

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° 14
1 July 2010

Period covered by this operations update: 1 May to 31 May 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. <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 Indonesian Red Cross (Palang Merah Indonesia/PMI) 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 IFRC's Disaster Relief Emergency Fund (DREF) to support this operation.



Under the PMI/IFRC psychosocial programme, these students from Pasar Bawan elementary school in Agam district are learning to sew to enhance their creative learning skills. (Photo by PMI/Habibi)

Summary:

During the reporting period, PMI/International Federation of Red Cross and Red Crescent Societies' (IFRC) recovery elements have been modified responding to field realities, changing needs and to improve levels of programme accountability. These include a modified approach to shelter in urban (Kota) Padang where land for placing a t-shelter is restricted. Steps have also been taken to accelerate the speed of t-shelter construction including doubling the number of volunteers initially planned. Besides providing support with the procurement of t-shelter materials, volunteers motivate and help organize communities and, increasingly, help beneficiaries with the construction of shelters. Furthermore, six PMI assistant field coordinators have also

been put in place to help coach the volunteers.

At the end of May, 2,000 or 25 per cent of PMI/IFRC shelters were completed and 75 per cent of funds transferred to communities. The total number of shelters completed by the Movement at the end of this period is 6,775 or just over 50 per cent of the target 13,520 shelters.

Water sanitation and hygiene promotion activities have also been modified, given the limited intervention period and budget constraints. The community outreach programme has been extended to strengthen accountability to the assisted population.

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 Humanitarian Aid Office 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. The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages.

According to the government's National Disaster Management Agency (BNPB) up to 1,117 people died and another 2,902 people were injured in the disaster. A further 4,000 people were displaced and 249,833 houses were damaged. More than 2.5 million people are estimated to be living in the eight most affected districts and cities of West Sumatra, with Kota Padang and Padang Pariaman being the hardest-hit areas.

Working with Red Cross Red Crescent Movement partners, 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.

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 the end of May, a total of 2,000 of the planned 8,000 shelters were completed.

The IFRC health and care programme terminated its support of PMI's mobile health clinic activities at the end of May and not August as originally planned. These services were greatly needed and highly valued in the immediate aftermath of the disaster. With the relief phase over, however, the need for these services is greatly reduced as communities are now able to seek medical assistance at health facilities that have reopened.

As part of the integrated approach of the programme, basic hygiene promotion activities will be conducted in 300 villages that also receive shelter assistance. A more intensive hygiene promotion programme will also be conducted in 50 schools. Owing to budget and time limitations in the initial appeal, water and sanitation

hardware (latrines and water sources) has been limited to rehabilitation of existing structures in 50 villages and 50 schools equally spread across five districts

A community outreach programme has been extended and focuses increasingly on strengthening 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 been prepared and will be implemented in the coming months. Safe building practices are also being introduced with the recruitment of a technical advisor and 60 volunteers.

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, Australian and Swiss Red Cross societies in moving the t-shelter programme forward through respective bilateral agreements is constructive. 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. The Netherlands Red Cross has funded the position of the recovery coordinator.

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

As activities wind down, various agencies continue to leave the operations site in West Sumatra. Shelter coordination has been taken over by the early recovery network (UNDP) and a shelter working group lead by UN Habitat in close cooperation with the local government.

Red Cross and Red Crescent action

The Indonesian Red Cross has vast experience of responding to earthquakes and drew on its extensive resources of trained staff and volunteers as well as pre-positioned resources, all of which provided a basis for the quick and effective response it is leading. In the emergency phase, over 300 staff and volunteers from local, provincial and national levels worked in the operations. In addition to volunteers, many of the staff were involved in capacity building training in first aid, disaster management, disaster risk reduction, search and rescue and health, and were on site within hours after the earthquakes to strengthen the local volunteers with immediate life saving and emergency response activities. This enabled them to be present quickly on the ground, working with the authorities and other partners supporting the evacuation of affected people by providing initial first aid and relief as well as conducting ongoing assessments to ascertain the extent of damage and needs.

The emergency phase was declared over on 31 October with the recovery period officially commencing on 1 November 2009. PMI and IFRC moved quickly from emergency into recovery, in tandem with the government's own policy of single-phase recovery and reconstruction.

Nine months after the earthquakes the need for housing remains acute. The revised recovery plan is being finalized in line with the results of ongoing assessments in West Sumatra.

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

	<p>Kuala Lumpur regional logistics unit regional warehouse, supplemented by additional local / regional procurement.</p> <ul style="list-style-type: none"> • 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.
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Progress

With support from logistics, the relief team distributed relief items to earthquake affected communities in Kota Padang, Kota Pariaman, Padang Pariaman, Pesisir Selatan and Agam. Distributions were led by PMI and supported by IFRC and partner national societies. An estimated 917 tonnes of relief items were distributed, 27 tonnes by air. These airlifts ensured that up to 1,390 families in remote area not accessible by road were reached. Several partner national societies, including the Netherlands, French and the American Red Cross Societies assisted in the distribution of relief items through bilateral support to PMI.

To date 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, sarongs, 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.

Emergency relief distributions ceased at the end of December 2009 although general relief activities will continue until 30 June 2010. A reconciliation of relief items distributed was completed with the PMI chapter and branch staff that facilitated the relief response end of April 2010.

In May, with the general relief programme finished, relief staff were transferred to the shelter department to assist with the crucial last months of the shelter programme.

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 affected families with severely damaged and destroyed houses.	<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. • 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.

Progress

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

While there were initial delays in shelter construction, by the end of May, a total of 2,000 or 25 per cent of the planned 8,000 shelters were completed. Currently, 10,000 out of the Movement's 13,500 shelter beneficiaries have received corrugated iron sheets (20 sheets per household), funded outside the appeal by PMI. Some 300,000 sheets will be distributed in total.

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 is compensating for the less effective *gotong royong* concept by doubling the number of volunteers and PMI field coordinators initially planned. About 100 volunteers are currently supporting specially identified vulnerable 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. Activities are also being planned to prepare the beneficiaries for permanent housing, supported by the government's cash stimulus programme, and will include the distribution of books on safe building practices, produced after the 2007 Padang earthquake.

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 slowly because of the 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 a shelter intervention 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 the current plan.



Beneficiary family in kampong Sie Ramba, Kota Pariaman Utara, enjoying their newly completed t-shelter. (Photo by IFRC/Hans Bochove)

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	<ul style="list-style-type: none"> • Support PMI in establishing emergency health posts and/or mobile

<p>deaths in hardest hit areas are reduced, enabling community members to participate in recovery activities.</p>	<p>health clinics to serve hard-to-reach areas and meet gaps in health services.</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, such as medicines medical supplies and NFIs, 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

Community based health and first aid (CBHFA) training took place in early May for 32 PMI volunteers. These volunteers have already received training in participatory hygiene and sanitation transformation (PHAST) and children hygiene and sanitation transformation (CHAST) methodology. In addition to hygiene promotion activities, volunteers are supporting mother and childcare (*posyandu*) services. They participate in *posyandu* meetings and mobilize additional support, such as supplemental food for malnourished babies, based on needs identified in cooperation with midwives.

Mentors from PMI headquarters will be available from mid-July to support PSP volunteers run programmes 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. Until then, IFRC staff continue to provide technical support to volunteers in the field who are supporting community groups in organizing 'sense

of place' recreational activities such as embroidery classes, communal cooking, Koran reading and sports events.

Services by medical action teams and mobile health clinics were greatly needed and highly valued in the immediate aftermath of the disaster. With the immediate relief phase over, the need for these services is greatly reduced as communities are now able to seek medical assistance at health facilities that have reopened. In addition to that, PMI faced difficulties in recruiting enough skilled staff; IFRC therefore stopped the support to PMI mobile health services at the end of May 2010.

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

As part of the programme's integrated approach, basic hygiene promotion activities will be conducted in 300 villages that also receive shelter assistance. In addition, a more intensive hygiene promotion programme will be conducted in 50 schools. Owing to budget and time limitations in the initial appeal, water and sanitation hardware (latrines and water sources) has been limited to rehabilitation of existing structures in 50 villages and 50 schools equally spread across the five districts.

During the reporting period, the water and sanitation team was deployed to assess water and sanitation conditions in all targeted elementary schools and their surrounding villages. As a result, branches have submitted their plan of action regarding the types of facilities to be constructed and/or rehabilitated and/or completed with the budget.

Capacity for construction supervision of water and sanitation projects is limited within the chapter. As such, a pilot project is being implemented for all PMI water and sanitation volunteers in the branches with IFRC's water and sanitation hardware officer providing on-the-job training. By the end of May, PMI's Kabupaten Agam branch had successfully started the first pilot project to build and/or rehabilitate latrines and water sources. Other branches are planning to do the same in the coming months. In Kota Padang, where t-shelter construction started only in mid-April, the water and sanitation team is still working on the beneficiary identification phase of the programme selecting from areas where shelter support is given.

The community driven water and sanitation hardware intervention will be implemented in 50 schools and 50 villages around the schools. The committees, in coordination with PMI, will define which latrines and water sources will be rehabilitated given a maximum budget. Rather than establish two separate finance committees for schools and community groups, it has been agreed that school committees will also serve as finance committees for community groups, who will continue to be in charge of the management of grants. To ensure transparency and accountability, the committee will comprise of three people - the school principal, head of school committee and a representative of the community. Discussion on the exact procedure of the transfer of the cash grants is taking place.

The IFRC programme team has produced a variety of information, education and communications (IEC) materials to educate school children about hygiene promotion including posters, flyers, leaflets and games. To date, four posters have been produced on dengue fever prevention, cleaning of toilets and water tanks, diarrhoea, and washing hands using soap. A snakes and ladder game on hygiene promotion has also been developed for schoolchildren as well as a leaflet entitled "Clean and Healthy Water".

As of 31 May, 63 hygiene promotion sessions attended by 1,540 students were held in 30 elementary schools spread over 4 districts in West Sumatra. This figure brings the total number of sessions to 282, with more than 4,100 students reached since the project was first implemented. Hygiene promotion elements were also integrated in a shelter and media/communication's road show that was held in May. Up to date 646 beneficiaries have been reached by this intervention. The approach used in hygiene promotion is the three PHAST steps of: identifying health problems, health problem solving and selecting the solution for health problem (to interrupt the transmission of diseases).



Students playing a game of "snakes and ladders" as a way to learn about good hygiene practices.
(Photo: PMI/Habibi)

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

In May, ongoing support has been provided in community relations, shelter, water and sanitation hardware, and media/communications training to approximately 400 PMI West Sumatra volunteers 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.

Standard financial guidelines have been developed for PMI, to align the financial administrations of IFRC and PMI. PMI field staff has received training and additional finance staff hired to work on the programme.

A shelter and water and sanitation monitoring database from the Yogyakarta operation is being adapted and implemented in the programme to store beneficiary and financial data. A separate volunteer database is being developed and will be implemented in the coming month in the branches. Staff in the PMI chapter as well as branches will be trained in both systems.

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 IFRC 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 has been provided 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

During May, talk shows, public service announcements (PSAs) and live reports continued to be broadcasted on Radio Republik Indonesia (RRI) and relayed through four radio stations that cover the five districts where the Movement has been implementing its programmes. Topics covered during the talk shows included water and

sanitation hardware and World Red Cross Red Crescent Day, among others. Approximately 10 to 15 calls were received during the course of each of the shows, with questions ranging from what PMI's main activities are, how to become a volunteer, and how to get assistance from PMI. In just over 6 weeks (at an average of 20 messages per day) 900 PSAs have been aired on issues such as PSP, hygiene promotion and how to build resilient shelters. According to reports from PMI branches in Pesisir Selatan, Agam, and Padang, awareness levels among communities has noticeably increased with more people visiting PMI offices and a larger volume of text messages received asking for information about PMI's activities.

An SMS gateway has been set up to enable information flow from the community (target beneficiaries) to donors and visa versa, using mobile telecommunications. This system is part of the efforts aimed at improving the accountability of IFRC/PMI during the recovery process. The complaints 'hotline' number has now been distributed to the community through advertisements, flyers, radio PSAs and at community events. Draft standard operating procedures for the complaints handling mechanism have been completed and are tested based on initial messages that come in from the public. In addition, plans are underway to ask Telkomsel (a national telecommunications provider) for support in sending out bulk text messages.

On 17 May, PMI/IFRC and Save the Children started the production of a five-episode TV variety show entitled "Bicara Anak di Pondok Anak" (Speaking about Children in Children's House) that focuses on child protection issues. Topics covered during the first two episodes were disaster education and disaster risk reduction and its impact on children. A telephone line is kept open for audience participation during the show. The programme has been promoted in two daily newspapers, Padang Ekspres and the Pos Metro, as well as on RRI.

An outdoor cinema event (*layer tancep*) showcasing various Red Cross films was held during the month in Sungai Lundang village, Pesisir Selatan and attracted more than 500 people from 6 surrounding villages. Films included the Australian Red Cross DVD on t-shelter construction, and videos on hygiene promotion and PSP activities.

Negotiations continue with the leading Padang Today news portal to establish a PMI site on the www.padang-today.com web portal, with content in English and Bahasa Indonesia, to be available by next month.

From 21 to 26 May, 18 PMI volunteers attended a five-day media and communications training course run by facilitators from IFRC, PMI, as well as professionals in photography and writing skills. Participants gained basic skills in writing, photography and media relations that will enable them to continue producing articles, photos, and videos for PMI programmes.

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, Nusa Tenggara Timur, Jakarta, North Sumatra, Nusa Tenggara Barat, Northern Sulawesi and East Kalimantan.

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 IFRC

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 14 partner national societies (with approximately 36 experienced delegates and 315 national staff) and an IFRC country team comprising of 19 delegates and 262 national staff who support the PMI in its emergency and longer-term programming.

In support of the initial emergency response, the IFRC 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 IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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

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

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

Contact information

For further information specifically related to this operation please contact:

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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	2009/10-2010/5
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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<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>	<i>-11,871</i>			<i>-11,871</i>
<i>United States Government - USAID</i>			115,969	115,969
C2. Outstanding pledges (Revalued)	-11,871		115,969	104,098
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>Netherlands Red Cross</i>	26,040			26,040
C5. Inkind Personnel	26,040			26,040
Other Income				
<i>Miscellaneous Income</i>	<i>-1,540</i>			<i>-1,540</i>
<i>Services</i>	<i>-5,875</i>			<i>-5,875</i>
C6. Other Income	-7,415			-7,415
C. Total Income = SUM(C1..C6)	12,248,110		383,983	12,632,093
D. Total Funding = B + C	12,248,110		383,983	12,632,093
Appeal Coverage	95%		105%	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	12,248,110				383,983	12,632,093
E. Expenditure	-8,394,803				-259,044	-8,653,847
F. Closing Balance = (B + C + E)	3,853,306				124,940	3,978,246

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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		2,235,313					2,235,313	-2,235,313
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
Teaching Materials		618					618	-618
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	5,764,452				1	5,764,453	1,907,047
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	14,975					14,975	25,025
Others Machinery & Equipment	50,000							50,000
Total Land, vehicles & equipment	640,000	92,350				496	92,846	547,154
Transport & Storage								
Storage	160,000	48,243				24	48,267	111,733
Distribution & Monitoring	350,000	578,323					578,323	-228,323
Transport & Vehicle Costs	705,000	239,307				14,423	253,730	451,270
Total Transport & Storage	1,215,000	865,873				14,447	880,320	334,680
Personnel								
International Staff	816,000	236,634				5,345	241,980	574,020
National Staff	310,000	310,825				486	311,311	-1,311
National Society Staff	240,000	67,288					67,288	172,712
Consultants	365,000	41,254				65,155	106,409	258,591
Total Personnel	1,731,000	656,001				70,986	726,988	1,004,012
Workshops & Training								
Workshops & Training	782,000	58,326				1,207	59,534	722,466
Total Workshops & Training	782,000	58,326				1,207	59,534	722,466
General Expenditure								
Travel	110,000	63,768				3,067	66,835	43,165
Information & Public Relation	70,000	13,312				1,167	14,479	55,522
Office Costs	120,000	77,309				10,303	87,612	32,388
Communications	70,000	15,522				1,740	17,262	52,738
Professional Fees	20,000	1,243					1,243	18,757
Financial Charges		9,447					9,447	-9,447
Other General Expenses		153					153	-153
Total General Expenditure	390,000	180,755				16,276	197,032	192,968
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	510,944				17,601	528,545	335,538
Total Programme Support	864,083	510,944				17,601	528,545	335,538
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

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		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								
Operational Provisions		262,506					262,506	-262,506
Total Operational Provisions		262,506					262,506	-262,506
TOTAL EXPENDITURE (D)	13,293,583	8,394,803				259,044	8,653,847	4,639,736
VARIANCE (C - D)		4,533,004				106,732	4,639,736	