

# OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## INDONESIA: YOGYAKARTA EARTHQUAKE

2 June 2006

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.*

### In Brief

Appeal No. MDRID001; Operations Update no. 2; Period covered: 31 May -2 June 2006

#### Appeal history:

- Preliminary appeal launched on 27 May 2006 for CHF 12.8 million (USD 10.4 million or EUR 8.2 million) for 8 months to assist 200,000 beneficiaries.

**Outstanding needs:** The Preliminary Emergency Appeal (no. MDRID001) is fully covered: A provisional list of the support recorded to date is included at the end of this Operations Update (both confirmed pledges and provisional). The updated List of Contributions will reflect the confirmed pledges shortly, and will be issued with the Revised Emergency Appeal anticipated early next week. Donors are encouraged to respond in a similar generous fashion once this revised appeal document is made available.

**Related Emergency or Annual Appeals:** [Tsunami revised plan of action 2005-2008](#)

**Operational Summary:** The death toll of the 26 May earthquake in Indonesia is now over 6,200 (estimate). The Indonesia Red Cross (Palang Merah Indonesia, or PMI), with support from the International Federation and partner national societies, has been focused on delivering medical assistance, temporary shelter, food, water and sanitation facilities, and psychological support for the affected population. At the same time, contingency planning efforts continue to prepare for any eventual eruption of the nearby Merapi volcano.

The International Federation is coordinating efforts with the UN and other partner organizations, primarily in the form of the OCHA Indonesia Earthquake Response Plan, and the establishment of an Emergency Shelter Coordination Group (ESCG) to contribute towards an effective and efficient international humanitarian response to emergency shelter needs. This team will work in close cooperation with the Indonesian authorities and UN cluster groups that are supporting emergency response coordination in other key sectors. The key objective of the ESCG will be to contribute towards the effective provision of emergency shelter assistance to the earthquake-affected population.

*For further information specifically related to this operation please contact:*

- *In Indonesia: Indonesian Red Cross (PMI), Mr. Arifin M. Hadi (acting head of disaster management division); mobile: (+62 811) 943952; telephone: (+62 21) 799 2325 ext. 222; email: arifinmhd@telkom.net*  
*Federation delegation, Mr. Latifur Rahman (disaster management delegate); email: [latifur.rahman@ifrc.org](mailto:latifur.rahman@ifrc.org); mobile: +62 81 1826614; Mr Arnulv Torbjornsen (head of delegation); email: [arnulv.torbjornsen@ifrc.org](mailto:arnulv.torbjornsen@ifrc.org); phone: +62 21 79191841, fax: +62 21 79180905.*
- *In Thailand: Federation Southeast Asia regional delegation, Mr Michael Annear (head of disaster management unit,*

phone: +66 2661 8201 ext 430, e-mail: [michael.annear@ifrc.org](mailto:michael.annear@ifrc.org); Mr Bekele Geleta (head of regional delegation), phone: +66 2661 8201 ext 100, email: [bekele.geleta@ifrc.org](mailto:bekele.geleta@ifrc.org)

- In Geneva: Asia Pacific department, Mr Gert Venghaus; email: [gert.venghaus@ifrc.org](mailto:gert.venghaus@ifrc.org), mobile +41 79 217 4258, mobile: +41 792 173 368, phone: +44 22 7304285, fax: +41 22 7330395.

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

## The Situation

The emergency response continues in and around the city of Yogyakarta in central Java following last Saturday's 6.3 Richter scale earthquake that caused widespread destruction, damage and resulting death and injuries. Frequent aftershocks continue, with 851 temblors of various intensities having been recorded at the time of this update.



Based on seismological data, the major destruction is recorded along a line running in a north-easterly direction from the coast to Klaten (northeast of Yogyakarta). The cause of the severe structural damage is apparently a combination of a lack of quality construction and the soft sedimentary soil.

The official death toll continues to rise, as bodies are recovered in areas previously cut off by the extensive damage to the road infrastructure in more densely populated settlements. In villages, the streets tend to be narrow with poorly-built houses having collapsed into the streets, making access very difficult for rescue, recovery of bodies and relief efforts. Casualty figures are fluid as statistics are being compiled. News reports are announcing that the death toll has surpassed the 6,000 mark. At the date of this publication, the most accurate casualty estimates from various sources are:

|         | Estimated       |
|---------|-----------------|
| Dead    | 5,775 – 6,234   |
| Injured | 46,148 – 53,296 |

The United Nation's World Health Organization (WHO) is reporting a combined number for earthquake-affected Yogyakarta and Central Java region of 18,959 hospitalized and a further 25,992 outpatients.

Numbers of internally displaced vary wildly from a low of 130,000 to a high of 647,000 people. The reason for this wide discrepancy is because the entire population has been remaining outdoors day and night in fear of the further collapse of buildings in the frequent aftershocks. Consequently, it is impossible to know the true number of

displaced until the situation stabilizes and those who have a place to go do so, and those left homeless can be more readily identified. UNICEF fortunately reports thus far no children stranded or separated from their families.

Health workers are apprehensive of a possible deterioration in the overall health of the affected population given the poor sanitation conditions in the current circumstances. There is a particular concern about a secondary outbreak of disease in the most severely-impacted area of Bantul, the quake's epicentre, with measles always a concern when people become concentrated together in degraded post-disaster conditions. This worry is compounded by the fact that a disease vector surveillance system is not yet in place in the Bantul area, and therefore critical, immediate data is not on hand for analysis. The only figures available are from Bantul's sub-district of Pundong, which reports two cases of measles and 112 cases of diarrhoea in children under five years.

A compilation from initial assessments indicates the following damage to housing infrastructure:

|                                 |         |
|---------------------------------|---------|
| Totally destroyed               | 48,709  |
| Heavily damaged                 | 79,321  |
| Partially damaged               | 46,172  |
| Total number of houses affected | 174,202 |

Unlike the initiative taken by the national government following the 26 December 2004 tsunami in Aceh Province of northern Sumatra, the Deputy Coordinating Minister for the Economy has indicated that a reconstruction and rehabilitation agency will not be established for the longer-term recovery in the Yogyakarta region.

The National Coordinating Board for the Management of Disasters (BAKORNAS PB) – chaired by the country's Vice President – is taking a lead role in supporting provincial and local authorities in the emergency response. It is noted that PMI is a member of the BAKORNAS directorate, alongside representatives of the ministries of health, public works, social affairs, transportation, mining & energy, information, police and the military.

The Ministry of Health has committed 26 billion Rupiah (USD \$107 million) so that hospitals can provide medical treatment free of charge to earthquake victims.

The Indonesian government has declared that there is no further need for additional health personnel coming from other countries. The primary need is the re-supply of hospitals and health posts with materials such as plaster rolls, bandages and medicine. Longer term needs will also focus on repairing/rebuilding at least 16 puskesmas (health clinics). With respect to housing recovery, the government is advising international aid agencies to focus on immediate emergency needs and temporary shelter, stating that it will give cash grants to families affected by the earthquake as follows: IDR 30 millions for completely destroyed houses, and IDR 10 millions for damaged houses.

Although Yogyakarta's airport has re-opened for humanitarian and commercial flights, the facility is closed during evening hours for ongoing repairs, with inbound flights diverted to the nearby city of Solo.

Nearby Mt. Merapi continues to be unstable, spewing ash and steam and making ominous rumblings. A careful watch is underway for a potentially sizeable eruption that would add an element of extreme complication to an already challenging emergency response operation. Seismologists have reported that the Mt. Merapi volcanic activity has tripled since the earthquake. Minor lava flows have already occurred, and the dome of the volcano shows an alarming daily increase resulting in the gradual displacement of the mountain top by 2-3 meters towards the southeast side of the earthquake area. In view of the steadily rising risk of a volcanic eruption, the Federation and the PMI are speeding up the revision of the existing contingency plan, including undertaking measures such as the procurement of face masks to protect against volcanic ash.

## Operational developments

International Red Cross and Red Crescent Federation partners continue to play a key role in the coordinated Movement response. At the time of this update, seven days after the earthquake struck, Red Cross and Red Crescent partner activities include the following:

| <b>National Society</b> | <b>In-kind support</b>  | <b>Medical personnel</b>   | <b>Relief personnel</b>   |
|-------------------------|---|--|---|
| American Red Cross      |   | <ul style="list-style-type: none"> <li>▪ PSP team</li> <li>▪ Relief ERU</li> <li>▪ 1 MD</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Country Representative part of Rapid Assessment Team</li> <li>▪ Information delegate</li> <li>▪ Relief ERU (joint deployment with Spanish RC)</li> </ul>   |
| Australian Red Cross    |   | <ul style="list-style-type: none"> <li>▪ 4-person medical team; 2 surgeons and 2 nurses seconded to the Federation</li> </ul>                        | <ul style="list-style-type: none"> <li>▪ 1 Health Coordinator seconded to the Federation</li> </ul>   |
| British Red Cross       |   |  | <ul style="list-style-type: none"> <li>▪ ERU Log Team (1 Leader, 1 Airport operations, 1 Warehouse/Transport, 1 Systems Engineer)</li> <li>▪ Shelter specialist</li> </ul>  |
| Canadian Red Cross      |   | <ul style="list-style-type: none"> <li>▪ Medical delegate seconded to Field Hospital team</li> <li>▪ Health delegate</li> </ul>                      | <ul style="list-style-type: none"> <li>▪ Information delegate</li> </ul>  |
| Chinese Red Cross       |   |  |   |
| Danish Red Cross        |   |  | <ul style="list-style-type: none"> <li>▪ Country Coordinator seconded to Federation as Acting Head of Sub-Delegation</li> <li>▪ CR part of Rapid Assessment Team</li> <li>▪ ERU IT team (3 delegates)</li> </ul>  |
| Federation              | <ul style="list-style-type: none"> <li>▪ 10,000 tents</li> <li>▪ Tarpaulins</li> <li>▪ Body Bags</li> <li>▪ Medical Equipment (dressing , surgery sets, etc.)</li> <li>▪ 3NEHK's and medicines.</li> <li>▪ WatSan Equipment</li> <li>▪ Blankets</li> <li>▪ Food Parcels</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Medical Team</li> </ul>   | <ul style="list-style-type: none"> <li>▪ 1 IT ERU team (1 computer, 1 telecom expert)</li> <li>▪ 1 Basic Relief ERU (a joint coordinated deployment of American and Spanish RC)</li> <li>▪ 1 Logistics ERU</li> <li>▪ Regional Disaster Response Team</li> <li>▪ Assessment Team (4 delegates)</li> <li>▪ 1 Cash Distribution Project Manager (seconded by British RC)</li> </ul> |
| French Red Cross        | <ul style="list-style-type: none"> <li>▪ 1,130 family tents</li> <li>▪ 500 mosquito nets</li> <li>▪ Pediatric equipment (5 trunks)</li> <li>▪ Medical equipment (5 trunks)</li> <li>▪ Emergency equipment</li> <li>▪ 13 bladders (9 reservoirs of 10m<sup>3</sup>, 4 of 5m<sup>3</sup>)</li> <li>▪ 13 distribution ramps</li> </ul> | <ul style="list-style-type: none"> <li>▪ 8-person medical team (2 MD, 4 nurses, 2 medical technicians)</li> <li>▪ 2 Mobile Health Clinics</li> </ul> | <ul style="list-style-type: none"> <li>▪ 1 Information delegate</li> <li>▪ 1 Team Leader</li> <li>▪ 2 Logistics</li> <li>▪ 2 WatSan delegates</li> <li>▪ 16-member Basic Health Care ERU</li> </ul>   |
| German Red Cross        | <ul style="list-style-type: none"> <li>▪ Medical supplies</li> <li>▪ Watsan unit re-deployed from Teunom, Aceh Province</li> </ul>  | <ul style="list-style-type: none"> <li>▪ 1 Ambulance Delegate</li> <li>▪ Basic Health Care clinic on stand-by for deployment</li> </ul>              | <ul style="list-style-type: none"> <li>▪ 2-person WatSan team from Teunom</li> <li>▪ 1 DM Delegate</li> <li>▪ 1 Relief delegate from German RC HQ</li> <li>▪ 1 IT delegate seconded to Federation</li> <li>▪ 1 Admin Delegate</li> <li>▪ 1 Senior Relief Coordinator</li> </ul>   |

|                            |   |  |   |
|----------------------------|---|--|---|
|                            |   |  | from Bangkok office   |
| Hong Kong Red Cross branch |   | ▪ 1 surgeon & 1 nurse  |   |
| ICRC                       | <ul style="list-style-type: none"> <li>▪ Water equipment (bladders and purification)</li> <li>▪ RFL tracing: “Restoring Family Links”</li> </ul>  |  | <ul style="list-style-type: none"> <li>▪ Will handle tracing requests received inside Indonesia and from National Societies abroad</li> <li>▪ Team deployed: 1 delegate and 2 field officer in Yogya; 1 delegate and 1 field officer in Jakarta HQ</li> </ul>   |
| Iranian Red Crescent       | <ul style="list-style-type: none"> <li>▪ 500 tents</li> <li>▪ 10 group tents</li> <li>▪ 2 Rubb Halls</li> <li>▪ 2,000 blankets</li> <li>▪ 20,000 tins food</li> <li>▪ 7 tons food items; rice and pulses</li> <li>▪ 100 kitchen sets</li> <li>▪ 100 lanterns</li> </ul>   | <p>20 persons medical and relief</p> <ul style="list-style-type: none"> <li>▪ team composed of doctor, nurse, pharmaceutical expert, and relief workers</li> </ul> |   |
| Japanese Red Cross         | <ul style="list-style-type: none"> <li>▪ Drugs and medical supplies</li> </ul>  | <ul style="list-style-type: none"> <li>▪ 4 persons medical team (1 MD, 3 nurses, 1 admin)</li> <li>▪ second medical team en route</li> </ul>                       | <ul style="list-style-type: none"> <li>▪ 1 Information Delegate</li> </ul>  |
| Korean Red Cross           | <ul style="list-style-type: none"> <li>▪ 20,000 hygiene kits</li> </ul>   | <ul style="list-style-type: none"> <li>▪ 10 people medical team- will stay 4 weeks</li> </ul>  |   |
| Malaysian Red Crescent     |   | <ul style="list-style-type: none"> <li>▪ 15-member medical &amp; relief team</li> </ul>  | <ul style="list-style-type: none"> <li>▪ 1 Head of International Team</li> </ul>  |
| Netherlands Red Cross      |   |  | <ul style="list-style-type: none"> <li>▪ 1 Admin delegate</li> </ul>  |
| Norwegian Red Cross        |   | <ul style="list-style-type: none"> <li>▪ Field hospital team (8 people)</li> <li>▪ 1 Ambulance Delegate</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Paul Construction of Field Hospital.</li> <li>▪ 1 Videographer</li> </ul>  |
| PMI                        | <ul style="list-style-type: none"> <li>▪ 1,000 body bags</li> <li>▪ 4,000 baby kits</li> <li>▪ 5,000 hygiene kits</li> <li>▪ 2,500 units of blood</li> <li>▪ Water and Sanitation facilities</li> <li>▪ Medicines</li> <li>▪ 6 Generators</li> <li>▪ 1,000 family tents</li> <li>▪ 5,000 food packages</li> </ul>                                     | <ul style="list-style-type: none"> <li>▪ 15 ambulances equipped with health personnel</li> </ul>   | <ul style="list-style-type: none"> <li>▪ PMI team and volunteers</li> </ul>   |
| Singapore Red Cross        | <ul style="list-style-type: none"> <li>▪ Drugs and medical supplies</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Medical team</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Team being prepared in case Mt. Merapi erupts</li> </ul>   |
| Spanish Red Cross          | <ul style="list-style-type: none"> <li>▪ Two Tanker trucks, 8000L</li> <li>▪ 10 bladders, 5000L with tabs</li> <li>▪ 5 bladders, 10000L with tabs</li> <li>▪ 4 water purification lines</li> <li>▪ Water treatment chemicals for 1 month operation</li> <li>▪ 1 field lab</li> <li>▪ 6 tones of medical materials</li> <li>▪ 1180 blankets</li> </ul> |  | <ul style="list-style-type: none"> <li>▪ 1 Operations Coordinator</li> <li>▪ 1 Project Planning Delegate</li> <li>▪ 3 WatSan delegates</li> <li>▪ 1 senior Project Manager</li> <li>▪ 1 Admin Delegate</li> <li>▪ 1 Admin Field Officer</li> <li>▪ 1 Logistics</li> <li>▪ 1 Info Delegate</li> <li>▪ 3 ERU Relief members working with Federation and American Red Cross</li> <li>▪ Relief ERU</li> <li>▪ 1 Logistics ERU joined the BRCS deployment</li> </ul> |

|                      |   |   |  |
|----------------------|---|---|--|
|                      | <ul style="list-style-type: none"> <li>▪ 216 body bags</li> <li>▪ 18 platoon tents</li> <li>▪ 89 small tents (2 – 3 persons)</li> <li>▪ 480 tarpaulins</li> </ul>   |   |  |
| Turkish Red Crescent | <ul style="list-style-type: none"> <li>▪ Health equipments</li> </ul>   | <ul style="list-style-type: none"> <li>▪ 4 PSP teams</li> <li>▪ 2 MD, 6 Nurses, 10 volunteers persons medical team</li> </ul> | <ul style="list-style-type: none"> <li>▪ 1 truck to PMI for transport and equipment</li> </ul> |
| UAE Red Crescent     | <ul style="list-style-type: none"> <li>▪ 3 Emergency Medical Kits</li> <li>▪ 50 First Aid Kits</li> <li>▪ Mineral Water</li> <li>▪ 2,000 blankets</li> <li>▪ 300 tents</li> <li>▪ Food to be determined later and depending on availability in the</li> <li>▪ Warehouses</li> <li>▪ Funds in cash for purchase of additional items from the local market as needed</li> </ul> |   |  |

## Red Cross and Red Crescent action

### Health

Medical teams are increasingly gaining ground, both in terms of treatment of the injured coming to the hospitals and in outreach medical teams accessing new areas. PMI treated over 4,000 patients in the first 72 hours of the disaster. A referral system has now been put into place where moderately and lightly wounded patients (simple fractures, treatment of wounds and simple wounds requiring bandages) are being referred to the Red Cross field hospital, to allow focus on the most severe cases. There are no more line-ups outside hospitals.

Since it became operational (on day 3 after the earthquake), the 60-bed Red Cross field hospital (handed over from ICRC/Norwegian Red Cross to PMI/MoH) has provided intensive medical care to over 700 persons, including 10 life-saving surgeries. It operates with 10 general practitioners and seven specialists (surgeons, orthopaedic surgeon, one anaesthetist and one internist). The hospital is expected to be operating for approximately one more month, and needs to be re-supplied with antibiotics and IV infusion sets and fluids, along with 60,000 rolls of plaster bandages.

The smaller field hospital beside PMI's Bantul Branch is administering medical care as well.

Reports indicate that there are still areas which have not been accessed by either medical or relief teams. PMI is requesting more outreach medical teams from its Red Cross and Red Crescent partners, to complement their current eight mobile health clinics. Further assessments are ongoing.

Long term recovery needs will include rehabilitation (physiotherapists, etc.), primary health care, complemented by hygiene promotion campaigns.

### Psychosocial programmes (PSP) already underway include:

Klaten branch: A team comprising one PMI national office management staff, two PSP staff from Banda Aceh branch, two PSP staffs from Aceh Besar branch, two trained volunteers from Klaten branch and two PSP delegates

from the American Red Cross. The Klaten PSP team is now conducting an assessment and mapping service needs, simultaneous with giving psychosocial first aid to the survivors.

There is a need identified for longer-term PSP activities in this part of the district. There are currently three PSP categories being planned: community-based PSP, school-based PSP and capacity building of PSP for the local branch, all of which will be detailed in the forthcoming Revised Appeal.

**Bantul branch:** A team consisting of five volunteers from Central Java Chapter is in the process of conducting a psychosocial assessment while giving psychosocial first aid to the survivors. This team will return to Semarang on 2<sup>nd</sup> June after a 2-week emergency assignment in support of this operation. This team will be replaced by a PSP team from the Aceh provincial chapter (four psychologists with financial support from Turkish Red Crescent) who will continue the work.

## Relief

The relief strategy aims to provide assistance to people at their original homesteads, rather than creating IDP camps. While this increases the logistical challenges – because people are not concentrated together for easier distributions and provision of health and watsan services – the advantages are significant from the perspective of the recovery phase; maintaining community cohesiveness and restoring the socio-economic fabric.

PMI has determined the following number of beneficiaries in these first three districts identified for Red Cross relief services (the following estimates represent three of seven affected districts, and are subject to revision).

- 6,000 in Sleman district.
- 12,000 in Kraten district.
- 25,000 in Bantul district.

The combined American and Spanish Red Cross Relief ERU has commenced a relief assessment, with the American Red Cross team leader having been appointed as the Movement's Relief Coordinator for this operation.

Further to the quantities of relief items reported as distributed in Operations Update no. 1, and as of 1<sup>st</sup> June, PMI distribution figures report the following transfer to branches for distribution:

| Item         | Quantity |
|--------------|----------|
| Tents        | 2,907    |
| Tarpaulins   | 10,630   |
| Jerry cans   | 10,200   |
| Baby kits    | 500      |
| Hygiene kits | 5,500    |
| Food parcel  | 10,000   |

Immediate needs are: tents and tarpaulins, community recovery kits, clean-up kits (shovels, wheelbarrows, gloves, etc.), hygiene kits, food assistance and additional field kitchens.

PMI has ramped up capacity to deliver 1,200 tents per day throughout the operational area, mindful of the fact that these emergency shelters are being delivered to original homesteads and not to concentrated IDP camps.

A further 15,000 food parcels, sufficient for 75,000 people for two days, are in the pipeline and expected to arrive for distribution tomorrow (3 June).

## Water and Sanitation

Fewer wells have collapsed than was originally feared (between 5-20%, depending on location). The issue is not therefore access to water, but sanitation and disposal of medical waste.

The Spanish Red Cross water treatment plant (WTP) is in operation, with two more WTP en route. The Danish Red Cross has this far constructed 10 community latrines and washroom facilities in heavily-destroyed Bantul district, and also has a mobile water treatment plant operating in the area.

The German Red Cross watsan unit that played such a vital role during the emergency phase in Teunom on the Aceh Province western coast after the 26 December 2004 tsunami is now mobilized to the affected area.

### **Logistics**

A logistics hub has been set up in Yogyakarta airport and is now fully operational. Subject to potential revision, it is expected to be active for 3-4 weeks. On 1 June, six airplanes loaded with relief items arrived in Yogyakarta, including an additional 10,000 tarpaulins. PMI, supported by the Federation, are currently in the process of securing a 2,500 m<sup>2</sup> warehouse for managing the throughput of emergency relief inventories.

PMI reports that it is now operational in all seven affected districts (five in Yogyakarta, two in Central Java) with over 500 volunteers mobilized. It reports an urgent need of trucks for distribution and supporting communications equipment.

### **Coordination**

Close coordination among humanitarian actors continues at the national and local levels, with frequent high-level meetings in Jakarta and in Yogyakarta.

The UN system is implementing the cluster approach defined in the Humanitarian Reform Agenda and IASC Principals (Inter-agency Steering Committee). The clusters are intended to reinforce coordination mechanisms and increase accountability. The clusters are identified as: Emergency Shelter; Health & Nutrition; Water and Sanitation; Food; Protection and Education; Information & Telecommunications; Logistics; Early Recovery; Agriculture; Coordination & Security.

The International Federation has established an Emergency Shelter Coordination Group (ESCG) to contribute towards an effective and efficient international humanitarian response to emergency shelter needs. This team will work in close cooperation with the Indonesian authorities and UN cluster groups that are supporting emergency response coordination in other key sectors. The key objective of the ESCG will be to contribute towards the effective provision of emergency shelter assistance to the earthquake-affected population through the timely and efficient coordination of the ESCG.

The UN OCHA *Indonesia Earthquake Emergency Response Plan* published 1 June on [www.reliefweb.int](http://www.reliefweb.int) identifies the International Federation's role in the Emergency Shelter cluster:

“Learning from the post-tsunami response, the International Federation of Red Cross and Red Crescent Societies (IFRC) will assume the coordination lead role to help local government and partners develop an emergency shelter strategy that is culturally acceptable to the local government and the affected people. An implementation plan will be developed in consultation with interested partners. Rapid assessments will be undertaken to determine the most effective response strategy. Efforts will be made to take into account lessons learned from other emergency operations in the region.”

It is noted that the mandate addresses emergency shelter needs rather than long-term housing recovery, although the continuum of housing reconstruction from tents through transitional shelters to permanent homes will be given careful attention, especially taking into account lessons learned from the tsunami and earthquake recovery experience ongoing in Aceh and Nias.

**Indonesia**  
**Earthquake Yogyakarta**  
**Project code**               **PID006**  
**Appeal code**               **MDRID001**

| <b>Confirmed pledges</b>      |     |           | <b>PMN</b> | <b>CHF</b>        |
|-------------------------------|-----|-----------|------------|-------------------|
| British RC                    | GBP | 150,000   | 0605072    | 340,650           |
| Canada RC                     | CAD | 100,000   | 0605073    | 112,100           |
| Canada RC/gov (CIDA)          | CAD | 500,000   | 0605074    | 560,500           |
| Hongkong RC                   | HKD | 200,000   | 0605076    | 32,500            |
| New Zealand RC/Gov<br>(NZAid) | NZD | 500,000   | 0605075    | 399,500           |
| Irish Gov                     | EUR | 500,000   | 0606013    | 789,500           |
| Amcross                       | USD | 219,000   | 0606006    | 276,050           |
| EU                            | EUR | 2,165,397 | 0606020    | 3,419,162         |
| Japanese RC/Gov               | USD | 1,000,000 | 0606024    | 1,260,500         |
| Netherlands RC                | EUR | 1,000,000 | 0605086    | 1,579,000         |
| WHO staff                     | CHF | 4,000     | 0605077    | 4,000             |
| British RC/Dfid               | GBP | 1,000,000 |            | 2,271,000         |
| Danish RC                     | CHF | 38,670    | 0606003    | 38,670            |
| Swiss RC                      | CHF | 100,000   |            | 100,000           |
| Online donations              | CHF | 37,674    |            | 37,674            |
| Swedish RC                    | SEK | 3,000,000 | 0605081    | 509,460           |
| Lybyan RC                     | CHF | 10,000    | 0606002    | 10,000            |
| OPEC Fund                     | USD | 600,000   |            | 756,300           |
| Croatia RC                    | CHF | 220,000   | 0605087    | 220,000           |
| Finnish RC                    | EUR | 80,000    | 0606021    | 126,320           |
| Finnish RC/Gov                | EUR | 200,000   | 0606022    | 315,800           |
| Irish RC                      | EUR | 50,000    | 0606012    | 77,950            |
| Czech RC                      | USD | 4,494     | 0606011    | 5,665             |
| Albania RC                    | CHF | 10,000    | 0606015    | 10,000            |
| Cambodia Private              | USD | 100       | 0606019    | 126               |
| Japanese RC                   | CHF | 1,100,000 |            | 1,100,000         |
| OFDA                          | USD | 1,000,000 |            | 1,260,500         |
| <b>TOTAL hard pledges</b>     |     |           |            | <b>15,612,926</b> |

| <b>Soft Pledges</b>        |     |           |  |                  |
|----------------------------|-----|-----------|--|------------------|
| Belgian RC/Gov             | EUR | 500,000   |  | 784,500          |
| British RC/Dfid            | GBP | 0         |  | 0                |
| German RC/Gov              | EUR | 200,000   |  | 315,800          |
| Italian Gov.               | CHF | 770,000   |  | 770,000          |
| Japan RC/Gov               | CHF | 2,200,000 |  | 2,200,000        |
| British RC/Dfid            | GBP | 200,000   |  | 454,200          |
| Mexico Gov                 | USD | 50,000    |  | 63,025           |
| Australian RC/Gov (Ausaid) | AUD | 500,000   |  | 630,250          |
| <b>TOTAL Soft pledges</b>  |     |           |  | <b>5,217,775</b> |

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