

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Indonesia: Java eruption, Sumatra earthquake and tsunami

Emergency appeal n° MDRID006  
EQ-2010-000213-IDN  
VO-2010-000214-IDN  
Operations update n° 3  
31 March 2011

Period covered by this operations update: 5 December 2010 – 15 January 2011.

**Appeal target (current):**  
CHF 5,038,980

**Appeal coverage:** To date, the appeal is 62.7 per cent covered in cash and kind; and 63.38 per cent covered including contributions in the pipeline. Funds are still urgently needed to support the Palang Merah Indonesia (PMI/Indonesian Red Cross) in this operation. [<click to go to the updated donor response report>](#)

### Appeal history:

- The [revised emergency appeal](#) was launched on 19 November 2010 for CHF 5,038,980 in cash, kind, or services to support Palang Merah Indonesia (PMI) to assist up to 100,000 beneficiaries in Merapi operation and 3,750 beneficiaries in the Mentawai operation.
- The [preliminary emergency appeal](#) was launched on 3 November 2010 for CHF 2,825,711 in cash, kind, or services to support PMI to assist up to 25,000 beneficiaries in Merapi operation and 3,750 beneficiaries in the Mentawai operation.



A PMI volunteer spraying disinfectant in areas where mass cattle deaths occurred to prevent the spread of infections that may potentially threaten animal and human health. To date, as many as 80 disinfectant cans have been distributed to all four PMI offices in municipalities/districts where the Mount Merapi eruption early recovery operation is currently in full swing. (Photo: Palang Merah Indonesia)

If there is no further volcanic activity, earthquakes or tsunamis in the areas needing assistance then the activities under this appeal are expected to be implemented over six months and completed by April 2011; with a final report made available by July 2011.

### Summary:

Up to this time of reporting, PMI has distributed shovels and hoes to 12,509 families for cleaning volcanic ash in their houses. In terms of clean water, PMI has distributed water plastic containers of 350-litre capacity to a total of 2,367 water containers under the Merapi operation.

In addition, government community health centres (*Puskesmas*) and hospitals have gradually returned to normal. In Klaten district where the government health facility was forced to suspend health services resulting from the

eruption, PMI operated a mobile clinic which reached 124 people in four villages. Meanwhile, PMI has also reached 1,065 people in both Central Java and Yogyakarta provinces through psychosocial support services (PSS).

During the reporting period, PMI prepared 200 baby kits for distribution. A baby kit consists of baby soap and shampoo, traditional local oil, lotion, powder, diaper, blanket, towel, and laundry soap.

Meanwhile, under the Mentawai operation, PMI has distributed 13,000 zinc sheets, 1,655 plywood, 280 boxes of zinc nails, and 1,455 corner zinc sheets. In addition, PMI has distributed other relief items such as 630 kg of rice to 21 families most in need in Maurau sub-village, and 1,620 kg to 54 families in Asahan sub-village, Bulasat village, South Pagai. PMI has also distributed insecticide-impregnated mosquito nets to 54 families in Asahan sub-village and 51 families in Konik sub-village.

For the shelter programme, to date, 417 units have been constructed. It was expected that by early February 2011, all of these shelters completed in South Pagai. In terms of PSS, PMI has reached 613 beneficiaries in South Pagai.

Partners which have made contributions to the appeal to date include American Red Cross, British Red Cross, Canadian Red Cross/Canadian government, Danish Red Cross/Danish government, Icelandic Red Cross, Iranian Red Crescent, Japanese Red Cross/Japanese government, Netherlands Red Cross, New Zealand Red Cross/New Zealand government, Norwegian Red Cross/Norwegian government, Republic of Korea Red Cross, Swedish Red Cross, and Red Crescent Society of the United Arab Emirates. Contributions have also been received from the Australian government, and other international organizations and private donors.

Also supporting PMI in response to this disaster on a bilateral basis are American Red Cross, Danish Red Cross, Hong Kong branch of Red Cross Society of China, Italian Red Cross, Spanish Red Cross, and Red Crescent Society of the United Arab Emirates.

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

## The situation

### **Mt. Merapi**

In the reporting period, the latest data for affected people was 386 deaths and 115 others being treated in hospitals. Meanwhile, the number of internally displaced people (IDPs) last recorded was 399,408 people in November; no fixed number has been given to date as people in the camps are constantly moving from one place to another.

Since Merapi was taken off its high-alert status, people have returned to their homes to clean up and salvage their belongings. Some have also been seen planting crops in fields and yards. However, in early 2011, heavy rain brought volcanic mud and debris to Opak River which has damaged several houses, rice fields and bridges in three hamlets in Cangkringan district, Sleman. This event forced people flee, fearing their homes would be flooded.

These mud floods also caused a complete halt for hours along the Yogyakarta-Magelang route as volcanic sands and rocks overflowed about a meter deep onto a section of the road in Muntilan, Central Java. In response, the government deployed two excavators to help clear the highway. However, due to the thick layers of volcanic material, they were unable to completely clear the road until two days later. As such, vehicles from Semarang, Central Java, heading to Yogyakarta and vice-versa were redirected through Purworejo or Boyolali in Central Java.

As volcanic rocks and mud filled the 12 rivers originating from Merapi as far as 17 kilometres from the volcano's peak, so mud floods were inevitable whenever there were heavy downpours. More than 30 hectares of rice fields in Bantul district were submerged in volcanic sand when the flood previously destroyed at least five bridges. Hundreds of houses are submerged in mud as floods have occurred at least once a week lately. In order to address this, the provincial administration has told the city administration to prepare temporary shelters for affected people.

According to the Volcanology and Geological Disaster Mitigation Centre (PVMBG), Mt. Merapi's characteristics had changed. Merapi's eruption used to begin with the formation of a lava dome followed by the slow release of

pyroclastic flows. In addition, the mountain released 144 tonnes of sulphur dioxide before the eruptions. After the eruptions, however, it was up to 250,000 kilotonnes. As such, the centre can no longer rely on earlier monitoring methods.

Due to the affected people's needs, the *Badan Nasional Penanggulangan Bencana* or BNPB (National Disaster Management Agency) has planned to disburse funds to the affected local administrations to purchase livestock for the affected people. It was reported that this agency would purchase nearly 4,000 cows. In addition, the agriculture ministry also stated it would give cows through a social aid programme in its 2011 budget, to those affected who had lost their livestock.

### **Mentawai Islands**

The data processing system of Disaster Mitigation Centre at the district office crashed during the reporting period. As such, the centre could not ensure the validity of the data. As the initial estimates of the Mentawai Islands tsunami's death toll will be lowered due to data processing errors, the centre revised its estimation, saying that the death toll had reached 426 with 75 people reported missing. The agency has called the heads of all tsunami-affected hamlets to meet with the Mentawai Islands authorities in order to recount the number of victims and other casualties.

More than two months after the tsunami struck Mentawai Islands, many people affected are in desperate need of medicine and health worker support. The head of the provincial disaster management agency mentioned that the budget was allocated only for those directly affected by the disaster. As for the shortage of medicines, the agency has encouraged other humanitarian organizations or non-government organizations to assist the affected people in Mentawai Islands.

A large tsunami hit the coastal areas of Mentawai Islands on 25 October 2010, prompting the government to declare a state of emergency, which lasted two weeks. The emergency status was scheduled to end on 8 November, but the local administration requested it be extended by another week.

The government has informed the local media that it will pay Mentawai Islands tsunami survivors a living allowance in January 2011. The cost of living for these survivors has been estimated at IDR 6,000 IDR (or USD 0.67) per person per day. The maximum number of people in each family entitled to receive such assistance is five. In addition, the government will bear the living cost of those affected by the tsunami for one month.

## **Coordination and partnerships**

As the status of operation is now at the phase of early recovery, partnership and coordination meeting which involves all key players including PMI in the headquarters, provincial level, and district; IFRC, ICRC and partner national societies, is conducted monthly. The aim of this coordination meeting is not only to monitor and evaluate the progress of each PMI district in implementing their early recovery actions at their respective districts, but also for updates from the PMI secretary general regarding any partnership opportunities with external institutions that can be included in PMI early recovery plans.

The venue of this meeting moves from district to district every month. This coordination meeting has been running since last December 2010. For the Merapi operation, the meeting was in Sleman district on 19 January 2011; and followed by Boyolali district in mid-February 2011. For Mentawai, this partnership and coordination meeting was held in Padang on 27 January 2011.

The coordination and partnership of PMI with other agencies working in Mentawai has been well set up. Meanwhile, PMI is working on a participatory shelter programme; other facilities are being addressed by other agencies. The water sanitation and hygiene (WASH) cluster meeting was held monthly to ensure all basics needs were being met and to avoid unnecessary duplication, particularly in water and sanitation. The Mentawai district government holds meetings every month, chaired by the vice head of district to monitor and evaluate the progress of early recovery in Mentawai. At this meeting, each agency shares their achievements and challenges, so that all in attendance may learn from each other and subsequently, narrow any existing gaps.

In addition to this, PMI also has a close coordination mechanism with the district health officer in Mentawai and West Sumatera provinces. Coordination was mainly for reporting any incidence of contagious diseases such as measles, tuberculosis (TB) and other endemic diseases such as malaria. The government health post is located on Sikakap Island of the Mentawai Islands. However, people with serious diseases are transferred to the provincial hospital in Padang City, West Sumatera.

## Red Cross and Red Crescent action

As PMI has a nationwide network, the PMI chapters and PMI district offices in Central Java and Yogyakarta are responding to the Merapi eruption and PMI West Sumatra is responding to the earthquake and tsunami in Mentawai, in both cases with NHQ assistance.

### Mt. Merapi eruption

Although the status of Mount Merapi has not been on high alert since 30 December 2010, the communities are still at high risk due to secondary hazards of the eruption. The volcanic ash is still one of the main concerns in most of places surrounding Mount Merapi. Besides infrastructure damage, volcanic ash has also disrupted environmental balance and sanitation which is worsened by the lack of clean water.

In response to this situation, up to 5 January 2011, 208 PMI volunteers are still working in four districts: 95 in Sleman; 38 in Klaten; 48 in Magelang; and 27 in Boyolali district; to enable the communities to recover and return to normal living.

In early recovery, PMI has distributed 11 million litres of clean water to some 25,000 affected individuals in three districts in Central Java and one district in Yogyakarta. PMI has also distributed plaster water tanks, hoes and shovels. The national society has also distributed clean water covering the Muntilan, Shaman and Srumbung districts, and Salam sub-district. PMI also provides PSS to cope with the trauma from the disaster for affected people in both provinces; mobile health services, and restoring family links (RFL) to help people to find their family members or relatives who have been separated because of the disaster.

### Mentawai earthquake and tsunami

In the aftermath of the tsunami that destroyed almost all coastal areas on South Pagai, the Mentawai district government decided to relocate all families from coastal areas, particularly Muntei Kecil, Sabiret, Eruparaboat, Purorogat, Maurau, Bake, Lagigi, Tapak Jaya, Kinumbuk, and Limosua sub-villages to safer areas further inland.

In relation to this, PMI has been working very closely with the local authorities to support the survivors in efforts to recover their normal life in their relocation areas. PMI also seeks to provide shelter for 516 families located at four relocation points at KM 32, KM, 37, KM 40, and Lakkau.

While PMI is working on its community participatory shelter programme, the government is working on the provision of community facilities, including religious facilities, community halls, and water pipelines. As the access road to all these four new areas is still temporary, the local government, supported by the provincial government, plans to construct road access to these areas. All these plans are included in the Memorandum of Understanding (MoU) which was signed by the Mentawai district government, the regional disaster management agency and PMI.

Meanwhile the shelter construction is in progress; some survivors are living at their relatives' houses but others are in family tents or camps. Health risks are still a concern, particularly to babies, children, and the elderly. PMI continues to provide basic health care services in the four relocation areas it supports by making one medical doctor available in each of the relocation areas. In order to support the recovery process within the community, PMI undertook PSS activities which benefitted 613 individuals, and intends to continue PSS activities during the recovery period.

## Progress towards outcomes

### Mt. Merapi eruption

Relief distributions (food and basic non-food items)	
<b>Outcome:</b> Immediate food and non-food item needs of 5,000 families (or 25,000 individuals) have been met.	
Outputs (expected results)	Activities planned
The immediate needs of affected families are met through relief distribution of non-food items (NFI) such as family kits, hygiene products, blankets, baby kits, sleeping mats and tarpaulins.	<ul style="list-style-type: none"> <li>Continue to assess and identify emergency needs in four different affected districts of Boyolali, Magelang, Klaten, and Sleman.</li> <li>Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>Mobilize relief supplies and personal protective equipment (masks) from the pre-position stocks, supplemented by additional local/regional procurement.</li> <li>Monitor and evaluate the relief activities and provide daily reporting distributions to ensure accountability to the donors.</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>
Targeted families receive two meals a day for the first month.	<ul style="list-style-type: none"> <li>Develop beneficiary targeting strategy and registration system.</li> <li>Set up field kitchens to provide cooked meals for people living in IDP camps.</li> <li>Provide meals twice daily.</li> <li>Monitor ongoing nutrition needs of the displaced population.</li> </ul>

**Progress:** During the early recovery period, relief distribution mainly focuses on enabling the community to clean up their houses and environment from the volcanic ash, debris, and other hazardous objects such as dead animals. To date, PMI has distributed shovels and hoes to 12,509 families. In distributing these cleaning tools, PMI volunteers worked closely with the local community leaders so that the use of the tools can be used to clean houses as well as the surrounding area, especially public facilities such as schools and mosques. Besides houses, these tools kits were also used to clean up old water containers and rain water catchments.

PMI volunteers in each district worked alongside community members to sterilize areas contaminated by animal carcasses. PMI volunteers were equipped with manual spraying equipment containing liquid disinfectant. This aimed to limit the risk of spreading disease caused by decomposing carcasses.

To fulfil the need for clean water, PMI distributed plastic water containers with a 350-litre capacity to those whose water containers were broken. During the reporting period, PMI had distributed 37 water containers in Sleman; 556 units in Klaten; 1,000 units in Magelang; and 767 units in Boyolali; to a total of 2,367 water containers. PMI water trucks fill those water containers on a regular basis.

In addition, PMI has continued to take note of outstanding community needs. As each district has different needs, each PMI district distributed specific relief items based on these needs. Details of relief items distributed are available as follow:

No	Relief items	Distribution (name of district)				TOTAL
		Sleman	Klaten	Magelang	Boyolali	
1	Shovels	3,419	4,089	1,704	3,297	12,509
2	Hoes	3,419	4,089	1,704	3,297	12,509
3	Masks	0	700	0	0	700
4	Water container (350 ltr)	37	556	1,000	767	2,360
5	School kits	79	700	0	0	779
6	Hygiene kits	92	130	0	0	222
7	Food parcels	0	315	0	0	315
8	Biscuits	336	14,801	0	0	15,137
9	Mineral water	4,752	0	0	0	4,752
10	Blankets	0	25	0	0	25
11	Disinfectant	0	20	20	20	60

**Challenges:** As the November-January period is generally the peak of the wet season, bad weather has been a serious challenge for PMI in distributing relief items. In addition, the lack of transportation means and the fact that many displaced people have already returned to their homes have proven a challenge for PMI in channelling the relief items. PMI is seeking a feasible solution to address the situation.

### Emergency health and care

**Outcome:** Up to 30,000 affected people have benefited from a variety of preventive, curative and/or referral health services for the first three months (or until the government services have been restored), reducing community health risks and facilitating quicker rehabilitation and recovery processes.

Outputs (expected results)	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.	<ul style="list-style-type: none"> <li>Establish/operate emergency health posts and/or mobile health clinics to ensure basic life-saving health services are available for displaced populations in camps and in hard-to-reach areas and to meet gaps in health services not being provided by government health offices.</li> <li>Mobilize PMI first aid and ambulance services to complement health posts/mobile clinics in meeting emergency health needs.</li> </ul>
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>Train and reinforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment.</li> <li>Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely-affected to address identified potential health risks resulting from the disaster.</li> <li>Deliver appropriate and essential supplies to reinforce health promotion and disease prevention efforts/campaigns, such as masks to prevent respiratory complications from ash fall.</li> <li>Reproduce and distribute health information, education, and communication (IEC) materials. Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.</li> </ul>
Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> <li>Provide PSS to affected population, particularly children, elderly and other most vulnerable groups.</li> <li>Provide PSS to PMI volunteers engaged in the emergency response activities.</li> </ul>

**Progress:** Almost all government health facilities, such as the community health clinic centre or *Puskesmas* and hospitals have now resumed their normal functions. While these health facilities were required to be closed at the peak of the eruption and resulting ashfall, a PMI mobile health team was dispatched and delivered health services to 124 people from the villages of Talun, Tlogowatu, Sidorejo, and Tegalmulyo of Klaten district. Mobile health

operations have now been discontinued and PMI is now consolidating resources to support displaced populations as they go back to their areas of origin.

Through coordination meetings with health partners, it was confirmed that early recovery plans of PMI have focused in areas where government functions are currently not existent. These include home care for the ill, health promotion, and the revitalization of the integrated community health posts (*posyandu*) where growth monitoring and immunization of children under five years are conducted. This reactivation is also envisaged to facilitate the gradual resumption of puskesmas staff and community cadres to work. Currently, the PMI health team has identified five posyandus in Klaten which puskesmas will be assisted in the conduct of health activities, such as providing supplementary food (such as green bean porridge) and growth monitoring among children under five years old.

Disease prevention and health promotion materials, focusing on diarrhoea and malaria, have been used and distributed by volunteers in the field. Information, education and communications (IEC) materials in the form of posters (e.g. what to do during a volcanic eruption, hand-washing and safe water posters) have been printed, with up to 5,000 copies for each poster. There are in total, 15,000 copies of these posters which have been disseminated to 39 communities in Central Java. This health promotion also included messages for mothers to regularly bring their young children to the posyandu for growth monitoring and immunization. During the emergency relief phase, the PMI team had taken part in breastfeeding promotional campaigns.

PMI is also putting together 200 baby kits for distribution in relocation sites. Each kit includes soap, shampoo, traditional local oil, lotion, powder, diaper, blanket and towel for babies; laundry soap is included. With these items, mothers or caregivers are assisted in taking care of their babies' health and hygiene since these items are still not available in the local market.

PMI volunteers also worked with local health authorities and villagers in spraying of disinfectants in areas which were believed to be contaminated by decomposing cattle carcasses. It should be remembered that the eruption and ashfall resulted to mass deaths of cattle in the affected areas. To date, 80 disinfectant cans have been distributed to all four responding branches; disinfectant spraying had been undertaken in 39 communities.

Finally, PMI has also continued PSS activities in Balerante, Sidorejo and Tegalmuloyo villages in Klaten branch of Central Java. PMI volunteers have reached 1,065 people through interactive games and play for children, including sessions to motivate children to return to school which is a crucial part of normalizing a child's life after a crisis event.



PMI PSS volunteers playing interactive games with displaced children as part of the health component of the Merapi operation. (Photo: Palang Merah Indonesia)

**Water, sanitation, and hygiene promotion**

<b>Outcome:</b> Up to 100,000 displaced people have access to safe water and sanitation facilities and clean-up sets, enabling them to reduce health risks from contaminated water sources, poor sanitation services and inhalation of volcanic ash.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Access to safe water is provided to affected populations in the targeted locations.	<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> </ul>
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> <li>Build sanitation facilities in the IDP camps and in other locations where required.</li> <li>Promote garbage collection and safe hygiene practise in IDP camps.</li> </ul>

Reduce the potential for the escalation of transmissible diseases through hygiene promotion activities.	<ul style="list-style-type: none"> <li>• Conduct hygiene promotion activities within the affected population.</li> </ul>
Reduce the potential for increase in respiratory infection from ash.	<ul style="list-style-type: none"> <li>• Distribution of clean-up sets and materials to clean volcanic ash from homes and IDP settlements.</li> <li>• Distribution of respiratory masks as part of the relief distributions.</li> </ul>

**Progress:** In this reporting period, the PMI water and sanitation team produced approximately 415,000 litres per day to a total of 11,303,000 litres. The team fetched water from available springs in Magelang, Klaten and Boyolali. To date, PMI has distributed clean water to 52 locations in four districts, namely Sleman in Yogyakarta province, and Magelang, Klaten and Boyolali in Central Java province.

In order to ensure the quality of water for the Merapi operation, PMI has been in collaboration with the Yogyakarta Provincial Health Office (PHO) and *Balai Teknik Kesehatan Lingkungan* (Environmental Health and Sanitary Engineering Laboratory) conducting water testing comprehensively including biological, chemical and physics parameters. The results of the test are expected to be announced mid-January 2011.

In the meantime, the PMI Sleman branch has conducted hygiene promotion (HP) activities. It has been conducted in 22 elementary schools which involved about 2,532 students. Topics delivered in these hygiene promotion sessions include hand washing and oral hygiene. In addition, PMI at national headquarters, supported by IFRC and partner national societies, has identified and developed information, education and communications (IEC) materials such as posters, calendars, games (snakes and ladders, Monopoly) and puppets to support the hygiene promotion team in the field.

The IEC materials are recognized playing some important roles during emergency and early recovery by helping beneficiaries to understand more about certain communicable diseases prevention and other health priorities.

## Mentawai earthquake and tsunami

Relief distributions (food and basic non-food items)	
<b>Outcome:</b> Immediate non-food item needs of 750 families (or 3,750 individuals) have been met.	
Outputs (expected results)	Activities planned
Affected families receive family kits, hygiene kits, blankets, sleeping mats, tarpaulins with fixing materials, and clothing.	<ul style="list-style-type: none"> <li>• Engagement in interagency rapid emergency needs assessment.</li> <li>• Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>• Mobilize relief supplies from pre-positioned stocks, supplemented by additional local/regional procurement</li> <li>• Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to the 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>

**Progress:** At this stage, relief distribution focuses on shelter materials and tools to support the construction of shelters. These items include zinc sheets for the roof, plywood, zinc nails, and corner zinc sheets. These items were distributed to shelter programme beneficiaries who have constructed the main frame and roofing

foundations. Up to 11 January 2011, it was reported that PMI had distributed 13,000 zinc sheets, 1,655 pieces of plywood, 280 boxes of zinc nails, 1,455 corner zinc sheets.

Besides shelter materials and tools, during the time of this report, PMI distributed other relief items such as 630 kg of rice to the 21 families most in need in Maurau sub-village, and 1,620 kg to 54 families in Asahan sub-village, Bulasat village, Pagai Selatan. Each family received 30 kg of rice.

PMI also distributed mosquito nets to 54 families in Asahan sub-village and 51 families in Konik sub-village as, based on the government report, these areas are prone to malarial diseases, particularly among children. In addition to this, each family in these areas received one family kit from PMI.

Temporary shelter	
<b>Outcome:</b> 516 tsunami affected families are provided with safe and resilient shelter within three months.	
Outputs (expected results)	Activities planned
Tsunami-affected households have shelter after rebuilding or refurbishing their damaged homes	<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>• Monitor, coordinate and evaluate the shelter programme</li> <li>• Provision of cash grants and shelter materials to affected families to quickly rebuild and recover.</li> <li>• Provision of technical assistance and safe construction training (in order to increase the resilience of the houses to future natural disasters).</li> </ul>

**Progress:** It has been a great challenge for PMI to construct shelters on remote islands of Mentawai. The process of getting the logging permit from the government has caused some delay in the construction. After several weeks, the Ministry of Forestry issued a letter on 10 December 2010 so the community can use timber from forests in South Pagai for shelter activities.

PMI has been working in four relocation areas in South Pagai. These areas are KM 32, KM 37, KM 40 and KM 2 – Lokpon Lakkau with the number of targeted shelters at 165 units, 100 units, 181 units, and 70 units respectively, totalling 516 units.

All of these relocation areas are inhabited by people who have been relocated by local authorities as their previous villages are no longer habitable and in grave danger from tsunamis.

- KM 32 is for people from Muntei Kecil, Sabiret, and Eru Paraboat villages
- KM 37 is for those from Purogat and Maurai villages,
- KM 40 is for people from Bake, Lagigi, Tapak Jaya, and Kinumbuk; and,
- KM 2 is for those from Lokpon Lakkau.

This decision was made by the local authority by considering the distance from their previous locations to the new areas.

All of the relocation areas are completely new locations for settlements. Therefore, in the memorandum of understanding between PMI, the local authority of Mentawai Islands, and the regional disaster management agency of Mentawai, it is clearly stated that PMI will support the community with the shelter programme and the local authority will build road access, drainage systems, and other community facilities such as churches and community halls.

As such, in order to speed up the construction process, PMI mobilized 52 additional volunteers from Padang which totals 175 volunteers involved in this programme. To date, 417 units have been constructed; and of these constructed, 49 units are now in use. The remaining 99 shelters are already 75 per cent built with the main frame and roofing completed. All of these shelters are anticipated to be completely ready in South Pagai by end-February 2011.



PMI volunteers work with one of the shelter beneficiaries. This shelter is almost complete, using good island timber. Wooden walls are expected to withstand the extreme weather currently being experienced on the island. (Photo: Palang Merah Indonesia).

**Challenges:** As for the progress of the construction, it was reported that there were several external factors which have caused the time frame of the construction works to be extended. The government-issued logging permit letters took longer than expected. Other challenges faced by PMI in South Pagai included extreme weather events that occurred frequently during the reporting period.

Heavy rain has greatly slowed down the construction work in Mentawai Islands. Extreme weather events also affect the flow of fuel supply to Mentawai Island, which dictate another challenge of limited fuel supply for PMI. To address this issue, PMI West Sumatera province sent 30 drums of diesel, 10 drums of benzene, and four drums of kerosene from Padang City.

### Emergency health and care

**Outcome:** Up to 3,750 affected people in Mentawai have benefited from a variety of preventive, curative and/or referral health services for two-months, thus reducing community health risks and facilitating quicker rehabilitation and recovery processes.

Outputs (expected results)	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities	<ul style="list-style-type: none"> <li>Establish/operate emergency health posts and/or mobile health clinics to ensure basic life-saving health services are available for displaced populations in camps and in hard-to-reach areas and to meet gaps in health services not being provided by government health offices.</li> <li>Mobilize PMI first aiders and (air) ambulance services to complement health posts/mobile clinics in meeting emergency health needs.</li> </ul>
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>Train and reinforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment.</li> <li>Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely-affected to address identified potential health risks resulting from the disaster.</li> <li>Reproduce and distribute IEC materials.</li> <li>Provide appropriate/essential supplies to reinforce health promotion and disease prevention efforts, such as the distribution of and monitoring of used of impregnated mosquito nets.</li> </ul>
Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> <li>Provide PSS support to affected population particularly children, elderly and other most vulnerable groups.</li> <li>Provide PSS to PMI volunteers engaged in the emergency response activities.</li> <li>Conduct PSS training for staff and volunteers tasked to deliver PSS services and activities.</li> </ul>

**Progress:** During this reporting period, highlights of PMI health activities were the handling of health promotion and psychosocial services. In South Pagai areas, such as in Mourau, Asahan, Lagigi, Eruparaboat, Bake, Sabiret and Mounte Kecil, PMI volunteers promoted diarrhoea prevention and healthy life practices to 217 people, mainly children, by using IEC materials produced through the tsunami relief and recovery programme in Aceh. Communication campaigns on the above-mentioned issues with the participation of communities are very important to prevent potential outbreaks of infectious diseases.

Under psychosocial services, PMI delivered PSS activities to help 613 survivors in South Pagai, especially children, in coping with trauma as a result of the disaster. In Bulasat village, the PMI team played with children and other beneficiaries using creative expressive activities.

PMI has been actively engaged with the health cluster and have coordinated with health partners in the affected areas, such as the IBU foundation, CARITAS, Mentawai Protestant Christian community (*Gereja Kristen Protestan Mentawai - GKPM*), *Aksi Cepat Tanggap (ACT)* and Surfaid which are also helping local health authorities in the provision of emergency medical services.

**Challenges:** Access to beneficiaries due to distance and the poor condition of the road system continues to pose a challenge to the PMI health team. Health volunteers have to walk more than eight kilometres per day to reach beneficiary locations, and have to frequently stay overnight in order to maximize their services. To address this, the PMI provincial office is exploring the possibility of renting more vehicles for volunteer mobilization.

PMI has also encountered difficulty in recruiting and mobilizing health professionals from affected areas to reinforce its health team. It is coordinating with health partners for potential collaboration in addressing emergency health needs and gaps in the affected areas.

<b>Water, sanitation, and hygiene promotion</b>	
<b>Outcome:</b> Up to 3,750 people (750 families) have received water and sanitation support, enabling them to ward off the risks of waterborne diseases.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
Access to safe water is provided to affected families.	<ul style="list-style-type: none"> <li>Establish potable water treatment facilities.</li> <li>Set up basic emergency water distribution networks, where possible and practical this will include truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country).</li> </ul>
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> <li>Provide sanitation facilities in emergency camps and in other locations where required and feasible.</li> <li>Promote garbage collecting activities.</li> </ul>
The health status of the population is sustainably improved through hygiene promotion activities.	<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>Conduct hygiene promotion activities within the affected population.</li> </ul>

**Progress:** Considering the access to clean water from the springs is available on the islands, PMI is not directly involved in providing water or appropriate sanitation facilities to the affected families. However, the national society has been actively encouraging other water and sanitation players from non-government organizations (NGO) such as Mercy Corp, PLAN Indonesia, Church World Service (CWS), Surfaid, and arche noVa Indonesia, through regular coordination meetings, to focus on such activities.

In close coordination with public works departments, the distribution of tasks was made among water and sanitation players, especially in South Pagai where the PMI temporary shelter programme is being implemented. This includes water supply mainly provided by arche noVa, and water distribution by Surfaid and CWS.

In regard to hygiene promotion activities, PMI has been conducted in nine sub-villages at the shelter locations.

As for clean water needs, Mentawai Island has many rivers and small lakes. However, water from these sources needs to be channelled to these four relocation areas. Presently, community members are forced to walk at least one kilometre to these water sources for clean water. In order to improve this condition, there are at least four main organizations - arche noVa, IOM, GTZ, and Plan International - that are helping the community by locating several 5,000-litre and 3,000-litre water containers at several points in these four relocation areas. Every day, these organizations fill the containers, so that the community has easier access to clean water to meet their daily needs.

## Logistics for Merapi and Mentawai operations

### Progress:

Primarily, procurement of shovels and hoes was done locally in Yogyakarta and Central Java provinces. But, as the local stocks were limited, procurement was also made in the neighbouring provinces. To speed up the distribution process, PMI branches have rented additional trucks. In Magelang district, as many major bridges have been damaged due to cold lava floods, this branch has also rented smaller sized trucks for alternative roads and bridges.

In the meantime, PMI has set its main base station at KM 0 for the Mentawai operation. Here, PMI has also set up its communication centre (including VSAT, VHF, and HF Codan for the reporting and communication system), goods transit and warehousing. Two rubble halls have been erected in this area to store relief items including shelter materials such as 30,000 zinc sheets and 516 shelter tool kits.

## Communications for Merapi and Mentawai operations

### Progress:

To date, the communications team has assisted the programme people in developing the information, education and communications (IEC) materials to be used by the volunteers in the Merapi operation. To shorten the process of producing the materials, the team has decided to reproduce the existing materials, with some being adapted to the Javanese culture.

In addition, PMI's communications team at national headquarters continues to support the communications team in the field. Communicators in the field produce press releases for the local and national media, and feeding the media with updates on PMI activities. At the same time, the PMI team at the office in Jakarta receives the updates, press releases, photos and video materials. From these materials, the national headquarters team generates fact sheets, stories, and photo and video presentations. In addition, the PMI communications department at national headquarters level compiles photos and video content to meet the national media needs.

## How we work

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

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

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

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

## Contact information

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**[<financial report below; click here to return to the title page>](#)**

# International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/2
Budget Timeframe	2010/11-2011/4
Appeal	MDRID006
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
<b>A. Budget</b>	<b>5,038,980</b>					<b>5,038,980</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
American Red Cross	49,092					49,092
Australian Government	436,131					436,131
British Red Cross	78,000					78,000
Canadian Red Cross	98,554					98,554
Canadian Red Cross (from Canadian Government)	96,826					96,826
Danish Red Cross (from Danish Government)	100,000					100,000
Great Britain - Private Donors	386					386
Icelandic Red Cross	20,000					20,000
IFRC at the UN Inc (from Cummins Inc. Employees)	514					514
IFRC at the UN Inc (from Kraft Foods Foundation)	46,464					46,464
Indonesia - Private Donors	4,477					4,477
Japanese Government	489,093					489,093
Japanese Red Cross	166,300					166,300
Netherlands Red Cross	62,629					62,629
Netherlands Red Cross (from Netherlands Government)	261,609					261,609
New Zealand Red Cross	32,352					32,352
New Zealand Red Cross (from New Zealand Government)	152,520					152,520
Nokia	66,877					66,877
Norwegian Red Cross	16,527					16,527
Norwegian Red Cross (from Norwegian Government)	110,604					110,604
Republic of Korea Red Cross	50,000					50,000
Republic of Korea Red Cross (from Republic of Korea - Private Donors)	2,206					2,206
Swedish Red Cross	686,670					686,670
United Arab Emirates Red Crescent	10,040					10,040
United States - Private Donors	4,953					4,953
VERF/WHO Voluntary Emergency Relief	3,000					3,000
<b>C1. Cash contributions</b>	<b>3,045,823</b>					<b>3,045,823</b>
<u>Outstanding pledges (Revalued)</u>						
Iranian Red Crescent	19,783					19,783
Netherlands Red Cross (from Netherlands - Private Donors)	25,287					25,287
<b>C2. Outstanding pledges (Revalued)</b>	<b>45,070</b>					<b>45,070</b>
<u>Other Income</u>						
Services	-3,344					-3,344
<b>C6. Other Income</b>	<b>-3,344</b>					<b>-3,344</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>3,087,550</b>					<b>3,087,550</b>
<b>D. Total Funding = B + C</b>	<b>3,087,550</b>					<b>3,087,550</b>
<b>Appeal Coverage</b>	<b>61%</b>					<b>61%</b>

# International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/2
Budget Timeframe	2010/11-2011/4
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	3,087,550					3,087,550
E. Expenditure	-191,285					-191,285
F. Closing Balance = (B + C + E)	2,896,265					2,896,265

# International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/2
Budget Timeframe	2010/11-2011/4
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>5,038,980</b>					<b>5,038,980</b>	
<b>Supplies</b>								
Shelter - Relief	176,750						176,750	
Shelter - Transitional	384,420						384,420	
Clothing & textiles	400,125						400,125	
Food	36,667						36,667	
Water & Sanitation	322,640						322,640	
Medical & First Aid	359,027						359,027	
Utensils & Tools	765,000						765,000	
Other Supplies & Services	315,890						315,890	
<b>Total Supplies</b>	<b>2,760,519</b>						<b>2,760,519</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	155,400	842				842	154,558	
<b>Total Land, vehicles &amp; equipment</b>	<b>155,400</b>	<b>842</b>				<b>842</b>	<b>154,558</b>	
<b>Transport &amp; Storage</b>								
Storage		1,822				1,822	-1,822	
Distribution & Monitoring	224,000	9,378				9,378	214,622	
Transport & Vehicle Costs	753,111	137,140				137,140	615,971	
<b>Total Transport &amp; Storage</b>	<b>977,111</b>	<b>148,340</b>				<b>148,340</b>	<b>828,771</b>	
<b>Personnel</b>								
International Staff	183,000	2,625				2,625	180,375	
National Staff	54,000	9,468				9,468	44,532	
National Society Staff	359,025	2,465				2,465	356,560	
<b>Total Personnel</b>	<b>596,025</b>	<b>14,558</b>				<b>14,558</b>	<b>581,467</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training		26				26	-26	
<b>Total Workshops &amp; Training</b>		<b>26</b>				<b>26</b>	<b>-26</b>	
<b>General Expenditure</b>								
Travel	86,548	12,512				12,512	74,036	
Information & Public Relation	47,000	91				91	46,909	
Office Costs	92,638	387				387	92,251	
Communications	16,196	613				613	15,583	
Professional Fees		555				555	-555	
Financial Charges		8				8	-8	
<b>Total General Expenditure</b>	<b>242,382</b>	<b>14,166</b>				<b>14,166</b>	<b>228,216</b>	
<b>Programme &amp; Service Support</b>								
Programme & Service Support	307,543	11,566				11,566	295,978	
<b>Total Programme &amp; Service Support</b>	<b>307,543</b>	<b>11,566</b>				<b>11,566</b>	<b>295,978</b>	
<b>Services</b>								
Services & Recoveries		1,786				1,786	-1,786	
<b>Total Services</b>		<b>1,786</b>				<b>1,786</b>	<b>-1,786</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>5,038,980</b>	<b>191,285</b>				<b>191,285</b>	<b>4,847,696</b>	
<b>VARIANCE (C - D)</b>		<b>4,847,696</b>				<b>4,847,696</b>		