

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° 12
29 April 2010

Period covered by this operations update: 30 September 2009 to 31 March 2010. This update represents a six-month summary of the operation (cumulative narrative and financial).

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

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

Appeal coverage: With contributions received to date, the appeal is 95 per cent covered in cash and kind, with further pledges in the pipeline. [click here](#) for the donors' response list or [here](#) for contact details

Appeal history:

- The Emergency Appeal was launched on 5 November 2009 for CHF 13,293,583 (USD 12.9 million or EUR 8.8 million) in cash, kind, or services. The overall budget of PMI's operations is CHF 19,627,833 (USD 19.17 million or EUR 12.99 million). The balance is being covered by bilateral contributions made directly to PMI by a number of partner national societies.
- A revised preliminary Emergency Appeal was launched on 7 October 2009 for CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) in cash, kind, or services to support PMI in assisting up to 20,000 families (approximately 100,000 individuals) for six months.
- A Preliminary Emergency Appeal was launched on 4 October 2009 for CHF 6,842,032 (USD 6.60 million or EUR 4.53 million) in cash, kind, or services to support PMI in assisting up to 5,000 families (approximately 25,000 individuals) for six months.
- CHF 235,000 (USD 227,106 or EUR 155,302) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support this operation.

Summary:

The operational recovery plan and budget is currently being revised and will be re-submitted in the next reporting period for internal approval by PMI and IFRC. The plan will incorporate effective and flexible ways to respond to the changing needs in the field, taking into account results achieved thus far. Recovery activities are expected to be completed within the emergency appeal period of one year.

This six-month consolidated report details the efforts and activities of Indonesian Red Cross (*Palang Merah Indonesia/PMI*), supported by IFRC and partner national societies, in its response to the West Sumatra earthquakes which occurred on 30 September and 1 October 2009. The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages, with an estimated 2.5 million people living in the five most affected districts.

Between October 2009 and March 2010, PMI supported



Beneficiaries in West Sumatra can now opt to build *rumah tumbuh*, a modified T-shelter that offers more flexibility in its construction and use. (Photo by IFRC/Helena Rea).

affected communities with food and non-food relief items, health and care, water and sanitation as well as temporary shelters. Search and rescue and restoring family links activities were also carried out during the emergency phase.

By 31 December 2009, when the relief phase of the operations ended, an estimated 917 tonnes of relief items had been distributed to the affected populations, with 27 tonnes distributed by air. Air lifts ensured that up to 1,390 families in remote areas, not accessible by land, were reached. More than 29,300 families in Kota Padang, Kota Pariaman, Padang Pariaman, Pesisir Selatan and Agam have received non-food items through the current emergency appeal, whereas a total number of families reached through PMI food and non-food distributions stands at 39,711.

Six months after the earthquakes, more than 12,300 beneficiaries have been treated by PMI medical action teams and the mobile health clinics, while psychosocial support activities in schools and communities reached nearly 4,300 people.

In the early stages of the operation, the emergency shelter cluster was activated in Padang and IFRC was assigned as the lead agency. In addition to distributing emergency shelter items, such as tents, toolkits and tarpaulins, PMI and the Red Cross Red Crescent partners committed to providing temporary/transitional shelters (T-shelters) to affected families in the districts of Kota Padang, Padang Pariaman, Kota Pariaman, Pesisir Selatan and Agam.

The first T-shelters were successfully completed in early November in Sintuk and Sungai Rambai villages, Padang Pariaman. By the end of March, a total of 5,024 families were identified as eligible for shelters, 1,684 grants transferred and nearly 550 beneficiaries managed to complete their shelters.

An estimated 35,500 people benefited from services provided by PMI water and sanitation emergency response teams. By 30 November 2009, when water treatment and distribution activities were handed back to the local water provider in Kota Padang, some 3,948,500 litres of water had been distributed.

Although the relief phase of the operation ended in December, a large consignment of relief goods (part of a bilateral agreement between PMI and Kuwait Red Crescent) arrived in March and is en route to a temporary warehouse in Padang.

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 [ECHO] 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.

IFRC, on behalf of PMI, 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, 125 kilometres off Telukbetung in Sumatra.

The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages. Up to 1,195 people died and another 1,798 people were injured in the disaster. Some 250,578 houses were damaged. Other damaged infrastructure included 1,078 schools, urban water networks, roads, and health centres. About 80 per cent of government buildings were destroyed, badly affecting local administration. Four hospitals, 12

community health centres, ten supporting community health centres and two official houses also collapsed. The government estimated the rehabilitation and reconstruction cost at USD 745 million.

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

By early November, electricity was restored in 95 per cent of affected areas, while telephone communications was fully restored. Early recovery took place between November and December 2009, while overall reconstruction and rehabilitation will take place in the span of two years, up to the end of 2011.

The government plans to reconstruct destroyed and/or heavily damaged buildings and schools with quake-resistant and safer structures, rehabilitate moderate and lightly damaged government buildings and conduct structural assessments to buildings which withstood the earthquake. On a wider scale, rehabilitation and reconstruction strategies will cover infrastructure including housing, transportation, energy and water and sanitation, followed by social services including education and health, productive economy including agriculture, trade and tourism, and finally, inter-sectors which cover government facilities and the environment.

The government established a recovery coordinating body to ensure effective and collaborative implementation of support programmes. The Government of Indonesia's action plan for the rehabilitation and reconstruction of post-earthquake areas in West Sumatra includes risk-reduction efforts on the post-disaster context, a framework for rehabilitation and reconstruction, and the implementation and exit plan for the period of 2009 – 2011.

In March, the government began its permanent shelter support 'cash stimulus' programme. Of the seven districts to be covered under the programme, PMI is active in five (Kota Padang, Kota Pariaman, Padang Pariaman, Pesisir Selatan and Agam). According to the shelter cluster, the government has stated that T-shelter support by humanitarian organizations will not affect the eligibility of beneficiaries to government funds. No information, other than that the programme has started in a limited number of villages, is available at this point.

The risk of shifting expectations towards the permanent shelter support, as a result of the government's programme, has not been observed in the field and beneficiaries have so far expressed appreciation of the T-shelter support by PMI. The Red Cross Red Crescent will continue monitoring these developments closely through intensive consultations with the government, beneficiaries and in coordination with the shelter cluster, and will begin considering moving towards shelter support concepts in line with the government programme in the coming months.

Coordination and partnerships

PMI leads the planning and implementation of the operation with its partners, with active involvement of PMI chapter board members. Every board member is linked to a district in which PMI is active and that is significantly contributing to the progress.

To improve further the planning, implementation and management of the emergency response and recovery operation, small technical groups comprising representatives from the PMI (national headquarters and chapter), IFRC and partner national societies, were established. The Red Cross Red Crescent partners meet weekly to discuss progress and developments with representatives of all PMI branches and the PMI chapter. When necessary, additional meetings are scheduled

Inter-agency coordination:

Following the recommendation of the in-country Humanitarian Coordinator, the inter-agency standing committee (IASC) cluster approach was activated to ensure effective humanitarian response. In accordance with its global commitment, IFRC deployed a coordination team for the emergency shelter cluster. Information from the emergency shelter cluster is available at <http://groups.google.com/group/SUM09>.

All Red Cross Red Crescent activities and plans are shared with the clusters to prevent overlap in service delivery to the most affected by the earthquakes.

Red Cross and Red Crescent action

In addition to support from the IFRC, PMI continues to receive bilateral support from partner national societies in implementing the T-shelter, water and sanitation, and health and care activities. The PMI operation builds on assessment findings that were conducted in early stages of the operation. The assessments were a dynamic process building on prior knowledge (a comparative advantage of PMI and long-time in-country partners), direct observations, information from other actors, and ongoing interaction with beneficiaries (to work towards quality and accountability of support) and the authorities on the nature of needs and appropriate support.

Progress towards objectives

Relief distributions (food and basic non-food items)

Objective: Up to 20,000 families (100,000 individuals) have their immediate needs provided for through the distribution of non-food items, such as hygiene kits, kitchen sets, tarpaulins, tents, shelter repair kits, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.	
Expected results	Activities planned
The immediate needs of 20,000 affected families are met through relief distribution.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize relief supplies from pre-positioned stocks in country and the Kuala Lumpur regional logistics unit regional warehouse, supplemented by additional local / regional procurement. • Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to donors. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Progress

The relief team, in coordination with logistics, distributed relief items to affected communities in Padang, Pariaman, Padang Pariaman, Pesisir Selatan and Agam. Health and hygiene promotion activities were also carried out in tandem with the ongoing distributions in selected villages.

Distributions were led by PMI and supported by IFRC and partner national societies. An estimated 917 tonnes of relief items were distributed in total, including 27 tonnes by air. Air lifts ensured that up to 1,390 families in remote areas, not accessible by land, were reached. Several partner national societies, including the Netherlands Red Cross, French Red Cross and American Red Cross, also supported the distribution of relief items through bilateral arrangements with PMI.

More than 29,360 families have been reached with non-food items through this emergency appeal, whereas a total number of people assisted by PMI with non-food and limited food items is 39,711. 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, and emergency relief distributions ceased at the end of December 2009.

The relief team, in collaboration with logistics and the PMI, has continued to reconcile and rationalize documentation from the outset of operations. This is a methodical exercise involving IFRC and both chapter and branch personnel of PMI. It also contains a capacity building aspect. In implementing these activities, and through consultation and dialogue, staff and volunteers within the PMI chapter of West Sumatra and their branches are benefitting from this practical learning exercise. These same lessons will be disseminated to the PMI at chapter and branch levels and at the other 13 branches of the PMI within West Sumatra.

By building on existing capacities of the PMI at chapter and branch levels it is hoped they can assist communities and be better prepared for responding to major natural events. Moreover, the initiative will further enhance understanding of handling significant quantities of international aid and for accurate reconciliation and audit. The reconciliation exercise and primary reporting will conclude by 30 April 2010. The relief operation will cease by 30 June 2010.

Given the process described above, IFRC's relief and logistical function is expected to diminish to a purely technical status with no further implementing roles to undertake.

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

In addition to distributing emergency shelter items, such as tents, toolkits and tarpaulins, PMI and Red Cross Red Crescent partners are actively involved in temporary shelter support. Following the decision to adopt the transitional shelter approach successfully implemented in the Yogyakarta and West Java earthquakes operations, PMI and partners agreed to provide temporary shelters (referred as T-shelters in Padang) to the communities.

The design of the T-shelters was made in cooperation with the IFRC-led shelter cluster, NGOs and Bung Hatta University in Padang, and complies with Sphere standards.

In the early stages of the operation, PMI staff and volunteers were trained in financial management aspects of the programme. To expedite transfer of funds, PMI collaborated with Bank Nagari, which has branches in the five districts where the T-shelter programme is carried out, to the communities through mobile distribution of funds at sub-district and village levels.

The PMI-led T-shelter programme selects communities which have not been reached by other organizations, based on information from the shelter cluster and identified by the respective local governments, which usually results in PMI interventions in smaller and more dispersed communities in sub-villages and villages of the targeted districts. While the process is much more time-consuming, this allows PMI to address some of the gaps in overall shelter support to affected communities in West Sumatra.

The pilot T-shelter project began mid-November in Padang Pariaman district with five sub-villages from two villages identified. Thirty-seven volunteers were mobilized, including PMI volunteers from West Sumatra, Aceh and Yogyakarta, and 19 architectural students from Bung Hatta University.

The socialization/information dissemination process was initiated in all target sub-districts, where staff and volunteers are informed of the methodology and concept of the T-shelter programme, from finance systems to volunteer management to building strategies.

At the end of March, a total of 5,024 families were identified as eligible for shelters and 1,684 grants transferred. Beneficiaries managed to complete a total of 547 shelters. These initial low figures (due to the set up stage of fund transfers and early *March start*-date for construction) are expected to scale up in the next reporting period. The operations in the Kota Pariaman and Padang Pariaman districts are progressing according to plan, targeting completion in August 2010.

Six-months after the disaster, PMI has decided to modify the T-shelter support concept into the '*rumah tumbuh*' concept. Apart from a change in name (*rumah tumbuh* means 'growing house', a common practice in Indonesia where a house is expanded over the years by adding rooms). The *rumah tumbuh* concept aims to better facilitate the changing needs of beneficiaries as they are allowed, under certain conditions, to spend the funds on a different type of shelter or to repair of their current house. The modified concept is especially suitable for urban areas where space is limited for T-shelters.

There are signs of inflation in the price of certain materials due to high demand, as much as 50 per cent in some areas. Although there is no indication of an actual shortage, beneficiaries are spending more time sourcing appropriate materials and at the appropriate price. To encourage a more competitive market, IFRC plans to inform suppliers about the scope of its operation and construction material needs.

In March, PMI began distribution of the 300,000 zinc roof sheets, funded outside the appeal, to shelter beneficiaries (20 per family). Storage and distribution costs for the zinc sheets have been covered by IFRC. These additional materials will help beneficiaries defer the rising costs of materials.

After six-months, many beneficiaries have returned to their normal livelihoods, and consequently have less time to work on their T-shelter or community water and sanitation activities. A pilot project is being conducted to allow beneficiaries to spend a part of the financial support earmarked for tools to employ casual labour.

This programme is the largest undertaken by the PMI West Sumatra chapter and branches. Since the national society is situated in a highly disaster prone area, much emphasis has been placed on capacity building and PMI is taking the lead, supported by IFRC and partner national societies. This approach is heavily focused on recruiting, learning and training on the job.

Constraints

The high demand for lumber has resulted in an increase in the price of materials and slowed down construction efforts. Progress in T-shelter construction has been further delayed as beneficiaries concentrate on restoring their livelihoods. As stated above, a pilot project for beneficiaries to employ casual labour has started and initial results are promising.

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. Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support as needed. Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<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

	<p>an integrated component in the delivery of PMI emergency response interventions (such as water, sanitation and hygiene promotion).</p> <ul style="list-style-type: none"> • 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.

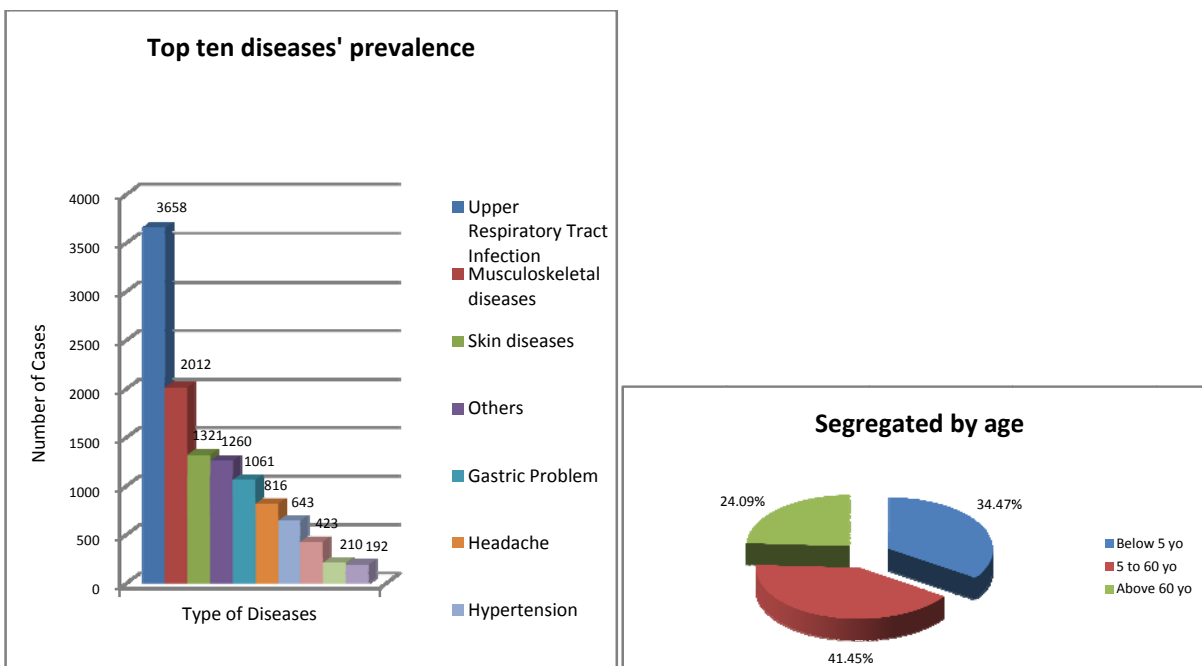
Progress

Within the first week of the disaster, seven medical action teams comprising 11 doctors, 17 nurses, one midwife, one pharmacist, two ambulances with six crew members, and two support personnel were mobilized by PMI. Together with local volunteers, the teams from PMI West Sumatra, Riau, Lampung as well as the PMI Bogor Hospital started to provide emergency health services to affected communities. Five health service units were established in evacuation locations for internally displaced persons (IDPs) – two in Padang and one each in Pariaman Utara, Pariaman Tengah, and Pariaman Selatan, supported by up to 100 volunteers.

Besides helping those who came in for treatment, medical teams also reached out to survivors unable to travel due to their injuries. With IFRC's support, PMI used a helicopter to provide medical relief to villagers in remote and inaccessible areas of Padang Pariaman district. Most cases were injuries directly related to the earthquakes as well as diarrhoea and respiratory infections. Over 600 blood bags from PMI's blood transfusion unit in West Sumatra branch were used to treat injured people and additional blood bags distributed to several hospitals in the area. Hygiene promotion activities were undertaken in collaboration with relief and water and sanitation teams (please see the next section for more information).

The last of the medical action teams left West Sumatra on 4 November, with longer-term activities in health and hygiene promotion as well as psychosocial support services taking over.

Six months after the earthquakes, more than 12,300 beneficiaries have been treated by PMI medical action teams and the mobile health clinics. Upper respiratory tract infections continue to be the main illness affecting patients and musculoskeletal diseases are also seen on a regular basis. The charts below indicate breakdown by diseases treated and data segregated by age groups.



In the aftermath of the disaster, PMI's psychosocial support programme (PSP) team trained some 24 volunteers and by 3 October began to conduct assessments in Kota Padang, Kota Pariaman and the districts of Agam and Padang Pariaman.

In the ensuing weeks, the health team continued its assessments in the affected districts, followed by activities including creative expressions, sense of place and psycho-education, especially for elementary schools. This has been followed by hygiene promotion sessions in schools and communities using information, education and communication materials. Focus group discussions were also carried out with teachers and community members. To date, nearly 4,300 beneficiaries have been reached with psychosocial support in schools and communities, including children and the elderly.

As part of the integration between the shelter and health programmes, the health unit agreed to intervene in ten locations per district as identified by the shelter programme. To date, work has begun in 40 villages with ten areas remaining to be identified. During the reporting period, crisis intervention technicians (CIT) training was conducted for 32 PSP volunteers, six from each of the five PMI branches and two from the chapter. They are now commencing PSP activities in communities and schools.

Current plans for psychosocial support programme include an assessment of the capacity of volunteers and a follow-up workshop. PMI's role in psychosocial support in the longer-term will be to provide guidance to facilitators identified in schools and communities, with longer-term psychosocial support and activities planned and carried out by the facilitators themselves.

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	<ul style="list-style-type: none"> Build sanitation facilities in emergency camps and in other

are provided at target evacuation centres.	<p>locations where required.</p> <ul style="list-style-type: none"> • 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

Initial activities under this component of the operation have been divided into two parts:

- i) water and sanitation/hygiene promotion emergency response; and
- ii) water and sanitation/hygiene promotion monitoring

As a part of the health and water sanitation emergency response, the PMI water and sanitation emergency response team provided water supply to communities in Kota Padang through eight water treatment plants, supported bilaterally by the Spanish Red Cross. Within two months, some 3,948,500 litres of water was treated and distributed to an estimated 35,500 beneficiaries. Water treatment and distribution activities were handed back to the local water provider in Kota Padang on 30 November.

One hundred water tanks donated to PMI by the American Red Cross were also temporarily installed in several locations around Kota Padang to increase access to drinking water. The water tanks were returned to PMI on 31 December.

Water and sanitation packages that included jerry cans, hygiene kits, water purification tablets, extra soap and other items were also prepared and distributed immediately to the affected families.

Hygiene promotion activities have been conducted in close collaboration with health and relief teams in communities and schools in the districts of Pesisir Selatan, Agam, Kota Pariaman and Padang Pariaman. Distribution of hygiene kits, jerry cans and mosquito nets was accompanied with hygiene promotion messages, delivered by trained PMI volunteers. Training for volunteers in health and hygiene promotion in schools was also carried out with PMI branches in Agam, Kota Pariaman and Kota Padang. Monitoring of hygiene promotion activities was conducted using a consistent methodology.

Fifty-one PMI health volunteers have been trained in PHAST (participatory hygiene and sanitation transformation) and CHAST (children's hygiene and sanitation training) that will enable them to implement hygiene programmes in local elementary schools and communities as well as train elementary school teachers as facilitators and students as peer educators or members of the Red Cross youth team..

World Water Day celebrations on 22 March were held at the PMI Agam branch with students and representatives from nine selected schools in the district. Peer educators helped to convey messages on safe drinking water, sanitation and good hygiene practices to the local community through live media coverage and a talk show on local radio.

In order to monitor the impact of the hygiene promotion activities, the water and sanitation unit developed a baseline survey questionnaire and continue to conduct comparative surveys in elementary schools. The PMI/IFRC health team is also coordinating with the department of education to identify elementary schools for further support in health, specifically in areas where the T-shelter programme will take place, as part of PMI's integrated approach in this operation.

Constraints

Schools have been identified in four of the five target districts. Ten target schools have not yet been identified in Kota Padang as the hygiene promotion activity goes hand-in-hand with the T-shelter programme. Until

beneficiary villages are selected in Kota Padang, schools will not be selected for the implementation of the hygiene programme.

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

A short-term consultant was contracted by IFRC in November 2009 to support the chapter and national society in capacity building efforts. The consultant held discussions with PMI chapter and branches, staff and volunteers as well as IFRC and partner national societies to identify successes, challenges and potential opportunities presented by the ongoing operation. The consultation process took into consideration the knowledge accumulated in organizational development in emergencies, with experience and learning taken from the previous disasters. Draft recommendations were formulated for the West Sumatra chapter and branches, considering their existing strategic plans.

The staff of IFRC and partner national societies engaged bilaterally with PMI West Sumatra chapter are working daily with PMI staff on integrated recovery activities (T-shelter, water and sanitation, health, PSP and community outreach), advocating strong commitment, motivation and confidence while addressing responsibilities. The PMI office where all staff members are jointly accommodated in one office space facilitates the sharing of information and experiences, and allows for integrated capacity and team building.

Meetings involving staff from PMI branches, chapter, IFRC and partner national societies representing various integrated programmes take place weekly. These meetings are opportunities to share experiences, perspectives, solve problems and plan next activities. In doing so a sound mechanism is put in place to gradually transfer skills, and build on increased commitment and capacity in response to the needs of the most vulnerable.

Inputs for these weekly meetings at the chapter level are provided by results of weekly meetings at respective branches where volunteers, project and branch staff discuss their operational activities, constraints and challenges. Regular meetings take place between the IFRC management staff in Padang and PMI chapter board members to identify challenges and priorities in order to facilitate sound partnership. Chapter board members are showing increased involvement.

Constraints

The development of a trusted partnership between IFRC, partner national societies and PMI West Sumatra chapter should be kept in focus. Recommendations of the organizational development consultant's report will be expected to be taken on board and serve as guidance for directing sustainable capacity now that PMI has recruited an organizational development officer, funded by Canadian Red Cross.

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

In the first ten-day period, domestic and global media interest in the emergency operation was extremely high, with 287,000 media impressions registered on the web. A steady flow of materials, such as web stories, was maintained on the IFRC website and photographic materials shared with partner national societies.

To support the appeal, media visits using a helicopter were undertaken with BBC and Reuters to document the work of the PMI medical action teams. The communications team documented different aspects of the operation, including relief distribution, and search and rescue work. The team also developed key messages for partners' use.

The steady flow of timely and accurate information between those working in the field and other major stakeholders, including those affected by this disaster, helped the programme objectives of this emergency appeal, and increased the profile, funding and other support for PMI and IFRC.

The PMI West Sumatra chapter's communications and outreach unit continues to document different aspects of the operation, including relief distribution and T-shelter construction. In collaboration with the Australian Red Cross, an instructional DVD has been created to support the T-shelter programme. It is ready for dissemination to affected communities and will act as a guide for villagers constructing their own T-shelters.

Plans continue to progress for an SMS gateway, expected to be operational by the next reporting period. This endeavour will allow beneficiaries to "text" a dedicated Red Cross phone number with a question or comment they may have regarding programme implementation. The "text" will then be answered by appointed Red Cross personnel. This gateway will also allow the Red Cross to alert beneficiaries when T-shelter funds are transferred to their bank.



As a result of a beneficiary survey conducted in four districts outside Padang, recommendations are being made to ensure communities have access to timely and accurate information about Red Cross programming. These include a weekly radio programme that allows beneficiaries to actively take part and have their concerns addressed, purchasing space in local newspapers, initiating a community television programme that contains practical information on how people can survive and rebuild after a disaster, among others.

A preliminary radio programme was implemented; a one-hour talk show at RRI that was then relayed to five radio stations reaching an estimated 50,000 people in five areas. The talk show focused on the shelter program in West Sumatra and included guests from the government, shelter cluster and PMI West Sumatra. During the hour-long programme, ten phone calls were received.

Documentation is underway of Red Cross Red Crescent activities in the field. A professional photographer was hired and has to date worked in three districts; Padang Pariaman, Pariaman Kota, and Pesisir Selatan.

Logistics

The British Red Cross logistics emergency response unit (ERU) was deployed within days following the earthquake and supported PMI and IFRC personnel already on the ground. A second rotation comprising three delegates arrived on 30 October and ended their mission after completing their handover to the logistics team on 28 November.

A logistics delegate was recruited within the first month of operations, and manages the warehouse, procurement, overall logistics and fleet in accordance with IFRC standards. The West Sumatra earthquake operation managed up to 16 Federation vehicles and ten locally rented trucks at the height of relief operations. The International Organization for Migration (IOM) supported PMI/ IFRC operations with additional trucks for transporting relief items to distribution points for free until 20 December, when IOM operations ceased. Ongoing operations continue to be supported by the logistics delegate and an experienced team of national staff.

A total of five Rubb halls, together with Federation logistics/warehousing systems, is in place to accommodate stocks prior to loading and distributions throughout the last three months. A private factory in Padang also offered its warehouse facility near the airport in Padang to support the Red Cross Red Crescent relief operations. Between October and December 2009, the logistics team managed and dispatched up to 917 tonnes of relief items in coordination with the relief teams, with up to 27 tonnes distributed by air.

Spanish Red Cross extended its support to PMI/ IFRC relief operations with five-tonne trucks for three months which ended on 30 December 2009. In addition, the PMI West Sumatra chapter and five branches were supported bilaterally by Spanish Red Cross with ten pickup trucks until 12 December 2009.

In March, PMI leased an additional temporary warehouse of more than 1,400sq metres in Padang for six months. The IFRC financed warehouse will accommodate incoming bilateral relief shipments from Qatar Red Crescent and Kuwait Red Crescent. Two additional Rubb halls have been erected on the premises of the new warehouse to accommodate additional goods.

Capacity of the National Society

PMI has a strong and well-established capacity in emergency preparedness and response, considering the widespread and frequent occurrence of natural disasters throughout the world's largest archipelago. As well, as a direct result of the build-up in volunteers and human resource capacities following the December 2004 tsunami in Aceh province of northern Sumatra, PMI has built up a robust inter-dependence among its branches. PMI branches actively engaged in the operations include Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Jakarta and North Sumatra.

In addition, given the longer term programming of the Canadian Red Cross, Danish Red Cross, French Red Cross, German Red Cross and other partner national societies, in disaster risk reduction, the capacity of the national society has been augmented by the existence of community based action teams – core components of disaster risk reduction programming of PMI.

Capacity of the International Federation

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

Currently, IFRC has a head of office, recovery coordinator, logistics delegate and a number of national staff supporting the operation in Padang. The IFRC country office in Jakarta continues to provide technical support.

How we work

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

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

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

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

Contact information

For further information specifically related to this operation please contact:

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 - Penny Elghady, resource mobilization and PMER coordinator, email: penny.elghady@ifrc.org; phone: +603 9207 5775, fax: +603 2161 0670 Please send all pledges of funding to zonerm.asiapacific@ifrc.org
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[<revised emergency appeal budget and interim financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/3
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						
<u>Cash contributions</u>						
American Red Cross	19,200					19,200
Andorra Government	15,076					15,076
Andorra Red Cross	7,449					7,449
Australian Red Cross	704,631					704,631
Australian Red Cross (from Australian Government)	553,608					553,608
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)	377,988				165,150	543,138
Canadian Red Cross	954,550					954,550
Canadian Red Cross (from Canadian Government)	945,991					945,991
China - Private Donors	280					280
China RC, Hong Kong branch	581,070					581,070
China RC, Macau branch	15,000					15,000
China Red Cross (from China - Private Donors)	388					388
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
Iran Red Crescent	70,700					70,700
Irish Government	226,449					226,449
Irish Red Cross	53,098					53,098
Japanese Red Cross	150,457					150,457
Korea Republic Red Cross (from Korea (Republic of) - Private Donors)	19,486					19,486
Monaco Red Cross	45,324					45,324
Netherlands Red Cross	190,775				59,338	250,113
Netherlands Red Cross (from Netherlands Government)	377,758					377,758
New York Office (from Kraft Foods)	46,919					46,919
New York Office (from Schering Plough)	8,689					8,689
New York Office (from United States - Private Donors)	2,239					2,239
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 Int-l Development	503,525					503,525
Spanish Red Cross	20,877					20,877
Sweden Red Cross (from Swedish Government)	725,090					725,090
Switzerland - Private Donors	850					850
United States - Private Donors	10,313					10,313
VERF/WHO Voluntary Emergency Relief	2,000					2,000
C1. Cash contributions	8,393,183				268,015	8,661,198
<u>Outstanding pledges (Revalued)</u>						

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/3
Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
Budget	APPEAL

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<i>Australian Red Cross</i>	-6,062				-6,062
<i>Austrian Red Cross</i>	29,665				29,665
<i>Canadian Red Cross</i>	93,711				93,711
<i>USAID</i>				106,349	106,349
C2. Outstanding pledges (Revalued)	117,314			106,349	223,663
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 RC, Hong Kong branch</i>	406,664				406,664
<i>Finnish Red Cross</i>	366,146				366,146
<i>French Red Cross</i>	96,364				96,364
<i>Japanese Red Cross</i>	783,447				783,447
<i>Netherlands Red Cross</i>	858,796				858,796
<i>Spanish Red Cross</i>	378,645				378,645
C4. Inkind Goods & Transport	3,694,590				3,694,590
Inkind Personnel					
<i>Other</i>	13,640				13,640
C5. Inkind Personnel	13,640				13,640
Other Income					
<i>Miscellaneous Income</i>	-1,540				-1,540
<i>Services</i>	-4,442				-4,442
C6. Other Income	-5,982				-5,982
C. Total Income = SUM(C1..C6)	12,212,745			374,364	12,587,109
D. Total Funding = B + C	12,212,745			374,364	12,587,109
Appeal Coverage	94%			102%	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	12,212,745				374,364	12,587,109
E. Expenditure	-6,187,497				-227,705	-6,415,201
F. Closing Balance = (B + C + E)	6,025,248				146,659	6,171,907

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

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Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
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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		629,450					629,450	-629,450
Clothing & textiles	480,000	322,819					322,819	157,181
Water & Sanitation	60,000	2,355				1	2,355	57,645
Medical & First Aid	272,000							272,000
Utensils & Tools	144,000	110,914					110,914	33,086
Other Supplies & Services	655,500	316,262					316,262	339,238
Total Supplies	7,671,500	4,157,971				1	4,157,971	3,513,529
Land, vehicles & equipment								
Land & Buildings	400,000							400,000
Vehicles		7,039					7,039	-7,039
Computers & Telecom	150,000	65,345				496	65,841	84,159
Office/Household Furniture & Equipm.	40,000	14,048					14,048	25,952
Others Machinery & Equipment	50,000							50,000
Total Land, vehicles & equipment	640,000	86,432				496	86,928	553,072
Transport & Storage								
Storage	160,000	36,966					36,966	123,034
Distribution & Monitoring	350,000	578,323					578,323	-228,323
Transport & Vehicle Costs	705,000	208,286				7,057	215,343	489,657
Total Transport & Storage	1,215,000	823,575				7,057	830,632	384,368
Personnel								
International Staff	816,000	178,069				4,546	182,615	633,385
National Staff	310,000	224,042				486	224,529	85,471
National Society Staff	240,000	26,422					26,422	213,578
Consultants	365,000	41,254				54,257	95,510	269,490
Total Personnel	1,731,000	469,787				59,289	529,076	1,201,924
Workshops & Training								
Workshops & Training	782,000	24,720				8	24,728	757,272
Total Workshops & Training	782,000	24,720				8	24,728	757,272
General Expenditure								
Travel	110,000	60,000				1,456	61,456	48,544
Information & Public Relation	70,000	12,322				1,167	13,489	56,511
Office Costs	120,000	69,074				3,859	72,934	47,066
Communications	70,000	8,900				929	9,829	60,171
Professional Fees	20,000							20,000
Financial Charges		9,315					9,315	-9,315
Other General Expenses		153					153	-153
Total General Expenditure	390,000	159,765				7,411	167,176	222,824
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	362,537				15,414	377,952	486,131
Total Programme Support	864,083	362,537				15,414	377,952	486,131
Services								
Services & Recoveries		3,489					3,489	-3,489
Shared Services						2,323	2,323	-2,323
Total Services		3,489				2,323	5,812	-5,812
Operational Provisions								

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

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Appeal	MDRID004
Budget	APPEAL

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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	
Operational Provisions		99,221					99,221	-99,221
Total Operational Provisions		99,221					99,221	-99,221
TOTAL EXPENDITURE (D)	13,293,583	6,187,497				227,705	6,415,201	6,878,382
VARIANCE (C - D)		6,740,311				138,071	6,878,382	