

Emergency appeal



International Federation
of Red Cross and Red Crescent Societies

Indonesia: Java eruption and Sumatra earthquake and Tsunami

Emergency appeal n° MDRID006
EQ-2010-000213-IDN
VO-2010-000214-IDN
18 November 2010

This Emergency Appeal seeks CHF 5,038,980 (USD 5,084,640 or EUR 3,739,000) in cash, kind, or services to support Palang Merah Indonesia (PMI) (*known in English, as the Indonesian Red Cross*) to assist up to 100,000 beneficiaries in Merapi operation and 3,750 beneficiaries in the Mentawai operation.

Based on the situation, this Emergency Appeal responds to a request from Palang Merah Indonesia, and focuses on providing support to the national society for efficient response in delivering assistance in the following sectors: i) **Relief**: food and non-food relief items; emergency shelter; health; water and sanitation; logistics; and ii) **Rehabilitation**: health; support for the early recovery process which includes the removing residual ash from houses; psychosocial support, and restoring family links.

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 are therefore, expected to be completed by April 2011; with a Final Report made available by July 2011.



Left: Mount Merapi: 5 November 2010. Internally displaced people caused by yet another Mount Merapi eruption. People managed to evacuate themselves after hearing the siren in the middle of the night to the Maguwoharjo camp run by Palang Merah Indonesia. Photo credit: Talchah Hamid, Palang Merah Indonesia.



Right: Mentawai: 9 November 2010. Palang Merah Indonesia (PMI) volunteers reach beneficiaries in the Eroparaboat sub-village, Malakopak village, Pagai Utara. PMI volunteers are delivering much needed food and non-food items. This village is one of the affected areas in the Mentawai Islands that was hit by the tsunami on 25 October 2010. Photo credit: Indra Yogasara, Palang Merah Indonesia.

[<click here to view the attached Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>](#)

The situation

Two disasters struck Indonesia on the same day of 25 October: the eruption of Mount Merapi and the tsunami that hit the Mentawai Islands.

- **Mount Merapi:** Seismic activity developed into a full scale eruption of Mount (Mt.) Merapi volcano. The initial eruption on October 25th that left 34 people dead and more than 70,000 people displaced. Further significant eruptions occurred 1 and 5 November 2010, leading to a current toll of 194 dead, and 360,557 displaced.
- **Mentawai Islands:** Some hours after the Merapi eruptions a 7.7 Richter scale earthquake struck off the southern end of the Mentawai Islands initiating a devastating tsunami with huge waves that penetrated 400 meters inland and wiped the beachfront clean at many locations. Hardest hit were South and North Pagai islands and the southern end of Sipora island. Bad weather and high seas have hampered the initial stage of response in this operation. More than 15,000 of the total population of Mentawai Island have been affected.

Mt. Merapi Eruption

The impact from the Merapi eruption has been considerably bigger than was initially expected. Based on the latest report of the National Disaster Management Agency (BNPB), 194 persons have been found dead (previously this was only 34). This number is expected to increase as the evacuation phase continues.

Layers of ash piled up on houses and trees are causing roofs to collapse and trees to fall under the weight. Furthermore, the eruption of Mt. Merapi has caused significant disruption of livelihood activities. The Ministry of Agriculture reported that 380 cows, livestock, were killed and large areas of cash crops such as salak (snake fruit), banana, and coconut have been damaged totally due to consistent rain of the sandy volcanic debris rain. Full recovery of agricultural activities could take up to five years or longer.

To avoid further fatalities, the Government declared an extension of the high risk area from a radius of 10 km to 20 km. This decision led to a significant increase in the total number of internally displaced people from 69,533 to 360,557. Displaced people are scattered over 1,132 IDP locations in 12 sub districts (*Kabupaten/Kota*) in Yogyakarta and the province of Central-Java.

Mt. Merapi, *Gunung Merapi* (literally Mountain of Fire in Indonesian/Javanese), is a conical volcano located on the border between Central Java and Yogyakarta, Indonesia. It is the most active volcano in Indonesia and has erupted regularly since 1548. It is very close to the city of Yogyakarta and thousands of people live on its flanks.

According to volcanologists, Mt. Merapi reached level IV (red alert) after the first eruption on 26 October 2010. Residents from the affected districts were warned to stay in camps for their own safety until the condition of the mountain is stable.

Between the 27 and 30 October 2010, a number of pyroclastic flow events from Mt. Merapi have resulted in ash covering surrounding villages affecting local rivers as well as people and livestock; causing death and internal displacement in four districts, namely Klaten, Magelang and Boyolali in Central Java and Sleman in Yogyakarta.

The latest events experienced included a substantial eruption on 1 November where a two kilometer vertical high fire ball was seen exiting the top of the mountain. This eruption caused ash to fall on areas at a radius of up to 10 km from the volcano. A similar eruption occurred on 5 November with devastating results thus forcing the local authorities to extend the danger radius to 20 km.

Volcanologists have reported that further eruptions are expected and that Mt. Merapi will continue to be unstable for the coming month and perhaps longer. They continue to examine and monitor its ongoing activity. Although this Appeal is for a six month period it is likely to be updated; and potentially extended, should the situation deteriorate further and the impact of the eruption become more extensive.

Mentawai Earthquake and Tsunami

The Mentawai Islands are a chain of about 70 islands and islets off the western coast of Sumatra in Indonesia. Siberut (4,030 km²) is the largest of the islands. The other major islands are Sipora, Pagai Utara (North Pagai) and Pagai Selatan (South Pagai). The islands lie approximately 150 km off the Sumatran

coast, across the Mentawai Strait. The indigenous inhabitants of the islands are known as the Mentawai people. The Mentawai Islands have become a noted destination for surfing.

The BNPB has reported 461 deaths resulting from the three meter high tsunami that was caused by an earthquake measuring 7.7 on the Richter scale that occurred on 25 October 2010. More than 70 people are still missing; 270 people were seriously injured; 142 people have been slightly injured and 14,983 people are currently displaced. The villages that suffered the most from the disasters were: Muntei sub village and Sabeungungung sub village, located in the village of Batumonga of the Pagai Utara district.

Of the reported deaths, 176 people were from the Batumonga village, a sub district of Pagai Utara. Rescue efforts and the search for bodies continue to be undertaken by the government and PMI. However, some areas are still unreachable due to rough sea conditions and the wide geographical area which includes more than 7,000 scattered islands along the archipelago. Initially, the Indonesian government announced a two week emergency phase for the Mentawai operation, which was extended by another two weeks.

Coordination and partnerships

Coordination and partnership: Mt. Merapi Eruption

Within the Red Cross Red Crescent Movement, PMI will lead the planning and implementation of the operation with its partners, while the International Federation of Red Cross and Red Crescent Societies (IFRC) provides support and assistance for the Mt. Merapi operation, and leads coordination between Red Cross Red Crescent partners and external international organizations.

To ensure the efficiency of response, and to avoid duplication and assessment fatigue, the various institutions, national and international, which are now working in the Mt. Merapi operation, have joined together in an interagency rapid assessment that was conducted under the coordination of BNPB with support from UN OCHA. This interagency rapid assessment which included key inputs from the PMI covered six different priorities: water and sanitation/hygiene; food and nutrition; health; shelter; logistics; and the management of IDP locations. The assessment results and consequent humanitarian coordination meetings have helped to guide the humanitarian agencies to better target their assistance and have also reinforced the PMI activities that have been identified in this appeal. More details of these activities can be found on the following websites:

<http://ochaonline.un.org/Default.aspx?alias=ochaonline.un.org/indonesia>

<http://ochaonline.un.org/Situation Reports/DailyUpdate/tabid/7277/language/en-US/Default.aspx>

Mentawai Earthquake and Tsunami

In order to ease the logistics and distribution mechanism, in the first two weeks PMI located its main operational base in Muko-Muko, a district of Bengkulu, which is closer to the most affected areas in the Mentawai Islands. After the initial two weeks, PMI then moved its operational base back to Padang, West Sumatra. Currently communication networks from Mentawai Islands to Muko-Muko and Padang and from Muko-Muko to PMI's national headquarters (NHQ) are being upgraded.

PMI is now operating its main command post (POSKO) in South Sikakap on the northwestern tip of Pagai Selatan. There are three POSKO collocated with displaced communities, the largest being at KM37, a relocation site centrally located on Pagai Selatan. Additional sites are at KM27 and KM47.

Movement Coordination

PMI's NHQ is sharing the information with the Movement: IFRC, the International Committee of the Red Cross (ICRC); PNSs; sister national societies, and other stakeholders. (These stakeholders include local Indonesian authorities such as the regional disaster management agency, police and army).

IFRC has supported the PMI by leading coordination meetings with ICRC and PNSs in country. Through these meetings PNS's have identified technical areas and potential resources that are either available or potentially available should it be required according to PMI needs. Some PNSs are also in the process of developing bilateral proposals that would provide additional and complementary support to PMI in addition to this Appeal. Following, is a short list of PNSs in-country (and the ICRC), identifying recent or potential support areas:

Sector	Partner National Society (PNS)	Support
Relief	American Red Cross Australian Red Cross Belgium Red Cross Canadian Red Cross Danish Red Cross French Red Cross German Red Cross Hong Kong, branch of the Red Cross Society of China Italian Red Cross Japan Red Cross Netherlands Red Cross Norwegian Red Cross Qatar Red Crescent Spanish Red Cross	Shelter materials West Sumatra EQ operation
Water and Sanitation (WatSan)	American Red Cross Australian Red Cross Spanish Red Cross ICRC	Technical support
Transport	Netherlands Red Cross Norwegian Red Cross	
Communications	German Red Cross	Technical support
Shelter	Danish Red Cross Spanish Red Cross	Emergency shelter
Early Recovery	Australian Red Cross Canadian Red Cross Spanish Red Cross	
Telecoms	French Red Cross Netherlands Red Cross	Komodo communications equipment
Restoring Family Links (RFL)	ICRC	Including dead body management

Red Cross and Red Crescent action

Mt. Merapi Eruption

By 12 November 2010, PMI has distributed a total of: 5,000 sweet breads; 60,000 eggs; 1,377 bottles of mineral water; 65,000 face masks; 3,028 sleeping mats; 783 hygiene kits and 1,058 blankets in the Mt. Merapi operation. In the initial days following the eruption, PMI's NHQ transferred the operational cost of IDR 500 million (CHF 55,000) to both of the involved chapters, Central Java and Yogyakarta (where each chapter received IDR 55,000). PMI's NHQ has also been closely monitoring the situation from its command post 24 hours a day, seven days a week. It has also given technical assistance to its disaster management staff members in many chapters in the field.

Initially 398 PMI volunteers from Central Java and Yogyakarta chapters and branches were deployed around the volcano to undertake: search and rescue; evacuation, assessment and provide emergency relief to an initial 25,000 people in seven camps in coordination with district government disaster agencies in both provinces. Due to the increasing number of displaced people, PMI now has, on average 800 volunteers involved on a daily basis in the Merapi operation, providing assistance to 100,000 individuals. PMI has increased its capacity to distribute meals from the soup kitchen. Its water treatment and distribution facilities can provide for more people. Its psychosocial support activities have more volunteers from around the country to help provide support for an increasing number of traumatized children and parents in more than 1,000 IDP locations. Volunteers are also involved in helping families living outside the high risk locations. Volunteers are helping remove poisonous ash from houses and IDP settlements in an effort to reduce the health risk of inhaling this dust.

An evacuation team consisting of the National Search and Rescue Agency, the Indonesian army, and PMI, is still searching for more victims in the worst affected areas in Sleman. As recently as 18 November four



A PMI search and rescue team operating on the slopes of Mt. Merapi in a Hagglunds all terrain vehicle. Photo credit: Palang Merah Indonesia

more bodies were discovered in damaged villages near the top of the mountain. To ease the evacuation process, PMI is using their Högglunds special all-terrain vehicles, to enable their teams to access the most remote and difficult areas.

Based on the disaster response mechanisms and the national society's contingency plan, PMI branches close to the disaster areas have provided support to the branches in affected areas. In Central Java, there are 12 PMI Branches supporting Magelang, Klaten and Boyolali. Also, there are four PMI branches supporting the operation in Sleman, Yogyakarta. The community based action team (CBAT) and village volunteers coordinated by PMI also support the operation. Skills from training sessions by PMI were used on this occasion and proved to be relevant in this situation.

PMI currently faces challenges in overseeing the operation as the affected area covers two provinces: Central Java and Yogyakarta, and a massive effort is required to evacuate those who are affected across such a large area and to keep them safe and healthy in an environment badly affected by volcanic activity. Two key challenges are:

- Even though the government has given communities in the affected area early warnings to evacuate or stay at a safe distance from Mt. Merapi, villagers still prefer to stay near their homes in the vicinity of the volcano. This makes people management difficult as authorities would have to evacuate people who are already displaced people again should there be further eruptions. In this context, PMI sees a need to persuade displaced people to stay away from Mt Merapi's vicinity for their own safety.
- After the volcanic eruptions, some livestock carcasses were found burnt and others were found decomposing around the affected areas. These carcasses need to be buried or removed from areas where people are living as they can pose as health threats.

Mentawai Earthquake and Tsunami

Up until 12 November 2010, PMI's West Sumatra chapter has mobilized 161 personnel to the Mentawai Islands in three phases. PMI is focusing on evacuating bodies; the distribution of relief items; field assessments and running a mobile clinic service for the affected communities. To meet the immediate needs of the survivors, to date PMI has distributed: 330 family kits, a large quantity of clothing, 259 family tents, 60 mosquito nets, 100 solar light cells, 350 body bags and 593 tarpaulins. PMI's NHQ continues to coordinate with PMI's West Sumatra chapter and has provided IDR 500 million (CHF 55,000) to support the operational costs of the response.

Due to extreme weather, the remoteness of the location and the limited local infrastructure, almost all materials, equipment, machinery, transport and other resources had to be shipped into the disaster affected locations on the Mentawai Islands. To address some of the early transportation constraints, four PMI helicopters were based in Muko-Muko, to transport personnel and distribute relief items to the most remote areas. When the weather was safe for sea travel, PMI also mobilized several ships and small boats to ferry personal and supplies across the treacherous waters from the main Sumatra Island to various location on Mentawai. With the overall humanitarian coordination based in Padang, PMI operation base was shifted from Padang to Muko-Muko in Bengkulu in the early stages of the operation, the air strip, the helipad and ground handling facilities were prepared by PMI. With effect from 12 November, the PMI helicopters were withdrawn from the operation as other means of transport were introduced.

To overcome the current communication constraints between the field and the operation base in Padang and in PMI's NHQ, PMI with support from IFRC will set up a radio communication network, as well as establish internet connections in the field. Until now, telecommunications with the field operations has been weak. During the early stages of the emergency, and until the radio communication system is in place and operational, PMI is using multi-communication kits (called Komodo) which have so far provided an effective communication link from the field to the operational center and were even used by other organizations and the media. The planned enhancement of the communication systems will enable the improvement of reporting and information channels to guide deployed personnel and volunteers. However, electricity supply remains a challenge and will be addressed in the coming period.

In addition, other non-governmental organizations, private companies, and even private radio stations have provided donations in-kind which have included clothes, biscuits, instant noodles and basic medicines through PMI for distribution to those communities who are affected.

The needs

Mt. Merapi Eruption

The Mt. Merapi eruption has affected all communities residing on the slopes of the mountain both on the Central Java and Yogyakarta district sides. Due to the continuous activity of the volcano, and the government decision to increase the high-risk zone from 10 to 20 kilometers, the number of IDPs have risen sharply to more than 350,000 individuals. Based on the increased needs, PMI has decided to considerably scale up its operation, now targeting 100,000 people (an increase of more than 500% compared to the number indicated in the Preliminary Emergency Appeal). With the ongoing uncertainty of further volcanic activity and the wish of many people to return home permanently, PMI is accounting for the many affected people who need assistance in many ways over the coming months.

The operation is further complicated by the fact that these IDPs are scattered over 1,132 locations, making it hard for PMI to (continuously) monitor needs and provide assistance to these people. Additional manpower is being used to ensure that these locations are routinely included in monitoring visits

Though numbers have increased, the type of support needed as identified by PMI is similar to that which was stated in the Preliminary Emergency appeal: medical supplies, mobile medical services, food, clean water, family kits, hygiene kits, blankets, face masks, baby kits, tarpaulins, sleeping mats, toilets and field kitchens. In addition to these, the most recent assessments have added the need for household kitchen kits and clean-up kits, which include tools to clean up houses/shelters from volcanic debris.

Results of an early interagency assessment (<http://unochaonline.un.org/indonesia>) which included PMI, highlighted the following:

- **Shelter:** As the number of IDP is greater than anticipated by local government through their Contingency Planning, current IDP sites are now over-crowded. IDPs prefer to stay in concrete buildings protected from the volcanic ash. Improved residential conditions and increased sheltering capacity are an urgent need. Furthermore, the anticipated monsoon rain could mix with the volcanic ash creating lahar or mud flows along water courses and causing more roofs to collapse. Temporary shelters should be covered with corrugated roofing sheets as the hot volcanic ash will melt the tarpaulins.
- **Water, Sanitation and Hygiene (WASH):** Access to latrine facilities have greatly improved since the establishment of IDP sites. Clean water is provided by PDAM (a national water utilities organization), PMI and other organizations. However, there is a need for water trucking and water containers (for community and household). Hygiene kits are being distributed, but further needs remain. Some public kitchens at IDP sites have hand washing facilities however these are lacking at public latrines. Health officials share concerns that temporary latrines do not meet standards. Waste management is a potential issue due to lack of garbage bins and poor garbage handling and disposal.
- **Education:** Initial evacuation plans avoided using schools as IDP sites. However, due to the increased case load, additional safe locations have been acquired and some schools are currently being used as sites. Authorities acknowledge that school facilities are the last option, and have prioritized the relocation of IDPs situated in school sites to other more suitable options.
- **Food and Nutrition:** In IDP sites visited, food variety was not a concern as there was evidence of vegetables, fish and egg distribution. The team observed many food distributions conducted by private organizations and community groups. Local markets have quickly recovered. However, children under-two-years old were provided with the same food as adults, although they also continued to be breastfed.
- **Health:** District Health Offices have responded to the situation by operating 24-hour health posts and ensuring that they have adequate medical staff, equipment and medicine. Primary health care and family planning services are available at most health posts, but delivery assistance and the management of maternal and neonatal complications are not available and patients will need to be transferred to district hospitals. Since hospital and medical sites are not affected and are functioning well, there are no major gaps identified for personnel, equipment and supplies. Non-government organizations (NGOs) providing health assistance are encouraged to coordinate with the District Health Offices. Communicable disease surveillance is ongoing with a clear reporting mechanism.

Logistics: There are no major challenges in terms of road access and warehousing. However, the local government office in Yogyakarta has offered to make available additional warehouse space if required.

- **Management of IDP sites:** The local authorities are overseeing the coordination of IDP sites and the allocation of IDP site coordinators who with PMI support have been managing sites effectively. But coordination between IDP sites and Command Posts is a challenge and the government is working with local stakeholders, such as universities (in Magelang) and the Disaster Risk Reduction (DRR) forum (in Yogyakarta) to address the issue. In all sites observed, there was no special activity for children.
- **Coordination:** At a district level, regular coordination meetings are conducted by local governments, and non-government actors are welcome to participate. In Yogyakarta the DRR forum convenes regular coordination meetings with participation from government agencies, national and international organizations. Information management needs to be strengthened for better coordination.
- **Other:** In areas assessed, the team found very little structural damage due to the eruption.

Needs: Urgent needs identified through assessments conducted by PMI representatives are: food, clean water, a mobile clinic/basic health services, masks, blankets and field kitchen. Additional resources are required for the provision of more food and health services, water and sanitation facilities, temporary shelter, kitchen sets and clean up sets (which includes tools to clean up ash). Considerable quantities of these supplies can either be procured locally or are located in other parts of the country.

Subject to the results of preliminary assessments, and determination of the role of the government and of other humanitarian actors operational in Indonesia, it is anticipated that PMI supported by IFRC will provide support in basic health services including psycho-social support, water and sanitation facilities, transitional shelter and replenishment of non-food items distributed during the emergency phase. PMI has committed to a short 'return home' programme which includes community clean up activities. The government has asked the UN to coordinate longer term recovery interventions and the PMI will be expected to participate in these considerations.

Mentawai Earthquake and Tsunami

The difficulties in reaching all affected communities due to extreme weather hampered the ability of the PMI to determine a clear picture of the ongoing and overall needs and distribution of aid that has been provided to the affected population to date. According to PMI teams on the ground, widespread damage to settlements and livelihoods has been confirmed along with the impact that loss of life and casualties has had on the affected communities. These communities are demonstrating considerable resilience and are involved in influencing their relocation to more suitable locations and advocating to the government for the establishment or restoration of basic services.

- **Shelter:** Most communities affected by the tsunami are now accommodated in a mix of host family and emergency shelter solutions. Improved conditions and a move to more substantial shelter are urgent needs. All are keen to return to normal as soon as possible and are supportive of the incentive packages being offered by the PMI. Of the locations selected by the communities and the PMI only one is ready for construction to begin. The other sites are yet to be cleared and leveled.
- **Water, Sanitation and Hygiene (WASH):** Very basic hygiene facilities exist for displaced communities who have traditionally used open fields for defecation and shallow wells for water. Clean water is provided by PMI and other organizations. However, there is a need to educate the communities in collecting and storing rain water. Hygiene kits have been distributed.
- **Food and Nutrition:** In displaced communities food variety has now been addressed following concerns that a constant diet of noodles and bottled water was causing stomach upsets. There now appears to be a sufficient variety of vegetables and fish available. While the traditional markets in the affected communities have not yet recovered neighbouring communities have sufficient capacity to provide for these needs for some weeks.
- **Health:** Mobile clinics are servicing the needs of the affected communities while those who were seriously injured were evacuated to District Health facilities. During the emergency response helicopters were used to deploy PMI health teams to remote communities. This has since been replaced by vehicles and boats. Many who were caught up in the tsunami have chest infections but have responded well to treatment. Non-government organizations (NGOs) providing health assistance have been asked to coordinate with the District Health Offices to ensure that remote communities have access to basic health services. Malaria and dengue fever are endemic in the Mentawai chain of islands

and communicable disease surveillance and monitoring is ongoing. PMI is currently providing health services for 565 tsunami affected people.

- Logistics:** There are significant challenges in terms of general access to the affected communities due to poorly developed or non-existent infrastructure, the availability of suitable transport resources, the shortage of fuel and very little suitable warehousing capacity. Basically all that is required to support the proposed operation is being brought from Padang via a pipeline that PMI has now established using a sea transport shuttle to distribution points proximate to targeted communities. Four Rubb halls have been set up at key locations in Sikakap, and South Pagai.
- Coordination:** At district level, coordination meetings are conducted by the local government, and those 43 non-government organizations and agencies that remain in Mentawai may participate. There is dialogue between the district and provincial government on issues of ongoing concern including the relocation sites for affected communities, entitlement to shelter, the cost per family of shelter, the mechanisms for implementation of construction and the delineation of areas of operation for those organizations and agencies who have indicated their willingness to support shelter programmes. The government has selected the PMI and six other humanitarian partners to continue with the early recovery process.

Needs: The urgent need at the present time is relief supplies (food and non-food items) and transportation (sea or land transportation) to deliver these supplies to the affected locations. Additional resources are required for the provision of basic health services, water and sanitation facilities, and temporary shelter. Considerable quantities of these supplies cannot be procured locally but are available either regionally or from other parts of the country.

The ongoing engagement with the local government and other humanitarian actors operating in Mentawai, have resulted in the PMI supported by IFRC committing to the provision of support in basic health services including psychosocial support, water and sanitation facilities, transitional shelter and food and non-food items during the emergency.

The proposed operation

Mt. Merapi Eruption

In Merapi, the proposed operation will focus on providing initial emergency response needs to the survivors and IDP which includes the distribution of food and non-food items, field kitchen operation, health care, with focus on the provision of basic medical services; and water and sanitation activities to provide access to safe water and emergency latrines within planned locations for up to 100,000 people.

As some people are still missing, PMI will mobilize staff and volunteers trained in restoring family links (RFL) to reconnect families who have been separated, undertake registration of all remaining missing persons and collate information from authorities regarding the deceased. Based on this action, PMI will provide RFL global updates to the Red Cross Red Crescent Movement via the International Committee of the Red Cross (ICRC) networks.

Relief distributions (food and basic non-food items)	
Outcome: Immediate food and non-food item needs of 5,000 families (or 25,000 individuals) have been met.	
Outputs	Activities planned

<p>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.</p>	<ul style="list-style-type: none"> • Continue to assess and identify emergency needs in four affected districts of Boyolali, Magelang, Klaten, and Sleman. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize relief supplies and personal protective equipment (masks) from the pre-position stocks, supplemented by additional local/regional procurement according IFRC procedures. • Monitor and evaluate the relief activities and provide daily distributions reports to ensure accountability to the donors. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.
<p>Targeted families receive two meals a day for the first month</p>	<ul style="list-style-type: none"> • Develop beneficiary targeting strategy and registration system. • Set up field kitchens to provide cooked meals for people living in IDP camps. • Provide meals twice daily. • Monitor ongoing nutrition needs of the displaced population.

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	Activities planned
<p>People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.</p>	<ul style="list-style-type: none"> • Establish/operate emergency health posts and/or mobile health services (through medical action teams/MAT) 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. • Mobilize PMI First Aid and Ambulance services to complement health posts/mobile clinics in meeting emergency health needs.
<p>Community resilience in health is improved through better health awareness, knowledge and behaviour.</p>	<ul style="list-style-type: none"> • Train and re-enforce community-based volunteers on first aid, health and hygiene promotion according to the outcome of needs assessment. • Conduct health promotion and disease prevention campaigns in IDP locations and amongst those severely-affected to address identified potential health risks resulting from the disaster. • Deliver appropriate and essential supplies to reinforce health promotion and disease prevention efforts/campaigns, such as masks to prevent respiratory complications from ash fall. • Reproduce and distribute health information, education, and communication (IEC) materials.
<p>Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.</p>	<ul style="list-style-type: none"> • Provide PSS to affected population particularly children, elderly and other most vulnerable groups. • Provide PSS to PMI volunteers engaged in the emergency response activities.

Water, sanitation, and hygiene promotion

Outcome: 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.

Outputs	Activities planned
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Access to safe water is provided to affected populations in the targeted locations.	<ul style="list-style-type: none"> • Establish potable water treatment facilities. • Set up water emergency water distribution network, including water trucking, community and household storage and tap stands.
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> • Build sanitation facilities in the IDPs locations and in other locations where required. • Promote garbage collection and safe hygiene practise in IDP locations.
Reduce the potential for the escalation of transmissible diseases through hygiene promotion activities.	<ul style="list-style-type: none"> • Conduct hygiene promotion activities within the affected population.
Reduce the potential for increase in respiratory infections from ash.	<ul style="list-style-type: none"> • Distribution of clean-up sets and materials to clean volcanic ash from homes and IDP settlements. • Distribution of respiratory masks as part of the relief distributions.

Mentawai Earthquake and Tsunami

The proposed operation will focus on providing initial emergency response needs, including food and non-food items, emergency shelter, health activities focusing on first aid, medical assistance and PSS, and access to potable water and emergency latrines for up to 750 families (approximately 3,750 individuals). This will be further supported by shelter initiatives targeted at both emergency needs and support to the owner driven rehabilitation of damaged and destroyed houses. The affected families will be supported with construction materials, tools (or cash/ vouchers) and the provision of technical assistance and information, education and communication (IEC) materials.

PMI will mobilize staff and volunteers trained in RFL to reconnect families who have been separated, undertake registration of all remaining missing persons and collate information from authorities regarding the deceased. Based on this action, PMI will provide RFL global updates to the Red Cross Red Crescent Movement via the International Committee of Red Cross (ICRC) network.

Relief distributions (food and basic non-food items)

Outcome: Immediate non-food item needs of 750 families (or 3,750 individuals) have been met.

Outputs	Activities planned
affected families receive family kits, hygiene kits, blankets, sleeping mats, tarpaulins with fixing materials, and clothing	<ul style="list-style-type: none"> • Engagement in interagency rapid emergency needs assessment • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize relief supplies from pre-positioned stocks, supplemented by additional local/regional procurement. • Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to the donors. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Temporary shelter

Outcome: 516 tsunami affected families are provided with safe and resilient shelter within three months.

Outputs	Activities planned
Tsunami -affected households have shelter after rebuilding or refurbishing their damaged homes	<ul style="list-style-type: none"> • Analysis based upon ongoing needs and capacity assessments to determine the extent of the shelter needs and preferred shelter solutions. • Develop community-self directed targeting strategy and registration system to deliver intended assistance, prioritising the most vulnerable in selected communities. • Support formation of community teams to monitor progress in the community-built shelters using cultural practices that highlight

	<p>working together.</p> <ul style="list-style-type: none"> • Monitor, coordinate and evaluate the shelter programme • Provision of cash grants and shelter materials to affected families to quickly rebuild and recover. • Provision of technical assistance and safe construction training (in order to increase the resilience of the houses to future natural disasters).
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Emergency health and care

Outcome: Up to 3,750 affected people (750 families) in Mentawai have benefited two months from a variety of preventive, curative and/or referral health services thus reducing community health risks and facilitating their own recovery process.

Outputs	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.	<ul style="list-style-type: none"> • Establish/operate emergency health posts and/or mobile health services (through medical action teams (MAT) on boats) to ensure basic life-saving health services are available for affected populations in hard-to-reach areas and to meet gaps in health services in close cooperation with local government health providers and other agencies. • Mobilize PMI First Aiders and (air) ambulance services to complement health posts/mobile clinics in meeting emergency health needs.
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Train community-based volunteers on first aid, health and hygiene promotion according to the outcome of needs assessment. • Conduct health promotion and disease prevention activities in priority areas to address identified potential health risks resulting from the disaster through mobilization of CBHFA volunteers. • Reproduce and distribute health IEC materials. • Provide appropriate/essential supplies to reinforce health promotion and disease prevention efforts, such as the distribution of and monitoring of use of impregnated mosquito nets.
Psychosocial support (PSS) is provided to the target population and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> • Provide PSS to affected populations, particularly children, elderly and other most vulnerable groups. • Provide PSS to staff and volunteers of PMI engaged in the emergency response. • Conduct PSS training for PMI staff and volunteers tasked to deliver PSS services and activities.

Water, sanitation, and hygiene promotion

Outcome: Up to 3,750 people (750 families) have received water and sanitation support, enabling them to ward off the risks of waterborne diseases.

Outputs	Activities planned
Access to safe water is provided to affected families.	<ul style="list-style-type: none"> • Establish water treatment plants to provide clean potable water to displaced communities. Set up basic emergency water distribution networks, where possible and practical this will include storage and tap stands (already on stand-by in other parts of the country).
Appropriate sanitation facilities are provided to families in target evacuation centres.	<ul style="list-style-type: none"> • Provide sanitation facilities in emergency camps and in other locations where required and feasible. • Promote garbage collecting activities.
The health status of the population is sustainably improved through hygiene promotion activities.	<ul style="list-style-type: none"> • Establish disease vector and safe hygiene monitoring. • Ensure fogging activities carried out where required in relation to both high risk areas of dengue fever and malaria. • Conduct hygiene promotion activities within the affected population,

Logistics

Logistics support will be provided following IFRC procedures to source and procure needed relief items and the efficient and timely delivery of these items to the operation.

Primary logistics activities:

- Coordinate the mobilization of goods and reception of incoming goods.
- Existing warehousing facilities and vehicles will be utilized for storage and efficient dispatch of goods to the final distribution points.
- Many items can be sourced locally and procurement will be done to IFRC standards and supported if required by the Regional Logistics Unit (RLU) in the Asia Pacific Zone Office in Kuala Lumpur (KL).
- Pre-positioned stock in RLU's warehouse in KL will be mobilized on a need basis.
- Liaise and coordinate actions with other key actors to ensure that the logistics operation uses all information to be as efficient and effective as possible.
- A detailed and up-to-date mobilization table may be established and will be available on the IFRC's Disaster Management Information System (DMIS).

Key logistics resources for each operation (but not be limited to):

Mentawai

Transportation:

- Fuel for boats, vehicles, ship.
- Rental of vehicles.
- Rental of Phinisi ships for Padang-Sikakap and return.
- Rental of small boats.
- Loading/unloading (port operations) for 14 days.
- Four helicopters for 14 days operations.

Warehousing:

- Set up of four Rubb hall plus land lease, insurance,
- Source tools, equipment and personnel.

Merapi

Transportation:

- Arranging the Rental and running of trucks.
- Arranging fuel for vehicles and generators.
- Loading and unloading for distribution.

Warehousing:

- Set up of Rubb hall plus land lease, insurance.
- Rental of warehouses.
- Source tools and equipment and personnel.

Communications

Communications for Merapi and Mentawai operations

During the first week, PMI emergency operations in response to the eruption of Mt. Merapi and the tsunami in the Mentawai Islands have attracted a high level of national and international media attention particularly among the broadcast media: Red Cross and Red Crescent interviewees have been featured on CNN, BBC and Al Jazeera among other news agencies. On its part, IFRC has circulated information to partners via Media Service Updates. A press release has been issued and two web stories have been posted on www.ifrc.org. Photographs of PMI in action have been shared with Reuters and distributed to their subscribers via the Reuters news wire service. In addition, details of PMI and IFRC contact persons have been widely shared with the media.

Timely and accurate information in the form of stories, photos and video content will continue to be generated to ensure that key stakeholders including the media, government counterparts, donors and the public are well informed about PMI response. Communications efforts will be driven by IFRC's communications team and PMI's Communication team in Jakarta; and will be designed to support humanitarian diplomacy and advocacy objectives that arise in the course of the relief and recovery operation.

The IFRC in collaboration with PMI, will also ensure that mechanisms are in place across all programme sectors to support two way communications with beneficiary audiences to ensure that the views of affected communities are heard and that they are engaged as active participants in their own recovery.

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. Because of the December 2004 tsunami in Aceh province of northern Sumatra, PMI has a large database of volunteers and a substantial asset base. In addition, PMI Chapters are actively engaged in the operations in many areas: Central Java, Jambi, Lampung, Riau, Bengkulu, Nanggroe Aceh Darussalam NAD, Nusa Tenggara Timur, Jakarta, North Sumatra, Nusa Tenggara Barat, Northern Sulawesi and East Kalimantan.

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

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

IFRC's Capacity

Following the 26 December 2004 tsunami that struck Aceh province, the 28 March 2005 earthquake on Nias Island, and the 27 May 2006 earthquake in Yogyakarta, IFRC's capacity to support the PMI has expanded substantially, in terms of personnel and resources in the country. Currently, there is a strong IFRC presence with 14 partner national societies (with approximately 29 experienced delegates and 443 national staff) and an IFRC country team comprising of 12 delegates and 197 national staff who support the PMI in its emergency and longer-term programming.

In support of the initial emergency response, the IFRC country office along with in-country PNS's supported PMI with early deployment of locally-based relief items and also technical support in logistics, telecommunications, information sharing and reporting to support PMI for this operation.

Budget summary

See attached budget (Annex 1) for details.

Matthias Schmale
Under Secretary General
Programme Services

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 the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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

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

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

Contact information

For further information specifically related to this operation please contact:

Indonesia

- Palang Merah Indonesia (PMI) (*in English, Indonesian Red Cross*): Ir. Budi Atmadi Adiputro, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id or budi_adiputro@pmi.or.id
- Federation Country Office in Indonesia: Phillip Charlesworth, Head of Country Office; email: phillip.charlesworth@ifrc.org; mobile: +62 811 824 859, phone: +62 21 7279 3440; fax: +62 21 7279 3446

Southeast Asia Regional Office, Bangkok, Thailand

- International Federation: Southeast Asia Regional Office, Bangkok; phone: +662 661 8201; fax: +662 661 9322;
- Andy McElroy, Regional Programme Coordinator; email: andy.mcelroy@ifrc.org

Asia Pacific Zone Office, Kuala Lumpur, Malaysia

- International Federation Asia Pacific Zone Office, Kuala Lumpur; fax: +603 2161 0670;
- Jagan Chapagain, Deputy Head of Zone Office; email: jagan.chapagain@ifrc.org; phone: + 603 9207 5700
- Heikki Väättämoinen, Operations Coordinator, phone: +603 9207 5729, mobile: +60 12 2307895; email: heikki.vaatamoinen@ifrc.org
- Jeremy Francis, Regional Logistics Coordinator, email: jeremy.francis@ifrc.org; phone +603 9207 5753
- Alan Bradbury, Head of Resource Mobilization and PMER; email alan.bradbury@ifrc.org; phone +603 9207 5775
- Patrick Fuller, Head of Communications, email: patrick.fuller@ifrc.org; phone +603 9207 5705

[<Preliminary Emergency Appeal budget and map below;
click here to return to the title page>](#)

**MDRID006 INDONESIA : JAVA ERUPTION & SUMATRA EARTHQUAKE
& TSUNAMI**

REVISED APPEAL BUDGET SUMMARY

Budget Group	Multilateral Response	TOTAL BUDGET CHF
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
Total Supplies	2,760,519	2,760,519
Computer & Telecom	155,400	155,400
Total Land, vehicles & equipment	155,400	155,400
Distribution & Monitoring	224,000	224,000
Transport & Vehicle Costs	753,111	753,111
Total Transport & Storage	977,111	977,111
International Staff	183,000	183,000
National Staff	54,000	54,000
National Society Staff	359,025	359,025
Total Personnel	596,025	596,025
Travel	86,548	86,548
Information & Public Relation	47,000	47,000
Office Costs	92,638	92,638
Communications	16,196	16,196
Total General Expenditure	242,382	242,382
Program Support	307,543	307,543
Total Programme Support	307,543	307,543
TOTAL BUDGET	5,038,980	5,038,980
Available Resources		
Multilateral Contributions	965,892	965,892
TOTAL AVAILABLE RESOURCES	965,892	965,892
NET EMERGENCY APPEAL NEEDS	4,073,088	4,073,088



Indonesia: Earthquake, tsunami and volcano



Merapi



Earthquake and tsunami



Mentawai islands