

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° 17
12 April 2011

Period covered by this operations update: 1 November 2010 - 31 March 2011.

Appeal target (current): CHF 14,219,542 (USD 12.9 million or EUR 8.8 million)

[<click here to view the attached financial report>](#)

Appeal coverage: With contributions received to date, the appeal is 104 per cent covered in cash and kind.

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

Appeal history:

- In July 2010, a revised appeal was launched for CHF 14,219,542. While the implementation activities of the West Sumatra operations as stated in the original appeal have been completed since end-September 2010, activities of the West Java operations as one of the components under the West Sumatra emergency appeal were extended until 31 March 2011. Hence, the operational timeframe will cover the period 31 March 2011 to ensure a proper exit strategy of both operations takes place. A final report will be issued by 30 June 2011.
- The emergency appeal was launched on 5 November 2009 for CHF 13,293,583 in cash, kind, or services. The overall budget of Indonesian Red Cross (Palang Merah Indonesia/PMI) operations is CHF 19,627,833. The balance is being covered by bilateral contributions made directly to PMI by partner national societies.
- A revised preliminary emergency appeal was launched on 7 October 2009 for CHF 19,185,775 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 in cash, kind, or services to support PMI in assisting up to 5,000 families (approximately 25,000 individuals) for six months.
- Disaster Relief Emergency Fund (DREF): CHF 235,000 was allocated to support this operation.



One of Palang Merah Indonesia's beneficiaries shows ownership by personalizing the temporary shelters with decoration. The total 8,017 temporary shelters were completed by end of September 2010 in West Sumatra. (Photo: Hans Bochove/IFRC)

Summary:

Activities during this reporting period are mainly on the financial reporting and archiving process. Limited staff were involved in the closing of the West Sumatra operations up to December 2010. This focused on areas of financial reporting, logistics, asset disposal and donation, databases, human resources (HR) and administration in support of the programme components. An informal closing ceremony with chapter and branch staff and board members was held on 2 February 2011. The IFRC office in Padang was officially closed on 18 February 2011.

Recovery activities in West Sumatra were completed at the end of September 2010 and reached all

programme targets of temporary shelter, water and sanitation renovated facilities, psychosocial service support (PSS), hygiene promotion and community outreach. Additionally activities subcontracted for the environmental impact study and the social capital study have also been completed.

Meanwhile in responding to the September 2009 earthquake in West Java, 2,468 T-shelters have been completed with contribution from the Netherlands Red Cross, Spanish Red Cross, IFRC and Palang Merah Indonesia. A plan for extending activities, as to replace and dispose asbestos roofing of 100 shelters, is being drafted to follow up the recommendations from the mid term review. In addition, the production of volunteer story booklet is included in the plan.

Partners who have made contributions under this appeal include American Red Cross/American government, Andorran Red Cross/Andorran government, Australian Red Cross/Australian government, Austrian Red Cross, British Red Cross/British government, Canadian Red Cross/Canadian government, Red Cross Society of China, Hong Kong branch of Red Cross Society of China, Macau branch of Red Cross Society of China, Finnish Red Cross/Finnish government, French Red Cross, Iranian Red Crescent, Irish Red Cross/Irish government, 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.

Contributions to this appeal have also been received from the government of Estonia, Organization of Petroleum Exporting Countries (OPEC) Fund of International Development, WHO Voluntary Emergency Relief Fund, private sector and private individual donations.

On behalf of PMI, IFRC would like to thank all partners for their generous response to this appeal.

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, 125km off Teluk Betung in Sumatra. Latest figures provided by the vice governor of West Sumatra indicate that up to 1,195 people had died and another 1,798 were injured in the disaster, while the provincial development and planning board (BAPPEDA) of the West Sumatra province indicated that 249,833 houses were damaged, with 114,797 registered as heavily damaged (down from the previous figure of 135,483); and it was reported that 67,198 houses were moderately damaged and a further 67,838 were lightly damaged.

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. Integrated and alongside the provision of T-shelters was the provision of health promotion, psychosocial support (PSS), water and sanitation, and hygiene promotion activities.

Coordination and partnerships

During the reporting period, IFRC staff worked closely with PMI chapter and branch staff to report on finalized activities. Ceremonial events were organized in the three branches to mark the closure of the programme during which due appreciation was expressed to the respective community finance committees.

The Qatar Red Crescent Society is presently implementing a bilateral shelter programme covering 2,500 shelters in Agam, Kota Pariaman and Pesisir Selatan district. This programme was expected to finish in December 2010 but due to difficulties in synchronizing PMI and Qatar Red Crescent systems, it has been extended until end-March 2011. An informal closing ceremony with chapter and branch staff and board-members was held on 2 February. The Federation office in Padang officially closed on 18 February 2011.

Red Cross and Red Crescent action

Early recovery approach

The Red Cross Red Crescent Movement's early recovery plan was developed as an integrated approach addressing the provision of shelter, water and sanitation, PSS and disease prevention or health promotion.

While the temporary shelter programme focused on the delivery through the *gotong royong* process (community involvement), it also strived to build community structures. Beneficiaries elected a three-member committee in their community which received money to procure materials after submitting a cash request. Through this 'cash-grant' process, the community authorized the community finance committee to act on behalf of beneficiaries, making sure it is accountable for expenditures and reporting back to the community. The concept of community-driven recovery was chosen in order to build capacity within the community. This process was supported by a communications and outreach programme ensuring lines of communication were kept open between PMI chapters and branches to the beneficiaries and vice-versa.

The same beneficiaries for the shelter programme have been targeted for a variety of preventive, curative and/or referral health services, reducing community health risks and; thereby, reducing their vulnerability. A PSS programme has been implemented and has also been introduced to students and teachers.

PMI volunteers have disseminated information to households about water and sanitation-related diseases through health promotion campaigns. In the remaining communities, the temporary shelter beneficiaries were provided with a 'light' (basic) version of health promotion, and promotional materials such as posters were distributed. Following the participatory hygiene and sanitation transformation (PHAST) methodology, the communities were actively involved in the design of water and sanitation and health promotion programmes. Complementing the software side of the programme, hardware interventions such as the renovation of latrines and wells were implemented in the communities and schools in conjunction with the temporary shelter programme.

The capacity of PMI chapters and branches were limited due to minimal response experience and programmes in the past. Some districts did not have a branch in the past and were only established in response to the West Sumatra earthquake. In addition, this is the first time PMI has led a large-scale multi-lateral response programme as instructed by the PMI headquarters in Jakarta. The Padang chapter had so far only been involved in small-scale bilateral development programmes such as the community-based disaster preparedness (CBDP) project supported by Danish Red Cross, and a community awareness programme by French Red Cross.

in order to strengthen capacity and partnership weekly technical meetings were organized between representatives of branches, chapters, IFRC and bilateral partner national societies, often attended by volunteers, to better coordinate joint efforts of the recovery programme. The meetings were chaired by the chapter. IFRC and partner national society project and finance officers have on a regular basis, provided support and guidance to chapter and branch staff to build capacity and confidence in various fields such as cash grant systems, technical shelter construction, logistics, psychosocial support, hygiene promotion and community outreach. On-the-spot assistance has also been given in special cases that required direct attention or solutions.

A social capital study was completed, with a report focusing on the opportunity to capture new learning on how community dynamics affect disaster response and recovery. In addition, understanding these dynamics and in particular, the social network, IFRC may be able to identify opportunities for improvement in risk reduction work and future emergency responses. Recommendations of the study highlight bonding social capital (networks between communities and individuals), bridging social capital (networks between communities and organizations) and linking social capital (networks between communities and government). The report further recommends tapping into local indigenous knowledge among the national society staff and volunteers and to conduct social capital assessments (or revise the existing VCA) in current recovery programmes to adjust, as necessary, programme design.

In order to build sustainable capacity within the board, management, staff and volunteers of the PMI chapter and branches, discussions with French Red Cross, Canadian Red Cross and American Red Cross have resulted in synchronizing longer-term development plans with the operation's exit planning. As a result, PMI is starting up an integrated community-based risk reduction (ICBRR) organizational development/capacity building (OD/CB) programmes supported by Canadian Red Cross, French/Netherlands Red Cross and by American Red Cross, whereby each programme to be implemented in three different branches in West Sumatra province.

Progress towards objectives

Shelter

Objective: Up to 40,000 households are assisted with adequate temporary shelter and up to 8,000 shelters constructed in West Sumatra; 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 lead to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

West Sumatra response activities have been completed as planned on 31 September 2010. Of the total 8,017 completed T-shelters, 40 houses were only at 80 per cent completion as the beneficiaries stopped their construction to wait for the cash stimulus grant from the government to complete their houses. In addition, PMI has procured and distributed 300,000 zinc sheets to all T-shelter beneficiaries for roofing or other purposes from March until July 2010. This covered 15,000 households with 20 sheets per household.

A 'Partners in Recovery' workshop with PMI headquarters division representatives and other stakeholders was held in January 2011 in Jakarta discussing joint outcomes of both West Sumatra and West Java evaluation results in the light of future strategic developments of PMI. One key outcome was the need for the establishment and development of a recovery/ t-shelter unit within PMI.

Meanwhile, 2,418 T-shelters have been completed in West Java to respond the September 2009 earthquake. As part of this appeal, the T-shelter programme in West Java was supported by Netherlands Red Cross through funding the construction of 437 T-shelters in five districts; by Spanish Red Cross for 798 T-shelters in five districts; by IFRC for 169 T-shelters in Cianjur, and a further 250 T-shelters in three districts, being 50 in Kabupaten Bandung, 150 in Cianjur, and 50 in Bandung Barat). PMI itself has funded 814 T-shelters.



A modified house in Kota Padang, West Sumatra uses the zinc roof distributed by Palang Merah Indonesia. (Photo: IFRC)

The West Java earthquake on 2 September 2009 caused severe damage and losses in several districts in the West Java province, specifically in the Pangalengan district's Sukamanah village. A camp for internally

displaced persons (IDPs) at Sukamanah was established which housed more than 400 households from tea plantations who were evacuated and relocated there. The IDP camp, located on land owned by a tea plantation company, was an attempt to provide temporary safe relocation assistance to the IDPs until reconstruction funds from the government were made available. In order to bridge this period, a Memorandum of Understanding between PMI and IFRC was signed in early June 2010 to support temporary community relocation for 152 households in Sukamanah village and the construction of 167 temporary shelters in Cianjur district.

One year after the earthquake, the reconstruction fund from the government was still not released. However, the number of IDPs has decreased over time as many have found shelter elsewhere but still under unfavourable circumstances. Currently, no more than 150 families remain living in the IDP camp.

However, during this process, the IDP community unexpectedly refused to be relocated, on the premise that the land provided by the local government was not suitable for them. They insisted on staying in their present IDP location, anticipating that land ownership would be granted in future by the government.

During this reporting period, the discussions with PMI are ongoing on how to proceed with this situation. Subsequently it was agreed with PMI that the budget allocated for the IDP relocation programme would be partly used for re-location of households from high risk areas in Bandung, Cianjur and Bandung Barat district.

As a follow-up of the mid-term review (MTR) recommendations, a management response document is in process to assess areas of improvement of planning future response programmes. There was not enough time left for possible implementation of the recommendations or modification of the plan of the West Sumatra programmes during the exit period. Recommendations of the West Java programmes were prioritized and the planning for implementation is ongoing. As the time of implementation ends on 31 March 2011, only the most crucial activities were selected. The two MTR reports have been made available for stakeholders.

For future operations and as outlined in the MTR report, IFRC is recommended to collaborate with the PMI national headquarters in developing a set of standard operating procedures (SOPs) for recovery programme management including the planning of shelter strategy; timetable for roll-out and managing contingencies of government policy; standard basic training for staff and volunteers; basic guidelines for community committees; audit mechanisms; and environmental safeguards. The appointment of skilled staff in addition to volunteers must be included from the outset in any future IFRC response planning as long as IFRC continues in the global shelter lead.

Particularly for West Java, the main observation and recommendation are that the PMI re-engages with the Penggalangan IDP camp by first sending in volunteers with community consultation skills, or partnering with a local NGO who can provide these skills. Once the issue is fully clarified and the way is open to make use of village land, restarting the Dusun Sementara initiative for those remain in the camp can be carried out. Additionally, the MTR consultant strongly recommended the replacement and responsible disposal of asbestos roofing sheets of PMI supported shelters to prevent future disease affected by the exposure of asbestos sheets to human health.

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 members to participate in recovery activities.	<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. • 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 non-food items (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 and 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 mobilization, induction, support and recognition across all programmes that lead to strengthened branch volunteer base and volunteer management capacities for the future.
<p>Psychosocial 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 mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

The health and care component of the earthquake response has assisted more than 53,000 persons since the start of the operation through a combination of emergency first aid and mobile health services, health promotion and disease prevention activities, and psychosocial services. These were carried out in 50 schools and 50 communities.

Additionally, after one's year operation, PSS activities have reached 7,377 students in 50 schools and 23,648 people in over 50 communities.

Meanwhile, community-based health first aid activities have been focused on the module to strengthen the community members' knowledge in health and hygiene promotion including water and sanitation. This activity has reached more than 22,000 persons in the implementation stage.

From the MTR report, it was recommended that more coaching was needed for PSS volunteers to further build their capacity. Even though PMI/IFRC had initiated training, input from experienced specialists in stress management and reconciliation would always be useful for the team to improve. In addition, it was recommended to strengthen networking with government, hospitals,



After one year of operations, PSS activities have reached 7,377 students in 50 schools and 23,648 people in over 50 communities. (Photo credit: IFRC)

universities and other humanitarian organizations so that PMI would be more ready to cope with future disasters.

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 lead to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

No field activities were carried out during this reporting period. All activities were completed by September 2010 as 261 shallow wells were rehabilitated at the community level; and nine community water supply systems and 369 public latrines were constructed in 50 communities in five target districts. In addition, 50 target schools have been equipped with 37 new shallow wells, 80 new latrines with hand washing facilities and 24 rehabilitated latrines.

The mid-term review report recommended that future water and sanitation recovery programming is not linked to shelter programming and should be instead based on a specific assessment of water and sanitation needs. Provision of temporary water and sanitation facilities to schools awaiting permanent assistance should also be considered and therefore schools and the district department of education needs to be more engaged in the programme to ensure the long-term sustainability of facilities.

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.

<p>Strengthened financial systems have receipted and spent locally and internally sourced donations efficiently and led to long term enhanced systems at branch level.</p>	<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.
<p>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.</p>	<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

Volunteers involved and experienced from the West Sumatra earthquake response programme are at present engaged in the Mentawai operations which started up after the tsunami on 25 October 2010. Volunteers from West Sumatra are also selected for the recently implemented and upcoming development programmes in West Sumatra, supported by French Red Cross, Canadian Red Cross and American Red Cross.

For future operations, the MTR recommended that IFRC should assist PMI in training specific members of their emergency response teams to include administrative, logistic and financial skills from the earliest stage. Furthermore, to improve internal communications and mutual understanding, the inclusion of translators, interpreters and minute takers as an integral part of staffing should be taken into account in future responses. In order to strengthen the effectiveness of organizational development, it is also important to recognize and manage the branch level relationship. At the same time, it is important to recognize that the internal political and cultural sensitivities should not hamper the delivery of assistance.

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
<p>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.</p>	<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

Raw material of a series of five episodes, called 'Footprints', which were produced and broadcast in cooperation with a local news network, TVRI, has been made available to IFRC for possible future media application. A production of a 10-minute video is planned for promoting and advocating for the West Sumatra response programme.

A booklet on volunteers' personal experiences is planned for publication to raise awareness of volunteer work in the West Java response programme. Based on references from the MTR report, campaign tools are being developed to engage community members in the replacement and disposal of asbestos roofing sheets. These have been included in the extension planning of activities in West Java.

Capacity of the National Society

As a direct result of the increase 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.

Norwegian Red Cross has completed the construction of a regional warehouse for PMI in Padang in March 2011. Furthermore, the Canadian, the American and French Red Cross Societies are preparing a longer term of integrated community-based risk reduction (ICBRR) interventions in West Sumatra. The PMI/French Red Cross development programme is funded by Netherlands Red Cross. 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 PMI disaster risk reduction programming.

PMI has taken an important step in building shelter capacity by hosting a regional technical shelter training workshop in Bukit Tinggi, West Sumatra, for 25 participants from PMI, IFRC and partner national society staff in September 2010.

PMI is also in the process of strengthening its logistics and storage network across the country presently having two central warehouses, seven regional warehouses, 33 emergency stock locations and 20 disaster preparedness containers including a central water and sanitation warehouse. PMI has a network of 33 provincial chapters which coordinates 412 district branches nationwide. There are approximately 5,103 board members, 1,965 staff, 20,365 student volunteer members, 502,211 Youth Red Cross members and 16,472 professional volunteers trained with basic and specialized skills according to their individual capacity and potential.

In support of disaster management services, there are 36,837 Satgana members and 4,318 community-based action team (CBAT) members ready to be mobilized. In health services in emergencies, there are 310 ambulances, 167 volunteers trained in water and sanitation in emergencies, 152 first aid trainers, 149 MAT members and 141 PSP volunteers. In social services, there are 741 volunteers for malaria campaigns, 16,613 volunteers for avian influenza, and 4,365 community-based health and first aid (CBHFA) volunteers who support health risk reduction in the community. In restoring family links (RFL) services, PMI has 33 chapter RFL coordinators in all 33 chapters, three master RFL trainers, three assistant trainers on RFL specialization and 205 volunteers with expertise in RFL.

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 12 partner national societies (with approximately 24 experienced delegates and 119 national staff) and an IFRC country team comprising seven delegates and 25 national staff who support 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:

Palang Merah Indonesia/Indonesian Red Cross

- Ir. Budi Atmadi Adiputro, secretary general; email: budi_adiputro@pmi.or.id or pmi@pmi.or.id; phone: +62 21 799 2325 ext. 221; fax: +62 21 799 5188

Federation country office in Indonesia:

- Phillip Charlesworth, head of country office; email: phillip.charlesworth@ifrc.org; mobile: +62 811 824 859, phone: +62 21 7279 3440; +62 21 7279 3446
- Hans Bochove, head of operations, email: hans.bochove@ifrc.org; mobile: +62 811993 4997, phone: +62 21 7279 3440; fax: +62 21 7279 3446

Federation Southeast Asia regional office, Bangkok; phone: +662 661 8201; fax: +662 661 9322:

- Anne Le Clerc, head of regional office, email: anne.leclerc@ifrc.org

Federation Asia Pacific Zone Office, Kuala Lumpur; fax: +603 2161 0670:

- Al Panico, acting head of operations; email: al.panico@ifrc.org
- Enkas Chau, operations coordinator; email: enkas.chau@ifrc.org; phone: +603 9207 5798; mobile: +60 12 3058332;
- Alan Bradbury, head of resource mobilization and PMER; email: alan.bradbury@ifrc.org; phone: +603 9207 5775

Please send pledges of funding to zonerm.asiapacific@ifrc.org

[**<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	2009/9-2011/2
Budget Timeframe	2009/9-2011/3
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	13,912,901				306,642	14,219,543
B. Opening Balance	0				0	0
Income						
Cash contributions						
American Red Cross	19,200					19,200
Andorra Government	15,076					15,076
Andorran Red Cross	7,449					7,449
Australian Red Cross	704,692					704,692
Australian Red Cross (from Australian Government)	553,608					553,608
Austrian Red Cross	29,720					29,720
British Red Cross	879,866				43,526	923,392
British Red Cross (from British Government)	1,722					1,722
British Red Cross (from DFID - British Government)	585,286				165,155	750,442
Canadian Red Cross	1,049,496					1,049,496
Canadian Red Cross (from Canadian Government)	945,991					945,991
China - Private Donors	280					280
China Red Cross (from China - Private Donors)	388					388
China Red Cross, Hong Kong branch	581,070					581,070
China Red Cross, Macau branch	15,000					15,000
Credit Suisse Foundation	33,236					33,236
Estonia Government	96,571					96,571
Finnish Red Cross	60,087					60,087
Finnish Red Cross (from Finnish Government)	109,563					109,563
French Red Cross	6,264					6,264
Great Britain - Private Donors	2,863					2,863
IFRC at the UN Inc (from Kraft Foods Company)	46,919					46,919
IFRC at the UN Inc (from Mellon Bank)	7,215					7,215
IFRC at the UN Inc (from Motorola Foundation)	20,004					20,004
IFRC at the UN Inc (from Schering Plough)	8,689					8,689
IFRC at the UN Inc (from United States - Private Donors)	2,489					2,489
Iranian Red Crescent	70,700					70,700
Irish Government	226,449					226,449
Irish Red Cross	53,098					53,098
Japanese Red Cross	2,061,153					2,061,153
Monaco Red Cross	45,324					45,324
Netherlands Red Cross	190,775					190,775
Netherlands Red Cross (from Netherlands Government)	377,758					377,758
New Zealand Red Cross (from New Zealand Government)	205,234					205,234
Norwegian Red Cross (from Norwegian Government)	346,493					346,493
Oman - Private Donors	4,024					4,024
On Line donations	17,481					17,481
OPEC Fund For International Development	503,525					503,525
Republic of Korea Red Cross (from Republic of Korea - Private Donors)	19,486					19,486
Spanish Red Cross	20,877					20,877
Swedish Red Cross (from Swedish Government)	725,090					725,090
Switzerland - Private Donors	850					850
United States Government - USAID					92,876	92,876

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/2
Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

<i>United States - Private Donors</i>	10,313			10,313
<i>VERF/WHO Voluntary Emergency Relief</i>	2,000			2,000
C1. Cash contributions	10,663,374		301,558	10,964,932
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
C2. Inkind Goods & Transport	3,694,590			3,694,590
Inkind Personnel				
<i>Netherlands Red Cross</i>	63,360			63,360
C3. Inkind Personnel	63,360			63,360
Other Income				
<i>Fundraising Fees</i>	-4,442			-4,442
<i>Sales</i>	61			61
C4. Other Income	-4,381			-4,381
C. Total Income = SUM(C1..C4)	14,416,942		301,558	14,718,500
D. Total Funding = B + C	14,416,942		301,558	14,718,500
Appeal Coverage	104%		98%	104%

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	14,416,942				301,558	14,718,500
E. Expenditure	-11,963,837				-304,344	-12,268,180
F. Closing Balance = (B + C + E)	2,453,105				-2,786	2,450,320

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/2
Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

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)	13,912,901					306,642	14,219,543	
Relief items, Construction, Supplies								
Shelter - Relief	2,887,421	2,831,796					2,831,796	55,625
Shelter - Transitional	3,237,573	3,220,757					3,220,757	16,816
Construction - Facilities	457,340	7,340					7,340	450,000
Construction Materials	450,000							450,000
Clothing & textiles	322,819	322,819					322,819	0
Seeds & Plants	36,667							36,667
Water, Sanitation & Hygiene	327,706	266,906			1		266,907	60,799
Teaching Materials	167,285	13,043					13,043	154,242
Utensils & Tools	110,914	110,914					110,914	0
Other Supplies & Services	324,121	312,183					312,183	11,938
Total Relief items, Construction, Suj	8,321,846	7,085,758			1		7,085,758	1,236,088
Land, vehicles & equipment								
Vehicles	113,688	96,702					96,702	16,986
Computers & Telecom	71,114	70,617			496		71,113	1
Office & Household Equipment	19,068	19,068					19,068	0
Total Land, vehicles & equipment	203,870	186,387			496		186,883	16,987
Logistics, Transport & Storage								
Storage	100,250	76,886			24		76,910	23,340
Distribution & Monitoring	1,229,686	1,052,612					1,052,612	177,074
Transport & Vehicle Costs	396,883	331,428			14,423		345,851	51,032
Logistics Services	39,280	5,819					5,819	33,461
Total Logistics, Transport & Storage	1,766,099	1,466,745			14,447		1,481,192	284,907
Personnel								
International Staff	522,033	431,855			26,602		458,457	63,575
National Staff	739,563	620,704			576		621,281	118,283
National Society Staff	312,095	315,079					315,079	-2,984
Volunteers		64,398					64,398	-64,398
Total Personnel	1,573,691	1,432,036			27,178		1,459,214	114,476
Consultants & Professional Fees								
Consultants	417,056	225,267			71,297		296,564	120,492
Professional Fees	8,183	9,103					9,103	-920
Total Consultants & Professional Fe	425,239	234,370			71,297		305,667	119,572
Workshops & Training								
Workshops & Training	435,669	387,734			1,207		388,941	46,728
Total Workshops & Training	435,669	387,734			1,207		388,941	46,728
General Expenditure								
Travel	117,350	92,464			5,492		97,956	19,394
Information & Public Relation	72,095	52,523			1,167		53,690	18,405
Office Costs	157,161	139,737			10,303		150,040	7,121
Communications	46,263	37,026			1,746		38,772	7,491
Financial Charges	98,527	103,603					103,603	-5,076
Other General Expenses	153	153					153	-0
Shared Support Services	1,530				1,530		1,530	0
Total General Expenditure	493,079	425,507			20,237		445,744	47,334
Depreciation								
Depreciation	3,111	3,111					3,111	0
Total Depreciation	3,111	3,111					3,111	0
Contributions & Transfers								
Cash Transfers Others	129,080				147,080		147,080	-18,000
Total Contributions & Transfers	129,080				147,080		147,080	-18,000

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
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Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

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)		13,912,901				306,642	14,219,543	
Operational Provisions								
Operational Provisions		931					931	-931
Total Operational Provisions		931					931	-931
Indirect Costs								
Programme & Service Support	867,859	706,961				20,120	727,081	140,778
Total Indirect Costs	867,859	706,961				20,120	727,081	140,778
Pledge Specific Costs								
Earmarking Fee		34,296				1,380	35,676	-35,676
Reporting Fees						900	900	-900
Total Pledge Specific Costs		34,296				2,280	36,576	-36,576
TOTAL EXPENDITURE (D)	14,219,543	11,963,837				304,344	12,268,180	1,951,363
VARIANCE (C - D)		1,949,064				2,299	1,951,363	