.

### **Capacity of the National Society**

The Indonesian Red Cross has a strong and well-established capacity in emergency preparedness and response, considering the widespread and frequent occurrence of natural disasters throughout the world's largest archipelago. As well, as a direct result of the build-up in human and resource capacities following the December 2004 tsunami in Aceh province of northern Sumatra, PMI has built up a robust inter-dependence amongst its branches. Further, given the recent preparations by PMI and the Federation for the possibility of a Mt. Merapi volcanic eruption, Red Cross staff and volunteers are already positioned in the vicinity of the earthquake impact.

PMI is currently operating with over 500 volunteers, most of whom had been active in preparation of the potential eruption of Mount Merapi. These volunteers will need to be reinforced by additional crews coming from outside the

region. The PMI does not currently have the financial capacity to support them with food and accommodation and will need external support for mobilization future teams. As mentioned under organizational development, there is a need to enhance the national society's capacities in assessments, relief and logistics at a management level along with capacity-building skills to strengthen the local chapter. Hygiene promotion teams will also need to be trained and supported for longer term recovery.

### **Capacity of the Federation**

The quick response to this disaster by the Federation delegation is a direct result of its significantly increased presence in the country following the 26 December 2004 tsunami and the subsequent earthquake under Nias Island on 28 March 2005.

This Federation capacity is further strengthened by the build-up during the past 16 months of partner Red Cross and Red Crescent national society (PNS) participation in the tsunami and Nias earthquake operation; being achieved within the Movement Coordination Framework established to support PMI for this specific purpose.

The Federation's sub-delegation in Yogyakarta started working on Tuesday 30 May - three days after the Yogyakarta earthquake struck. This was made possible by drawing temporarily upon existing PMI, Federation and partner national society staff from PMI and delegation headquarter staff and from the tsunami operational territory. These personnel are returning to their posts as longer-term delegates and local staff are recruited and deployed for the Yogyakarta earthquake operation. The operation is seeking some 25 locally, regionally or internationally hired staff with expertise in sub-delegation management, operations management, support service coordination, information, reporting, finance, logistics, relief, health, water and sanitation, disaster management and organizational development.

## **Coordination**

### **Red Cross and Red Crescent Movement**

The coordination and communications mechanisms for disaster response continually being developed and improved within the Movement's global structure, combined with the resilience of the Movement Coordination Framework presence in Indonesia, made it possible for 18 partner national societies to mobilize their contributions of personnel and resources within 24 hours of the earthquake impact.

[Operations Updates](http://www.ifrc.org) published to date for this Emergency Appeal, which can be viewed on [www.ifrc.org](http://www.ifrc.org), have highlighted partner national societies human and material support to the Yogyakarta response, and subsequent updates will continue to report on this integral aspect of the Movement's coordinated response.

The Federation's sub-delegation staff working out of temporary hotel facilities in Yogyakarta has been re-located to the PMI chapter office as of Sunday, 4 June. Coordination of the Movement's implementation activities on this appeal will be administered from these offices.

The ICRC is delivering its traditional restoring family links (RFL) role in support of PMI. Twelve PMI volunteers are providing RFL services in Yogyakarta and Central Java with the assistance of an ICRC tracing delegate and two ICRC field officers. In addition, one ICRC tracing delegate and a field officer are supporting the Yogyakarta Earthquake RFL emergency activities from Jakarta. PMI is accepting tracing requests coming in to all branches throughout the country and from national societies abroad, particularly from those countries with large Indonesian diaspora. Tracing request forms to ensure sufficient stocks have already been distributed to all PMI branches. Information from Yogyakarta and Central Java hospitals and other relevant sources are being collected to assist the thoroughness of the RFL initiative to confirm names of deceased and registered survivors. Liaison is ongoing with other agencies including UNICEF in regard to accounts of unaccompanied children. Some 30 tracing requests have been collected within the disaster area.

The following coordination framework describes the relationship between the Federation and PMI for the purpose of this operation.

<b>Operations Task Force</b> Federation Head of Sub Delegation PMI operations coordinator PMI branch chairmen in earthquake-affected area		
<i>Support Services Team</i>	<i>Operations Team</i>	<i>Administration Team</i>

**External partners**

Formal coordination with UN agencies and other actors began within 24 hours of this disaster, and operational coordination in Yogyakarta – overall and by programme sector – was fully activated within the same timeframe.

The role of PMI as a member of the BAKORNAS directorate adds another dimension of accountability and mandate within the context of the Movement’s traditional support as auxiliary to governments.

The Federation is carrying out its mandate in overall operational coordination. In addition, it is fulfilling its role in this operation as lead actor in the newly-constituted inter-agency ESCG. To this effect, three Federation Secretariat staff were immediately seconded to Yogyakarta to assist in broader shelter coordination, and in the strategic planning for immediate and interim action.

Susan Johnson  
Director  
National Society and Field Support Division

Markku Niskala  
Secretary General

[Revised budget, infographic map and contribution below;  
click here to return to the title page and contact information.](#)

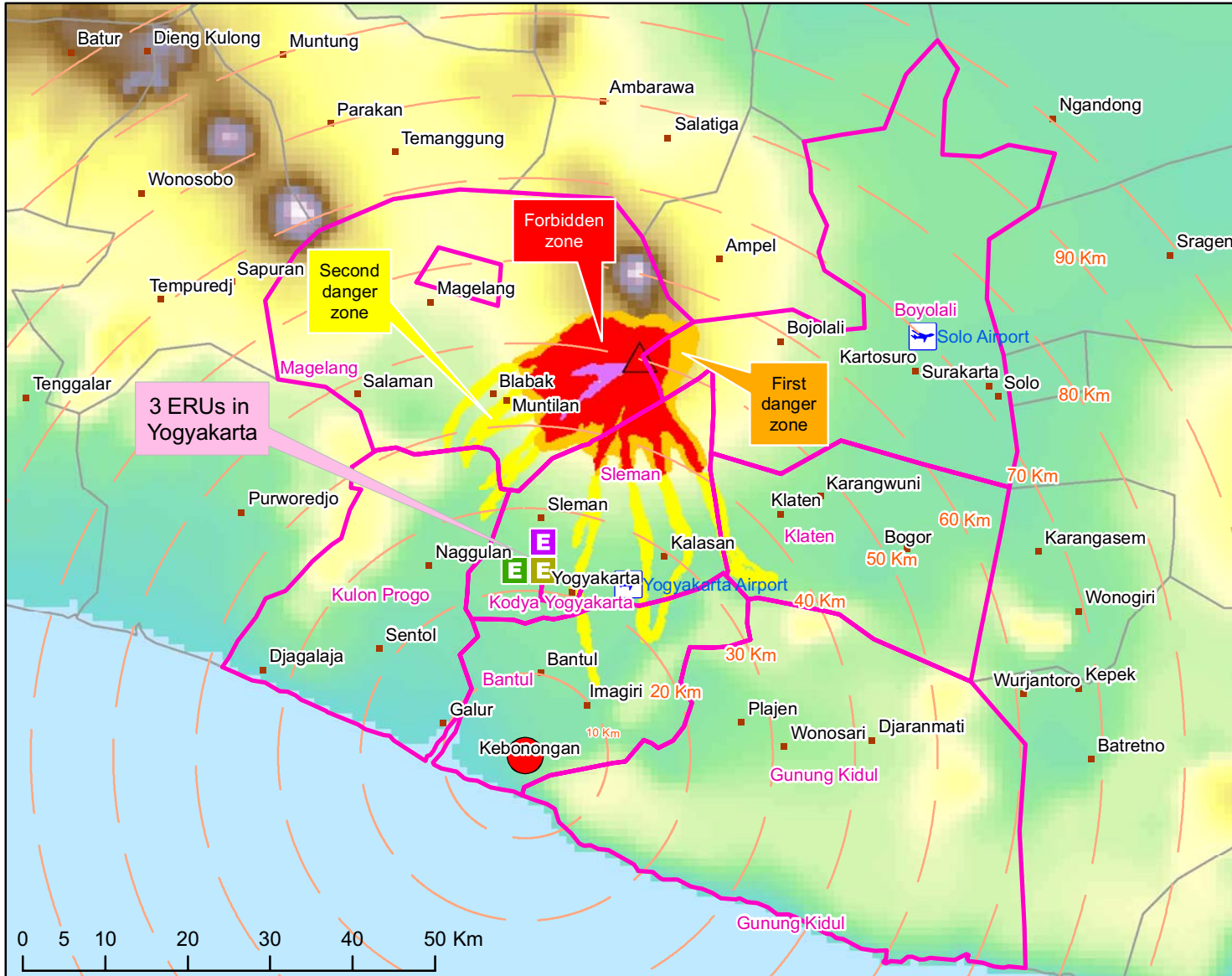
**BUDGET SUMMARY**  
**Indonesia : Yogyakarta Earthquake**

APPEAL No.MDRID001

TYPE	VALUE IN CHF
<b>RELIEF NEEDS</b>	
Shelter & construction	9,080,000
Clothing & textile	2,385,000
Food & seeds	4,435,000
Water & sanitation	4,287,110
Medical & first aid	1,937,937
Teaching Materials	40,000
Other Relief Supplies	2,745,800
<b>TOTAL RELIEF NEEDS</b>	<b>24,910,847</b>
<u>CAPITAL EQUIPMENT</u>	
Land & Buildings : NS Renovation	105,000
Computers & Telecom equipments	526,000
Office/Household Furniture & Equipment	100,000
Other Equipment	40,000
<u>PROGRAMME SUPPORT</u>	
Programme support (6.5% of total)	2,472,953
<u>TRANSPORT STORAGE &amp; VEHICLE COSTS</u>	
Warehouse & Storage	454,000
Distribution & Monitoring	1,104,000
Transport & Vehicle Cost	529,000
<u>PERSONNEL</u>	
International staff	3,167,139
National Staff	1,800,000
National Society Staff	855,000
Consultants	27,000
<u>WORKSHOPS &amp; SEMINARS</u>	
Workshops & Seminars	975,000
<u>ADMINISTRATIVE &amp; GENERAL SERVICES</u>	
Travel & related expenses	500,000
Information expenses	89,000
Communication expenses	77,800
Administrative & General expenses	312,700
<b>TOTAL OPERATIONAL NEEDS</b>	<b>13,134,592</b>
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>	<b>38,045,439</b>
<b>LESS AVAILABLE RESOURCES (-)</b>	<b>13,746,868</b>
<b>NET REQUEST</b>	<b>24,298,571</b>



# Indonesia: Yogyakarta earthquake



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, UNOSAT, OCHA, IFRC

Volcanic hazard map for Merapi volcano from Suryo and Clarke (1985) - Figures: BAKORNAS- Bulletin 8

# Indonesia - earthquake

ANNEX 1

APPEAL No. MDRID001

## PLEDGES RECEIVED

06/06/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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### CASH

REQUESTED IN APPEAL CHF ----->				38,045,439		TOTAL COVERAGE 37.4%
ALBANIAN - RC		10,000	USD	12,113	01.06.06	
AMERICAN - RC		219,000	USD	265,275	30.05.06	
AMERICAN - GOVT/USAID-OFDA		1,000,000	USD	1,211,300	02.06.06	
BRITISH - RC		150,000	GBP	340,650	28.05.06	
CAMBODIA - PRIVATE DONOR		100	USD	121	31.05.06	
CANADIAN - RC		100,000	CAD	112,100	27.05.06	
CANADIAN - GOVT		500,000	CAD	560,500	28.05.06	
CHINA - HONG KONG RC BRANCH		200,000	HKD	32,500	28.05.06	RELIEF ITEMS
CROATIA - GOVT/RC				220,000	30.05.06	
CZECH - RC		4,494	USD	5,444	31.05.06	
FINNISH - RC		80,000	EUR	124,720	31.05.06	
FINNISH - GOVT		200,000	EUR	311,800	31.05.06	
ECHO (03002)		2,165,397	EUR	3,375,854	02.06.06	
IRISH - RC		50,000	EUR	77,950	31.05.06	SHELTERS
IRISH - GOVT		500,000	EUR	779,500	30.05.06	
JAPANESE - GOVT		1,000,000	USD	1,211,300	02.06.06	
JAPANESE - RC		100,000,000	JPY	1,081,000	04.06.06	
LIBYAN - RC				10,000	30.05.06	
NETHERLANDS - GOVT		1,000,000	EUR	1,579,000	30.05.06	
NEW ZEALAND - GOVT		500,000	NZD	399,500	29.05.06	
SINGAPORE - GOVT/RC		150,000	SGD	115,335	05.06.06	RELIEF ITEMS
SWEDISH - GOVT		3,000,000	SEK	509,460	30.05.06	
SWISS - PRIVATE DONOR				1,000	31.05.06	
WHO/VERF - STAFF MEMBERS				4,000	29.05.06	
SUB/TOTAL RECEIVED IN CASH				12,340,422	CHF	

### KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
					06.06.06	
AMERICAN - RC/SPANISH - RC				100,000		ERU RELIEF, COMPLETE
BELIGUM - RC				27,282		3 EMERGENCY HEALTH KITS
BRITISH - RC				150,000		ERU LOGISTICS MK1 MODULE
DANISH - RC				80,000		ERU TELECOMMUNICATION

# Indonesia - earthquake

ANNEX 1

APPEAL No. MDRID001

## PLEDGES RECEIVED

06/06/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GERMAN - RC				473,065		200 ANTITETANUS IMMUNOGLOBULINS, 15000 TETANUS VACCINE, 1500 MINOR SURGERY SETS, 200 MONO PP, 1000 AXILLARY CRUTCH, 30 AMOXYCILLIN
JAPANESE - RC				564,627		15000 VACCINE TETANUS, 2 EMERGENCY HEALTH KITS, 1500 MINOR SURGERY KITS, 10000 INFUSION SETS, 10000 IV CANNULA, 7471 AXILLARY CRUTCH, 9600 AMOXYCILLIN, 1 ERMERGENCY HEALTH KIT
SPANISH - RC				12,472		10 KITS, WATERTANKS
SUB/TOTAL RECEIVED IN KIND/SERVICES				1,407,446	CHF	

## ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	