

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## West Sumatra: Earthquakes

Emergency Appeal n° MDRID004  
GLIDE n° TS-2009-000211-IDN  
Operations update No. 5  
22 October 2009

Period covered by this update: 19 October – 21 October 2009

Appeal target: CHF 19,185,775 (USD 18.64 million or EUR 12.69 million)

**Appeal coverage:** With contributions received to date, the appeal is 38 per cent covered in cash and kind; and over 50 per cent covered, including pledges in the pipeline. Funds are urgently needed to enable the Indonesian Red Cross (Palang Merah Indonesia/PMI) to provide immediate humanitarian assistance to those affected by this disaster.

<click [here](#) for the donors' response list or [here](#) for contact details>

### Appeal history:

- A revised preliminary emergency appeal of CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) was issued on 7 October 2009 to support the Indonesian Red Cross (Palang Merah Indonesia/PMI) to assist up to 20,000 families (approximately 100,000 beneficiaries) for six months.
- A preliminary emergency appeal of CHF 6,842,032 (USD 6,607,467 or EUR 4,533,713) was issued on 4 October 2009 to support the Indonesian Red Cross (Palang Merah Indonesia/PMI) to assist up to 5,000 families (approximately 25,000 beneficiaries) for six months.
- CHF 235,000 (USD 227,106 or EUR 155,302) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support this operation.



Indonesian Red Cross (*Palang Merah Indonesia/PMI*) medical action teams have provided emergency health and care services to 5,118 people since the earthquake struck. **Eka Airlangga. PMI/International Federation**

### Summary:

Data released this week from the National Disaster Management Agency (BNPB) of the Government of Indonesia showed that telecommunications is fully restored, while electricity has been restored in 95 per cent of the affected areas. Repair works continue on water supply systems, while shelter remains an urgent need.

The Government of Indonesia plans to commence recovery activities from 1 November, but as detailed in the Humanitarian Response Plan, emergency activities will continue for another two months. Once the recovery phase begins, all non-governmental organizations will need to be registered with the government to continue their operations.

The Indonesian Red Cross (*Palang Merah Indonesia/PMI*)/International Federation relief distributions have now reached 7,625 families, despite operations being hampered by unfavourable weather conditions in the past three days.

Four of PMI's medical action teams have already completed their operations, leaving three teams who continue to address the emergency health needs of the affected communities. As of 21 October, PMI has treated a total of 5,118 people<sup>1</sup>. Water has been successfully provided through the delivery of a total of 1,100,000 litres of potable drinking water directly to communities (894,000 litres), government (174,000 litres) and hospitals

<sup>1</sup> This figure also considers a revision to previous updates, which included multiple counting of people reached.

(32,000 litres).

Following assessments, this emergency appeal is being revised and will be finalised by the end of the month.

Partners which have made contributions to the appeal to date include the American Red Cross, Australian Red Cross, British Red Cross/British government, Canadian Red Cross/Canadian government, Finnish Red Cross, French Red Cross, Hong Kong branch of the Red Cross Society of China, Irish Red Cross, Japanese Red Cross, Macau branch of the Red Cross Society of China, Monaco Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/New Zealand government, Spanish Red Cross and Swedish Red Cross/Swedish government as well as the Organization of the Petroleum Exporting Countries (OPEC) Fund for International Development and Irish Aid.

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

[<click here to view the revised emergency appeal budget>](#), [<click here to view a map of the affected areas>](#), [<click here to view contact details>](#)

## The situation

Over a 48-hour period, the west coast of the island of Sumatra in Indonesia was struck by two major earthquakes. The first quake, measuring 7.6 on the Richter scale, struck at 17:15 local time on 30 September, at a depth of 71 km off the coast, close to the district of Padang in west Sumatra province. The second quake, measuring 6.8, struck an inland area 225 km southeast of Padang city on 1 October. On 16 October at 04:52 local time, another earthquake measuring 6.1 struck in the Sunda Straits at a depth of 9 km, only 125 km off Telukbetung in Sumatra. It was a reminder of the constant threat of earthquakes to Sumatra island, as high activity continues on the same fault line that caused the great Asian tsunami almost five years ago.

According to the National Disaster Management Agency (BNPB) of the Government of Indonesia, electricity has been restored in 95 per cent of affected areas, while telephone communications is fully restored. An emergency radio communication now completely covers the city of Kota Padang and its outskirts, and is expected to soon extend to Padang Pariaman, Kota Pariaman and Agam.

This week, the national water utility board (PDAM) announced that repairs on the entire water pipe network in Padang will be completed within six months, while repairs and reconstruction on its main water treatment plant will be completed on 31 October 2009. PDAM Padang continues to coordinate with and guide all agencies working in Padang for water supply.

Emergency health services are well coordinated and no major outbreaks are evident. Key health services still needed by affected communities include psychosocial and mental health support.

## Red Cross and Red Crescent action

The Indonesian Red Cross (*Palang Merah Indonesia*/PMI) continued implementation of relief activities, including relief distributions, emergency health services and water and sanitation services. Within each of these programmes, staff and volunteers work in an integrated and harmonised manner to ensure comprehensive activities that meet the overall needs of affected communities in health and care, water and sanitation, emergency relief and shelter.

PMI volunteers, mobilized from other branches within and outside the West Sumatra chapter, continued to actively support activities on the ground. As of 21 October, there are 213 active volunteers registered within the operation.

The International Federation's deputy head of country office visited Padang on 20 October to work with the operations team on the revised emergency appeal and early recovery plan. A simultaneous process has also begun to develop a more consolidated map of support activities and further needs that are required by all partner national societies from PMI and the International Federation in terms of human resources, working space and coordination support.

## Progress of the proposed operation

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

**Objective:** Up to 20,000 families (100,000 individuals) have their immediate needs provided for through the distribution of non-food items (NFI), such as hygiene kits, kitchen sets, clothing, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.

Expected results	Activities planned
The immediate needs of 20,000 affected families are met through relief distribution.	<ul style="list-style-type: none"> <li>• Conduct rapid emergency needs and capacity assessments.</li> <li>• Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>• Mobilize relief supplies from pre-positioned stocks, supplemented by additional local / regional procurement.</li> <li>• Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to the donors.</li> </ul>

Long periods of heavy rainfall, leading to poor road access and low visibility for air operations, have added to the challenges of ensuring a smooth relief distribution. Technical problems with one of the main helicopters on 19 October – and the resulting repairs which took almost the entire day – meant that air operations were postponed. Nevertheless, relief distributions were successfully carried out in the past three days, in the targeted districts of Kota Padang, Kota Pariaman, Padang Pariaman and Agam. These relief distributions also incorporate a hygiene promotion campaign, in which trained volunteers deliver hygiene messages – either during the assessments, or during the distributions themselves.

As of 21 October, the PMI/International Federation relief distributions have reached 7,625 families. The relief team plans to reach 10,000 families in the coming four weeks.

## Emergency shelter

**Objective:** Up to 20,000 families are assisted with adequate temporary shelter and additional 2,000 families in West Java.

Expected results	Activities planned
Improved shelter conditions for affected families with severely damaged and destroyed houses	<ul style="list-style-type: none"> <li>• Analysis of needs based upon beneficiary registration database and ongoing assessments.</li> <li>• Mobilize emergency shelter resources from pre-positioned stocks in other parts of the country and identify culturally appropriate solutions.</li> <li>• Additional procurement, transport, and emergency storage.</li> <li>• Continuous distribution of tarpaulins, tents and toolkits for the affected families to build emergency shelters with salvaged debris.</li> <li>• Development of transitional sheltering programme in close cooperation with the Emergency Shelter Cluster.</li> <li>• Monitoring and coordination.</li> </ul>



The shelter design is being finalized, with 18 volunteers receiving financial and construction training. **Bill Marsden/International Federation**

The construction of models for emergency shelters is ongoing, using agreed design parameters. To date, 18 volunteers have been trained in the construction aspects and have received financial training as well. The volunteers in this programme come from Kota Padang, Kota Pariaman, Pesisir Selatan of West Sumatra as well as from Nanggroe Aceh Darussalam and Yogyakarta.

There is a plan to sign a memorandum of understanding for the coordination of local procurement with the head of district (Bupati).

The health and water and sanitation teams are closely following the developments in the shelter component. An integrated recovery action plan will be drawn up, with the basic idea being to complement the shelter project with adequate and suitable water and sanitation/hygiene

promotion interventions.

## Emergency health and care

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

Four PMI medical action teams (MAT) have completed their operations. There are now three MATs with six medical doctors remaining in the field, providing medical assistance at health posts (POSKO) and mobile clinics in Kota Padang, Kota Pariaman and Padang Pariaman. These teams are expected to remain in deployment until 31 October when the government announces the end of the emergency phase, but MATs may extend operations if requested by the government.

PMI continues to analyze health data on a daily basis, verifying information from earlier days. The total number of people receiving health and care services from PMI as of 21 October 2009 is now 5,118.

As part of the future planning for the revised appeal, the health and care programme has made several recommendations to its operational plan for the next six months. Health education, including integrated hygiene promotion with the water and sanitation programme, will be a priority area to prevent outbreaks of communicable diseases such as diarrhoea and upper respiratory tract infections. A hand-carried hygiene kit has been approved to protect PMI staff and volunteers while carrying out activities.

There are also plans to coordinate with relief and shelter distributions to disseminate information, education and communication materials on the proper use and maintenance of mosquito bed nets. This will complement dengue and malaria prevention activities such as fogging for vector control. PMI emergency response teams have been trained and are ready to be mobilized for fumigation activities (in coordination with water and sanitation team) where there are reported cases of dengue, especially in volunteer camps. These will all be conducted in coordination with district health offices.

Under the proposed six-month plan, the psychosocial support (PSP) component plans to focus on a two-month emergency phase and a four-month resilience phase. The coordinator is establishing four teams

from four branches, whose first task will be the implementation of a trauma healing programme. The International Federation will support these PSP teams with equipment and operational costs for two months.

## Water, sanitation, and hygiene promotion

<b>Objective:</b> The risk of waterborne as well as water and sanitation-related diseases is reduced through the provision of safe water, adequate sanitation facilities, and hygiene promotion to 10,000 families (50,000 people) within the affected area for six months.	
<b>Expected results</b>	<b>Activities planned</b>
Access to safe water is provided in the target evacuation centres.	<ul style="list-style-type: none"> <li>Establish potable water treatment facilities.</li> <li>Set up water emergency water distribution network, including truck tankering, bladders and tap stands (already on stand-by in other parts of the country).</li> </ul>
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> <li>Build sanitation facilities in emergency camps and in other locations where required.</li> </ul>
The health status of the population is sustainably improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> <li>Establish disease vector and safe hygiene monitoring.</li> <li>Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/International Federation water and sanitation software.</li> <li>Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to the assessment.</li> </ul>

### Health/water and sanitation emergency response

The 28-member PMI emergency response team, working closely with the Spanish Red Cross, American Red Cross and the International Federation are producing approximately 100,000 litres of potable drinking water each day at ten water points installed around Kota Padang. PMI is planning to rent five more trucks, each with a 5,000 litre capacity, to increase delivery capacity.

To date, water has been successfully provided through the delivery of a total of 1,100,000 litres of potable drinking water directly to communities (894,000 litres), government (174,000 litres) and hospitals (32,000 litres).

The PMI/International Federation water and sanitation team has provided hygiene promotion training to volunteers to complement water distribution activities. To date, 20 volunteers have been trained in Kota Padang, nine in Kota Pariaman and Padang Pariaman, and 17 in Agam. Hygiene promotion activities are closely coordinated with relief distribution, particularly, with distribution of hygiene kits, jerry cans and mosquito nets. Trained volunteers are delivering hygiene promotion messages to target communities. To date, 441 households in two villages in Padang Pariaman and Agam were reached by this type of integrated activities.

In addition, PMI/International Federation have received four fumigators and have contacted the ministry of health authorities to plan appropriate action – in coordination with trained volunteers in the health and care programme.

## Organizational Development

<b>Objective:</b> To strengthen the immediate and long term capacities of PMI staff and volunteer at branch level to complete the operational needs and leave behind sustainable capacities for the future.	
<b>Expected results</b>	<b>Activities planned</b>
The coordinated mobilization of local spontaneous volunteers has built short medium and long term branch capacities.	<ul style="list-style-type: none"> <li>Conduct rapid volunteer mobilization and orientation in affected areas.</li> <li>Conduct support activities for volunteers including weekly peer support meetings to address stress and psycho-social issues.</li> <li>Develop and maintain a volunteer database registering skills and availability.</li> <li>Implement a volunteer insurance scheme in keeping with the International Federation's global volunteer insurance scheme.</li> </ul>
Strengthened financial systems	<ul style="list-style-type: none"> <li>Existing branch financial management and reporting systems are</li> </ul>

have receipted and spent locally and internally sourced donations efficiently and led to long term enhanced systems at branch level.	<p>scaled up to efficiently report on scaled up resources.</p> <ul style="list-style-type: none"> <li>• Management information systems are strengthened at branch level to enable effective decision making.</li> </ul>
Communications capacity at branch level will have been strengthened to increase PMI's visibility and also to undertake humanitarian diplomacy on behalf of affected communities.	<ul style="list-style-type: none"> <li>• Existing branch level communications infrastructure, roles and capacities will be immediately scaled up by allocating roles and equipment to both staff and volunteers to facilitate immediate information flow.</li> <li>• Key messages from affected communities will be communicated by PMI to enable enhanced support from other responding institutions.</li> </ul>
PMI's increased visibility in the operation will have led to strengthened national and branch level fundraising capabilities.	<ul style="list-style-type: none"> <li>• A branch and national level donor base will be developed to capture information from individuals, organizations and businesses contributing to the operation.</li> <li>• A transparent reporting mechanism will be strengthened to inform all donors of what PMI activities they have assisted to build long term donor confidence in PMI.</li> </ul>

Discussions are ongoing with regard to the incorporation of longer-term organisational development into the plan of action. These will be further elaborated in the revised emergency appeal.

## Coordination and partnerships

The technical working groups (TWGs) continue to hold regular meetings to ensure good coordination between staff and volunteers from PMI Jakarta, PMI West Sumatra Chapter, the International Federation and partner national societies who are working in this relief operation.

The relief operations coordinator continues to attend daily coordination meetings in Padang chaired by the BNP and UN to share and exchange information on the progress of our emergency response and recovery operation with the West Sumatra Satkorlak (provincial disaster management unit), UN agencies and other humanitarian organizations and non-governmental organizations working in Padang.

### Inter Agency Coordination:

The International Federation participates in close cooperation with PMI and its partners at inter-agency meetings to coordinate overall relief efforts. The emergency shelter cluster has been activated and is currently being facilitated by a shelter cluster coordinator (Netherlands Red Cross), information managers (American Red Cross and Canadian Red Cross), technical coordinator (International Federation) and a field coordinator (Australian Red Cross). Activities of organizations, donors and government agencies will be coordinated by relevant clusters to ensure efficient accountable partnerships. The coordination team publishes documents, on the website <http://groups.google.com/group/SUM09>.

As the International Federation is the lead member of the shelter cluster, its deliberations with PMI on a common transitional/temporary shelter strategy will guide the corresponding actions of the other member organizations in this cluster.

## Capacity of the PMI

Nationally, 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. Additionally, as a direct result of the build-up in volunteers and human resource capacities following the December 2004 tsunami in Aceh province of Northern Sumatra, PMI has built up a robust inter-dependence amongst its branches. PMI branches actively engaged in the operations include Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Jakarta and North Sumatra.

In addition, given the longer-term programming many of the partner Red Cross societies are using disaster risk reduction approaches in their supporting work. The capacity of the national society has been augmented by the existence of community-based action teams – core components of disaster risk reduction programming of PMI.

## **Capacity of International Federation**

Following the 26 December 2004 tsunami that struck Aceh province and the 28 March 2005 earthquake under Nias Island, the International Federation capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. At present, the International Federation country team consists of 25 delegates and 201 national staff who support the PMI in their emergency and longer-term programming.

In support of the initial emergency response, the International Federation country office has deployed locally-based relief, logistics, disaster management, health, telecommunications and information and reporting staff to support PMI for this operation. In addition, the Asia Pacific zone office in Kuala Lumpur has reinforced the country office capacity with deploying communications and reporting staff members. The preliminary appeal budget identifies human resources are required for the next six months. As part of the FACT mobilization, a recovery specialist is in Indonesia supporting the team in the revision of the plan of action to ensure that this component is suitably developed.

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

The focus of the communication team in Padang continues to be media relations, providing a steady flow of materials on the International Federation websites, such as web stories, as well as sharing photographic materials with partner national societies.

The communications delegate ended his mission on 21 October and a suitable replacement is being identified.

## **Logistics**

Seven IL-76 flights loaded by all-weather tents, tarpaulins, jerry cans, blankets, shelter kits and mosquito nets from the regional logistics unit warehouse in Kuala Lumpur (donations from American Red Cross, Australian Red Cross, British Red Cross, Finnish Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross and Netherlands Red Cross) along with eight Antonov-12 flights with the Netherlands Red Cross in-kind donations of all-weather tents and jerry cans have arrived in Padang, where the logistics emergency response unit together with PMI volunteers received the goods and moved them to the warehouse for further distribution. Also, some goods donated by the French Red Cross are arriving from Jakarta by commercial flights. To date, approximately 450MT/1400 Cbm were delivered by air.

The first sea freight shipment of 6 x 40' containers with relief items for the second phase will depart from Port Klang, Malaysia, on 26 October. The containers will be custom-cleared in Medan, Indonesia, and delivered by road directly to Padang. Another shipment will depart approximately one week later, following the distribution needs.

All items on the international mobilization table are now covered except for a small quantity of jerry cans. Baby kits and hygiene kits have been removed from the immediate needs due to the identification of additional stocks at other PMI chapters. Local procurement has been initiated for other items (family kits, sarongs and sleeping mats).

Trucks and helicopters are being used to transport goods from the warehouses to distribution points. Any further needs for trucks will be based on the performance and needs of the current fleet. At the moment, ten additional trucks are already on standby.

## Caring for earthquake survivors



It was eight o'clock in the morning and already villagers were lined up, waiting to be seen by the visiting doctor.

"It's like this every morning," says Doctor Yudha. The 28-year old is a member of the Indonesian Red Cross Medical Action Team, stationed in Bogor. When the 7.6 quake hit West Sumatra he volunteered to leave his job and his wife to come and assist. "I just want to help them," he says. "We're all Indonesian. We should help each other. Even if I weren't a doctor, I would still try to help."

Dr. Yudha and his team of seven nurses and doctors are stationed in Pariaman. However, loaded with medical supplies, they make daily visits to outlying villages. On this day, the mobile health clinic is in the village of Apar. On average, they see 100 patients a day, all suffering from a variety of ailments ranging from broken bones to diarrhoea and stomach problems. By far, the majority are afflicted by upper

respiratory tract infections, likely caused by all the dust they have ingested since their houses collapsed.

Twenty-eight-year old Somad is a father of two. When the earthquake struck, he was lying down, taking a rest from his job as a carpenter. Suddenly, an electrical cable swung loose, hitting Somad, severely electrocuting him. It was pain like he had never felt before. He suffered burns on his legs and face. A chunk of skull was removed from the top of his head.

Somad comes to the Apar medical clinic every other day to have his head bandages changed. He squints his eyes in distress as the nurses pour saline solution into his open wounds. A moment later he is laughing at something they have said.

"There is no doubt this is a disaster," he says later. "We have to accept it. But what else can I do but laugh?"

Somad is thankful for the roving medical clinic. Without it he would have to travel far to have his wounds looked at.

"The doctors and nurses of the Indonesian Red Cross (*Palang Merah Indonesia/PMI*) have been giving me really good medical treatment. They are nice people," he says. "I feel much better now that I have come here."

**Kathy Mueller/International Federation**

## How we work

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

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

### Global Agenda Goals:

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

## Contact information

For further information specifically related to this operation please contact:

- Indonesian Red Cross:
  - Iyang Sukandar, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: [pmi@pmi.or.id](mailto:pmi@pmi.or.id)
- Indonesia Country delegation:
  - Bob McKerrow, head of country office, phone: +62811 824 859; email: [bob.mckerrow@ifrc.org](mailto:bob.mckerrow@ifrc.org)
  - Amara Bains, deputy head of country office, phone: +62811 492 423; email: [amara.bains@ifrc.org](mailto:amara.bains@ifrc.org)
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- Federation Asia-Pacific zone office, Kuala Lumpur:
  - Michael Annear, disaster management coordinator, phone: +603 9207 5726, mobile: +6012 234 6591, email: [michael.annear@ifrc.org](mailto:michael.annear@ifrc.org)
  - Jagan Chapagain, deputy head of zone office, phone: +603 9207 5700, mobile: +6012 215 3765, email: [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org)
  - Penny Elghady, resource mobilization and PMER coordinator, email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org); phone: +603 9207 5775, fax: +603 2161 0670  
Please send all pledges of funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)
  - Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org)
  - Patrick Fuller, tsunami communications coordinator  
phone: +603 9207 5705, mobile: +6012 230 8451 fax: +603 2161 0670, email: [patrick.fuller@ifrc.org](mailto:patrick.fuller@ifrc.org); Lasse Norgaard, acting zone communications manager, mobile: +66 89 63 57 177, email: [lasse.norgaard@ifrc.org](mailto:lasse.norgaard@ifrc.org).

**[<emergency appeal budget and map below:  
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## APPEAL BUDGET SUMMARY

Annex 1

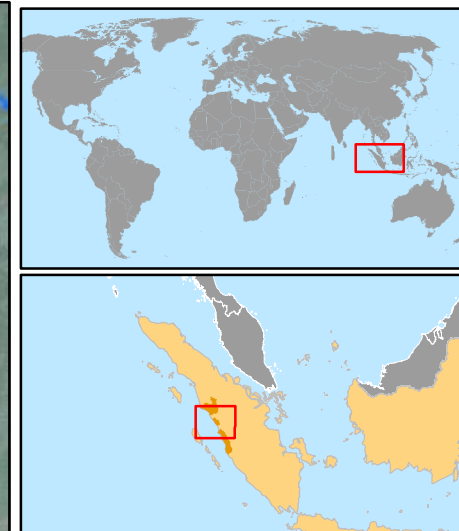
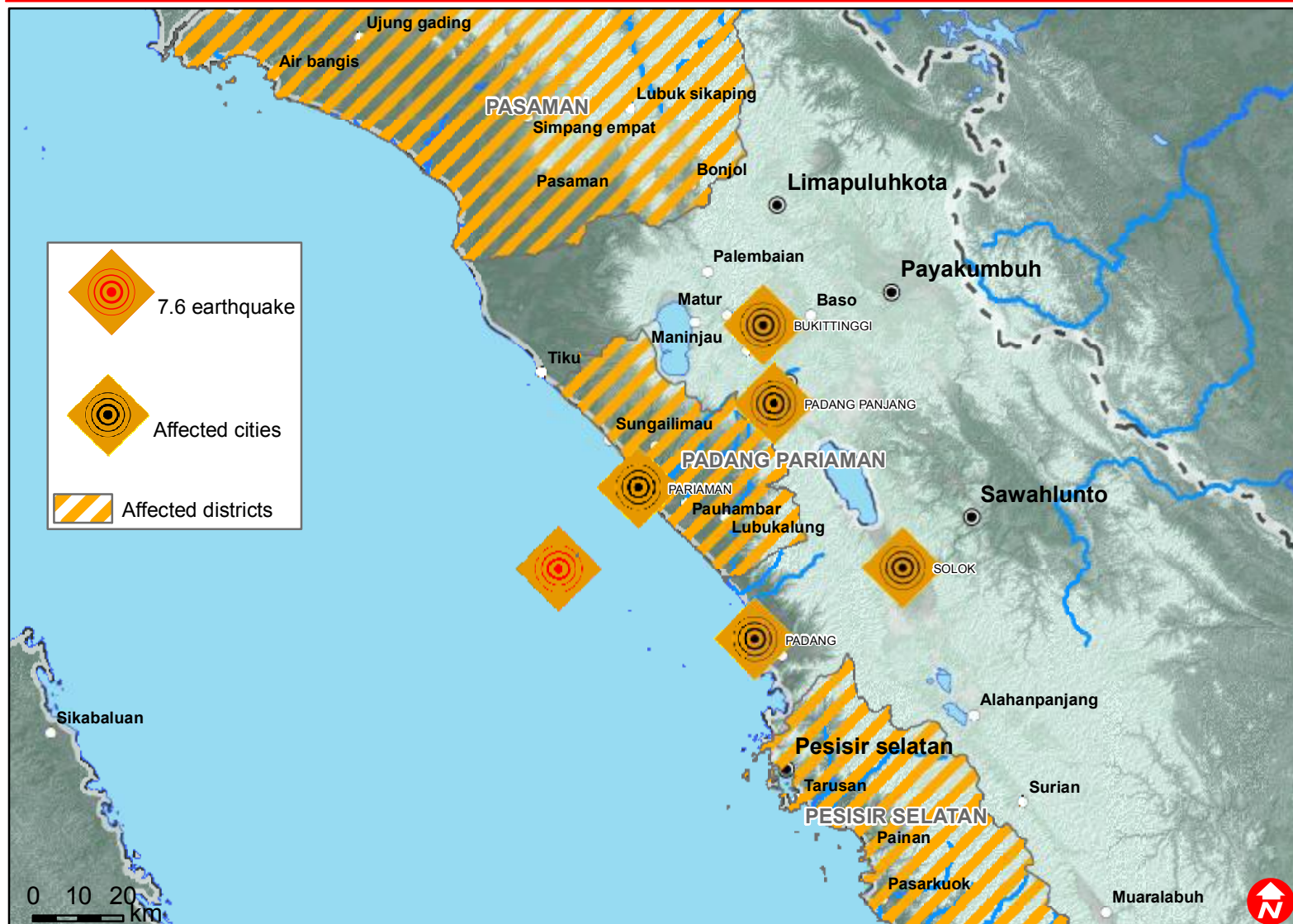
Indonesia : West Sumatra Earthquakes

MDRID004

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	3,920,000	12,610,000	8,690,000
Clothing & Textiles	105,000	280,000	175,000
Water & Sanitation	121,750	222,000	100,250
Medical & First Aid	158,000	360,000	202,000
Utensils & Tools	374,550	1,498,200	1,123,650
Other Supplies & Services	120,000	280,000	160,000
<b>Total Relief Needs</b>	<b>4,799,300</b>	<b>15,250,200</b>	<b>10,450,900</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Computers & Telecom Equipment	150,000	150,000	-
Office/Household Furniture & Equip.	40,000	40,000	-
Other Machinery & Equipment	50,000	50,000	-
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	80,000	392,500	312,500
Distribution & Monitoring	80,000	320,000	240,000
Transport & Vehicles Costs	600,000	700,000	100,000
<b><u>PERSONNEL</u></b>			
International Staff	288,000	336,000	48,000
National Staff	80,000	220,000	140,000
National Society Staff	60,000	120,000	60,000
<b><u>GENERAL EXPENSES</u></b>			
Travel	50,000	100,000	50,000
Information & Public Relations	20,000	60,000	40,000
Office running costs	50,000	120,000	70,000
Communication Costs	30,000	60,000	30,000
Professional Fees	20,000	20,000	-
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	444,732	1,247,075	802,343
<b>Total Operational Needs</b>	<b>2,042,732</b>	<b>3,935,575</b>	<b>1,892,843</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>6,842,032</b>	<b>19,185,775</b>	<b>12,343,743</b>
<b>Less Available Resources</b>			
<b>Net Request</b>	<b>6,842,032</b>	<b>19,185,775</b>	



## Indonesia: Earthquake



The Indonesia Red Cross (Palang Merah Indonesia/PMI) and the International Federation have been working round the clock to help with the relief efforts in Padang and to assess the full extent of the damage and destruction caused by the earthquakes. The National Disaster Management Agency (BNPB) of the Government of Indonesia confirmed the death toll has risen to 603 people, with 2,451 people injured. The BNPB listed 343 people as missing while 736 households have been internally displaced. The damage and destruction is spread over eight cities: Padang City, Pariaman City, Bukittinggi City, Padang Pariaman District, Pesisir Selatan District, Solok City, Padang Panjang City and Pasaman Barat District. In total, 777,893 people may have been affected. The Ministry of Health (MoH) further estimates that another 3,000 people might still be trapped under collapsed buildings, with time running out for survivors.