

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

Appeal No. MDRID001
3 November 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 185 countries.

In Brief

Operations Update no. 14; Period covered: 13 September to 12 October 2006;

Appeal target: CHF 38,045,439 (USD 31 million or EUR 24 million);

Appeal coverage: 92.6%

Outstanding needs: CHF 2.82 million (USD 2.26 million or EUR 1.77 million)

(Click here to go directly to the attached Contributions List, also available on the website).

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.
- Revised appeal was launched on 6 June for CHF 38 million to assist 325,000 beneficiaries for 12 months

Operational Summary:

The construction of almost 2,500 traditional bamboo shelters has completed under the early-recovery programme of the Indonesian Red Cross (PMI or Palang Merah Indonesia), in conjunction with the Federation. As construction continues in the initially selected sub-districts of Dlingo and Gantiwarno, more areas in the four most affected districts have been included for construction support. The distribution of emergency relief goods based on PMI's assessment will end in the third week of October. However, it is anticipated that those already vulnerable after the earthquake will be further adversely affected by the approaching rain and, will need humanitarian support during the monsoon. Relief goods, part of the monsoon preparedness stock, will be distributed to the most vulnerable population based on the impact of the rain after the needs assessment. With government health facilities beginning to function, PMI/ Federation health activities have switched from curative care to home-based care and longer-term physical rehabilitation.

Although the contributions list still show 7.4 percent as uncovered, the Federation secretariat and PMI have stopped accepting funding for the moment. This is because human resource constraints currently faced by the Federation and PMI are creating challenges in utilizing funds effectively within the given timeframe. However, the needs are there still and the Federation and PMI do not exclude that funding will be accepted at a later stage.

For further information specifically related to this operation please contact:

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Background

An earthquake with a magnitude of 6.3 on the Richter scale struck near the city of Yogyakarta in central Java at 05:54 hrs local time on 27 May 2006 causing extreme and widespread destruction. There has been considerable loss of lives and injuries with villages in remoter areas south of Yogyakarta, as well as in and around Bantul being the most affected. The latest official figures remain at 5,749 people killed, over 38,000 injured and more than 127,000 houses completely destroyed, with over 450,000 additional houses damaged by the earthquake. It is estimated that 1,173,742 people were made homeless. The earthquake epicentre was located some 20 km southeast of Yogyakarta at a depth of 10 km. Tremors were felt across the region, as far away as Semarang and Surabaya on the opposite coast of Java.

Operational developments

The PMI is going back to its pre-earthquake structure after this month, leaving no coordination cell for the earthquake operation. This means that PMI/ Federation activities will be directly implemented by the branches with no coordination mechanism at the chapter level. The Federation is working with PMI branches to better coordinate and plan for future programmes.

As situations in the field continue to change, the Federation and PMI are working on longer-term plans and realigning them with PMI branch plans and beneficiary needs. A three-day workshop with PMI branches in the second week of November is expected to draw a clear outline of activities and timelines to be implemented at the branch level for the next seven months. The workshop will be PMI-driven to ensure ownership over longer-term activities by the branches and chapters. Partner national societies (PNS) such as the Spanish, German, Netherlands and Japanese Red Cross will also participate and contribute in the workshop.



PMI physiotherapists providing service to injured patients in their clinic in Bantul.

Distribution of emergency relief goods, based on PMI's present assessment, will end next week. However, it has been assessed that the vulnerable living in make-shift shelters without adequate facilities will be adversely affected during the forthcoming monsoon. Based on their assessment, PMI, with support from the Federation, will distribute remaining relief goods, part of the monsoon-preparedness stock, during the monsoon season. The branches have begun assessing areas where those made vulnerable by the earthquake are now being exposed to further possible disasters of flooding and landslides.

The PMI, Federation and PNS continue to work closely in their preparations for the monsoon. A workshop with PMI branches was planned in the second week of October to finalize planning of PMI taking sole ownership for the implementation of operations with the support of Federation and PNS.

New areas for shelter construction have been identified as construction progresses in the two initially targeted sub-districts of Klaten and Bantul. With the selection of five new sub-districts in four districts (including Bantul and Klaten), the early-recovery programme has now begun in seven sub-districts. Many families will have to spend the rainy season in emergency shelters with the forthcoming monsoon rain and this will result in increased demand for tents and tarpaulins. Humanitarian agencies, including the International Organization for Migration (IOM), have decided to channel tarpaulins and tents through the Federation/ PMI. The Federation/ PMI might be distributing up to 33,000 tarpaulins to the most vulnerable families in the disaster-affected communities with support from the IOM.

As government health services improve, the focus of PMI/ Federation has shifted from curative care to home-based care and longer-term physical rehabilitation. The PMI is filling the gap in rehabilitation support, which is expected to last till the first quarter of 2007. Planning is currently underway for PMI branches to implement a longer-term community-based first aid (CBFA) programme sometime after the first quarter of 2007. PMI/ Federation health teams have carried out an extensive assessment and planning process in disaster preparedness (DP) and to mitigate possible health threats. The health-preparedness plan will be a part of the broader monsoon-preparedness plan due to be finalized after consultations with PMI branches.

Nearly five-months after the disaster, some PNS (Japanese, Spanish, Netherlands and German Red Cross) continue to work with the PMI bilaterally to support PMI's early recovery efforts.

Red Cross and Red Crescent action - objectives, progress, impact

Emergency relief (food, non-food and emergency shelter)

Overall Goal: Beneficiaries have the necessary immediate support to meet their basic needs for food, non-food items and shelter until their permanent needs are met for the long-term.

Objectives:

- **Food:** 65,000 families (approximately 325,000 beneficiaries) have supplementary food support until such time as they are able to resume their own income generating activities.
- **Non-food items:** 65,000 families (approximately 325,000 beneficiaries) have the necessary household items and basic economic support to restore domestic stability and their own capacity to initiate their recovery is reinforced.
- **Emergency shelter:** 65,000 families (approximately 325,000 beneficiaries) are provided with the appropriate type of emergency shelter, tools and materials to support their immediate recovery needs, with consideration of temporary, intermediate requirements for coping with the pending monsoon rain season that normally starts in September/October.

The PMI, with support from the Federation, distributed relief goods to more than 12,000 families during the reporting period. The total number of the families receiving emergency relief support has now reached 119,839. Relief goods continue to be distributed to families which have not received any relief assistance despite being affected by the earthquake.

However, these gap-filling distributions are expected to end in the third-week of October, marking the end of the first-phase of emergency relief distribution. In the next phase, relief items stocked for monsoon preparedness will be distributed to those, because of the rain, experiencing added difficulties living in make-shift shelters without adequate facilities. PMI branches have started a needs assessment based on the possible impact of rain in affected areas and will have a clearer picture when the rain starts some time this month.

Some of the relief items; such as sleeping mats (30,000), food parcels (10,000), tarpaulins (5,300), hygiene kits (15,000) and baby kits (2,800) stock from the previous procurement which has yet to be distributed, will be included in the monsoon preparedness stock. Procurement of more relief items (40,000 blankets, 1,00,000 sand bags, and 5,000 tarpaulins) is in the process. A quantity of the relief items will be dispatched to PMI branches as buffer-stock for immediate distribution once needs have been assessed. Of the relief items, the sandbags and the blankets will be distributed as soon as they arrive, presumably before the monsoon starts, since the needs have already been identified.

Table: Food and non-food distribution by PMI/Federation and remaining stock.

| Districts | No of Families | Tents | Tarpaulins | Baby kits | Sleeping mats | Tool kits | Hygiene kits | Sarongs | Food parcels |
|---------------------------------|----------------|---------------|----------------|---------------|----------------|--------------|----------------|----------------|---------------|
| Klaten | 38,181 | 3,640 | 20,943 | 4,174 | 34,569 | 2613 | 23,379 | 23,866 | 23,406 |
| Bantul | 43,627 | 5,898 | 48,231 | 6,376 | 49,596 | 5,111 | 37,400 | 54,344 | 35,440 |
| Kulon Progo | 6,675 | 1002 | 8171 | 1205 | 11867 | 801 | 6478 | 7,672 | 5053 |
| Gunung Kidul | 11,851 | 318 | 11100 | 1779 | 19933 | 818 | 12907 | 16,656 | 9697 |
| Sleman | 13,950 | 576 | 20,718 | 2,002 | 21,027 | - | 14,360 | 14,916 | 18,764 |
| Boyolali | 2,212 | 142 | 317 | 421 | 569 | - | 2521 | - | 825 |
| Kota Jogja | 3,343 | 301 | 1464 | 11 | 1609 | - | 3796 | - | 3317 |
| Total | 119,839 | 11,877 | 110,944 | 15,968 | 139,170 | 9,343 | 100,841 | 117,454 | 96,502 |
| Remaining stock of goods | | 237 | 5,391 | 2,872 | 36,654 | 5 | 21,146 | - | 10,000 |

Early recovery/ shelter

The construction of traditional bamboo shelters under the early recovery programme of the PMI/ Federation continues, with 2,490 shelters completed in Gantiwarno and Dlingo. Up to 6,000 shelters will be constructed in two sub-districts by the end of November.

As the shelter construction in the initially targeted areas progress, more areas have been identified for construction; five sub-districts (Pandak in Bantul, Jogonalan in Klaten, Lendah in Kulon Progo, Gedang Sari in Gunung Kidul and Prambanan in Sleman district). More PMI branches, namely Gunung Kidul, Kulon Progo and Sleman have also sent teams for training on early recovery before being deployed to the field. PMI/ Federation teams are also making assessments in Gunung Kidul district to extend the programme there. It is anticipated that construction work will begin in two or three villages in the district in the third week of this month.



Living in a bamboo shelter

As the programme expands into more areas, discussions are underway on how to mobilize more volunteers and speed up construction so that targeted communities can move into roofed shelters. An evaluation visit from four PMI branches, which had mobilized volunteers to support the programme, was carried out in Dlingo and Gantiwarno in early October. The branches have expressed their support for the programme and their willingness to mobilize the volunteers to complete the task of moving targeted families in Dlingo and Gantiwarno into the shelters, hopefully by mid-November. A total of 16 undergraduates from a local university have been trained on the early recovery programme and discussions are underway to mobilize more university students as volunteers. Currently, a total of 97 PMI volunteers continue their work in this programme with 34 targeted communities in seven sub-districts.

Although no formal survey has been carried out, it is estimated that shelter-supported families are spending 30 to 100 percent more (in addition to the costs supported by PMI/ Federation in the construction of bamboo shelters) to include partitions, electrical wiring, and adding balconies and kitchens. Families have made modifications to the initial model of the bamboo shelter house, adjusting to their needs and capacity.

The involvement of women is increasing in the construction of shelters and the Federation has been documenting and promoting the programme in areas where women are playing an active role.

The German Red Cross, working with PMI, has supported 8,682 families in shelter construction by providing wood and shelter construction tools in Wedi and Prambanan of Klaten district. PMI, with support from the Spanish Red Cross, has started distribution of construction materials in Panjangrejo village of Bantul targeting 2,307 families, of which approximately 1,100 households have already started the construction of their transitional shelter.

Health and Care

Overall goal: The mortality and morbidity amongst the affected population is reduced to pre-disaster levels by addressing immediate basic health care needs and future health risks through preventative and basic health care interventions.

PMI, with support from the Federation, continues to provide health services to injured people in the affected communities of Yogyakarta and central Java. Mobile clinics, home-based care units and physiotherapy teams have provided service to some 1,437 people in the month of September. The total number of people receiving treatment support from PMI after the earthquake has reached 31,567.

No of patients treated by PMI (clinics, rehabilitation and physiotherapy teams, and home based care units)

| Month | Under 5 | Over 5 | Total |
|--------------|---------------|----------------|---------------|
| May-June | 2,208 | 20,122 | 23,373 |
| July | 734 | 3,909 | 4,643 |
| August | 178 | 1,936 | 2,114 |
| September | - | - | 1,437 |
| TOTAL | 3,120+ | 25,967+ | 31,567 |

The current health situation in the affected areas:

The provincial health office (PHO) and World Health Organization (WHO) reports that acute respiratory infection (ARI) is still the main cause of morbidity in the earthquake affected areas. Although the number of ARI cases in some districts is higher than in previous weeks, the morbidity situation seems to have stabilized as indicated by proportional morbidity trends. All disease patterns appear stable and have returned back to the normal situation. According to the district health office (DHO) in Bantul, all 93 destroyed and damaged health facilities in the district have received support in rehabilitation and reconstruction from either the government or other organizations.

The second round of the tetanus vaccination campaign in the provinces of Yogyakarta and central Java has completed. Of the targeted 422,515 persons in Klaten and 422,444 in Bantul districts, 46 percent and 29 percent have received the vaccine in these respective districts. The coverage of measles immunization in both provinces has increased tremendously, with 88 percent of the targeted population in Klaten and 97 percent in Bantul vaccinated.

Due to the large amount of expired medical stock in various hospitals and pharmacy warehouses, the food and drug administration (BPOM) of the Indonesian government and the Federation / PMI have submitted to WHO and the DHO a list of drugs for disposal. WHO and IOM will facilitate the necessary procedures for the disposal.

The DHO of Bantul has confirmed poultry deaths due to avian influenza in 14 out of 17 sub-districts in Bantul. At the provincial level, monthly meetings are being held between the PHO, department of agriculture and other relevant stakeholders. The protocol and guidelines for avian influenza investigation, prevention and management have already been distributed to the DHO and *puskesmas* (public health centres). PMI has played an active role in raising awareness on avian influenza in the communities at risk through the distribution of information leaflets.

The PHO, with the support of WHO, has expanded the early warning and epidemiological surveillance system to all sub-districts in Yogyakarta province beginning in mid-September. This activity will also improve and strengthen the normal surveillance system for common diseases and epidemic identification.

The highest disease risks during the monsoon will be an increase in respiratory infections, diarrhoea and other water-borne diseases, skin infections and dengue fever due to the seasonal increase in *Aedes Egypti* mosquitoes. In some specific locations, there is also a risk of malaria although this is not endemic in all areas. With many of the affected population still living in crowded conditions in temporary shelters without adequate sanitation, the risk of contracting and spreading such diseases will increase.

Objective 1: To provide psycho-social support programmes (PSP) to affected communities in districts severely affected by the earthquake and to PMI volunteers supporting the response.

The PMI continues to provide some PSP services targeting children and school teachers, in Bantul and Klaten districts. Until the end of August, a total of 8,445 adults and children participated in PSP activities organized by the PMI. PMI ceased this phase of the programme in September to allow more time for long-term strategy planning.

In September, the PMI/ Federation, with technical support from the American Red Cross (ARC), carried out a review of needs for the PSP programme for the longer-term recovery period. Following meetings with key representatives from PMI branches, UNICEF, WHO and the ‘psychology crisis centre’ of a local university in Yogyakarta, the main issues affecting populations relating to distress were identified as the death of loved ones, current inadequate living conditions, crowded living quarters, loss of privacy, and the lack of access to facilities and services. The loss of homes, public buildings, infrastructure, and other parts of the environment has taxed the coping capacity of many community members. The requirement of lifelong care in some families with disabled members, including paraplegics and those with spinal cord injuries, has placed additional burden on the families and social structures.

The recommendations after the assessment include refocusing the programme (in the worst-affected areas of Bantul and Klaten district) in five communities and five schools in each district. The PMI will recruit more senior Red Cross volunteers amongst the community members (who can access various age and gender groups) and enhance their ability to develop community and school programmes in target settings. This set of volunteers will form the core PSP group (approximately 20 volunteers) and it is anticipated that once activities are underway, this will provide a suitable learning environment on which to build the skills of not only the existing volunteers but also new ones in the future.

A PSP workshop to consolidate the knowledge of the PSP teams and provide additional skills is planned for late November. These PSP volunteers, with support from the ARC technical advisor, will then provide training to PMI SATGANA (PMI branch level disaster response team) volunteers. The focus of this activity is to provide all volunteers with three skills: psychological first aid, self care activities and community mappings and referrals.

Objective 2: Reduce the impact of the most common diseases and ailments seen in post disaster situations, including epidemics.

The disaster preparedness (DP) component of the health programme has been prioritized to provide specialized training to PMI volunteers, preposition essential medical supplies and strengthen collaboration with key government agencies, especially the PHO and DHO. This is seen as an essential step in planning ahead to deal with any health emergencies or epidemics that may occur during the monsoon.

The PMI branches are developing a monsoon plan with the provision of emergency health teams, medical stock, equipments and necessary training to PMI volunteers.

Health promotion: The joint health promotion campaign of PMI’s health and water and sanitation (WatSan) teams has been using a weekly radio broadcasting slot with a potential target audience of around 500,000 people in the earthquake affected areas. To date, the radio programmes have focused on the use and health risks of asbestos in house construction, tetanus transmission and need for vaccination, preparing for the rainy season by identifying the types of risks and health mitigation measures, and diseases like respiratory infections, dengue fever, diarrhoea and skin infections. This disaster preparedness theme was also elaborated in a one-hour TV programme.

Objective 3: To provide 325,000 beneficiaries with access to preventive, basic clinical and physical health and rehabilitation services.

Rehabilitation and home based care: The PMI has formed home care teams in Bantul to provide outreach services targeting families which have disabled and/ or severely injured members requiring long-term care. Currently there are three teams operating six days a week. They carry out basic physical care, do dressings, disseminate key health messages and refer serious cases to the local *puskesmas* or hospitals. To date, a total of 101 cases have been registered with 51 cases discharged. A further caseload of 282 patients has now been identified and will be added during October.

The physiotherapy team in Bantul, comprised of ten physiotherapists, continues to provide outreach services to patients in their homes in addition to its services from its fixed clinic in Bantul town. The team provided its service to 636 patients during September, with fractures of the upper and lower leg being the most common injury seen. The therapy includes mobilization of the affected limb or joints, gentle exercises and instructions to family members on how to move the patients safely.

Meanwhile, the PMI has identified new cases in Klaten district needing rehabilitation support. It is anticipated that the outreach rehabilitation service in the district will become fully operational in November.

Mobile clinics: Since the medical services in all the affected areas are improving and the government-run health services are becoming functional again, the PMI/ Federation have reviewed the need for mobile clinics and concluded that they are no longer required. So, the mobile clinics in Bantul, Sleman and Klaten have stopped their operation but will resume in the event of new identified needs. However, PMI polyclinics in Bantul and Klaten continue to provide general health care service.

Objective 4: To support and coordinate efforts with Movement partners and international partners in support to the PMI and its government (MOH).

PMI in its role as an auxiliary to the government has a mandated role in the national and local disaster response plan. To this end the PMI, supported by the Federation, has been a proactive member of the PHO disaster planning for the health sector task force. The PMI and the Federation continue to share information and coordinate health efforts in the field with other agencies like PHO, WHO, UNICEF, Handicap International, among others. The PMI has recently shared its health contingency plan with the PHO and WHO.

Objective 5: To ensure the target population has access to adequate and safe water supply, sanitation and hygiene promotion, materials and facilities to prevent significant outbreaks of water supply, sanitation and hygiene related disease.

PMI, with support from the Federation, has completed the well-deepening programme in Srihardono village of Bantul district, deepening 565 out of the targeted 576 wells. Some of the rest were found completely damaged and could not be rehabilitated. The Spanish Red Cross (SRC) continues to support PMI in the well-cleaning programme, cleaning 1,523 wells so far and installing 655 water pumps in Bantul district.

Well cleaning work continues, with 950 wells already completed. An additional two cleaning pumps have been purchased in order to speed up the work. The work is expected to complete by the end of November.

The trucking of 15,000 litres of water everyday to the Mt. Merapi affected population continues, with the capacity of providing up to 40,000 litres a day. Water trucking is planned to continue until the rainy season starts and underground water catchments are replenished.

PMI/Federation water and sanitation and health teams contributed to an exposition in Yogyakarta city with flyers, handouts and dissemination materials. In the five days of this exhibition, thousands of people would have had access to information and materials on topics such as avian flu, asbestos and hygiene.

[Contributions list below; click here to return to the title page.](#)

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

Global Agenda Goals:

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

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 \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>.

Indonesia - earthquake

ANNEX 1

APPEAL No. MDRID001

PLEDGES RECEIVED

27/10/2006

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|-------|----------|----------|------|-----------|------|---------|
|-------|----------|----------|------|-----------|------|---------|

CASH

| REQUESTED IN APPEAL CHF -----> | | | | 38,045,439 | TOTAL COVERAGE 92.6% | |
|--------------------------------|--|-------------|-----|------------|-------------------------|--|
| ALBANIAN - RC | | 10,000 | USD | 12,113 | 01.06.06 | |
| AMERICAN - RC | | 219,000 | USD | 265,275 | 30.05.06 | |
| AMERICAN - GOVT/USAID-OFDA | | 1,000,000 | USD | 1,211,300 | 02.06.06 | |
| AMERICAN - GOVT/USAID-OFDA | | 925,000 | IDR | 121,175 | 09.06.06 | |
| AMERICAN - RC | | 179,250 | USD | 221,015 | 25.07.06 | PROCUREMENT OF 80000 SLEEPING MATS |
| AMERICAN - RC | | 1,000,000 | USD | 1,228,200 | 13.09.06 | STOCK REPLENISHMENT TARPAULINS, PSYCHO-SOCIAL PROGRAM, DISASTER PREPAREDNESS |
| ANDORRA - GOVT | | 20,000 | EUR | 31,400 | 11.07.06 | |
| ANDORRA - GOVT | | 30,000 | EUR | 47,267 | 12.09.06 | |
| AUSTRALIAN - GOVT | | 850,000 | AUD | 786,250 | 14.06.06 | EMERGENCY RELIEF |
| AUSTRALIAN - RC | | 200,000 | AUD | 185,000 | 30.06.06 | FOOD, NON-FOOD, SHELTER |
| BELGIUM - GOVT | | 257,866 | EUR | 405,623 | 14.07.06 | PROCUREMENT OF HYGIENE PARCELS |
| BOSNIA & HERZEGOVINA - RC | | 25,565 | EUR | 40,137 | 28.06.06 | |
| BRITISH - RC | | 150,000 | GBP | 340,650 | 28.05.06 | |
| BRITISH - RC | | 200,000 | GBP | 456,000 | 07.06.06 | |
| BRITISH - GOVT/DIFD | | 980,392 | GBP | 2,235,294 | 07.06.06 | OPERATIONAL COSTS, OVERHEADS |
| BRITISH - PRIVATE DONOR | | | | 1,130 | 29.06.06 | |
| CAMBODIA - PRIVATE DONOR | | 200 | USD | 249 | 31.05.06 | |
| CANADIAN - RC | | 100,000 | CAD | 112,100 | 27.05.06 | |
| CANADIAN - GOVT | | 500,000 | CAD | 560,500 | 28.05.06 | |
| CANADIAN - GOVT/CIDA/HAPS | | 643,500 | CAD | 714,285 | 09.06.06 | |
| CANADIAN - GOVT/CIDA/HAPS | | 495,000 | CAD | 545,490 | 23.06.06 | |
| CHINA - HONG KONG RC BRANCH | | 200,000 | HKD | 32,500 | 28.05.06 | RELIEF ITEMS |
| CHINA - HONG KONG RC BRANCH | | 2,000,000 | HKD | 311,800 | 07.06.06 | EMERGENCY SHELTER |
| CHINA - MACAU RC BRANCH | | | | 30,000 | 09.06.06 | SHELTER, MEDICINES |
| CROATIA - GOVT/RC | | | | 220,000 | 30.05.06 | |
| CYPRUS- RC | | | | 10,834 | 15.06.06 | |
| CZECH - RC | | 4,494 | USD | 5,444 | 31.05.06 | |
| DANISH - RC | | | | 38,670 | 27.05.06 | |
| DANISH - GOVT | | | | 795,395 | 27.06.06 | |
| EGYPTIAN - RC | | 50,000 | USD | 60,565 | 07.06.06 | |
| ECHO (03002) | | 2,165,397 | EUR | 3,375,854 | 02.06.06 | |
| ESTONIA - RC | | 32,000 | EUR | 49,888 | 05.06.06 | |
| FINNISH - RC | | 80,000 | EUR | 124,720 | 31.05.06 | |
| FINNISH - GOVT | | 200,000 | EUR | 311,800 | 31.05.06 | |
| HELLENIC - RC | | 20,000 | EUR | 31,180 | 14.06.06 | |
| IRISH - RC | | 50,000 | EUR | 77,950 | 31.05.06 | SHELTERS |
| IRISH - GOVT | | 500,000 | EUR | 779,500 | 30.05.06 | |
| IRISH - RC | | 106,000 | EUR | 166,420 | 10.07.06 | EMERGENCY RELIEF ITEMS |
| IRISH - RC | | 118,000 | EUR | 185,915 | 04.09.06 | SHELTER PROGRAMME |
| ISLAMIC MEDICAL ASSOCIATION | | 10,000 | USD | 12,113 | 08.06.06 | |
| ITALIAN - GOVT | | 500,000 | EUR | 779,500 | 16.06.06 | |
| JAPANESE - GOVT | | 1,000,000 | USD | 1,211,300 | 02.06.06 | HEALTH & WATER SANITATION ACTIVITIES |
| JAPANESE - RC | | 100,000,000 | JPY | 1,081,000 | 04.06.06 | |
| JAPANESE - RC | | 200,000,000 | JPY | 2,162,000 | 09.06.06 | CHF 60'000 PROCUREMENT OF 15000 TETANUS VACCINE |
| JAPANESE - RC | | 244,400,000 | JPY | 2,637,076 | 21.08.06 | TOOLKITS DISTRIBUTION |

Indonesia - earthquake

ANNEX 1

APPEAL No. MDRID001

PLEDGES RECEIVED

27/10/2006

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|-------------------------------------|----------|-------------|------|------------|----------|--|
| KOREAN - RC | | 270,529,000 | KRW | 348,982 | 22.08.06 | |
| LATVIA - RC | | 25,000 | EUR | 39,250 | 04.07.06 | |
| LIBYAN - RC | | | | 10,000 | 30.05.06 | |
| LIECHTENSTEIN - RC | | | | 30,000 | 13.07.06 | |
| LUXEMBOURG - GOVT | | 100,000 | EUR | 155,900 | 13.06.06 | |
| LUXEMBOURG - RC | | 30,000 | EUR | 46,770 | 06.06.06 | |
| MONACO - RC | | 31,135 | EUR | 48,881 | 06.06.06 | |
| NETHERLANDS - GOVT | | 1,000,000 | EUR | 1,579,000 | 30.05.06 | |
| NETHERLANDS - RC | | 400,000 | EUR | 628,000 | 07.07.06 | RELIEF SUPPLIES |
| NETHERLANDS - NATURAL DISASTER FUND | | 10,000 | EUR | 15,700 | 13.07.06 | |
| NEW ZEALAND - GOVT | | 500,000 | NZD | 399,500 | 29.05.06 | |
| NEW ZEALAND - RC | | 250,000 | NZD | 194,500 | 20.06.06 | |
| NORWEGIAN - GOVT/RC | | 3,500,000 | NOK | 697,550 | 28.06.06 | |
| OPEC FUND | | 600,000 | USD | 726,780 | 09.06.06 | |
| PRIVATE DONORS ON LINE | | | | 97,630 | 26.06.06 | |
| QATAR - RC | | | | 115,718 | 13.07.06 | PROCUREMENT OF 1700 BODY BAGS, 250 TARPULINS, 3 EMERGENCY HEALTH KITS, 100 DRESSING MODULES, 25000 SURGICAL GLOVES |
| SENEGAL - PRIVATE DONOR | | 100 | EUR | 157 | 01.06.06 | |
| SINGAPORE - GOVT/RC | | 150,000 | SGD | 115,335 | 05.06.06 | RELIEF ITEMS |
| SINGAPORE - PRIVATE DONOR | | 50,000 | EUR | 77,950 | 01.06.06 | |
| SLOVENIA - GOVT | | 41,606 | EUR | 65,322 | 05.07.06 | |
| SWEDISH - GOVT | | 3,000,000 | SEK | 509,460 | 30.05.06 | |
| SWEDISH - GOVT | | 3,800,000 | SEK | 639,996 | 27.06.06 | |
| SWEDISH - GOVT | | 2,000,000 | SEK | 342,200 | 27.09.06 | EARLY RECOVERY |
| SWISS - RC | | | | 100,000 | 29.05.06 | |
| SWISS - PRIVATE DONORS | | | | 17,013 | 31.05.06 | |
| USA - PRIVATE DONORS | | | | 486 | 01.06.06 | |
| USA - NY / PRIVATE DONORS | | 446 | USD | 549 | 13.07.06 | |
| USA - NY / KRAFT FOODS INC. | | 25,000 | USD | 30,750 | 13.07.06 | |
| USA - NY/FIRST DATA WESTERN FOUND. | | 150,000 | USD | 184,500 | 13.07.06 | |
| WHO/VERF - STAFF MEMBERS | | | | 4,000 | 29.05.06 | |
| SUB/TOTAL RECEIVED IN CASH | | | | 31,233,756 | CHF | 82.1% |

KIND AND SERVICES (INCLUDING PERSONNEL)

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|---------------|----------|----------|------|-----------|----------|---|
| | | | | | 13.09.06 | |
| AMERICAN - RC | | | | 444,000 | | 80000 SLEEPING MATS, 1 ERU RELIEF COMPLETE, TRANSPORT |

Indonesia - earthquake

ANNEX 1

APPEAL No. MDRID001

PLEDGES RECEIVED

27/10/2006

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|-------------------------------------|----------|----------|------|-----------|------|---|
| AMERICAN - GOVT/USAID | | 361,500 | USD | 443,994 | | DIRECT ASSISTANCE: 150 TARPAULINS , 10200 JERRYCANS, 5004 HYGIENE KITS, TRANSPORT |
| BELGIUM - RC | | | | 784,426 | | 19000 TARPAULINS, 3 EMERGENCY HEALTH KITS, 22600 HYGIENE PARCELS,TRANSPORT/INSUR. |
| BRITISH - RC | | | | 45,418 | | ERU LOGISTICS MK1 MODULE |
| CANADIAN - RC | | | | 191,164 | | 10000 TARPAULINS |
| DANISH - RC | | 163,733 | DKK | 34,629 | | ERU TELECOMMUNICATION |
| GERMAN - RC | | | | 160,528 | | 440 ANTITETANUS IMMUNOGLOBULINS, 15000 TETANUS VACCINE, 1837 MINOR SURGERY SETS, 200 MONO PP, 1000 AXILLARY CRUTCH, 30 AMOXYCILLIN, 100'000 PROTECTION MASKS, TRANSPORT |
| JAPANESE - RC | | | | 1,851,618 | | 15000 TETANUS VACCINES, 3 EMERGENCY HEALTH KITS, 10000 INFUSION SETS, 10000 IV CANNULA, 6235 AXILLARY CRUTCH , 9600 AMOXYCILLIN, 24000 TARPAULINS, TRANSPORT/INSUR. |
| SPANISH - RC | | | | 22,578 | | 10 KITS WATERTANKS, ERU RELIEF COMPLET |
| SUB/TOTAL RECEIVED IN KIND/SERVICES | | | | 3,978,355 | CHF | 10.5% |

ADDITIONAL TO APPEAL BUDGET

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|----------------------|----------|-----------|------|-----------|----------|---|
| CHINESE - RC | | 50,000 | USD | 60,565 | 29.05.06 | DIRECT ASSISTANCE |
| IRANIAN - RC | | 254,720 | USD | 308,542 | 07.06.06 | DIRECT ASSISTANCE: 1500 PCES TENTS, 1500 SETS GROUND SHEETS, 5000 PCS SOAP |
| JAPANESE - RC | | | | 26,800 | 05.09.06 | 4 DISPENSARY TENTS, 1 EMERGENCY HEALTH KIT |
| QATAR - RC | | 200,000 | USD | 246,000 | 06.07.06 | DIRECT ASSISTANCE: 200 HOSPITAL BEDS, ORTHOPEDIC EQUIPMENT, RELIEF DELEGATE |
| UNITED ARAB EMIRATES | | 1,073,370 | USD | 1,300,173 | 04.06.06 | DIRECT ASSISTANCE: 35 MT DRUGS, TENTS, BLANKETS |
| SUB/TOTAL RECEIVED | | | | 1,942,080 | CHF | |