

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## West Sumatra: Earthquakes

Emergency Appeal n° MDRID004  
GLIDE n° TS-2009-000211-IDN  
Operations update No. 4  
19 October 2009

**Period covered by this update:** 14 October – 18 October 2009

**Appeal target:** CHF 19,185,775 (USD 18.64 million or EUR 12.69 million)

**Appeal coverage:** With contributions received to date, the appeal is 32 per cent covered in cash and kind; and over 50 per cent covered, including pledges in the pipeline. Funds are urgently needed to enable the Indonesian Red Cross (Palang Merah Indonesia/PMI) to provide immediate humanitarian assistance to those affected by this disaster.

<click [here](#) for the donors' response list or [here](#) for contact details>



In remote villages, many earthquake-affected families have not been reached by aid since 30 September. Air dropped relief distributions by the Indonesian Red Cross (*Palang Merah Indonesia/PMI*) and the International Federation offer much needed supplies such as hygiene kits, tarpaulins, mosquito nets, and blankets. **Febi Dwirahmadi/PMI**

### Appeal history:

- A revised preliminary emergency appeal of CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) was issued on 7 October 2009 to support the Indonesian Red Cross (Palang Merah Indonesia/PMI) to assist up to 20,000 families (approximately 100,000 beneficiaries) for six months.
- A preliminary emergency appeal of CHF 6,842,032 (USD 6,607,467 or EUR 4,533,713) was issued on 4 October 2009 to support the Indonesian Red Cross (Palang Merah Indonesia/PMI) to assist up to 5,000 families (approximately 25,000 beneficiaries) for six months.
- CHF 235,000 (USD 227,106 or EUR 155,302) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support this operation.

### Summary:

The National Disaster Management Agency (BNPB) of the Government of Indonesia revised the official death toll to 1,117 on 15 October 2009. This figure includes missing people, and is not expected to change until 20 October when figures from remote areas will have been verified. The BNPB also estimates that there are 198,200 households that are in urgent need of emergency shelter, with 135,300 households severely affected and 62,900 moderately affected.

The Indonesian Red Cross (Palang Merah Indonesia/PMI)/International Federation relief operations have progressed well in terms of assessment over the past few days in the most affected districts of Kota Padang, Kota Pariaman, Padang Pariaman and Agam. An action plan has also been finalized for relief distributions, including air drops, to remote and inaccessible areas in the aforementioned districts and Pesisir Selatan. The first of these distributions took place on 18 October. To date, relief distributions have reached more than 6,100 families.

PMI's medical action teams continue to address the emergency health needs of the affected communities, most significantly in remote villages where people have not received medical attention since the earthquake hit. As of 17 October, PMI has treated a total of 7,474 people. Water has been successfully provided through the delivery of a total of 845,000 litres of potable drinking water directly to communities (672,000 litres), government (149,000 litres) and hospitals (24,000 litres).

Detailed assessments are ongoing for each of the programmes outlined under this appeal, identifying unmet needs and gaps of the operation, and clarifying PMI's strategy in early recovery. The details of these assessments will be the basis for a review of the various sectoral plans over the coming week, which will lead to a revised emergency appeal aiming to consolidate emergency relief and clarify PMI's strategy in early recovery.

Local procurement of relief items (hygiene kits, baby kits, family kits, sarong and sleeping mats), although urgently required, are still not completely covered by funding. Limited relief distributions for these items have already begun and some locations will not receive any of these items. Partner national societies are urged to contribute with cash or in-kind donations to meet these needs.

Partners which have made contributions to the appeal to date include the American Red Cross, British Red Cross/British government, Canadian Red Cross/Canadian government, Finnish Red Cross, French Red Cross, Hong Kong branch of the Red Cross Society of China, Irish Red Cross, Japanese Red Cross, Macau branch of the Red Cross Society of China, Monaco Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/New Zealand government, Spanish Red Cross and Swedish Red Cross/Swedish government as well as the Organization of the Petroleum Exporting Countries (OPEC) Fund for International Development and Irish Aid.

The International Federation, on behalf of PMI, would like to thank all partners and volunteers for their generous response to this appeal.

[<click here to view the revised emergency appeal budget>](#), [<click here to view a map of the affected areas>](#), [<click here to view contact details>](#)

## The situation

Over a 48-hour period, the west coast of the island of Sumatra in Indonesia was struck by two major earthquakes. The first quake, measuring 7.6 on the Richter scale, struck at 17:15 local time on 30 September, at a depth of 71 km off the coast, close to the district of Padang in west Sumatra province. The second quake, measuring 6.8, struck an inland area 225 km southeast of Padang city on 1 October. On 16 October at 04:52 local time, another earthquake measuring 6.1 struck in the Sunda Straits at a depth of 9 km, only 125 km off Telukbetung in Sumatra. It was a reminder of the constant threat of earthquakes to Sumatra island, as high activity continues on same fault line that caused the great Asian tsunami almost five years ago.

The official death toll stands at 1,117 and the National Disaster Management Agency (BNPB) of the Government of Indonesia will only revise this figure when verified data on remote areas is compiled 20 October. Lack of access continues to be a major challenge in the relief efforts of aid organizations, but the government has deployed its military to build new roads to access remote areas.

Priority needs include food, emergency shelter, education, water and sanitation. Almost three weeks since the earthquake, BNPB estimates that there are 198,200 households that are in urgent need of emergency shelter, with 135,300 households severely affected and 62,900 moderately affected. The government is expected to end its relief phase, bringing forward the rehabilitation and reconstruction phase to late October. It is still unclear if this will have implications on the relief operations of other aid organizations.

Communications is improving across the board, with radio communications established in many operational areas and mobile telephone services gradually resuming normal service.

## Red Cross and Red Crescent action

Twenty days into the operations, activities under each programme area are progressing more smoothly as early methodologies are firmly in place and systems and procedures are clarified. Some progress has also been achieved in terms of the data management at the Indonesian Red Cross (Palang Merah Indonesia/PMI) West Sumatra chapter office, where PMI staff and volunteers have been working to verify data to ensure accurate and reliable information on progress within each sector.

Throughout the operations, PMI volunteers have worked tirelessly to ensure the best delivery of service, many working without rest since the earthquake hit. Many volunteers reveal that they feel truly respected and appreciated by the disaster affected people they help, their counterparts in the International Federation and partner national societies. PMI has clearly demonstrated its commitment to professional volunteer management, mobilizing volunteers from other branches within West Sumatra chapter as well as specialist and skilled volunteers from outside the chapter to support the operation. To date, there are 201 volunteers supporting the local chapter, excluding 26 who have already returned home since 16 October.

The technical working groups, comprising the Indonesian Red Cross (Palang Merah Indonesia/PMI), International Federation and partner national society staff and volunteers, have been focusing their efforts on providing guidance and recommendations to the operation within their respective sectors. Detailed information from the joint assessments is being compiled to assist the PMI, with the support from the International Federation, in preparing for a review of the various sectoral plans. The aim is to identify further needs and gaps in the operation, and clarify PMI's overall strategy in early recovery. The revised emergency appeal is expected to be launched on 28 October.

PMI has reinforced its relief operations with additional helicopters, enabling the national society to conduct aerial relief distributions and ensure coverage to many isolated families, particularly for the remote villages who have as yet not received any form of aid since 30 September. The next two weeks will see relief distributions growing in earnest, as large quantities of relief items will be distributed to the targeted 20,000 families.

More discussions are taking place to determine a temporary/transitional shelter strategy, which will be an integral part of the revised appeal. PMI's decision in this sector is expected to be preemptive of the government's single-phase policy of relief to reconstruction.

Renovation work on the PMI West Sumatra chapter office building is almost complete. This should soon provide more working space for all staff and volunteers involved in the relief operations.

## Progress of the proposed operation

### Relief distributions (food and basic non-food items)

<b>Objective:</b> Up to 20,000 families (100,000 individuals) have their immediate needs provided for through the distribution of non-food items (NFI), such as hygiene kits, kitchen sets, clothing, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.	
<b>Expected results</b>	<b>Activities planned</b>
The immediate needs of 20,000 affected families are met through relief distribution.	<ul style="list-style-type: none"> <li>• Conduct rapid emergency needs and capacity assessments.</li> <li>• Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>• Mobilize relief supplies from pre-position stocks, supplemented by additional local / regional procurement.</li> <li>• Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to the donors.</li> </ul>

During the reporting period, PMI relief distribution teams focused on assessment work in the most affected areas of Kota Padang, Kota Pariaman, Padang Pariaman, Pesisir Selatan and Agam. An action plan has been finalized for relief distributions, including road transportation, distribution from posko and air drops to remote and inaccessible areas. In Pesisir Selatan, the first of these distributions took place on 18 October. Four teams, consisting of two volunteers each, have also received hygiene promotion training to disseminate hygiene practices before each distribution. From 14 to 18 October, relief items reached additional 964 families, bringing the total families reached by relief distributions to 6,177 (click [here](#) to see Annex 1: table of relief distributions).

The focus of the next few weeks will be to step up the distribution plan to supply most of the items stocked in warehouses, in a concerted effort to meet the target of 20,000 families.

### Emergency shelter

<b>Objective:</b> Up to 20,000 families are assisted with adequate temporary shelter and additional 2,000 families in West Java.	
Expected results	Activities planned
Improved shelter conditions for affected families with severely damaged and destroyed houses	<ul style="list-style-type: none"> <li>• Analysis of needs based upon beneficiary registration database and ongoing assessments.</li> <li>• Mobilize emergency shelter resources from pre-positioned stocks in other parts of the country and identify culturally appropriate solutions.</li> <li>• Additional procurement, transport, and emergency storage.</li> <li>• Continuous distribution of tarpaulins, tents and toolkits for the affected families to build emergency shelters with salvaged debris.</li> <li>• Development of transitional sheltering program in close cooperation with Emergency Shelter Cluster,</li> <li>• Monitoring and coordination.</li> </ul>

The construction of four models for 'T shelters' (temporary shelters) have been facing complications to complete due to bad weather and a difficulty in obtaining raw materials from a limited market. Nevertheless, a final design will be decided on 20 October together with the PMI shelter team and the university. The process and features of construction will be incorporated into the shelter cluster discussions (of which the International Federation has been assigned as lead member) to agree on minimum standards and guidelines for shelter designs of all cluster members.

The shelter cluster is also drafting a concept note for the National Development Planning Agency (BAPENAS) and the local and national government. This concept note will help to guide the government on the plans and the intentions of humanitarian aid organizations regarding temporary shelter.

On 18 October, PMI and the International Federation met to discuss volunteer issues and policies in the shelter programme. In these discussions, stakeholders were made aware that the programme would require great human resources from the PMI West Sumatra chapter. PMI has already agreed to provide a list of volunteers ready to be assigned to this programme.

With sheltering materials such as tents, tarpaulins and toolkits, flown in on a daily bases, the distribution is ongoing to complement the initial distributions.

### Emergency health and care

<b>Objective:</b> A projected 10,000 families (50,000 affected people) have benefited from a variety of preventive, curative and/or referral health services, thus reducing community health risks for a quicker rehabilitation and recovery process.	
Expected Results	Activities planned
Disaster-related diseases and deaths in hardest hit areas are reduced, enabling community members to participate in recovery activities.	<ul style="list-style-type: none"> <li>• Support PMI in establishing emergency health posts and/or mobile health clinics to serve hard-to-reach areas and meet gaps in health services.</li> <li>• Mobilize PMI first aid and ambulance services to meet the emergency health/medical needs.</li> <li>• Provide psychological support to the traumatized population.</li> <li>• Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support as needed.</li> </ul>
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>• Update/mobilize community-based volunteers on health/hygiene promotion and disease prevention according to identified priority needs.</li> <li>• Reproduce and distribute health education/information, education, communication (IEC) materials.</li> <li>• Conduct targeted health promotion/disease prevention campaigns as an integrated component in the delivery of PMI emergency response interventions (such as water, sanitation and hygiene</li> </ul>

	<p>promotion).</p> <ul style="list-style-type: none"> <li>• Distribute essential health supplies to reinforce health promotion/disease prevention campaigns, e.g. mosquito nets.</li> <li>• Enforce community-based health and first aid activities as soon as possible to create a sustainable community approach through training of trainers/volunteers, and involvement of community leaders and members.</li> </ul>
<p>Psycho-social support is provided to the target population and PMI staff/volunteers as needed.</p>	<ul style="list-style-type: none"> <li>• Support PMI to deliver relevant, effective psycho-social support to affected populations, including updating/training of more volunteers.</li> <li>• Provide psycho-social support to staff and volunteers of PMI engaged in emergency response.</li> </ul>

According to the Ministry of Health, only 50 per cent of health facilities are fully functioning, there are around 3,900 people injured of whom half will require ongoing care and follow-up. The most common diseases are upper respiratory infections, skin infections and diarrhea; there have been confirmed cases of dengue in Pesisir Pelatan and Padang. The need for psychosocial support programme (PSP) has been highlighted.

To date, there have been seven medical action teams (MATs) of the PMI, comprising 11 doctors, 17 nurses, one midwife, one pharmacist, two ambulances with six ambulance crew members and two support personnel. One of these MATs has already finalized its operations and has returned home, while others are also limited to how much they can contribute as supplies are now starting to run out. Many teams are also tired due to long hours and limited capacities. There is an urgent need to seek replacement staff for the other MATs. Recommendations for a six-month operational are being discussed and the details of this will be shared when ready.

In addition, PMI helicopter medical services continue to support the ten identified remote and highly inaccessible villages, nine in Padang Pariaman, and one in Agam. The MATs and helicopter services are supported by 100 volunteers.

The consolidation and validation process of emergency health data is now complete, but many gaps were discovered during the validation of data from the first week of the emergency operation. This is partly due to the limited resources available in the early days of response, and because some of the volunteers involved in the first week have returned and records from them are unavailable. Nevertheless, the health and care programme recognizes the importance of such information in its data, and is committed to continue recording information in this programme with the same level of detail.



Women and children are often the most affected during times of disaster. Psychosocial support activities such as singing and playing games go a long way to heal psychological trauma. **Rofiah Sakti/PMI**

As of 17 October, PMI has treated a total of 7,474 people. The most frequent health problems continue to be upper respiratory tract infections with 1,897 cases (click [here](#) to see Annex 2: health data).

The PMI's PSP teams have proven to be an excellent example of a comprehensive emergency health/medical unit, not only providing healthcare to communities, but providing much needed psychosocial treatment of traumatized people, especially children.

The affected rural villages are located in an area of high risk for vector-borne diseases such as malaria and dengue which are transmitted by mosquitoes. Close

collaboration with the water and sanitation teams will ensure an integrated approach to preventive measures.

## Water, sanitation, and hygiene promotion

<b>Objective:</b> The risk of waterborne as well as water and sanitation-related diseases is reduced through the provision of safe water, adequate sanitation facilities, and hygiene promotion to 10,000 families (50,000 people) within the affected area for six months.	
<b>Expected results</b>	<b>Activities planned</b>
Access to safe water is provided in the target evacuation centres.	<ul style="list-style-type: none"> <li>Establish potable water treatment facilities.</li> <li>Set up water emergency water distribution network, including truck tankering, bladders and tap stands (already on stand-by in other parts of the country).</li> </ul>
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> <li>Build sanitation facilities in emergency camps and in other locations where required.</li> </ul>
The health status of the population is sustainably improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> <li>Establish disease vector and safe hygiene monitoring.</li> <li>Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/International Federation water and sanitation software.</li> <li>Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to the assessment.</li> </ul>

### Health/water and sanitation emergency response

During this reporting period, the six water treatment plants operated by the PMI/Spanish water and sanitation emergency response unit have supplied potable water to the affected people and government infrastructure, including the M Djamil Hospital, mosques, and public utility offices. To date, a total of 845,000 litres of potable water have been distributed directly to communities (672,000 litres), government (149,000 litres) and hospitals (24,000 litres).

PMI is carrying out fogging to reduce mosquito breeding and prevent diseases such as malaria and dengue. In addition, PMI celebrated Global Handwashing Day on 15 October by conducting hygiene promotion activities for school children in Padang.

Water and sanitation packages with the following contents are being prepared for 10,000 affected families:

- one or combination of: either hygiene kits, jerry cans, baby kits, mosquito nets, cleaning kits;
- extra soap;
- water purification tablets;
- a half-day hygiene promotion session, including instructions on the proper way to use the water purification tablets; and
- t-shirts for children.

Distribution of the kits is expected to commence this week after volunteers have been recruited and given adequate training on hygiene promotion.

## Organizational Development

<b>Objective:</b> To strengthen the immediate and long term capacities of PMI staff and volunteer at branch level to complete the operational needs and leave behind sustainable capacities for the future.	
<b>Expected results</b>	<b>Activities planned</b>
The coordinated mobilization of local spontaneous volunteers has built short medium and long term branch capacities.	<ul style="list-style-type: none"> <li>Conduct rapid volunteer mobilization and orientation in affected areas.</li> <li>Conduct support activities for volunteers including weekly peer support meetings to address stress and psycho-social issues.</li> <li>Develop and maintain a volunteer database registering skills and availability.</li> <li>Implement a volunteer insurance scheme in keeping with the International Federation's global volunteer insurance scheme.</li> </ul>
Strengthened financial systems have receipted and spent locally and internally sourced	<ul style="list-style-type: none"> <li>Existing branch financial management and reporting systems are scaled up to efficiently report on scaled up resources.</li> </ul>

donations efficiently and led to long term enhanced systems at branch level.	<ul style="list-style-type: none"> <li>• Management information systems are strengthened at branch level to enable effective decision making.</li> </ul>
Communications capacity at branch level will have been strengthened to increase PMI's visibility and also to undertake humanitarian diplomacy on behalf of affected communities.	<ul style="list-style-type: none"> <li>• Existing branch level communications infrastructure, roles and capacities will be immediately scaled up by allocating roles and equipment to both staff and volunteers to facilitate immediate information flow.</li> <li>• Key messages from affected communities will be communicated by PMI to enable enhanced support from other responding institutions.</li> </ul>
PMI's increased visibility in the operation will have led to strengthened national and branch level fundraising capabilities.	<ul style="list-style-type: none"> <li>• A branch and national level donor base will be developed to capture information from individuals, organizations and businesses contributing to the operation.</li> <li>• A transparent reporting mechanism will be strengthened to inform all donors of what PMI activities they have assisted to build long term donor confidence in PMI.</li> </ul>

Discussions are ongoing with regard to the incorporation of longer-term organisational development into the plan of action. These will be further elaborated in the revised emergency appeal.

## Coordination and partnerships

The technical working groups (TWGs) are already having the desired effect. The shelter, health, water and sanitation and assessment TWGs have initiated regular meetings, and there are already clear signs that these meetings are helping to improve coordination between staff and volunteers from PMI Jakarta, PMI West Sumatra Chapter, the International Federation and partner national societies who are working in this relief operation. Seeing the merit of these meetings, it has been decided the partner national society coordination meeting will now take place once every two days only, while the TWGs will meet during alternate days.

The relief operations coordinator continues to attend daily coordination meetings in Padang chaired by the BNP and UN to share and exchange information on the progress of our emergency response and recovery operation with the West Sumatra Satkorlak (provincial disaster management unit), UN agencies and other humanitarian organizations and non-governmental organizations working in Padang.

### Inter Agency Coordination:

The International Federation participates in close cooperation with PMI and its partners at inter-agency meetings to coordinate overall relief efforts. The emergency shelter cluster has been activated and is currently being facilitated by a shelter cluster coordinator (Netherlands Red Cross), information managers (American Red Cross and Canadian Red Cross), technical coordinator (International Federation) and a field coordinator (Australian Red Cross). Activities of organizations, donors and government agencies will be coordinated by relevant clusters to ensure efficient accountable partnerships. The coordination team publishes documents, on the website <http://groups.google.com/group/SUM09>.

As the International Federation is the lead member of the shelter cluster, its deliberations with PMI on a common transitional/temporary shelter strategy will guide the corresponding actions of the other member organizations in this cluster.

## Capacity of the PMI

Nationally, PMI 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. Additionally, as a direct result of the build-up in volunteers and human resource capacities following the December 2004 tsunami in Aceh province of Northern Sumatra, PMI has built up a robust inter-dependence amongst its branches. PMI branches actively engaged in the operations include Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Jakarta and North Sumatra.

In addition, given the longer-term programming many of the partner Red Cross societies are using disaster risk reduction approaches in their supporting work. The capacity of the national society has been augmented by the existence of community-based action teams – core components of disaster risk reduction programming of PMI.

## Capacity of International Federation

Following the 26 December 2004 tsunami that struck Aceh province and the 28 March 2005 earthquake under Nias Island, the International Federation capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. At present, the International Federation country team consists of 25 delegates and 201 national staff who support the PMI in their emergency and longer-term programming.

In support of the initial emergency response, the International Federation country office has deployed locally-based relief, logistics, disaster management, health, telecommunications and information and reporting staff to support PMI for this operation. In addition, the Asia Pacific zone office in Kuala Lumpur has reinforced the country office capacity with deploying communications and reporting representatives. The preliminary appeal budget identifies human resources are required for the next six months. As part of the FACT mobilization, a recovery specialist is in Indonesia supporting the team in the revision of the plan of action to ensure that this component is suitably developed.

## Communications – Advocacy and Public Information

The focus of the communication team in Padang continues to be media relations, providing a steady flow of materials on the International Federation websites, such as web stories, as well as sharing photographic materials with partner national societies.

An important event was the Global Handwashing Day commemorations in Kota Padang, where 225 students benefited from hygiene promotion and games.

## Logistics

Six IL-76 flights loaded by all-weather tents, tarpaulins, jerry cans, shelter kits, mosquito nets from the regional logistics unit warehouse in Kuala Lumpur (donation from American Red Cross, Australian Red Cross, British Red Cross, Finnish Red Cross, Hong Kong branch of the Red Cross Society of China and Japanese Red Cross) along with five Antonov-12 flights with the Netherlands Red Cross in-kind donations of all-weather tents and jerry cans have arrived in Padang, where the logistics emergency response unit together with PMI volunteers received goods and moved them to the warehouse for further distribution.

Local procurement of relief items (hygiene kits, baby kits, family kits, sarong and sleeping mats) are still not funded. Partner national societies are urged to contribute with cash or in-kind donations to meet these needs.

Jerry cans (83 per cent covered) and tarpaulins (73 per cent covered) are the only needs remaining on the mobilization table. Discussions are in process to determine ways to cover the remaining needs for these two items. Needs from the initial mobilization table are fully covered by air delivery. The remaining items will be sent by sea from Kuala Lumpur to Medan, and then by road directly to Padang.

The recruitment of a logistics delegate is in its final stages. A base camp will be set up for volunteers to prepare for the arrival of the cargo from Kuala Lumpur.

Trucks and helicopters are being used to transport goods from the warehouses to distribution points. The current fleet comprises of eight International Federation vehicles and seven privately rented vehicles. More vehicles are being transported from Banda Aceh to support the relief operation in Padang. As an alternative, PMI/International Federation is considering an offer to supplement its fleet with IOM trucks.

## Psychosocial Support



Her big brown eyes take in everything around her. Yolanda Stefani watches quietly while her schoolmates from the SD Purus Tengah elementary school in Padang Barat excitedly take part in a visit by the Red Cross to celebrate Global Handwashing Day.

The 11-year old stands back, still frightened of another earthquake. “I was with my dad on his motorcycle when the big earthquake happened,” she says. “The homes all around us collapsed. Many nights I now have bad dreams that there will be another earthquake and that my family will be killed.”

This Grade 6 student is one of many in West Sumatra who is receiving help from the Indonesian Red Cross (*Palang Merah Indonesia/PMI*). Members of the psychosocial team visit schools and villages. They play with the kids, get them drawing, show them movies. They manage to distract them from the trauma they recently experienced.

“It’s very rewarding,” says Kris Hardianto, a PMI volunteer. “To see tears on the face of a child dry up and be replaced by a huge smile is very gratifying. Even if it’s just for a little while, we are slowly able to help them return to a normal routine.”

**Kathy Mueller/International Federation**

## 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 \(NGOs\) 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 International Federation's activities are aligned with its 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:
  - Iyang Sukandar, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: [pmi@pmi.or.id](mailto:pmi@pmi.or.id)
- Indonesia Country delegation:
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- Federation Asia-Pacific zone office, Kuala Lumpur:
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Please send all pledges of funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)
  - Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org)
  - Patrick Fuller, tsunami communications coordinator, phone: +603 9207 5705, mobile: +6012 230 8451 fax: +603 2161 0670, email: [patrick.fuller@ifrc.org](mailto:patrick.fuller@ifrc.org); Lasse Norgaard, acting zone communications manager, mobile: +66 89 63 57 177, email: [lasse.norgaard@ifrc.org](mailto:lasse.norgaard@ifrc.org).

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## APPEAL BUDGET SUMMARY

Indonesia : West Sumatra Earthquakes

MDRID004

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	3,920,000	12,610,000	8,690,000
Clothing & Textiles	105,000	280,000	175,000
Water & Sanitation	121,750	222,000	100,250
Medical & First Aid	158,000	360,000	202,000
Utensils & Tools	374,550	1,498,200	1,123,650
Other Supplies & Services	120,000	280,000	160,000
<b>Total Relief Needs</b>	<b>4,799,300</b>	<b>15,250,200</b>	<b>10,450,900</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Computers & Telecom Equipment	150,000	150,000	-
Office/Household Furniture & Equip.	40,000	40,000	-
Other Machinery & Equipment	50,000	50,000	-
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	80,000	392,500	312,500
Distribution & Monitoring	80,000	320,000	240,000
Transport & Vehicles Costs	600,000	700,000	100,000
<b><u>PERSONNEL</u></b>			
International Staff	288,000	336,000	48,000
National Staff	80,000	220,000	140,000
National Society Staff	60,000	120,000	60,000
<b><u>GENERAL EXPENSES</u></b>			
Travel	50,000	100,000	50,000
Information & Public Relations	20,000	60,000	40,000
Office running costs	50,000	120,000	70,000
Communication Costs	30,000	60,000	30,000
Professional Fees	20,000	20,000	-
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	444,732	1,247,075	802,343
<b>Total Operational Needs</b>	<b>2,042,732</b>	<b>3,935,575</b>	<b>1,892,843</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>6,842,032</b>	<b>19,185,775</b>	<b>12,343,743</b>
<b>Less Available Resources</b>			
<b>Net Request</b>	<b>6,842,032</b>	<b>19,185,775</b>	

## Annex 1

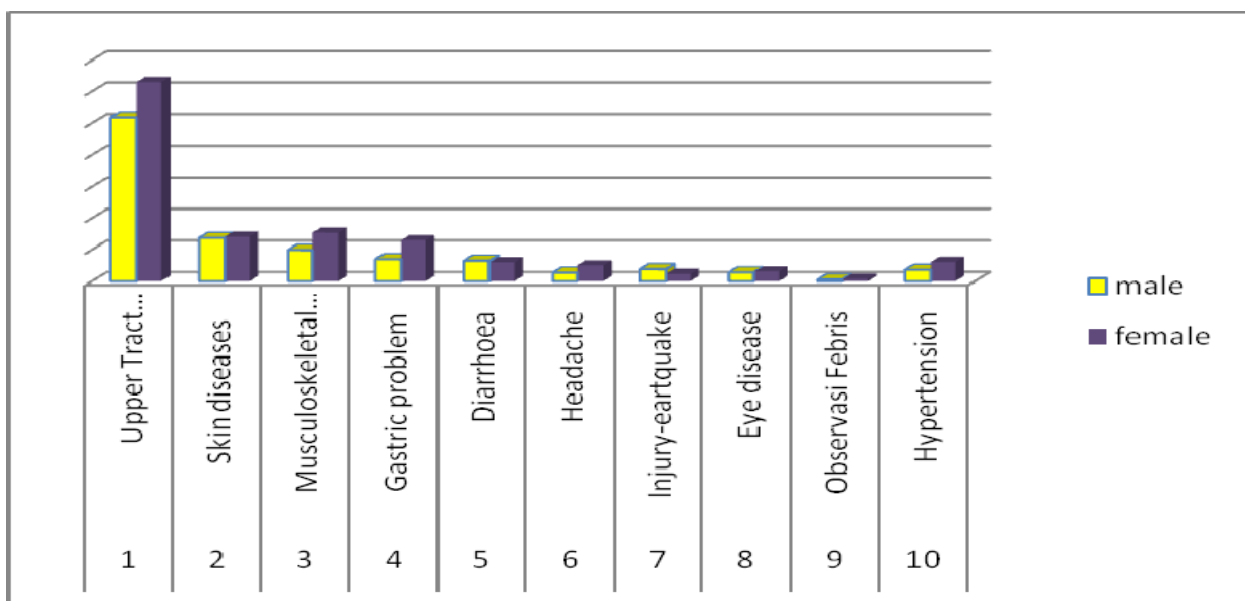
### Relief distribution in 5 most-affected districts (14 to 18 October 2009)

Item	Agam	Kota Padang	Kota Pariaman	Padang Pariaman	TOTALS
Blankets	90	86	1,700	102	<b>1,978</b>
Family Tents	334	0	100	0	<b>434</b>
Hygiene Kits	492	76	100	102	<b>770</b>
Mosquito Nets	492	86	0	102	<b>680</b>
Sarongs	0	200	0	0	<b>200</b>
Shelter Kits	246	0	0	0	<b>246</b>
Tarpaulins	492	86	500	102	<b>1,180</b>
<b>Total Families Reached</b>	<b>191</b>	<b>321</b>	<b>350</b>	<b>102</b>	<b>964</b>

**Annex 2: Health data**

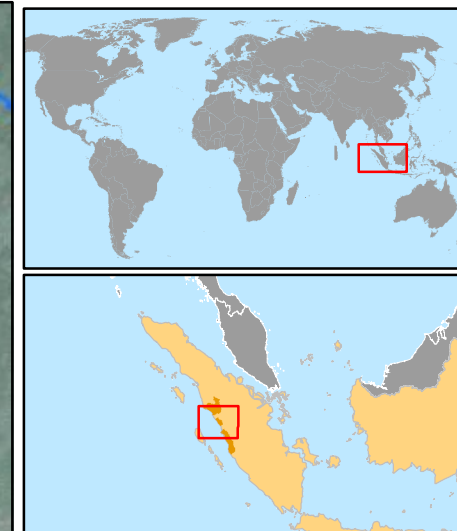
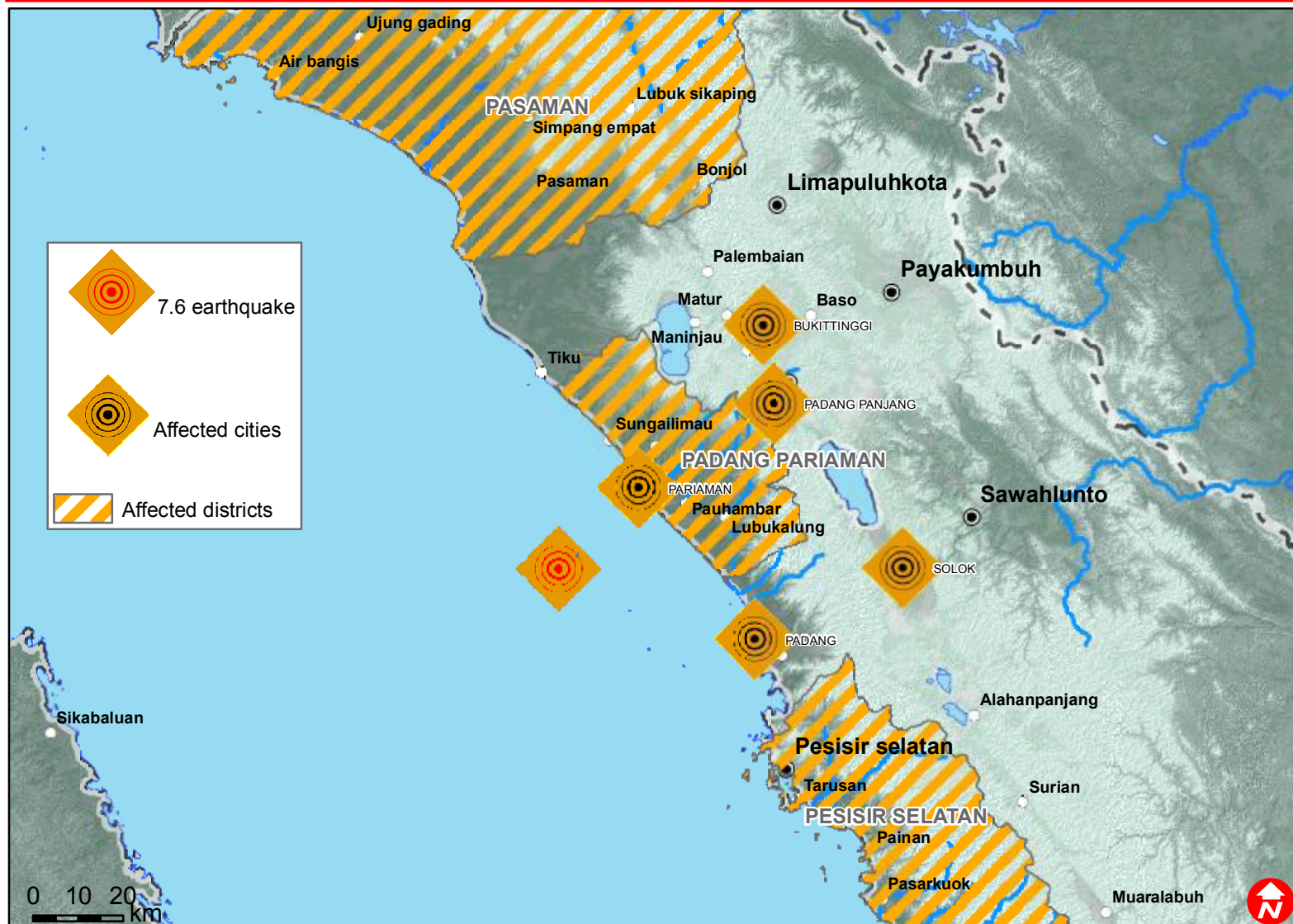
**Top 10 Medical Problems Treated by PMI MATs (17 Oct. 2009)**

	Age sex	Total		Total
		M	F	
1	<i>Upper Tract Respiratory Infection</i>	518	630	1897
2	<i>Skin diseases</i>	137	141	354
3	<i>Musculoskeletal diseases</i>	99	154	378
4	<i>Gastric problem</i>	70	130	238
5	<i>Diarrhoea</i>	65	60	199
6	<i>Headache</i>	27	50	113
7	<i>Injury-eartquake</i>	38	23	66
8	<i>Eye disease</i>	28	31	64
9	<i>Observasi Febris</i>	5	7	12
10	<i>Hypertension</i>	36	61	133





## Indonesia: Earthquake



The Indonesia Red Cross (Palang Merah Indonesia/PMI) and the International Federation have been working round the clock to help with the relief efforts in Padang and to assess the full extent of the damage and destruction caused by the earthquakes. The National Disaster Management Agency (BNPB) of the Government of Indonesia confirmed the death toll has risen to 603 people, with 2,451 people injured. The BNPB listed 343 people as missing while 736 households have been internally displaced. The damage and destruction is spread over eight cities: Padang City, Pariaman City, Bukittinggi City, Padang Pariaman District, Pesisir Selatan District, Solok City, Padang Panjang City and Pasaman Barat District. In total, 777,893 people may have been affected. The Ministry of Health (MoH) further estimates that another 3,000 people might still be trapped under collapsed buildings, with time running out for survivors.