

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## West Sumatra: Earthquakes

Emergency Appeal n° MDRID004  
GLIDE n° [TS-2009-000211-IDN](#)  
4 November 2009

In support of the Indonesian Red Cross (Palang Merah Indonesia/PMI) operation to assist up to 20,000 families (approximately 100,000 people) for a total of 12 months, this revised Emergency Appeal seeks 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.



With contributions received to date, the appeal is 63 per cent covered in cash and kind,

with further pledges in the pipeline. Additional funds are needed to enable PMI to scale up its response and provide humanitarian assistance to those affected by the disaster.

Considering the longer-term needs of the communities and the time needed for service delivery, this revision establishes an appeal duration of a total period of 12 months. The decrease of the Emergency Appeal budget (from the preliminary Emergency Appeal budget) is due to bilateral arrangements with PMI that enabled the national society to cover some of the recovery needs of its operation.

The operation will be completed by the end of September 2010. In addition to the regular updates, a Final Report will be made available by the end of December 2010 (three months after the end of the operation).

Villagers collecting water from an Indonesia Red Cross (Palang Merah Indonesia/PMI) water truck. Photo: Bob McKerrow/International Federation.

**Appeal history:**

- A revised preliminary Emergency Appeal was launched on 7 October for CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) in cash, kind, or services to support the Indonesian Red Cross (Palang Merah Indonesia/PMI) to assist 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 the Indonesian Red Cross (Palang Merah Indonesia/PMI) to assist 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 west coast of the Indonesian island of Sumatra was struck by two consecutive earthquakes over a 48-hour period. The first quake, measuring 7.6 on the Richter scale, struck at 17:15 local time on 30 September, at a depth of 71 km off the coast, close to the district of Padang in West Sumatra province. The second earthquake, measuring 6.8, struck an inland area 225 km southeast of Padang city on 1 October.

The most recent reports of the National Disaster Management Agency (BNPB) of the Government of Indonesia indicate that 1,117 people died, another 2,902 were injured and more than 4,000 people displaced as a result of the powerful earthquakes. More than 2.5 million people are estimated to be living in the eight most affected districts and cities of West Sumatra<sup>1</sup>, with Kota Padang and Padang Pariaman being the hardest-hit areas, where some 80 per cent of infrastructure was damaged. The BNPB reports that there are 198,200 households in urgent need of emergency shelter, with 135,300 households severely affected and 62,900 moderately affected. Priority needs, in addition to emergency shelter, include food (staple food), education, water and sanitation. The government has estimated the rehabilitation and reconstruction cost at Indonesian rupiah 7 trillion (USD 745 million) and announced 1 November as a start date for recovery activities. It has welcomed any international assistance offered which is to be coordinated through the government agencies. Emergency activities are expected to continue for another two months until the end of 2009.

In response to the humanitarian situation and a request from the Indonesian Red Cross (Palang Merah Indonesia/PMI), this revised Emergency Appeal calls for contributions to enable the national society to meet the recovery needs of the most-affected population. Considering the longer-term needs of the communities and the time needed for service delivery, this revision establishes an appeal duration of 12 months.

PMI, in collaboration with other Red Cross Red Crescent Movement partners, plans to provide recovery assistance for up to 20,000 families (100,000 individuals) through the continuation of relief distribution of non-food items, provision of temporary shelters, integrated water and sanitation and health care services, psychosocial and logistics support. In addition, the national society intends to meet the needs of the most vulnerable in West Java by supporting the construction of up to 2,000 houses.

The appeal also focuses on building a stronger branch and human resource capacities within PMI at the local level. In this regard the operation is considering contracting the services of an external capacity development consultant familiar with the International Federation development processes to support the Padang chapter in the early stages of its overall recovery programme planning to ensure that all activities leave behind a well-functioning branch at volunteer, member, governance and staff levels, with refreshed and effective systems, plans and procedures.

Partners which have made contributions to the appeal to date include the American Red Cross, Australian Red Cross, British Red Cross/British government, Canadian Red Cross/Canadian government, Finnish Red Cross, French Red Cross, Hong Kong branch of the Red Cross Society of China, Iranian Red Crescent, Irish Red Cross, Japanese Red Cross, Macau branch of the Red Cross Society of China, Monaco Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/New Zealand government, Spanish Red Cross and Swedish Red Cross/Swedish government as well as the

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<sup>1</sup> Kota Padang, Kota Pariaman, Bukittinggi City, Padang Pariaman District, Pesisir Selatan District, Solok City, Padang Panjang City and Pasaman Barat District.

Organization of the Petroleum Exporting Countries (OPEC) Fund of International Development and Irish Aid.

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

[<click here to view the attached Emergency Appeal Budget; or here to view contact details>](#)

## The situation

Two major earthquakes off the coast of West Sumatra, Indonesia, left thousands of people dead and injured and thousands without shelter. The first quake, measuring 7.6 on the Richter scale, occurred on 30 September 2009 17:15 local time 57 km southeast of the city of Padang, with the second earthquake striking on 1 October at 08:52, measuring 6.8 on the Richter scale, 225 km (140 miles) southeast of Padang in Jambi province. On 16 October at 04:52 local time, another earthquake measuring 6.1 struck in the Sunda Straits at a depth of 9 km, only 125 km off Telukbetung in Sumatra – evidence that the region is still highly vulnerable to earthquake activity.

The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages. The National Disaster Management Agency (BNPB) of the Government of Indonesia estimates that 1,117 people died and another 2,902 were injured. The BNPB indicates that there are 198,200 households in urgent need of emergency shelter, with 135,300 households severely affected and 62,900 moderately affected. Other damaged infrastructure include 1,078 schools, urban water networks, roads, and health centres. About 80 per cent of government buildings were destroyed badly affecting local administration. The Ministry of Health Crisis Centre reported that four hospitals, 12 community health centres (Puskemas), ten supporting community health centres and two official houses have collapsed. The government has estimated the rehabilitation and reconstruction cost at USD 745 million and welcomed any international assistance.

More than 2.5 million people are estimated to be living in the six 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. The Government of Indonesia has not yet released the village-level impact data, reporting that the numbers are still being verified at the district level. The government and the military continue to build roads and improve access to rural areas, but small vehicles and motorcycles are being used to reach remote villages.

One month after the earthquakes, services have started to resume in affected areas. According to the BNPB, electricity has been restored in 95 per cent of affected areas, while telephone communications is fully restored. Emergency radio communications now completely cover the city of Kota Padang and its outskirts, and are expected to soon extend to Padang Pariaman, Kota Pariaman and Agam.

The national water utility board (PDAM) announced that only 20 per cent of Padang city's population is connected to the water network. Repairs on the entire water pipe network of Padang have commenced and will be completed within six months, while repairs and reconstruction on its main water treatment plant would be completed on 30 November 2009. Padang Pariaman and Lubuk Basung cities' water networks also need to be rehabilitated. PDAM Padang continues to coordinate with and guide all agencies working in Padang for water supply.

The Government of Indonesia announced 1 November as the start date of the recovery phase. Welcoming international assistance, the Government has established a recovery coordinating body to ensure effective and collaborative implementation of support programmes. The coordinating body had its first meeting in Padang on 28 October. The Government of Indonesia is expected to announce the details of its rehabilitation and reconstruction action plan on 15 November. Emergency activities are expected to continue for another two months until the end of 2009.

## Coordination and partnerships

Indonesian Red Cross (Palang Merah Indonesia/PMI) has been leading the planning and implementation of the operation with its partners. The International Federation's country office in Jakarta has been providing operational support and leading on coordination with Red Cross Red Crescent partners, local government

authorities and external international organizations; meanwhile, the disaster management unit (DMU) in Kuala Lumpur has been undertaking the international lead role.

Building on lessons learnt from the tsunami and the Java earthquake operations, coordination mechanisms have been set up on the ground to ensure the operation is built on technical strengths and available resources of all participating Movement partners in a collaborative manner. Regular technical working group and coordination meetings resulted in development of joint initiatives to address the needs of the affected communities. Timely information exchange on assessment findings, constructive discussions on existing needs and resources, and mapping of ongoing and planned activities of the Red Cross Red Crescent partners contributed to drawing up an integrated plan of action for supporting the communities in-need. Lessons learned on organizational development in emergencies from the tsunami and Yogyakarta earthquake operations are also being made available to the Padang chapter and branches and to all Red Cross Red Crescent components to build a harmonised and carefully planned Red Cross Red Crescent capacity building support to the PMI branch and headquarters within this operation.

To date, the following partner national societies have been involved in the indicated sectors: American Red Cross – provision of non-food items, water and sanitation; Australian Red Cross – non-food items, temporary shelters (T-shelter); British Red Cross – non-food items and T-shelters; Canadian Red Cross – T-shelters, capacity building and organizational development; Red Cross Society of China – provision of non-food items; Danish Red Cross – T-shelters; Finnish Red Cross – provision of non-food items; Hong Kong branch of the Red Cross Society of China – tents and potentially T-shelters; Italian Red Cross – volunteer accommodation and support; Irish Red Cross – beneficiary communications; Iranian Red Crescent – provision of non-food items; Korean Red Cross – provision of non-food items and potentially T-shelters; Netherlands Red Cross and French Red Cross – non-food items, water and sanitation, and potentially T-shelters; Spanish Red Cross – water and sanitation, T-shelters; Swiss Red Cross – non-food items, potentially T-shelters and water and sanitation activities. In addition, the national societies of Qatar, Turkey, Morocco, Norway, and Singapore have made contributions to support various aspects of the operation.

Regarding inter-agency coordination, the in-country humanitarian coordinator recommended that the emergency shelter cluster is formalized and convened by the International Federation. An International Federation-led team is coordinating the interagency shelter cluster in support of the Indonesian government. This team is made of a coordinator from the Netherlands Red Cross, a shelter information manager from Canadian Red Cross, a deputy information manager from British Red Cross, a field coordinator from Australian Red Cross/New Zealand Red Cross, and a technical coordinator from CARE. For more information visit: <http://groups.google.com/group/SUM09>. The International Federation is looking for contributions to fund the activities of this team through this Emergency Appeal.

## Red Cross and Red Crescent action

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

PMI has managed the mobilization of many volunteers from across Indonesia. This follows the ongoing training outside of the disaster response environment to ensure that PMI can respond on mass, and at speed. The standard training that volunteers are provided with prior to disasters ensures that they are trained in a consistent way and are aware of standard procedures. This capacity is then utilised through the established volunteer support systems of rotation. In support of the PMI volunteers involved in the operation in West Sumatra, the Italian Red Cross provided a camp which has provided much needed quarters.

At the early stage of emergency operations, PMI flew in a 36-member team from Jakarta to Padang to support the emergency response. The team consisted of ten medical personnel (orthopaedic surgeons,

general practitioners, and nurses), two staff supported by the International Committee of Red Cross (ICRC) for Restoring of Family Links (RFL), two staff for water and sanitation, and two psychological support staff.

### Search and Rescue

Within hours after the earthquake struck, PMI's West Sumatra Chapter mobilized 90 staff and volunteers to the hardest-hit urban locations, including at the Adira Building, forming search and rescue teams with personnel of the Indonesian army and police. In the first week of operations, search and rescue teams assisted with the retrieval of bodies and the evacuation of the injured to nearby hospitals and health posts, while providing first aid to those with minor injuries.

### Assessments

PMI deployed assessment teams to the following places:

- Kota Padang district, including the sub-districts of Sawahan Timur, Simpang Haru, Andalas, Ganting, Kubu Dalam.
- Kota Pariaman district, including the sub-districts of Pariaman Timur, Pariaman Selatan and Pariaman Tengah.
- Pesisir Selatan district, including the sub-districts of Koto XI, Terusan, Bayang and Batang Kapas.
- Padang Pariaman district, including Kota Dalam, Lima Koto Timur, Tanjung Raya.
- Agam district including the sub-districts of Malalak Selatan and Malalak Barat.

These assessments, including aerial grid referencing, 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.

### Relief distributions

To date, through national, bilateral and multilateral support, PMI has dispatched relief items, including baby kits, sarongs, blankets, tents, field kitchens, tarpaulins, biscuits, family kits, hygiene, medicine and sleeping mats in five of the affected areas, reaching 15,771 families. Total tonnage of relief items is estimated at 350 tonnes distributed by land and 27 tonnes distributed by air. Air lifts ensured that 800 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, supported the distribution of relief items through bilateral arrangements with PMI.

Monitoring of the relief distribution activity is underway in line with the Red Cross Red Crescent commitment to ensure community input into programme design, plans and implementation. To date, no changes in relief distributions are required as a result of the feedback through the monitoring process.

### Emergency Health and Care

PMI's Medical Action Teams (MAT) were mobilized by PMI of West Sumatra, Riau, Lampung, PMI Bogor Hospital, together with local volunteers to provide emergency health services to affected communities. PMI, with the International Federation's support, also conducted a medical service using a helicopter to Padang Pariaman district areas, providing medical relief to remote and inaccessible villages. PMI has conducted health activities in 40 villages and made up to 83 visits for health services, reaching 6,808 people as of 31 October 2009. All but four of PMI's medical action teams have already completed their operations, with the remaining teams expected to wind up between 31 October and 3 November. ([Click here](#) to see the total number of people receiving health and care services through PMI.)

PMI's psychosocial support programme (PSP) team mobilized quickly in the aftermath of the disaster. Up to 24 volunteers were trained and assessments began on 3 October in Kota Padang, Kota Pariaman and the districts of Agam and Padang Pariaman. The PSP team continues to reach communities with various socialization activities, including games, singing and theatre with children. As of 31 October 2009, psychosocial support to schools and communities including children and the elderly are as follows:

Location	People supported in schools	People supported in communities
Kota Padang	307	54
Kota Pariaman	600	472
Agam	327	96
<b>Total</b>	<b>1,234</b>	<b>622</b>

Fogging activities to address dengue concerns started on 28 October, and as of 30 October, has covered up to 1,246 families in three villages in Kota Padang municipality – Belimbing in Kuranji, Sungai Gadang village in Nanggalo, as well as Air Tawar Barat in Tawar. Water, sanitation and hygiene sensitization activities were carried out in tandem with the fogging.

PMI/International Federation have also developed specific information, education and communication materials (such as dengue prevention and diarrhoea prevention) and are undertaking hygiene promotion actions alongside relief distributions.

### **Water and sanitation**

The 28-member PMI emergency response team, working closely with the American Red Cross, Spanish Red Cross and the International Federation are producing approximately 100,000 litres of potable drinking water each day and transporting water to 110 water points installed around Kota Padang. PMI has ten trucks to transport water.

To date, water has been successfully provided through the delivery of more than 1.7 million litres of safe water with approximately 1.36 million litres directly to the communities, 250,000 litres to Government of Indonesia institutions and over 100,000 litres of specialised water to hospitals.

Water Distribution Activities Report (as of 28 October 2009)

Destination ----- Quality	Direct to beneficiaries	PDAM tanks	Hospitals	<b>TOTAL (litres)</b>
Specialized	376,000	48,000	96,000	<b>520,000</b>
Flocculation- Chlorination	988,000	205,000	10	<b>1,203,000</b>
<b>TOTAL (litres)</b>	<b>1,364,000</b>	<b>253,000</b>	<b>106,000</b>	<b>1,723,000</b>

Hygiene promotion activities are being conducted in close collaboration with health and relief teams. Distribution of hygiene kits, jerry cans and mosquito nets is being accompanied with hygiene promotion messages, delivered by trained PMI volunteers.

### **Shelter**

The emergency shelter cluster has been activated in Padang and the International Federation was assigned as the lead member. In addition to distributing emergency shelter items, such as tents, toolkits and tarpaulins, PMI and the Movement partners have been actively involved in temporary shelter plans. Following the decision to adopt the transitional shelter approach, successfully implemented in the Yogyakarta and West Java earthquakes operations, PMI and the involved partner national societies engaged in an active dialogue with local government authorities and other stakeholders to provide temporary shelters (referred as T-shelters in Padang) to the communities. Four shelter material design options, based on the use of bamboo, coconut wood, salvaged wood, or a combination of these materials, were considered and models constructed in partnership with a local university. Speed and ease of construction, availability and cultural-acceptability of materials by local communities were the key factors in selecting the final design. Minimum standards and guidelines for T-shelters were agreed with other shelter cluster members. PMI and the Movement partners have already commenced the mobilization and training of the needed human resources, have identified the first target areas and started socialization activities with the beneficiary communities.

### **Logistics**

The British Red Cross logistics emergency response unit (ERU) has been functioning from Padang since early October, supporting PMI and International Federation personnel already on the ground. A replacement ERU team began duties on 1 November. A mobilization table is available and updated regularly on the Disaster Management Information System (DMIS) for international mobilization. As of 21 October, all items on the international mobilization table were covered except a small quantity of jerry cans.

### **Restoring family links (RFL)**

The PMI RFL team, supported by a joint ICRC-Swedish Red Cross project supervisor and operational since 2 October, has assessed the needs for tracing at the three major hospitals used during the evacuation. They offered free satellite phone calls from the PMI chapter to persons looking for their relatives and they liaised

with the mortuary where the authorities transfer the dead bodies for proper identification. The PMI is deploying additional staff to answer the increasing requests from families from all around the country, related to people reported missing in Padang and in the neighbouring villages. Latest figures indicate up to 44 requests for RFL have been received to date.

### **Communications – Advocacy and Public Information**

Domestic and global media interest in this emergency has been extremely high, with 287,000 media impressions registered on the web for this operation over a ten-day period. A steady flow of materials, such as web stories, has been maintained on the International Federation and PMI websites. Photographic materials have been shared with partner national societies. The International Federation's communication delegate maintained a daily aid worker's diary for BBC Online. And updates are being shared with the International Federation's country office in Jakarta and all Movement partners.

Many media, donors, partner national societies and key humanitarian agencies have joined the PMI on assessments, distribution convoys, aerial visits and have also stayed with Red Cross staff in the field to help advocate and raise awareness on the urgency of supplying needs and relief to thousands of earthquake victims over the last several weeks. Such assessments have obviously also helped to inform the revision of this appeal.

The communications team has documented different aspects of the operation, including relief distribution, search and rescue work, and shelter. The team has also developed key messages for the use of partner national societies.

### **The needs**

One month after the earthquakes, services have started to resume in the affected areas. However, there are many needs that need to be urgently met in the coming weeks.

Whilst many urgent food and non-food needs are being met from local PMI stocks pre-positioned in national society warehouses in the vicinity of the earthquake area, many other locations still lack adequate staple foods and require non-food item assistance. PMI stocks are being supplemented by relief stocks from the International Federation and partner national societies. Considerable amounts of these supplies are either located in other parts of the country or can be procured locally or regionally.

In addition to the three existing internally displaced camps in Agam district, another eight camps have been recently set up in Padang Pariaman to house people who have had to relocate due to the threat of landslides. In total, there are an estimated 8,000 displaced people living in camps in West Sumatra. While emergency shelter needs are decreasing, there is an urgent need for temporary shelters and promotion of safe building practices.

Water and sanitation remains a priority in the urban areas where water bowsering will continue to be supported and repairing or rebuilding of wells and rain water harvesting facilities is necessary. The government water department (PDAM) has officially requested that PMI water production, transport and distribution capacity remain operational for an additional month until end of November.

Preventive health activities, including hygiene promotion, are needed to reduce community health risks in the affected areas. Longer-term psychosocial support needs are recognized not only for the affected population, but also for teachers who work closely with children, and for PMI staff and volunteers working with the affected people.

The emergency phase was declared over on 31 October with the recovery period officially commencing on 1 November. PMI and the International Federation plan to move quickly from emergency into recovery; in tandem with the government's own policy of single-phase recovery and reconstruction. The proposed plan below was developed in line with the results of ongoing assessments and determination of the role of the government and other humanitarian actors operational in West Sumatra. In addition, the plan includes support to West Java earthquake victims through provision of 2,000 houses.

### **The proposed operation**

PMI has identified an integrated medium-term programming focus during the early recovery phase as a) provision of T-shelters, b) provision of health and hygiene awareness messages, c) support for provision of water and sanitation at community level if required, and d) provision of materials to raise awareness of safe

building practices. This in turn will necessitate development of a capacity building plan aimed at mobilizing the appropriate skills and competencies in branch staff and volunteers to provide services responsive to local communities' identified needs, and to maintain and build on these to ensure longer term capacities remain in the branch.

The overall response will focus on three districts and two cities of West Sumatra, with support to both rural and urban communities. The operation provides complementary assistance to the government and other agencies and will continue to ensure strong communication and coordination with other stakeholders to minimize the risk of both duplication and gaps in support. As part of this continued communication and coordination, PMI will be supported to advocate in areas where needs continue to be un-met, but the needs are outside their capacity. The operation will highlight PMI core activities in relation to disaster preparedness and response, and will take this opportunity to further strengthen both their capacity and community capacity. In essence, the continued support to affected communities will focus on providing relief, preserving dignity, protecting families whilst promoting recovery. The current appeal is a component of PMI's overall plan to support the affected communities and it complements the bilateral contributions received from partner national societies.

The PMI and International Federation are committed to improving the quality of its humanitarian programmes. As a contribution to meet this commitment PMI supported by its partners will capture lessons learnt for this programme and other operations responding to similar emergencies. It is in this context, that an external evaluation within three months of completing the operation is planned, to feed into future disaster response preparedness and risk reduction programming.

## Relief

Initial emergency response needs, including food and non-food items, health and water and sanitation and hygiene promotion activities focusing on first aid, psycho-social support, medical assistance, and access to potable water and emergency latrines for up to 20,000 families (approximately 100,000 individuals) are being provided. Support may be varied across families, and will be dependant upon results of household level assessments. This will be further supported by shelter initiatives targeted at both emergency needs and support for the rehabilitation of family shelters.

PMI continues to mobilise staff and volunteers trained in restoring family links to reconnect families who have been separated, from the registration of all remaining missing persons and collation of information from authorities regarding the deceased. Based on this action, PMI will provide RFL global updates to the Red Cross Red Crescent via the ICRC Extranet.

## Recovery

The recovery programme will be located in the five worst-affected districts of West Sumatra (Kota Padang, Kota Pariaman, Padang Pariaman, Pesisir Selatan and Agam) and will take a holistic approach in addressing the needs of the communities. In Indonesia, long-term risk reduction programming by the PMI clearly places it as an organization central to a community's structure and sense of security. Earlier cooperation with many partner national societies specifically on risk reduction has built significant capacity among many PMI volunteers as well as community members.

Using this as a foundation for recovery programming and drawing from other parts of Indonesia where similar risk reduction programming has built volunteer capacities, PMI will spearhead its recovery programme with T-shelters, as an identified key first step in supporting community capacities to 'bounce back', to improve their living conditions and to restart their economic activities. As a community-based programme, groups of people at the neighbourhood level, will work together to prioritise, plan, procure, build and account for funds delivered through local banks to them for construction of T-shelters. The process will be facilitated by PMI volunteers specially trained in T-shelter construction and administration of funds to communities. The support provided by the volunteers aims to optimize people's participation and ensure that the groups manage their activities and budgets effectively and transparently. The programme will be implemented as per *the Technical Guide for Temporary Shelter Program Implementation for West Sumatera 2009* and the community-driven T-shelter guidelines and forms developed in the Yogyakarta and West Java earthquake responses. Official approval from provincial government officials has been granted to the PMI approach. The T-shelter component of the recovery programme will be supported both by multilateral and bilateral partnerships with PMI.

Putting the most-needed temporary shelters at the central point, the recovery operation will further integrate other sectors, applying sectoral interventions as required and determined by communities. The focus of health and water and sanitation initiatives will be health promotion and education to prevent outbreaks of communicable diseases such as diarrhoea and upper respiratory tract infections. Repairing and cleaning wells and sanitation facilities will take place where required. Appropriate interventions will be undertaken where there is an identified water and sanitation and hygiene related health risk. Psychosocial support will continue with identified communities and schools in the affected areas.

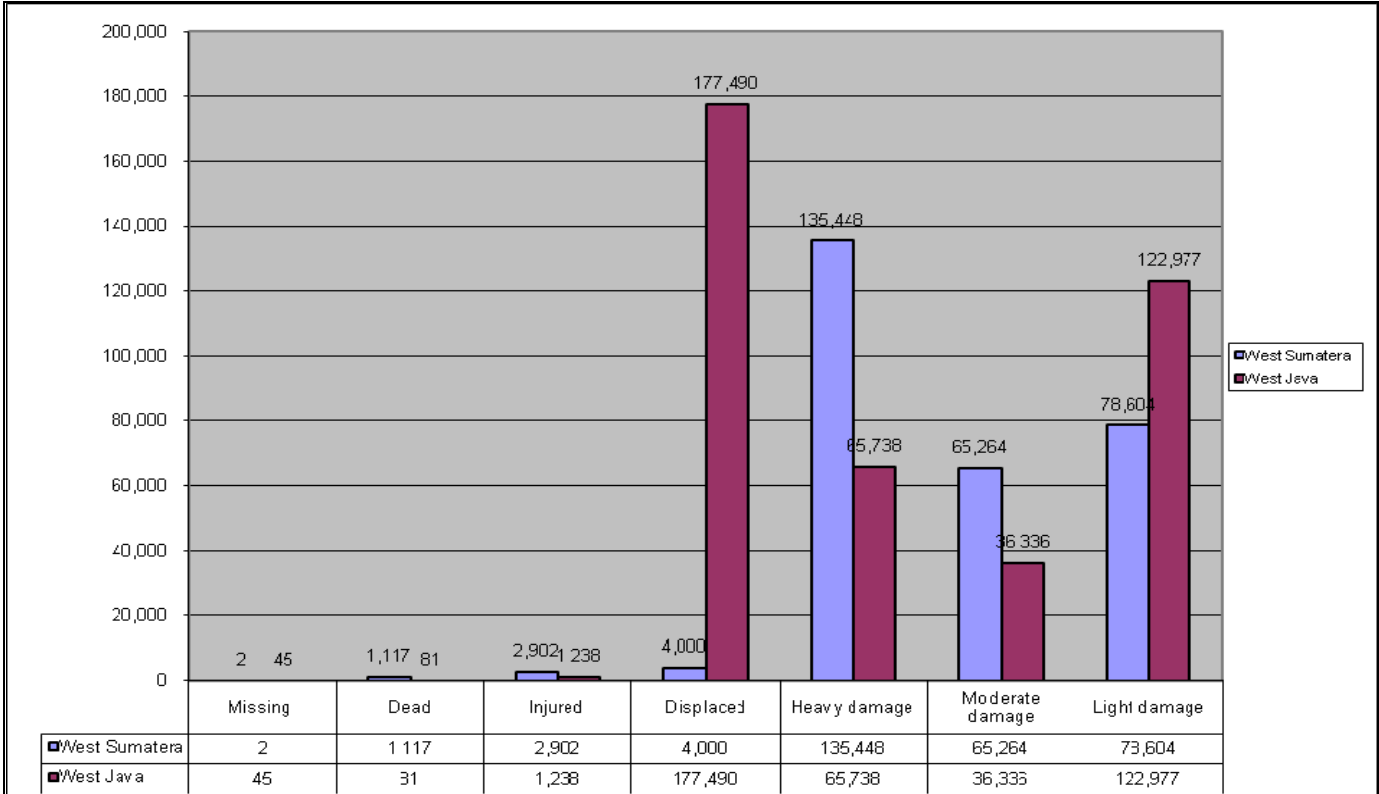
PMI will also support the identified need in relation to provision of material and information regarding safe building practices. This work will be undertaken during the T-shelter construction to ensure those shelters are built to a certain standard, but much of the material will also relate to safe practice of permanent buildings.

Naturally, for such high involvement of communities in design, implementation and monitoring, the International Federation will support a community communications programme. Through the capture of community needs and directions and coupled with broader communication functions, information can be provided back to donors to ensure flexibility of donated resources as per the *Paris Declaration on Aid Effectiveness*.

The response will require a strong workforce, and PMI along with the International Federation are seeking to maximise the in country experience that has been developed over the past few years. Local staff will be hired where possible.

In addition to providing recovery assistance to families in West Sumatra, PMI and the International Federation plan to provide temporary shelters to the most vulnerable people in West Java by supporting the construction of up to 2,000 bamboo houses.

The graph below indicates the still significant needs in West Java compared to West Sumatra. With a considerably higher proportion of displaced persons, the requirement for appropriate T-shelter is urgent. Government figures on damaged houses in West Java have been undergoing a re-assessment and verification, and it is expected that there will be some change in the numbers.



Please note:

1. Data for West Java from BNPB, 14 September 2009.
2. Data for West Sumatra from BNPB, 15 October 2009, EXCEPT for "Displaced". Official displaced data from 15 October is 0 (zero). However, the Government of Indonesia has said in the internally displaced persons cluster that there are more than 4,000 internally displaced persons in Agam. Hence, displaced data of 4,000 is used.

To support the empirical evidence obtained through evaluations of earlier operations, the International Federation seeks to initiate research into the role of social capital in disaster response, specifically drawing on the emergency operations in West Sumatra and West Java, with the former offering an urban and rural setting and the latter offering a scenario where minimal external intervention has been offered to date.

This study aims to contribute to the growing policy developments on risk reduction and community resilience and add to the dialogue on appropriate indicators for programme sustainability and exit. Partnerships with appropriate academic institutions and organisations will be undertaken to complete this study.

Building on lessons learnt from the tsunami and the Java earthquake operations, the International Federation and partner national societies are working together to improve operational efficiencies and build on organizational strengths and support the development of PMI. In addition to the above study, a real-time evaluation is planned.

## Summary Activities

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

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

### Emergency shelter

<b>Objective:</b> Up to 10,000 households are assisted with adequate temporary shelter and up to 2,000 shelters constructed in West Java.	
<b>Expected results</b>	<b>Activities planned</b>
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"> <li>• Analysis based upon ongoing needs and capacity assessments to determine the extent of the shelter needs and preferred shelter solutions.</li> <li>• Develop community-self directed targeting strategy and registration system to deliver intended assistance, prioritising the most vulnerable in selected communities.</li> <li>• Support formation of community management teams to monitor funds for community-built shelters using cultural practices that highlight working together.</li> <li>• Identify shelter solutions to suit the local context that are</li> </ul>

	<p>culturally appropriate.</p> <ul style="list-style-type: none"> <li>• Promote safe and durable shelter construction through the provision of technical assistance and guidance to all involved in the shelter activities.</li> <li>• Reproduce and distribute safe building practice materials (information, education and communication).</li> <li>• Support, as appropriate, additional needs for identified individual households.</li> <li>• Monitor, coordinate and evaluate the shelter programme.</li> <li>• 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.</li> </ul>
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## Health and care

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

<p>provided to the target population (including school children and teachers) and PMI staff/volunteers as needed.</p>	<p>responses – stand alone or mainstream and/or integrated into other programmes and services.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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).</li> <li>• Integrate psychosocial support with ongoing recovery programmes (such as within shelter programme) as well as within existing PMI programmes.</li> <li>• 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.</li> </ul>
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### Water, sanitation, and hygiene promotion

<p><b>Objective:</b> The risk of waterborne as well as water and sanitation-related diseases is reduced through the provision of safe water, adequate sanitation facilities, and hygiene promotion for up to 10,000 families (50,000 people) within the affected area for 12 months.</p>	
Expected results	Activities planned
<p>Access to safe water is provided to affected populations in the targetted locations.</p>	<ul style="list-style-type: none"> <li>• Establish potable water treatment facilities.</li> <li>• Set up water emergency water distribution network, including truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country).</li> <li>• Deliver support to pre-earthquake water supply infrastructure with the transitional-shelter programme beneficiary households and those close to it.</li> </ul>
<p>Appropriate sanitation facilities are provided at target evacuation centres.</p>	<ul style="list-style-type: none"> <li>• Build sanitation facilities in emergency camps and in other locations where required.</li> <li>• Support pre-earthquake sanitation infrastructure to the transitional-shelter programme beneficiary households and those close to it.</li> </ul>
<p>The health status of the population is sustainably improved through hygiene promotion activities.</p>	<ul style="list-style-type: none"> <li>• Establish disease vector and safe hygiene monitoring.</li> <li>• Ensure fogging activities carried out where required in relation to both high risk areas of dengue fever and malaria.</li> <li>• Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/International Federation water and sanitation software.</li> <li>• Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to assessments.</li> <li>• 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.</li> </ul>

### Organizational Development (Capacity development and organizational strengthening)

<p><b>Objective:</b> To strengthen the immediate and long term capacities of PMI staff and volunteers at branch level to complete the operational needs and leave behind sustainable capacities for the future.</p>	
Expected results	Activities planned
<p>The coordinated mobilization of local spontaneous volunteers has built short medium and</p>	<ul style="list-style-type: none"> <li>• Conduct rapid volunteer mobilization and orientation in affected areas.</li> </ul>

long term branch capacities.	<ul style="list-style-type: none"> <li>• Conduct support activities for volunteers including weekly peer support meetings to address stress and psycho-social issues.</li> <li>• Develop and maintain a volunteer database registering skills and availability.</li> <li>• Implement a volunteer insurance scheme in keeping with the International Federation's global volunteer insurance scheme.</li> </ul>
Strengthened financial systems have receipted and spent locally and internally sourced donations efficiently and led to long term enhanced systems at branch level.	<ul style="list-style-type: none"> <li>• Existing branch financial management and reporting systems are scaled up to efficiently report on scaled up resources.</li> <li>• Management information systems are strengthened at branch level to enable effective decision making.</li> <li>• Reporting systems have been developed and followed.</li> </ul>
Communications capacity at branch level will have been strengthened to increase PMI's visibility and also to undertake humanitarian diplomacy on behalf of affected communities.	<ul style="list-style-type: none"> <li>• Existing branch level communications infrastructure, roles and capacities will be immediately scaled up by allocating roles and equipment to both staff and volunteers to facilitate immediate information flow.</li> <li>• Key messages from affected communities will be communicated by PMI to enable enhanced support from other responding institutions.</li> </ul>

## Communications

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

Expected Results	Activities Planned
Working with the host national society and in close consultation with operational and technical leadership, people impacted by this emergency are encouraged to take a lead role in programme development and delivery through provision of timely, accurate information on this disaster and services available to support their relief and recovery.	<ul style="list-style-type: none"> <li>• Key audiences affected by this emergency and their common sources of and access to information are identified.</li> <li>• 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.</li> <li>• The inputs of affected populations are sought and incorporated into the planning, implementation, monitoring and evaluation of the process of this operation.</li> <li>• Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity.</li> <li>• A transparent reporting mechanism will be strengthened to inform all donors of what PMI activities they have assisted to build long term donor confidence in PMI.</li> </ul>

## Exit Planning

Preliminary discussions are being arranged and undertaken with partner national societies that had programmes prior to the earthquake as well as those considering longer term programming in West Sumatra. It is anticipated through these discussions, the risk reduction and organizational development activities specific to the response and recovery can be integrated into their long term programming. Consideration is being given to a short-term organizational development consultancy at the early stage of recovery planning. The aim, if successful, will be to assist the PMI at chapter, branch and headquarters level to plan for which surge capacities are needed to deliver recovery programming and can then be released, and which capacities might be necessary to retain to build a longer term set of skilled and motivated volunteers and staff at branch level and leave stronger branches and chapters in West Sumatra.

Support to monitoring and evaluation of the programme activities by these partner national societies will be discussed in order to ensure robust long-term planning.

It is anticipated that the Government of Indonesia will be supporting households to rebuild permanent houses, therefore negating the requirement for further support to shelter needs. Other activities taking place form part of core PMI work and can be incorporated into the annual planning processes taking place in December 2009.

## **Logistics**

The mobilization table was last updated on 21 October and is available on DMIS. In addition to the items on the mobilization table, a number of items will be locally procured using local specifications. This procurement has already started, also supported by the partner national societies operating in the country.

Urgent needs in jerry cans, blankets, tarpaulins, shelter kits, tents, and others were covered by delivering relief items from stock pre-positioned in country (PMI) and by air from the regional logistics unit warehouse in Kuala Lumpur, Malaysia. Those items were donated by the American Red Cross, Australian Red Cross, British Red Cross, Finnish Red Cross, French Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross, Netherlands Red Cross and Spanish Red Cross. In total, more than 550 MT of relief items were delivered by air charters within the first two weeks.

Following requests from the operation, other shipments (more than 12' x 40' containers) with relief items were sent by sea to Medan, Indonesia, where they will be custom-cleared and delivered by road to Padang.

In total, 16 light vehicles were mobilized from ongoing International Federation operations and arrived in Padang in order to support the relief and other activities. The Spanish Red Cross has loaned PMI the use of five trucks for three months while PMI will mobilize eight trucks of their own.

The British Red Cross logistics ERU arrived and has been working in Padang since 4 October, supporting PMI and International Federation staff already on the ground. The next rotation of ERU will arrive and start from 1 November.

A private factory in Padang has offered its warehouse facility near the airport in Padang to support the Red Cross Red and Crescent activities, which is right now actively used for the ongoing relief operation.

Donors are requested to coordinate with the regional logistics unit in Kuala Lumpur regarding outstanding needs. Shipping instructions will be provided to donors with a consignment tracking number to be issued before shipping any goods to the operation. Procurement of goods and transport can also be arranged through the regional logistics unit.

## **Communications – Advocacy and Public information**

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

It will also provide a platform on which to advocate in the interest of vulnerable people. In close collaboration with the operation, 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. Donors and national societies will receive information and materials they can use to promote this operation, and communications initiatives will help to build the information and public relations capacity of PMI for future emergencies.

## **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 amongst its branches. PMI branches actively engaged in the operations include Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Jakarta and North Sumatra.

In addition, given the longer term programming 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 Federation**

Following the 26 December 2004 tsunami that struck Aceh province and the 28 March 2005 earthquake under Nias Island, the International Federation capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. Currently, there is a strong International Federation support in country with 16 partner national societies present (with approximately 112 experienced delegates and 870 national staff) and an International Federation country team comprising of 25 delegates and 201 national staff who support the PMI in their emergency and longer-term programming.

In support of the initial emergency response, the International Federation country office has deployed locally-based relief, logistics, disaster management, health, telecommunications and information and reporting staff to support PMI for this operation. In addition, the Asia Pacific zone office in Kuala Lumpur has reinforced the country office capacity with deploying communications and reporting representatives, a FACT relief coordinator and sourcing experienced organizational development consultants 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 field and assessment coordination team (FACT) based in Kuala Lumpur has supported the country office in providing much needed technical support. Through the formalization of the appeal revision, human resource needs have been confirmed. The recruitment of the identified positions will be advertised on JobNet in line with Federation procedures and the currently advertised head of sub-office position.

### **Budget summary**

See attached budget (Annex 1) for details.

**Yasemin Aysan**  
**Under Secretary General**  
**Disaster Management and Early Recovery**

**Bekele Geleta**  
**Secretary General**

## How we work

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

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

For further information specifically related to this operation please contact:

- Indonesian Red Cross:
  - Iyang Sukandar, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: [pmi@pmi.or.id](mailto:pmi@pmi.or.id)
- Indonesia country office:
  - Bob McKerrow, head of country office, phone: +62811 824 859; email: [bob.mckerrow@ifrc.org](mailto:bob.mckerrow@ifrc.org)
  - Amara Bains, deputy head of country office, phone: +62811 492 423; email: [amara.bains@ifrc.org](mailto:amara.bains@ifrc.org)
  - Wayne Ulrich, disaster management coordinator, mobile: +62 8118 6614, email: [wayne.ulrich@ifrc.org](mailto:wayne.ulrich@ifrc.org)
- Shelter cluster coordination team, Indonesia (<http://groups.google.com/group/SMU09>):
  - Gregg McDonald, phone: +62 81 395 066 195, email: [sc.wj.coord@gmail.com](mailto:sc.wj.coord@gmail.com)
  - Neil Brighton I.M., phone: +62 81 374 973 379
  - Wan Sophonpanich, phone: +62 813 746 93 331
- Federation Asia-Pacific zone office, Kuala Lumpur:
  - Elzat Mamutaliev, operations coordinator, phone: +603 9207 5727, mobile: +6019 274 4960, email: [elzat.mamutaliev@ifrc.org](mailto:elzat.mamutaliev@ifrc.org)
  - Jagan Chapagain, deputy head of zone office, phone: +603 9207 5700, mobile: +6012 215 3765, email: [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org)
  - Penny Elghady, resource mobilization and PMER coordinator, email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org); phone: +603 9207 5775, fax: +603 2161 0670 Please send all pledges of funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)
  - Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org)
  - Jason Smith, zone communications manager, mobile: +6012 387 0829, email: [jason.smith@ifrc.org](mailto:jason.smith@ifrc.org); Patrick Fuller, tsunami communications coordinator, phone: +603 9207 5705, mobile: +6012 230 8451, fax: +603 2161 0670, email: [patrick.fuller@ifrc.org](mailto:patrick.fuller@ifrc.org)

**[<revised emergency appeal budget below;](#)**  
**[click here to return to the title page>](#)**

## APPEAL BUDGET SUMMARY

Annex 1

Indonesia : West Sumatra Earthquakes

MDRID004

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	12,610,000	6,060,000	(6,550,000)
Clothing & Textiles	280,000	480,000	200,000
Water & Sanitation	222,000	799,000	577,000
Medical & First Aid	360,000	570,000	210,000
Utensils & Tools	1,498,200	-	(1,498,200)
Other Supplies & Services	280,000	300,000	20,000
<b>Total Relief Needs</b>	<b>15,250,200</b>	<b>8,209,000</b>	<b>(7,041,200)</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Computers & Telecom Equipment	150,000	150,000	-
Office/Household Furniture & Equip.	40,000	40,000	-
Other Machinery & Equipment	50,000	50,000	-
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	392,500	392,500	-
Distribution & Monitoring	320,000	320,000	-
Transport & Vehicles Costs	700,000	705,000	5,000
<b><u>PERSONNEL</u></b>			
International Staff	336,000	826,000	490,000
National Staff	220,000	300,000	80,000
National Society Staff	120,000	240,000	120,000
Consultants	-	115,000	115,000
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	-	42,000	42,000
<b><u>GENERAL EXPENSES</u></b>			
Travel	100,000	110,000	10,000
Information & Public Relations	60,000	70,000	10,000
Office running costs	120,000	120,000	-
Communication Costs	60,000	70,000	10,000
Professional Fees	20,000	20,000	-
Other General Expenses	-	650,000	650,000
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	1,247,075	864,083	(382,993)
<b>Total Operational Needs</b>	<b>3,935,575</b>	<b>5,084,583</b>	<b>1,149,007</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>19,185,775</b>	<b>13,293,583</b>	<b>(5,892,193)</b>
<b>Less Available Resources</b>			
<b>Net Request</b>	<b>19,185,775</b>	<b>13,293,583</b>	

## Annex 2

Total number of people receiving health and care services through PMI,  
by age, gender and type of disease treated (as of 30 October 2009)

No	Date: District Service point: Age sex	Total								
		Total Health Service								
		Total by 30 Oct.								
		5>		5<		60<		Total		Total
M	F	M	F	M	F	M	F			
1	<i>Upper Track Respiratory Infection</i>	333	349	419	561	116	127	899	1,078	2,782
	<i>Others</i>	131	119	88	114	35	39	254	272	731
2	<i>Skin diseases</i>	76	78	115	136	47	48	238	262	576
3	<i>Musculoskeletal diseases</i>	68	110	81	165	86	113	235	388	748
4	<i>Gastric Problem</i>	83	141	70	129	33	63	187	333	558
5	<i>diarrhoea</i>	33	36	50	62	15	14	98	112	284
6	<i>Headache</i>	1	6	30	53	7	12	38	71	145
7	<i>Injury-eartquake</i>	6	3	32	16	9	8	47	27	79
8	<i>eye disease</i>	8	10	22	30	9	15	39	55	99
9	<i>Observasi Febris</i>	14	16	8	10	1	2	23	28	51
10	<i>Hypertension</i>	38	46	29	44	44	69	111	159	306
11	<i>Pulpitis</i>	1	3	9	19	1	2	11	24	35
12	<i>Bronchitis</i>	20	21	4	8	9	6	33	35	68
13	<i>Asthma</i>	10	31	23	27	28	12	61	70	131
14	<i>fracture</i>	0	1	1	0	0	0	1	1	3
15	<i>psycho-social Trauma</i>	6	5	6	8	2	4	14	17	31
16	<i>Cardio Vascular</i>	3	12	5	9	9	11	17	32	49
17	<i>Meningitis</i>	0	3	0	0	1	0	1	3	4
18	<i>cholera</i>	0	0	1	2	1	0	2	2	4
19	<i>Deliveries</i>	2	0	0	0	0	0	2	0	2
20	<i>Dengue</i>	17	24	4	13	0	0	21	37	58
21	<i>Ears infection</i>	2	1	4	10	2	1	8	12	21
22	<i>Malaria</i>	0	2	4	4	1	1	5	7	12
23	<i>Malnutrition</i>	0	0	0	0	0	0	0	0	0
24	<i>Measles</i>	1	0	1	1	0	0	2	1	3
25	<i>Pneumonia</i>	0	1	0	0	1	4	1	5	6
26	<i>Tetanus</i>	6	2	0	0	0	0	6	2	8
27	<i>Urinary Tract Infection</i>	3	3	2	3	2	1	7	7	14
	<b>Total</b>	<b>862</b>	<b>1,023</b>	<b>1,008</b>	<b>1424</b>	<b>459</b>	<b>552</b>	<b>2,361</b>	<b>3,040</b>	<b>6,808</b>