

Operations update



International Federation
of Red Cross and Red Crescent Societies

Indonesia: West Sumatra Earthquakes

Emergency appeal n° MDRID004
GLIDE n° TS-2009-000211-IDN
Operations update n° 13
3 June 2010

Period covered by this operations update: 1 April to 30 April 2010.

Appeal target (current): CHF 13,293,583 (USD 12.9 million or EUR 8.8 million)

[<click here to view the attached Revised Emergency Appeal Budget and interim financial report>](#)

Appeal coverage: With contributions received to date, the appeal is 95 per cent covered in cash and kind, with further pledges in the pipeline. Additional funds are needed to enable Palang Merah Indonesia (PMI, Indonesian Red Cross) to scale up its response and provide humanitarian assistance to those affected by the disaster. [<click here for the donors' response list or here for contact details>](#)

Appeal history:

- The Emergency Appeal was launched on 5 November 2009 for CHF 13,293,583 (USD 12.9 million or EUR 8.8 million) in cash, kind, or services. The overall budget of PMI's operations is CHF 19,627,833 (USD 19.17 million or EUR 12.99 million). The balance is being covered by bilateral contributions made directly to PMI by a number of partner national societies.
- A revised preliminary Emergency Appeal was launched on 7 October 2009 for CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) in cash, kind, or services to support PMI in assisting up to 20,000 families (approximately 100,000 individuals) for six months.
- A Preliminary Emergency Appeal was launched on 4 October 2009 for CHF 6,842,032 (USD 6.60 million or EUR 4.53 million) in cash, kind, or services to support PMI in assisting up to 5,000 families (approximately 25,000 individuals) 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 International Federation of Red Cross and Red Crescent Societies (IFRC) West Sumatra earthquake operational recovery plan and budget is in the final stages of review and will serve as the basis of a revised emergency appeal, to be issued in June.

The month of April saw many agencies, including the shelter cluster, bringing activities in Padang to a close. At the same time, the Indonesian government started the pilot phase of the shelter recovery cash stimulus programme. West Sumatra has started to gear up for regional general elections at the end of June, with simultaneous elections expected in 13 municipalities and regencies across the province.

During the reporting period, Federation-led recovery elements have had to be modified responding to field realities, changing needs and to improve levels of programme accountability. These include a modified approach to temporary/transitional shelter (referred to as T-shelters in Padang) in urban (Kota)



A young boy accompanies his parents who are working to complete their *rumah tumbuh* in Pesisir Selatan. (Photo by IFRC/Helena Rea)

Padang where land for placing a T-shelter is restricted and broadcasting interactive radio talk shows that allow beneficiaries to actively take part and have their concerns addressed. An estimated two million people from all over West Sumatra are being reached in this way.

While the total shelters completed at the end of April is fewer than expected at 1,170 or 15 per cent of the target, much of the preparation for the remaining shelters is far advanced, including identification of beneficiaries and preparation of agreements for grant transfers. It is expected that completion dates and targets can be met through introducing a number of steps to further accelerate construction.

Water and sanitation and hygiene promotion activities have also been modified, given the limited intervention period and budget constraints.

Relief activities have formally ended with the completion of the relief data reconciliation exercise.

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

Bilateral partners supporting PMI include the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross/Danish government, Netherlands Red Cross in consortium with French Red Cross (European Commission's humanitarian aid department funding), German Red Cross, Italian Red Cross, Kuwait Red Crescent, Norwegian Red Cross, Qatar Red Crescent, Singapore Red Cross, Spanish Red Cross, Swiss Red Cross, Turkish Red Crescent and United Arab Emirates Red Crescent.

The situation

Two major earthquakes off the coast of West Sumatra, Indonesia, measuring 7.6 and 6.8 on the Richter scale respectively, occurred on 30 September 2009 and 1 October 2009. On 16 October, another earthquake measuring 6.1 struck in the Sunda Straits, 125 kilometres off Telukbetung in Sumatra.

The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages. Up to 1,195 people died and another 1,798 people were injured in the disaster. Some 250,578 houses were damaged. Other damaged infrastructure included 1,078 schools, urban water networks, roads, and health centres. About 80 per cent of government buildings were destroyed, badly affecting local administration. Four hospitals, 12 community health centres, ten supporting community health centres and two official houses also collapsed. The government estimated the rehabilitation and reconstruction cost at USD 745 million.

More than 2.5 million people are estimated to be living in the five most affected districts of West Sumatra, with Kota Padang and Padang Pariaman being the hardest-hit areas, where some 80 per cent of infrastructure was damaged.

Working with Red Cross Red Crescent Movement partners, the Indonesian Red Cross (*Palang Merah Indonesia*/PMI) provided recovery assistance through continued relief distributions of non-food items, the provision of shelters, integrated water and sanitation and health care services and psychosocial and logistics support.

While emergency relief activities were prioritized, longer-term recovery activities were also developed by the Movement. The plan identified the provision of temporary shelter as a key need and an area where PMI could bring its experience to bear. Integrated and alongside the provision of T-shelter was the provision of health, psychosocial support (PSP), water and sanitation assistance and hygiene promotion. T-shelter provision incorporated a strong element of community targeting (self-selecting the most vulnerable in their community first) and community self help (*gotong royong*), which proved very effective in the 2006 Yogyakarta earthquake response.

PMI, supported by IFRC through the appeal, is funding at least 8,000 shelters in three districts. The targeting and selection strategy for receipt of T-shelters is working well. Currently approximately 80 per cent of intended beneficiaries of the PMI/Federation-supported shelter programme have been selected and about 75 per cent of total shelter funds have been transferred. By end April, a total of 1,170 of the planned 8,000 shelters were completed, 2,817 shelter grants transferred and 1,498 units are under construction.

While progress has been slower than expected, specific steps, such as doubling the number of volunteers supporting shelter construction, are being taken to accelerate progress to complete activities by the end of September 2010.

Given that post-disaster health needs are mostly met there is less need for health clinic services. Due to this and the many staffing problems, the programme proposes to terminate these activities at the end of May, and not August as originally planned. Due to budget and time limitations in the initial appeal, water sanitation hardware was limited to 50 villages and 50 schools equally spread across the five districts. It is not in the capacity of the programme to provide water sanitation support to all 300 villages receiving shelter assistance.

A community outreach programme has also been introduced to strengthen accountability to the assisted population, ensuring they are fully aware of the assistance being offered, how this is being provided, and able to raise questions or complaints confidentially. Steps to meet environment aspects of the programme including use of sustainable resources have also been introduced.

Coordination and partnerships

Cooperation with PMI has improved over the past months thanks to the active involvement of PMI chapter board members in meetings. Every board member is linked to a district in which PMI is active and that is significantly contributing to progress.

Cooperation among the Spanish, Danish, and Swiss Red Cross societies and, since March, the Qatar Red Crescent in moving the T-shelter programme forward through respective bilateral agreements is constructive. Australian Red Cross decided in February to add 530 T-shelters to the Movement's commitment.

Movement partners meet weekly to discuss progress and developments with representatives of all PMI branches and the PMI chapter. When necessary, additional meetings are scheduled.

Canadian Red Cross has funded one shelter field project officer in Kota Pariaman as part of the organizational development programme and seconded one national staff to actively support PMI's West Sumatra management team.

While operational challenges exist, coordination and supportive relations between partner national societies and IFRC is strong.

As activities wind down, various agencies have started to leave the operations site in Padang. The Federation-led shelter cluster coordination team, which coordinated all shelter activities, ceased operations in late April. The shelter cluster has provided a platform for over 30 agencies to coordinate activities and share information and experience in temporary shelter and permanent housing. Shelter coordination will be taken over by the early recovery network (UNDP) and a shelter working group lead by UN Habitat.

Red Cross and Red Crescent action

In addition to support from the IFRC, PMI continues to receive bilateral support from partner national societies in relief, shelter, water and sanitation, logistics, and health and care. Partners include Australian Red Cross, American Red Cross, Danish Red Cross/Danish government, French Red Cross, Irish Red Cross, Italian Red Cross, Netherlands Red Cross, Qatar Red Crescent, Spanish Red Cross, Swiss Red Cross and Turkish Red Crescent.

Progress towards objectives

Relief distributions (food and basic non-food items)

Objective: Up to 20,000 families (100,000 individuals) have their immediate needs provided for through the distribution of non-food items, such as hygiene kits, kitchen sets, tarpaulins, tents, shelter repair kits, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.

Expected results	Activities planned
The immediate needs of 20,000 affected families are met through relief distribution.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize relief supplies from pre-positioned stocks in country and the Kuala Lumpur regional logistics unit regional warehouse, supplemented by additional local / regional procurement. • Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to donors. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

The emergency relief operation ran from the 30 September to 31 December 2009. The relief team distributed an estimated 917 tonnes of much needed relief supplies to the five worst affected districts of Padang, Pariaman, Padang Pariaman, Pesisir Selatan and Agam.

Distributions were led by PMI and supported by IFRC and partner national societies. An estimated 27 tonnes of relief items were delivered by air and ensured that up to 1,390 families in remote areas, not accessible by land, were reached. Several partner national societies, including the Netherlands, French and American Red Cross societies also supported the distribution of relief items through bilateral arrangements with PMI.

More than 29,360 families have been reached with non-food items through this emergency appeal and another 39,711 were assisted by PMI with non-food and limited food items. Beneficiaries received baby kits, blankets, tents, field kitchen sets, tarpaulins, biscuits, family kits, hygiene kits, medicine and sleeping mats. The total number of households assisted through relief distributions has exceeded the target of 20,000 families.

Relief operations also contained capacity building aspects including relief logistics distribution training to PMI staff and volunteers. Experience and lessons learnt will also be disseminated to the other 13 branches in the province through a training course in June, by the already trained and experienced PMI staff and volunteers to their colleagues.

By building on existing capacities of the PMI at chapter and branch levels it is hoped they can assist communities and be better prepared for responding to major natural events. Moreover, the initiative will further enhance understanding of handling significant quantities of international aid and for accurate reconciliation and audit. The reconciliation exercise and primary reporting concluded on 30 April. General relief activities will cease by 30 June.

The relief delegate left the operation in early April and handed over his activities to an experienced team of national staff. In the same month, the team supported the setup and planning of the corrugated iron sheet distribution process by PMI.

Due to the considerable support of in-kind relief items from multilateral Movement partners in the emergency phase of the operation, approximately CHF 600,000 earmarked for relief items has not been spent. A request will be made to relevant donors to consider reallocating these funds to other priority areas such as disaster preparedness stock.

Constraints

Although IFRC now has a well functioning warehouse management system (LogIC), this system alone without any relief information system in place, has made the reconciliation exercise a challenging one.

Shelter

Objective: Up to 10,000 households are assisted with adequate temporary shelter and up to 2,000 shelters constructed in West Java.	
Expected results	Activities planned
Improved shelter conditions which are more resilient to future natural disasters for	<ul style="list-style-type: none"> • Analysis based upon ongoing needs and capacity assessments to determine the extent of the shelter needs and preferred shelter solutions.

<p>affected families with severely damaged and destroyed houses.</p>	<ul style="list-style-type: none"> • Develop community self-directed targeting strategy and registration system to deliver intended assistance, prioritizing the most vulnerable in selected communities. • Support formation of community management teams to monitor funds for community-built shelters using cultural practices that highlight working together. • Identify shelter solutions to suit the local context that are culturally appropriate. • Promote safe and durable shelter construction through the provision of technical assistance and guidance to all involved in the shelter activities. • Reproduce and distribute safe building practice materials (information, education and communication). • Support, as appropriate, additional needs for identified individual households. • Monitor, coordinate and evaluate the shelter programme. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.
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Progress

The shelter component supported by the emergency appeal provides for at least 8,000 households with shelter in three districts¹ and uses the transitional shelter (referred to as T-shelters in Padang) approach successfully implemented in the Yogyakarta and West Java earthquake operations. The total number of shelters to be provided by this Movement recovery response is 13,500; the balance being met by collaborating partner national societies. The majority of the households (approximately 12,500) will receive a T-shelter, while the remainder have elected for (partial) rehabilitation of their existing house (the '*rumah tumbuh*' concept).

The design of the T-shelters was made in cooperation with the emergency shelter cluster, NGOs and Bung Hatta University in Padang and incorporates local design preference. It meets Sphere standards with a floor space of 18m² for an average family of five persons. Importantly the T-shelter is seismically stable and the core structure (frame and foundation), which has a life of up to five years, provides a 'safe living space' for families until their permanent accommodation is restored or rebuilt. To date the T-shelter design has been well received with many families using their own materials to add additional living space and make the living area more comfortable. There is a strong sense of ownership associated with the finalized structure.

The targeting and selection strategy for receipt of T-shelters is working well. Currently, approximately 80 per cent of intended beneficiaries of the PMI/Federation-supported shelter programme have been selected and about 75 per cent of total shelter funds have been transferred. More than 200 PMI volunteers are active in the three districts where IFRC is supporting shelter construction. All volunteers received 'on-the-job training' from colleagues and more training is planned. Both the IFRC and partner national societies have deployed field-based staff with experience in community mobilization and shelter construction to assist branch volunteers.



A completed *rumah tumbuh* in Sungai Lundang, Pesisir Selatan District. The owner has painted the shelter pink and modified it to suit the households' needs. (IFRC/Helena Rea)

By end April, a total of 1,170 or nearly 15 per cent of the planned 8,000 shelters were completed, 2,817 or 35 per cent of the shelter grants were transferred and 1,498 units were under construction. Of the 300,000 zinc sheets funded outside the appeal, PMI distributed 120,000 during the reporting period. While there have been delays in shelter construction, the need for accommodation is still urgent. An assessment of outstanding shelter needs in Padang city conducted by the Indonesia shelter cluster coordination team in April noted that 54 per cent of worst-affected households continue to live in structurally unsafe houses and of these, 75

¹ The Danish Red Cross is supporting an additional 2,000 shelters in Pesisir Selatan and the Swiss Red Cross a further 1,000 shelters in Agam.

per cent were deemed the most economically vulnerable. In other words, the most eligible and entitled to assistance have still to receive adequate help.

In urban Kota Padang, a modified shelter concept 'rumah tumbuh' has been introduced. This allows families without sufficient space to build a new shelter, the opportunity to use the shelter assistance to buy a variety of materials to assist rebuilding their damaged houses. To promote safe construction, qualified shelter staff will survey all buildings and agree on building materials, based on a safe building plan. The programme will also assist families through the provision of skilled artisans to help households adopt safe building methods. A formal agreement with households assisted will limit programme liability to the extent of advice provided for the proposed repairs which will be carried out by the household themselves. This approach recognizes that households are already repairing their existing houses and will greatly benefit from advice on safe building practices that will be provided. The programme in Padang city started in April and first indication is that approximately 50 per cent of households had selected the 'rumah tumbuh' option.

In addition to some procedural improvements to reduce the lead time of the preparation process, such as reducing the number of instalments from three to two, identification of suppliers and additional monitoring in the field, the programme has compensated for the less effective *gotong royong* concept by doubling the number of volunteers initially planned. The volunteers are increasingly supporting beneficiaries with the actual construction of shelters. Beneficiaries have also been allowed to spend the six per cent of the grant, originally earmarked for the procurement of tools, on hiring carpenters and many have chosen this option.

In the remaining months, the programme will give greater attention to raising environmental awareness within the assisted population through an environmental impact assessment. Guidance is being provided by environmental specialists internal and external to the Movement. Environmental impact mitigation activities are also being discussed including the provision of economic seedlings to offset the wood used in shelter construction.

Constraints

While the community-based construction approach is working, progress has been slower than expected. This is due to the following reasons:

- The implementation of the T-shelter component started approximately four months late, due to late recruitment of staff within IFRC and PMI and a slow acceptance of the T-shelter concept by the Kota Padang branch.
- The actual identification, transfer, procurement and construction time is taking longer than initially planned (based on the Yogyakarta experiences). Evidence suggests that the *gotong royong* concept, which worked well in Yogyakarta is less effective in West Sumatra. Delays have also meant communities are increasingly focusing on livelihood priorities and have less time for shelter construction.
- While shelter progress is naturally judged on the number of 'completed' structures, preparation and enabling activities including community mobilization, beneficiary identification and fund transfers take the majority of the time. The process of identifying beneficiaries and transferring funds, while slower than expected, does allow for completion of shelters by the end of September, as per current plan².

If with these adjustments it still proves difficult, two options are being considered: extending the project timeframe to December to complete the planned shelters, or reducing the total to close at the end of September. A decision on these possibilities will be taken at the beginning of June based on progress in the field.

Health and care

Objective: 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	<ul style="list-style-type: none"> • Support PMI in establishing emergency health posts and/or mobile health clinics to serve hard-to-reach areas and meet gaps in health services.

² The emergency appeal mentions "the construction period of the shelter was expected to be 5-6 days for 10 shelters, depending upon weather conditions. T-Shelters will be built in the spirit of gotong royong meaning that every able bodied person in the community takes part in the works". The experiences of the first 6 months indicates that from identification and signing of the T-shelter community agreement (PPD) takes between 3 and 4 weeks which then allows beneficiary to imitate construction. Also due to the rising prices of material the beneficiaries shopping time in some areas takes longer. The actual T-shelter construction then takes an average of 14 days with some exceptions taking much longer (one family took 84 days).

<p>members to participate in recovery activities.</p>	<ul style="list-style-type: none"> • Mobilize PMI first aid using helicopters and ambulance services to meet the emergency health/medical needs. • Provide psychological support to the traumatized population and volunteers where appropriate. • Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support as needed. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.
<p>The resilience of the community is improved through better health awareness, knowledge and behaviour.</p>	<ul style="list-style-type: none"> • Update/mobilize community-based volunteers on health/hygiene promotion and disease prevention according to identified priority needs. • Reproduce and distribute health education/information, education, communication (IEC) materials. • 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 promotion). • Distribute essential health supplies to reinforce health promotion/disease prevention campaigns, ex. mosquito nets. • Strengthen 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. • Undertake in-depth assessments of ongoing needs in identified locations and support as appropriate. • Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.
<p>Psycho-social support is provided to the target population (including school children and teachers) and PMI staff/volunteers as needed.</p>	<ul style="list-style-type: none"> • Consult with communities and volunteers to determine appropriate responses – stand alone or mainstream and/or integrated into other programmes and services. • Develop and implement a range of psychosocial support to affected people and volunteers. Services to include updating/training of more volunteers, and community activities throughout the recovery period. • Develop/adopt key policies and procedures to support their provision of psychosocial support interventions taking into account beneficiaries with diverse needs (e.g. women, men, the elderly, children, families and people with disabilities). • Integrate psychosocial support with ongoing recovery programmes (such as within shelter programme) as well as within existing PMI programmes. • Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

More than 12,300 people have been treated by PMI medical action teams and the mobile health clinics since the operation started. The mobile clinics operate in the districts Kota Pariaman and Padang and serve approximately 30 locations. The mobile clinics consist of a doctor and two nurses and work from 'improvised' locations like a room in house of head of village, schools, community health centre (*puskesmas*). There has been considerable turnover in staffing in the clinics and, in April, the remaining clinic doctor left PMI for permanent employment elsewhere.

Staff shortages are also seen at chapter level with no full-time health coordinator appointed by PMI. As a result the IFRC team has had to manage and support the trained volunteers directly. In April, the PMI chapter started the recruitment of field coordinators and assistants to manage the health programme in their branches; IFRC will fully fund the positions until the end of the project period and has been involved in the selection of candidates.

Given that post-disaster health needs are mostly met, there is less need for health clinic services and with the many staffing problems, the programme proposes to terminate these activities at the end of May, and not August as originally planned. IFRC will provide PMI with technical support to handover remaining medical supplies to the health authorities.

Preparations are underway for CBHFA training in early May for approximately 50 volunteers. These volunteers are expected to give support to the mother and child health (*posyandu*) network in the five districts. Given that *posyandu* services are related to longer-term improved health services, IFRC has proposed that PMI reduce the level and extent of these activities and conduct on one out of seven CBHFA modules.

From 20 to 21 April, four PMI branches attended PSP training for community facilitators. Crisis intervention technicians training was also conducted for 32 volunteers, six from each of the five PMI branches and two from the West Sumatra chapter. These trained volunteers are now working in communities and schools. While there are trained and motivated PSP volunteers in place, overall PSP activities during the reporting period have been limited because of the lack of experienced coaches. The National Society has been formally asked about the possibility of arranging training sessions for PSP volunteers in the field. The presence of experienced coaches from other chapters to assist and evaluate the implementation of PSP activities will ensure that the goals of the programme are met.

Constraints

The biggest issue during this period has been the understaffing of PMI at chapter level. To date, the health programme coordinator and three assistants (health, PSP, water and sanitation) have not been filled permanently because of the very limited number qualified candidates. Less than competitive labour conditions at PMI have also made it difficult for the National Society to hire a new doctor for the mobile health clinic.

Water, sanitation and hygiene promotion

Objective: 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 for up to 10,000 families (50,000 people) within the affected area for 12 months.	
Expected results	Activities planned
Access to safe water is provided to affected populations in the targeted locations.	<ul style="list-style-type: none"> Establish potable water treatment facilities. Set up water emergency water distribution network, including truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country). Deliver support to pre-earthquake water supply infrastructure with the transitional-shelter programme beneficiary households and those close to it.
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> Build sanitation facilities in emergency camps and in other locations where required. Support pre-earthquake sanitation infrastructure to the transitional-shelter programme beneficiary households and those close to it.
The health status of the population is sustainably improved through hygiene promotion activities.	<ul style="list-style-type: none"> Establish disease vector and safe hygiene monitoring. Ensure fogging activities carried out where required in relation to both high risk areas of dengue fever and malaria. Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/IFRC water and sanitation software. Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to assessments. Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

While hygiene promotion activities have been undertaken since February, water sanitation hardware activities have only started in mid-April. Hardware activities have focused on repairing existing and damaged water (shallow wells) and sanitation (family latrine) systems. No new water supply systems or sanitation infrastructure systems have been constructed except in schools where existing facilities do not warrant repair. Socialization of beneficiaries on the overall programme orientation is ongoing. Ten volunteers in each of five

branches have been trained in water sanitation Sphere standards and construction practices, as per government requirements, hardware and, in late April, a Federation water sanitation engineer was recruited.

A workshop for volunteers assisting with water sanitation hardware was held from 11 to 15 April. In line with PMI's objective to build the capacity of local staff, two team members from PMI's West Sumatra chapter worked as assistants, supporting the two facilitators from PMI headquarters. A total of 52 volunteers participated, ten each from the five PMI branches and two from the chapter. Following the workshop, the volunteers were deployed to the field to assess the water and sanitation conditions in a local school and helped with preparations to install hardware.

School-based hygiene promotion activities continued in 39 elementary schools in four PMI sub-branches. To date, 51 PMI health volunteers have been trained in participatory hygiene and sanitation transformation (PHAST) and children hygiene and sanitation transformation (CHAST) training that will allow them to implement hygiene programmes in elementary schools. Volunteers now have the skills to train elementary teachers as facilitators to also train students to become peer educators or members of the Red Cross youth team in their respective schools (currently Red Cross youth is only active in Agam district).

Organizational development (Capacity development and organizational strengthening)

Objective: To strengthen the short- and medium-term capacities of PMI staff and volunteers at branch level to complete the operational needs and leave behind sustainable capacities for the future.	
Expected results	Activities planned
The coordinated mobilization of local spontaneous volunteers has built short medium and long term branch capacities.	<ul style="list-style-type: none"> • Conduct rapid volunteer mobilization and orientation in affected areas. • Conduct support activities for volunteers including weekly peer support meetings to address stress and psycho-social issues. • Develop and maintain a volunteer database registering skills and availability. • Implement a volunteer insurance scheme in keeping with the IFRC's global volunteer insurance scheme.
Strengthened financial systems have receipted and spent locally and internally sourced donations efficiently and led to long term enhanced systems at branch level.	<ul style="list-style-type: none"> • Existing branch financial management and reporting systems are scaled up to efficiently report on scaled up resources. • Management information systems are strengthened at branch level to enable effective decision making. • Reporting systems have been developed and followed.
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"> • 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. • Key messages from affected communities will be communicated by PMI to enable enhanced support from other responding institutions.

Progress

Ongoing volunteer training and support to approximately 400 volunteers has been provided by the recovery programme during the reporting period to ensure field implementation is achieved. Assistance to establish a volunteer database is also being provided as well as registration of volunteer accident insurances. Volunteers have also received field kits, funded by IFRC.

At branch level, weekly meetings are held with volunteers, branch staff and board representatives attended by respective partner national society and IFRC staff. Chapter-level weekly meetings continue to follow up issues generated by the branches, attended by branch representatives, chapter staff and board representatives attended by partner national societies and IFRC. Efforts are being made to improve these coordination meetings through effective chairing and timely minutes and follow-up of action points.

Contact has been strengthened with the organizational development staff members from Canadian Red Cross who are supporting the West Sumatra chapter, as a first step in the exit strategy of the programme.

Information sharing between PMI, IFRC and partner national societies has continued through weekly coordination meetings. Weekly senior management meetings between PMI and Federation staff continue to improve coordination and to reach mutual agreements on operational issues.

Constraints

Current volunteers, while very motivated, lack training in PMI, technical skills and experience in working with communities and this has slowed progress in the recovery programme.

Despite training, delays and confusion in implementing the shelter cash transfer system were experienced due to capacity constraints in the branches. Additional training and support are required to assist PMI financial staff at chapter and branch level to improve fund flow forecasts, cash requests, money transfers and disbursements. Financial guidelines have been prepared to synchronize the PMI and IFRC financial systems.

Communications

Objective: To ensure that people affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief and recovery.

Expected Results	Activities Planned
Working with the host national society and in close consultation with operational and technical leadership, people impacted by this emergency are encouraged to take a lead role in programme development and delivery through provision of timely, accurate information on this disaster and services available to support their relief and recovery.	<ul style="list-style-type: none"> • Key audiences affected by this emergency and their common sources of and access to information are identified. • Those sources of and access to information are prioritized and utilized to provide details on relief and recovery resources, qualification criteria, and other essential information to benefit vulnerable individuals. • The inputs of affected populations are sought and incorporated into the planning, implementation, monitoring and evaluation of the process of this operation. • Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity. • 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.

Progress

The PMI West Sumatra chapter's communications and outreach unit, with volunteers in all branches and supported by IFRC, continues to document different aspects of the operation such as T-shelter construction. As mentioned in the previous report, in collaboration with the Australian Red Cross, an instructional DVD has been produced and distributed in the T-shelter programme to help guide villages in T-shelter construction.

As a result of a media survey conducted by the PMI West Sumatra media department itself in four districts outside Padang, activities have been developed to ensure communities have access to timely and accurate information about PMI programming. According to the survey, up to 38 per cent of the community use radio as their main access to information.

Together with PMI, IFRC developed a series of radio shows that are being hosted by Radio Republik Indonesia and relayed by three local radio stations. The weekly talk shows allow beneficiaries to actively take part and have their concerns addressed. An estimated two million people from all over West Sumatra are being reached in this way.

In April, the first three talk shows were broadcast and covered topics such as 'rumah tumbuh', mobile health clinics, distribution of zinc sheets by PMI and the environmental aspects of recovery programmes. Besides beneficiaries, volunteers as well as IFRC and PMI programme coordinators contributed to the shows. During the hour-long programme, an average of 15 phone calls was received and questions answered. Public service announcements (PSA, short clips with PMI messages) are currently under production by the three radio stations with IFRC taking the lead in the production process.

During the reporting period, a dedicated telephone number (hotline) was set up as part of a confidential complaints mechanism. The number is now being circulated to the beneficiaries, PMI volunteers, and other related stakeholders. The system should be fully established and functioning by June.

In addition, plans continue for an interactive SMS service that will allow beneficiaries to send text messages to a dedicated Red Cross phone number with a question or comment they may have regarding programme implementation. The text message will then be answered in a fixed time period by the programme. At the time of

this report, the SMS service was being used to send out information about radio and television programme promotions as well as information on community events in the five districts.

After radio and print media, the coming weeks will see greater use of the internet (through a web portal from the leading Padang Express portal in West Sumatra) and a community television programme developed in cooperation with Save the Children, giving the programme a true 'multi media' dimension.

Support and capacity strengthening of the PMI West Sumatra media department is taking place, which will result in clearer roles and responsibilities for the team and individual members. The communication and community outreach unit is staffed by one IFRC media specialist and 13 enthusiastic volunteers working in the chapter and five branches.

The first outreach programme coordination meeting was held on 26 April for PMI chapter board members, the heads of branches from five districts, and all PMI media volunteers. As a result, senior managers from PMI gained a better understanding about the outreach programmes and are thus able to provide essential support to outreach activities when needed.

Logistics

In April, the warehouse facility near Padang airport, owned by a private factory that offered the building to support Red Cross Red Crescent relief operations, was closed. An additional warehouse has been rented by PMI for storage of the remaining relief goods and recently received food parcels from Kuwait Red Crescent. IFRC funds and manages the new warehouse.

During the reporting period, IFRC financially supported the distribution of 300,000 zinc sheets, procured by PMI to supplement the T-shelter programme.

With reduced implementing roles to undertake, the logistics delegate handed over remaining technical issues to an experienced team of national staff who will manage the temporary warehouse and Rubb halls (storage facility) until operations cease in September.

A joint relief and logistics training course is being prepared to train staff and volunteers in 13 branches in West Sumatra that were not affected by the earthquake, as a capacity building and disaster preparedness measure.

Capacity of the National Society

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. As well, 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 among 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 of the Canadian, Danish, French, and German Red Cross societies and other partner national societies, in disaster risk reduction, 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 the International Federation

Following the 26 December 2004 tsunami that struck Aceh province, the 28 March 2005 earthquake under Nias Island, and the 27 May 2006 earthquake in Yogyakarta, IFRC's capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. Currently, there is a strong IFRC presence in-country with 12 partner national societies (with approximately 32 experienced delegates and 320 national staff) and a Federation country team comprising of 19 delegates and 282 national staff who support the PMI in its emergency and longer-term programming.

In support of the initial emergency response, the Federation country office 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 reinforced the country office capacity with communications, shelter and reporting representatives, a field and assessment coordination

team (FACT) relief coordinator and an experienced organizational development consultant to assist PMI to plan to generate long term capacities as an integrated aspect of the programme and within the overall exit strategies as well. The deployment of an Asia Pacific FACT member based in Kuala Lumpur supported the country office in providing much needed technical support.

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

The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

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

Contact information

For further information specifically related to this operation please contact:

- Indonesian Red Cross:
 - Ir. Budi Atmadi Adiputro, secretary general, phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id
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 - Penny Elghady, resource mobilization and PMER coordinator, email: penny.elghady@ifrc.org; phone: +603 9207 5775, fax: +603 2161 0670 Please send all pledges of funding to zonerm.asiapacific@ifrc.org
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[<revised emergency appeal budget and interim financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/4
Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	12,927,807				365,775	13,293,583
B. Opening Balance	0				0	0
Income						
Cash contributions						
<i>American Red Cross</i>	19,200					19,200
<i>Andorra Government</i>	15,076					15,076
<i>Andorran Red Cross</i>	7,449					7,449
<i>Australian Red Cross</i>	704,631					704,631
<i>Australian Red Cross (from Australian Government)</i>	553,608					553,608
<i>Austrian Red Cross</i>	29,720					29,720
<i>British Red Cross</i>	879,866				43,526	923,392
<i>British Red Cross (from British Government)</i>	1,722					1,722
<i>British Red Cross (from DFID - British Government)</i>	377,988				165,150	543,138
<i>Canadian Red Cross</i>	1,049,496					1,049,496
<i>Canadian Red Cross (from Canadian Government)</i>	945,991					945,991
<i>China - Private Donors</i>	280					280
<i>China Red Cross (from China - Private Donors)</i>	388					388
<i>China Red Cross, Hong Kong branch</i>	581,070					581,070
<i>China Red Cross, Macau branch</i>	15,000					15,000
<i>Credit Suisse Foundation</i>	33,236					33,236
<i>Estonia Government</i>	96,571					96,571
<i>Finnish Red Cross</i>	60,087					60,087
<i>Finnish Red Cross (from Finnish Government)</i>	109,563					109,563
<i>French Red Cross</i>	6,264					6,264
<i>Great Britain - Private Donors</i>	2,863					2,863
<i>Iranian Red Crescent</i>	70,700					70,700
<i>Irish Government</i>	226,449					226,449
<i>Irish Red Cross</i>	53,098					53,098
<i>Japanese Red Cross</i>	150,457					150,457
<i>Monaco Red Cross</i>	45,324					45,324
<i>Netherlands Red Cross</i>	190,775				59,338	250,113
<i>Netherlands Red Cross (from Netherlands Government)</i>	377,758					377,758
<i>New York Office (from Kraft Foods)</i>	46,919					46,919
<i>New York Office (from Mellon Bank)</i>	7,594					7,594
<i>New York Office (from Motorola Foundation)</i>	21,057					21,057
<i>New York Office (from Schering Plough)</i>	8,689					8,689
<i>New York Office (from United States - Private Donors)</i>	2,502					2,502
<i>New Zealand Red Cross (from New Zealand Government)</i>	205,234					205,234
<i>Norwegian Red Cross (from Norwegian Government)</i>	346,493					346,493
<i>Oman - Private Donors</i>	4,024					4,024
<i>On Line donations</i>	17,481					17,481
<i>OPEC Fund For International Development</i>	503,525					503,525
<i>Republic of Korea Red Cross (from Republic of Korea - Private Donors)</i>	19,486					19,486
<i>Spanish Red Cross</i>	20,877					20,877
<i>Swedish Red Cross (from Swedish Government)</i>	725,090					725,090
<i>Switzerland - Private Donors</i>	850					850
<i>United States - Private Donors</i>	10,313					10,313

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Appeal	MDRID004
Budget	APPEAL

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<i>VERF/WHO Voluntary Emergency Relief</i>	2,000			2,000
C1. Cash contributions	8,546,765		268,015	8,814,779
Outstanding pledges (Revalued)				
<i>Australian Red Cross</i>	-11,871			-11,871
<i>United States Government - USAID</i>			108,648	108,648
C2. Outstanding pledges (Revalued)	-11,871		108,648	96,778
Inkind Goods & Transport				
<i>American Red Cross</i>	304,602			304,602
<i>Australian Red Cross</i>	123,810			123,810
<i>British Red Cross</i>	376,116			376,116
<i>China Red Cross, Hong Kong branch</i>	406,664			406,664
<i>Finnish Red Cross</i>	366,146			366,146
<i>French Red Cross</i>	96,364			96,364
<i>Japanese Red Cross</i>	783,447			783,447
<i>Netherlands Red Cross</i>	858,796			858,796
<i>Spanish Red Cross</i>	378,645			378,645
C4. Inkind Goods & Transport	3,694,590			3,694,590
Inkind Personnel				
<i>Other</i>	19,840			19,840
C5. Inkind Personnel	19,840			19,840
Other Income				
<i>Miscellaneous Income</i>	-1,540			-1,540
<i>Services</i>	-5,875			-5,875
C6. Other Income	-7,415			-7,415
C. Total Income = SUM(C1..C6)	12,241,910		376,663	12,618,573
D. Total Funding = B + C	12,241,910		376,663	12,618,573
Appeal Coverage	95%		103%	95%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0				0	0
C. Income	12,241,910				376,663	12,618,573
E. Expenditure	-7,101,554				-259,044	-7,360,598
F. Closing Balance = (B + C + E)	5,140,355				117,619	5,257,974

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

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Budget Timeframe	2009/10-2010/09
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		12,927,807				365,775	13,293,583	
Supplies								
Shelter - Relief	6,060,000	2,776,171					2,776,171	3,283,829
Shelter - Transitional		1,305,713					1,305,713	-1,305,713
Clothing & textiles	480,000	322,819					322,819	157,181
Water & Sanitation	60,000	2,355				1	2,355	57,645
Medical & First Aid	272,000							272,000
Utensils & Tools	144,000	110,914					110,914	33,086
Other Supplies & Services	655,500	316,262					316,262	339,238
Total Supplies	7,671,500	4,834,234				1	4,834,235	2,837,265
Land, vehicles & equipment								
Land & Buildings	400,000							400,000
Vehicles		7,039					7,039	-7,039
Computers & Telecom	150,000	70,336				496	70,832	79,168
Office/Household Furniture & Equipm.	40,000	14,048					14,048	25,952
Others Machinery & Equipment	50,000							50,000
Total Land, vehicles & equipment	640,000	91,423				496	91,919	548,081
Transport & Storage								
Storage	160,000	53,752				24	53,776	106,224
Distribution & Monitoring	350,000	578,323					578,323	-228,323
Transport & Vehicle Costs	705,000	223,805				14,423	238,229	466,771
Total Transport & Storage	1,215,000	855,880				14,447	870,328	344,672
Personnel								
International Staff	816,000	212,859				5,345	218,205	597,795
National Staff	310,000	273,815				486	274,301	35,699
National Society Staff	240,000	60,866					60,866	179,134
Consultants	365,000	41,254				65,155	106,409	258,591
Total Personnel	1,731,000	588,795				70,986	659,781	1,071,219
Workshops & Training								
Workshops & Training	782,000	51,422				1,207	52,629	729,371
Total Workshops & Training	782,000	51,422				1,207	52,629	729,371
General Expenditure								
Travel	110,000	62,755				3,067	65,822	44,178
Information & Public Relation	70,000	13,233				1,167	14,400	55,600
Office Costs	120,000	73,763				10,303	84,066	35,934
Communications	70,000	13,354				1,740	15,094	54,906
Professional Fees	20,000							20,000
Financial Charges		9,377					9,377	-9,377
Other General Expenses		153					153	-153
Total General Expenditure	390,000	172,636				16,276	188,912	201,088
Contributions & Transfers								
Cash Transfers Others						135,706	135,706	-135,706
Total Contributions & Transfers						135,706	135,706	-135,706
Programme Support								
Program Support	864,083	423,641				17,601	441,242	422,841
Total Programme Support	864,083	423,641				17,601	441,242	422,841
Services								
Services & Recoveries		3,595					3,595	-3,595
Shared Services						2,323	2,323	-2,323
Total Services		3,595				2,323	5,918	-5,918
Operational Provisions								

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

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Budget	APPEAL

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Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		12,927,807				365,775	13,293,583	
Operational Provisions		79,928					79,928	-79,928
Total Operational Provisions		79,928					79,928	-79,928
TOTAL EXPENDITURE (D)	13,293,583	7,101,554				259,044	7,360,598	5,932,985
VARIANCE (C - D)		5,826,253				106,732	5,932,985	