

# Operations update

 International Federation  
of Red Cross and Red Crescent Societies

## Indonesia: West Sumatra Earthquakes

Emergency appeal n° MDRID004  
GLIDE n° TS-2009-000211-IDN  
Operations update n° 10  
19 February 2010

**Period covered by this operations update:** 30 September 2009 - 31 January 2010

**Appeal target (current):** CHF 13,293,583 (USD 12.9 million or EUR 8.8 million)

[<click here to view the attached Revised Emergency Appeal Budget and interim financial report>](#)

**Appeal coverage:** With contributions received to date, the appeal is 93 per cent covered in cash and kind, with further pledges in the pipeline. Additional funds are needed to enable Palang Merah Indonesia (Indonesian Red Cross) to scale up its response and provide humanitarian assistance to those affected by the disaster. [<click here for the donors' response list or here for contact details>](#)

### Appeal history:

- The Emergency Appeal was launched on 5 November for CHF 13,293,583 (USD 12.9 million or EUR 8.8 million) in cash, kind, or services. The overall budget of PMI's operations is CHF 19,627,833 (USD 19.17 million or EUR 12.99 million). The balance is being covered by bilateral contributions made directly to PMI by a number of partner national societies.
- A revised preliminary Emergency Appeal was launched on 7 October for CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) in cash, kind, or services to support the Palang Merah Indonesia (Indonesian Red Cross) to assist up to 20,000 families (approximately 100,000 individuals) for six months.
- A Preliminary Emergency Appeal was launched on 4 October 2009 for CHF 6,842,032 (USD 6.60 million or EUR 4.53 million) in cash, kind, or services to support the Palang Merah Indonesia (Indonesian Red Cross) to assist up to 5,000 families (approximately 25,000 individuals) 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.



Socialization/ information dissemination activities continue to be carried out in PMI-supported districts, including Padang Pariaman. After information dissemination is completed in the branch and with the relevant district authorities and communities, construction work commences. Some families in Kota Pariaman have already moved into the completed T-shelters. (Photos: Palang Merah Indonesia.)

**Summary:**

This four-month consolidated report details the efforts and activities of the Palang Merah Indonesia (PMI – Indonesian Red Cross), supported by the International Federation and partner national societies, in its response to the West Sumatra earthquakes which occurred on 30 September and 1 October 2009. The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages, with an estimated 2.5 million people living in the five most affected districts.

Between October and January, PMI supported affected communities with food and non-food relief items, health and care, water and sanitation as well as temporary shelters. In the emergency phase, search and rescue and restoring family links activities were also carried out.

Total tonnage of relief items distributed is estimated at 917 tonnes, with 27 tonnes distributed by air. The distribution of relief items is estimated to have reached over 28,000 families by 31 December, and relief operations have ceased.

Four months after the earthquakes, verified numbers of beneficiaries reached through PMI medical action teams and the mobile health clinics are 9,285 people, while psychosocial support activities in schools and communities reached a total of 3,394 people by the end of January.

The emergency shelter cluster was activated in Padang and the International Federation was assigned as the lead agency. In addition to distributing emergency shelter items, such as tents, toolkits and tarpaulins, PMI and Movement partners are committed to providing temporary shelters (T-shelters) to affected families in the districts of Kota Padang, Padang Pariaman, Kota Pariaman, Pesisir Selatan and Agam.

By 10 November, the first T-shelters were successfully completed in Padang Pariaman, in the villages of Sintuk and Sungai Rambai, and up to 6,327 families in four of the five affected districts have been identified to receive T-shelter support at the end of January.

Final water treatment and distributions by the PMI water and sanitation emergency response team as of 30 November 2009 is 3,948,500 litres. Based on calculations of population<sup>1</sup> in supported areas and number of visits made, a conservative estimate indicates that up to 35,500 beneficiaries were reached through this intervention.

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

Bilateral partners supporting PMI include the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross/Danish government, French Red Cross and Netherlands Red Cross (European Commission Humanitarian Aid Office [ECHO] funding), German Red Cross, Italian Red Cross, Kuwait Red Crescent, Norwegian Red Cross, Qatar Red Crescent, Singapore Red Cross, Spanish Red Cross, Swiss Red Cross, Turkish Red Crescent and United Arab Emirates Red Crescent.

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

## The situation

Two major earthquakes off the coast of West Sumatra, Indonesia, measuring 7.6 and 6.8 on the Richter scale respectively, occurred on 30 September 2009 and 1 October 2009. On 16 October, another earthquake measuring 6.1 struck in the Sunda Straits, 125 kilometres off Telukbetung in Sumatra.

The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages. Other damaged infrastructure include 1,078 schools, urban water networks, roads, and health centres. About 80 per

<sup>1</sup> 2008 census data from the Padang statistics bureau (Badan Pusat Statistik Padang, BPS).

cent of government buildings were destroyed, badly affecting local administration. The Ministry of Health Crisis Centre reported that four hospitals, 12 community health centres (Puskemas), ten supporting community health centres and two official houses have collapsed. The government estimated the rehabilitation and reconstruction cost at USD 745 million and welcomed any international assistance. Latest figures provided by the vice governor of West Sumatra indicate that up to 1,195 people died and another 1,798 people were injured in the disaster.

More than 2.5 million people are estimated to be living in the five most affected districts of West Sumatra, with Kota Padang and Padang Pariaman being the hardest-hit areas, where some 80 per cent of infrastructure was damaged.

A month after the earthquakes, electricity was restored in 95 per cent of affected areas, while telephone communications was fully restored. The emergency phase was declared over on 31 October, with the recovery period officially commencing on 1 November.

In the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) meeting which took place on 20 November, the head of BAPPEDA (the provincial development and planning board) of West Sumatra province revised down the number of damaged houses to 250,578, with 114,483 registered as heavily damaged (down from the previous figure of 135,483), 67,182 as medium-damaged and 68,913 as lightly damaged.

The local government indicated that early recovery will take place between November and December 2009, while overall reconstruction and rehabilitation will take place in the span of two years, up to the end of 2011. The government plans to reconstruct destroyed and/or heavily damaged buildings and schools with quake-resistant and safer structures, rehabilitate moderate and lightly damaged government buildings and conduct structural assessments to buildings which withstood the earthquake. On a wider scale, rehabilitation and reconstruction strategies will cover infrastructure including housing, transportation, energy and water and sanitation, followed by social services including education and health, productive economy including agriculture, trade and tourism, and finally, inter-sectors which cover government facilities and the environment.

Welcoming international assistance, the government established a recovery coordinating body to ensure effective and collaborative implementation of support programmes. The Government of Indonesia's action plan for the rehabilitation and reconstruction of post-earthquake areas in West Sumatra was issued in Bahasa Indonesia in December. The plan includes risk-reduction efforts on the post-disaster context, a framework for rehabilitation and reconstruction, its implementation and exit plan, for the period of 2009 – 2011.

## Coordination and partnerships

PMI leads the planning and implementation of the operation with its partners. The International Federation's country office in Jakarta provides operational support and leads in coordination with Red Cross Red Crescent partners and external international organizations; meanwhile, the disaster management unit (DMU) in Kuala Lumpur took the international lead role in the first three months of the operation, while partner national societies in-country continue identified, through coordination meetings, technical areas of strength and resources available for mobilization as required according to the plan of action and emerging needs.

To improve further the planning, implementation and management of the emergency response and recovery operation, small technical groups comprising representatives from the PMI (national headquarters and chapter), International Federation and partner national societies, were established.

The relief operations coordinator or his representative attended daily coordination meetings in Padang chaired by the BNPB and UN in the first month following the earthquakes. This forum allowed the Red Cross Red Crescent Movement to share and exchange information on its activities and progress with the West Sumatra Satkorlak (provincial disaster management unit), UN agencies and other humanitarian organizations and non-governmental organizations working in Padang.

PMI and the International Federation continue to share information with relevant cluster groups to ensure coordination and to avoid overlap in service delivery to the most affected by the earthquakes.

### Inter-agency coordination:

Following the recommendation of the in-country Humanitarian Coordinator, the inter-agency standing committee (IASC) cluster approach was activated to ensure effective humanitarian response. In accordance with its global commitment, the International Federation deployed a coordination team for the emergency shelter cluster. Information from the emergency shelter cluster is available at <http://groups.google.com/group/SUM09>.

## Red Cross and Red Crescent action

At the early stage of emergency operations, PMI flew in a 36-member team from Jakarta to Padang to support the emergency response. The team consisted of ten medical personnel (orthopaedic surgeons, general practitioners, and nurses), two staff supported by the International Committee of Red Cross (ICRC) for Restoring of Family Links (RFL), two staff for water and sanitation, and two psychological support staff. At its peak, PMI mobilized over 326 staff and volunteers from local, provincial and national levels, enabling them to be present quickly on the ground, working with the authorities and other partners supporting the evacuation of affected people through the provision of initial first aid and relief as well as conducting ongoing assessments to ascertain the extent of damage and needs.

### Search and rescue

Within hours after the earthquake struck, PMI's West Sumatra chapter mobilized its staff and volunteers to the hardest-hit urban locations, including at the Adira Building, forming search and rescue teams with personnel of the Indonesian army and police. In the first week of operations, search and rescue teams assisted with the retrieval of bodies and the evacuation of the injured to nearby hospitals and health posts, while providing first aid to those with minor injuries.

### Assessments

PMI deployed assessment teams to the following places:

- Kota Padang district, including the sub-districts of Sawahan Timur, Simpang Haru, Andalas, Ganting, Kubu Dalam.
- Kota Pariaman district, including the sub-districts of Pariaman Timur, Pariaman Selatan and Pariaman Tengah.
- Pesisir Selatan district, including the sub-districts of Koto XI, Terusan, Bayang and Batang Kapas.
- Padang Pariaman district, including Kota Dalam, Lima Koto Timur, Tanjung Raya.
- Agam district including the sub-districts of Malalak Selatan and Malalak Barat.

These assessments, including aerial grid referencing, were a dynamic process building on prior knowledge (a comparative advantage of PMI and long-time in-country partners), direct observations, information from other actors, and ongoing interaction with beneficiaries (to work towards quality and accountability of support) and the authorities on the nature of needs and appropriate support.

### Restoring family links (RFL)

The PMI RFL team, supported by a joint ICRC-Swedish Red Cross project supervisor and operational since 2 October, has assessed the needs for tracing at the three major hospitals used during the evacuation. They offered free satellite phone calls from the PMI chapter to persons looking for their relatives and they liaised with the mortuary where the authorities transfer the dead bodies for proper identification. The PMI is deploying additional staff to answer the increasing requests from families from all around the country, related to people reported missing in Padang and in the neighbouring villages. Latest figures indicate up to 44 requests for RFL have been received to date.

### Partner national societies – bilateral support

In addition to support from the International Federation, PMI received bilateral support from partner national societies in relief, shelter, water and sanitation, logistics and health and care. Partners include American Red Cross, Danish Red Cross/Danish government, French Red Cross, Irish Red Cross, Italian Red Cross, Netherlands Red Cross, Qatar Red Crescent, Spanish Red Cross and Turkish Red Crescent. The following table provides a brief overview of some of the bilateral work on the ground:

Partner National Society	Summary of support activities
American Red Cross	Support to PMI with non-food items (family kits, baby kits, sarongs, blankets, mosquito nets, tarpaulins); coverage of NFI transportation and distribution-related costs (per diems for volunteers, fuel, warehousing costs); support of emergency water supplies in Kota Padang; support for the operation with human resources on a short-term basis (a field coordinator, a finance officer, a team leader).
Danish Red Cross	Mobilization of non-food items (school tents, hygiene kits, sarongs, blankets, tarpaulins); provision of T-shelters in Pesisir Selatan, including trainings for volunteers and technical support as required.
Irish Red Cross	Deployment of a team of four communications staff to Padang, who supported PMI in establishing a short message service (SMS) gateway to encourage communities to have two-way communications with PMI.
Italian Red Cross	Support to PMI with non-food items (hygiene kits) and four emergency

	response unit (ERU) volunteers' base camps, which are fully equipped and can accommodate up to 40 beds each.
Netherlands Red Cross-French Red Cross consortium	Provision of non-food items (tents, jerry cans, mosquito nets, shelter kits and tarpaulins).
Spanish Red Cross	Support to PMI in water and sanitation, shelter and relief, through a combination of technical capacity, human resources, water and sanitation ERU equipment, transportation (trucks for relief items and water distribution), non-food relief items as well as funding for the PMI water and sanitation and T-shelter programmes.
Swiss Red Cross	Provision of up to 1,000 t-shelters, along with permanent water and sanitation solutions in Agam district. It also foresees to include financial support, technical and administrative assistance and capacity building for PMI staff and volunteers.

## Progress towards objectives

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

<b>Objective:</b> Up to 20,000 families (100,000 individuals) have their immediate needs provided for through the distribution of non-food items, such as hygiene kits, kitchen sets, tarpaulins, tents, shelter repair kits, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.	
<b>Expected results</b>	<b>Activities planned</b>
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 in country and the Kuala Lumpur regional logistics unit regional warehouse, supplemented by additional local / regional procurement.</li> <li>• Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to donors.</li> <li>• Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>

### Progress

The relief team, in coordination with logistics, distributed relief items to affected communities in Padang, Pariaman, Padang Pariaman, Pesisir Selatan and Agam. Health and hygiene promotion activities were also carried out in tandem with the ongoing distributions in selected villages.

Distributions were led by PMI and supported by the International Federation and partner national societies. Total tonnage of relief items distributed is estimated at 917 tonnes, with 27 tonnes distributed by air. Air lifts ensured that up to 1,390 families in remote areas, not accessible by land, were reached. Several partner national societies, including the Netherlands Red Cross, French Red Cross and American Red Cross, also supported the distribution of relief items through bilateral arrangements with PMI.

To date, more than 28,000 families have been reached with non-food items through this Emergency Appeal, whereas a total number of people assisted by PMI with non-food and limited food items is nearly 37,000. Beneficiaries received baby kits, sarongs, blankets, tents, field kitchen sets, tarpaulins, biscuits, family kits, hygiene kits, medicine and sleeping mats. The total number of households assisted through relief distributions has exceeded the target of 20,000 families, and emergency relief distributions ceased at the end of December 2009.

The International Federation is currently supporting the PMI West Sumatra chapter and branches in the reconciliation and rationalization of distribution documentations and providing overall technical assistance on various issues (warehousing, stocks management, reporting, monitoring, quality assurance). The reconciliation rationalization and primary reporting will have been concluded by 31 April 2010. The relief operation is expected to cease by 30 June 2010.

### Challenges

Further discussions will be carried out to address expectations of integration in relief distributions with the T-shelter programme, mainly with the balance of relief items available and the needs of the communities.

## Shelter

<b>Objective:</b> Up to 10,000 households are assisted with adequate temporary shelter and up to 2,000 shelters constructed in West Java.	
<b>Expected results</b>	<b>Activities planned</b>
Improved shelter conditions which are more resilient to future natural disasters for affected families with severely damaged and destroyed houses.	<ul style="list-style-type: none"> <li>• Analysis based upon ongoing needs and capacity assessments to determine the extent of the shelter needs and preferred shelter solutions.</li> <li>• Develop community-self directed targeting strategy and registration system to deliver intended assistance, prioritizing the most vulnerable in selected communities.</li> <li>• Support formation of community management teams to monitor funds for community-built shelters using cultural practices that highlight working together.</li> <li>• Identify shelter solutions to suit the local context that are culturally appropriate.</li> <li>• Promote safe and durable shelter construction through the provision of technical assistance and guidance to all involved in the shelter activities.</li> <li>• Reproduce and distribute safe building practice materials (information, education and communication).</li> <li>• Support, as appropriate, additional needs for identified individual households.</li> <li>• Monitor, coordinate and evaluate the shelter programme.</li> <li>• Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>

The emergency shelter cluster was activated in Padang and the International Federation was assigned as the lead agency. In addition to distributing emergency shelter items, such as tents, toolkits and tarpaulins, PMI and Movement partners are actively involved in temporary shelter plans. Following the decision to adopt the transitional shelter approach successfully implemented in the Yogyakarta and West Java earthquakes operations, PMI and involved partner national societies engaged in an active dialogue with local government authorities and other stakeholders to provide temporary shelters (referred as T-shelters in Padang) to the communities.

The first finance training was organized on 13 October for PMI staff and volunteers to familiarize them with process shelter approach and its financial management aspects.

In close cooperation with the emergency shelter cluster and non-governmental organizations, the technical department from the Bung Hatta University in Padang, developed T-shelter models using different materials. In accordance with the Sphere standards, a total of four shelters were developed using bamboo, coconut wood, salvaged debris or a combination of these materials, with an expected lifespan from six to 24 months, allowing the beneficiaries to rebuild their permanent homes. Three 18m<sup>2</sup> and one 24m<sup>2</sup> houses, meeting Sphere standards, were erected on 14 October 2009. Speed, ease of construction and earthquake resilience were factors taken into consideration when selecting the final design. The bamboo T-shelter was not a feasible option as bamboo is neither widely available in nor culturally acceptable for west Sumatra.

The construction of four models for T-shelters (temporary shelters) faced complications due to bad weather and difficulty in obtaining raw materials from a limited market. Nevertheless, a final design was agreed upon together with the PMI shelter team and the university. The process and features of construction were incorporated into the shelter cluster discussions to agree on minimum standards and guidelines for shelter designs of all cluster members.

On 18 October, PMI and the International Federation met to discuss volunteer issues and policies in the shelter programme. In these discussions, stakeholders were made aware that the programme would require great human resources from the PMI West Sumatra chapter.

A memorandum of understanding was signed between PMI and a local bank in November to handle the disbursement of funds to communities for the construction of T-shelters, whereby the PMI chapter agreed to open a bank account for the programme with Bank Nagari to expedite transfer of funds. The bank was chosen as they

had branches in the five districts where the T-shelter programme would be carried out in, and would support the communities through mobile distribution of funds in sub-district and village levels. This decision was made based on lessons learnt in previous shelter programmes, where the disbursement of funds was challenging as not all communities had access to the necessary banks. Mobile distributions organized by the bank will help address this challenge.

PMI, supported by the International Federation and partner national societies, have planned that the T-shelter programme will be carried out in clear coordination with local governments. The PMI-led T-shelter programme selects communities which have not been reached by other organizations, based on information from the shelter cluster and identified by the respective local governments, which usually results in PMI interventions in smaller and more dispersed communities in sub-villages and villages of the targeted districts. While the process is much more time-consuming, this allows PMI to address some of the gaps in overall shelter support to affected communities in West Sumatra. Memorandums of understanding was signed between PMI and the Bupati (head of district) of Kota Pariaman on 27 October 2009, with the Bupati of Padang Pariaman district on 4 December 2009, with the Bupati of Pesisir Selatan district on 7 December 2009, and with the Bupati of Agam district on 11 December 2009.

To start the T-shelter programme, PMI headquarters released IDR 750 million (CHF 79,682) to support the early recovery in the sub-district of Pariaman Utara in Padang Pariaman district. The pilot project began in the week of 16 November, with five sub-villages from two villages identified for the project. A total of 37 volunteers were mobilized for the pilot project, including PMI volunteers from West Sumatra, Aceh and Yogyakarta, and 19 architectural students from Bung Hatta University. The methodology of building used by communities consists of the completion of each stage for all targeted T-shelters in each village prior moving onto the next phase of building. For instance, in a village targeting 16 T-shelters in total, all 16 foundations are laid and completed before work commences on the next step of construction.

On 21 November, a meeting was organized by the PMI chapter with the branches of Pesisir Selatan, Agam, Pariaman, Padang Pariaman and Kota Padang districts, who are involved in the T-shelter programme. The meeting covered all aspects of the programme agreed upon by stakeholders and expected participation.

The socialization/information dissemination process was initiated in all target sub-districts. The socialization process begins with respective PMI branches, where staff and volunteers are informed of the methodology and concept of the T-shelter programme, from finance systems to volunteer management to building strategies. The information dissemination process is taken further to local governments and target communities prior to dissemination of funds in tranches and building work commences.

In support of the programme, a construction manual is being drafted to guide the community in the construction of the T-shelter. The booklet includes information such as criteria for eligibility to the programme and detailed instructions together with illustrations on materials and the process of safe building. Feedback was collected from beneficiaries and the necessary changes were made to the handbook, which is in the process of being finalized prior to the printing of up to 10,000 copies and distributed to households involved in the T-shelter programme. The handbooks also contain health, water and sanitation and psychosocial support messages as part of PMI's integrated programme. The printing and distribution of handbooks is estimated to be completed by February 2010.

An instructional video is also in production, supported by the Australian Red Cross and the media unit from the PMI West Sumatra chapter office. As with the handbook, the video was shared with communities for feedback, prior to final editing, printing and distribution to affected communities.

A standard operation procedures (SOPs) document for the T-shelter programme has been drafted and submitted for management approval, to be used to guide the programme as PMI and partners move forward in construction.

As of 6 January 2010, PMI, with support from the International Federation and partner national societies, have identified the following who are supported by the T-shelter programme:

District	Donors	Targeted shelters	Identified beneficiaries	Transferred funds	T-shelters under construction	Completed T-shelters
<b>KOTA PADANG</b>	PMI - IFRC	1.875	-	-	-	-
<b>KOTA PARIAMAN</b>	PMI - IFRC	3,125	1,508	339	225	114
	PMI - Australian RC	500	207	207	0	207

<b>KAB PADANG PARIAMAN</b>	PMI - IFRC	3,000	1,004	-	-	-
	PMI - Spanish RC	2,000	1,984	785	181	18
<b>KAB PESISIR SELATAN</b>	PMI - Danish RC	2,000	1,000	167	47	0
<b>KABUPATEN AGAM</b>	PMI - Swiss RC	1,000	930	-	-	-
<b>TOTAL</b>		13,500	6,633	1,498	453	339

PMI, the International Federation and partner national societies continue to work closely with the shelter cluster, sharing information on the distribution of non-food items, emergency shelter (tents and tarpaulins) as well as T-shelter locations to ensure that there are no overlaps.

### Challenges

Coordination with all stakeholders within the Red Cross Red Crescent Movement and external non-governmental organizations as well as an agreement to the funding mechanism through the PMI West Sumatra chapter and branches required detailed discussions to ensure capacity building while not overwhelming the branches with the programme. An agreement has since been reached with all stakeholders on the funding mechanism of the T-shelter programme, consisting of a bottom-up approach with data collection at community level, data verification at branch level followed by disbursement of funds from chapter direct to communities, with support from the International Federation and partner national societies in finance development and other capacity building initiatives as required. In addition, the early recovery delegates from Danish and Spanish Red Cross came forward to assist in creating a working group specific to the T-shelter programme for better information-sharing and management.

High demand and limited supply of lumber in the area have resulted in a delay in the production of materials, slowing down construction efforts. The high demand for materials also has resulted in an increase of prices.

There have been two cases of overlapping in targeting for T-shelters with other organizations, but both cases were settled with the respective agencies through constructive and friendly dialogues.

Reports from the field indicated that beneficiaries in some occasions were caught up with restoring their livelihoods, thus delaying progress in building their T-shelters. The programme thus needs to look at additional volunteers to support the activities. PMI Chapter has to recruit and train a large number of volunteers.

Persistent daily rain has also slowed down progress.

The government has announced a permanent shelter support programme with cash grants of IDR 15 million (approximately USD 1,600) per affected household. A pilot is planned for March 2010 with further roll out in May 2010. PMI will continue to closely coordinate its T-shelter activities with local government authorities.

### Health and care

**Objective:** 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.

<b>Expected Results</b>	<b>Activities planned</b>
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 using helicopters and ambulance services to meet the emergency health/medical needs.</li> <li>• Provide psychological support to the traumatized population and volunteers where appropriate.</li> <li>• Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support as needed.</li> <li>• Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>

<p>The resilience of the community is improved through better health awareness, knowledge and behaviour.</p>	<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, eg mosquito nets.</li> <li>• Strengthen 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> <li>• Undertake in-depth assessments of ongoing needs in identified locations and support as appropriate.</li> <li>• Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>
<p>Psycho-social support is provided to the target population (including school children and teachers) and PMI staff/volunteers as needed.</p>	<ul style="list-style-type: none"> <li>• Consult with communities and volunteers to determine appropriate responses – stand alone or mainstream and/or integrated into other programmes and services.</li> <li>• Develop and implement a range of psychosocial support to affected people and volunteers. Services to include updating/training of more volunteers, and community activities throughout the recovery period.</li> <li>• Develop/adopt key policies and procedures to support their provision of psychosocial support interventions taking into account beneficiaries with diverse needs (e.g. women, men, the elderly, children, families and people with disabilities).</li> <li>• Integrate psychosocial support with ongoing recovery programmes (such as within shelter programme) as well as within existing PMI programmes.</li> <li>• Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>

### Progress

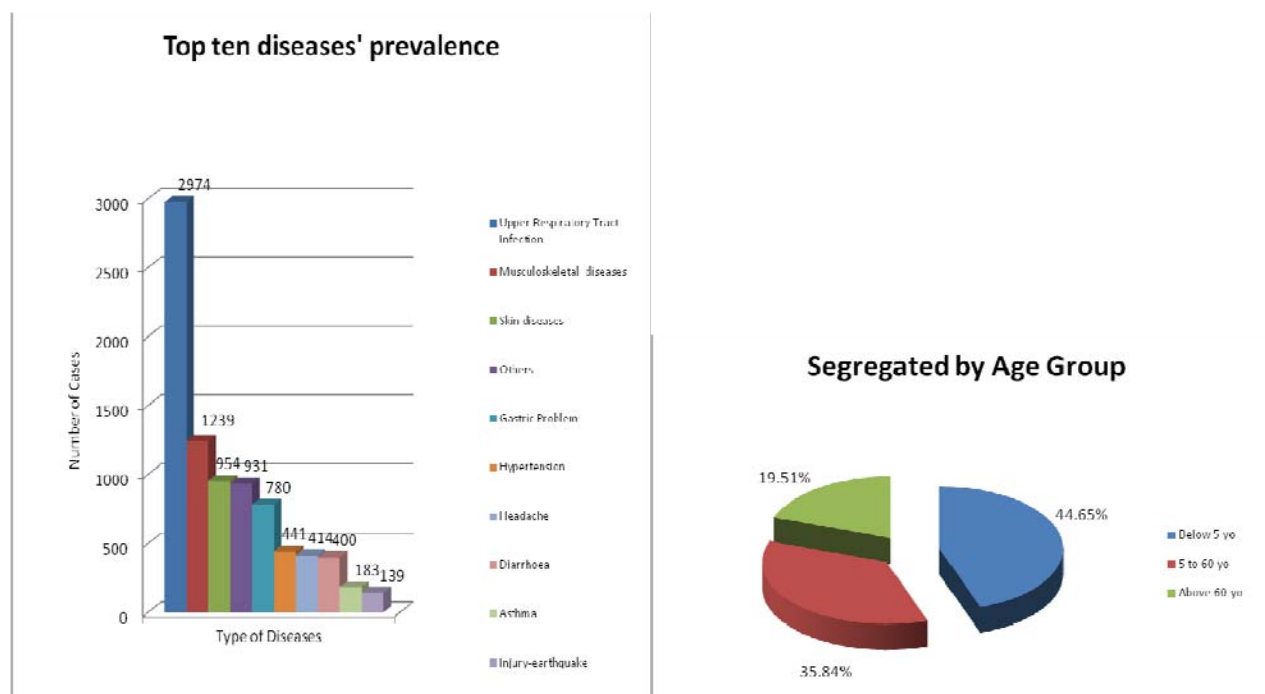
PMI's medical action teams were mobilized by PMI of West Sumatra, Riau, Lampung and PMI Bogor Hospital, together with local volunteers ,to provide emergency health services to affected communities. A total of seven medical action teams were mobilized within the first week of October, comprising 11 doctors, 17 nurses, a midwife, a pharmacist, two ambulances with six ambulance crew members and two support personnel. The PMI medical action teams installed five health service units in internally displaced persons (IDPs) evacuation locations – two units in Padang and one unit each in Pariaman Utara, Pariaman Tengah, and Pariaman Selatan, supported by up to 100 volunteers. Besides helping those who come for treatment, the medical action teams also took the initiative to reach out to survivors who cannot come for treatment due to their injuries.

PMI, with the International Federation's support, also conducted a medical service using a helicopter to Padang Pariaman district areas, providing medical relief to remote and inaccessible villages. Treated cases include mostly injuries directly related to the earthquakes as well as diarrhoea and respiratory infections. Some of the PMI medical personnel were trained as part of a joint German Red Cross ambulance project implemented in Medan, North Sumatera.

As further assistance to the injured, PMI has provided as many as 617 blood bags from its blood transfusion unit in West Sumatra branch. In total, the current stock of blood is 1,217 bags. To add to this, the blood transfusion unit conducted blood donation campaigns in two locations, at its own premises and at the command post at Imam Bonjol Street in Padang City. Since the earthquake, the unit has distributed blood bags to the M. Jamil Hospital, Military Hospital, Siti Rahmah Hospital, Padang Hospital, Terapung Navy Hospital and Pariaman Hospital.

The last of the medical action teams left West Sumatra on 4 November, with longer-term activities in health and hygiene promotion as well as psychosocial support being carried out in its place.

Four months after the earthquakes, verified numbers of beneficiaries reached through PMI medical action teams and the mobile health clinics are 9,285 people. Health activities, including follow-ups on previously treated cases as well as hygiene promotion and psychosocial support, continued to be carried out during the reporting period. The charts below indicate breakdown by diseases treated and data segregated by age groups.



In addition, a total of 80 PMI branch and two PMI chapter health volunteers received KSR (PMI basic volunteer) training during the reporting period.

PMI's psychosocial support programme (PSP) team mobilized quickly in the aftermath of the disaster. Up to 24 volunteers were trained and assessments began on 3 October in Kota Padang, Kota Pariaman and the districts of Agam and Padang Pariaman.

In the ensuing weeks, the health team continued its assessments in the affected districts, followed by some activities including creative expressions, sense of place and psycho-education, especially for elementary schools. Focus group discussions were also carried out with teachers and community members. To date, verified data of beneficiaries reached with psychosocial support in schools and communities, including children and the elderly, are as follows:

	Communities	Schools	Total
<b>Kota Padang</b>	298	1,274	1,572
<b>Kab. Pd. Pariaman</b>	172	637	809
<b>Kota Pariaman</b>	661	0	661
<b>Kab. Agam</b>	352	0	352
<b>Total</b>	1,483	1,911	3,394

Current plans for psychosocial support programme include an assessment of the capacity of volunteers and a follow-up workshop. PMI's role in psychosocial support in the longer-term will be to provide guidance to facilitators identified in schools and communities, with longer-term psychosocial support and activities planned and carried out by the facilitators themselves.

The health unit's health, water and sanitation and psychosocial support recovery plan and budget were reviewed and required changes were made. The revised plans have been re-submitted during the reporting period for internal approval from PMI and the International Federation.

### Constraints

With limited volunteers available at times, PMI, with support from the International Federation, plan to review and further improve their strategy of integrating hygiene promotion and health education activities with ongoing relief and recovery activities. Continued training of volunteers in psychosocial support are also being carried out to increase local capacity in West Sumatra.

### 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 for up to 10,000 families (50,000 people) within the affected area for 12 months.	
Expected results	Activities planned
Access to safe water is provided to affected populations in the targeted locations.	<ul style="list-style-type: none"> <li>Establish potable water treatment facilities.</li> <li>Set up water emergency water distribution network, including truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country).</li> <li>Deliver support to pre-earthquake water supply infrastructure with the transitional-shelter programme beneficiary households and those close to it.</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> <li>Support pre-earthquake sanitation infrastructure to the transitional-shelter programme beneficiary households and those close to it.</li> </ul>
The health status of the population is sustainably improved through hygiene promotion activities.	<ul style="list-style-type: none"> <li>Establish disease vector and safe hygiene monitoring.</li> <li>Ensure fogging activities carried out where required in relation to both high risk areas of dengue fever and malaria.</li> <li>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 assessments.</li> <li>Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>

### Progress

Following initial rapid assessments and focused discussions between the International Federation's water and sanitation delegate and PMI staff and volunteers, it was decided that initial activities under this component of the operation will be divided into two parts:

- i) health/water and sanitation emergency response; and
- ii) health/water and sanitation assessment; followed by hygiene promotion

As a part of the health/ water and sanitation emergency response, the PMI water and sanitation emergency response team provided water supply to communities in Kota Padang through four SETA water treatment plants and four LMS water treatment plants, supported bilaterally by the Spanish Red Cross. The team successfully concluded their operations two months later, when water treatment and distribution activities were handed back to the local water provider on 30 November in Kota Padang.

Final water treatment and distributions as of 30 November 2009 is 3,948,500 litres. Based on calculations of population<sup>2</sup> in supported areas and number of visits made, a conservative estimate indicates that up to 35,500 beneficiaries were reached in this intervention.

A total of 100 water tanks provided by the American Red Cross to PMI in late October were also successfully distributed to several points around Kota Padang, with local water authorities supporting water treatment and distributions when the PMI water and sanitation emergency response team closed their operations. The water tanks were returned to PMI on 31 December 2009.

<sup>2</sup> 2008 census data from the Padang statistics bureau (Badan Pusat Statistik Padang, BPS).

In addition to the distribution of potable water, water and sanitation packages with the following contents were also prepared and distributed immediately to the affected families:

- i) one or combination of: either hygiene kits, jerrycans, baby kits, mosquito nets, cleaning kits;
- ii) extra soap;
- iii) water purification tablets;
- iv) a half-day hygiene promotion session, including instructions on the proper way to use the water purification tablets; and
- v) t-shirts for children.

Hygiene promotion activities are being conducted in close collaboration with health and relief teams in communities and schools in the districts of Pesisir Selatan, Agam, Kota Pariaman and Padang Pariaman. Distribution of hygiene kits, jerry cans and mosquito nets is being accompanied with hygiene promotion messages, delivered by trained PMI volunteers.

Training for volunteers in health and hygiene promotion in schools were also carried out with PMI branches in Agam, Kota Pariaman and Kota Padang. In addition, a monitoring form on hygiene promotion was shared with volunteer coordinators in the five targeted branches to ensure consistent information sharing.

The water and sanitation unit developed a baseline survey questionnaire and continue to update water, sanitation and health assessment data for elementary schools. The PMI/ International Federation health team is also coordinating with the department of education to identify elementary schools for further support in health, specifically in areas where the T-shelter programme will take place, as part of PMI's integrated approach in this operation.

### Constraints

The hardware components of water and sanitation activities in village and school levels are on hold until the T-shelter programme is implemented, due to the integration of programmes.

Maintaining volunteers in the health programme remain challenging as some move away from the area or onto other programmes under PMI or other organizations.

### Organizational development (Capacity development and organizational strengthening)

<b>Objective:</b> To strengthen the short- and medium-term capacities of PMI staff and volunteers 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 have receipted and spent locally and internally sourced donations efficiently and led to long term enhanced systems at branch level.	<ul style="list-style-type: none"> <li>• Existing branch financial management and reporting systems are scaled up to efficiently report on scaled up resources.</li> <li>• Management information systems are strengthened at branch level to enable effective decision making.</li> <li>• Reporting systems have been developed and followed.</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>

### Progress:

International Federation staff and their counterparts in PMI are working closely as a team in the relief and early recovery operation. This will help to reinforce and build capacity within the local PMI chapter, with the aim of leaving the chapter with higher capacities than before the earthquakes. It will also allow PMI staff and volunteers to pick up new skills and knowledge in their respective areas through learning by doing, with Federation and

partner national society staff serving as mentors. At the same time, Federation and partner national society staff also gain new perspectives from the close cooperation with PMI staff. The relief operation is also investing in equipping the chapter with essential items and inventory to enable them to have a stronger operational structure.

Among other things, Federation support was provided to PMI to set up a stock record and reporting system. This was carried out by the International Federation logistician from Banda Aceh through training given to PMI Padang staff. In communications, the International Federation and PMI communication staff sit in the same office to share and learn from each other, supported by several staff from partner national societies in-country. Field PMI staff are also learning more about planning, monitoring, evaluation and reporting (PMER) from the Federation's PMER officer based in Padang.

To support the long-term organizational development and capacity building of the PMI West Sumatra chapter and the branches, the International Federation, the Canadian Red Cross and other partners will work together to ensure an approach that builds on lessons learnt from both the tsunami and Java earthquake operations is implemented.

As part of the local capacity building process, the International Federation and partner national society staff and their counterparts in PMI are working closely as a team in the relief and early recovery operation to facilitate a transfer of skills through learning by doing, with International Federation and partner national society staff serving as mentors. At the same time, International Federation and partner national society staff also gain new perspectives from the close cooperation with PMI staff. The relief operation is also investing in equipping the chapter with essential items and inventory to enable them to have a stronger operational structure.

An organizational development consultant was contracted in November by the International Federation for approximately three weeks to support the chapter and national society in capacity building efforts. Draft recommendations for the next six to nine months have been formulated, including a capacity building plan for the West Sumatra chapter. The recommendations considered the chapter's existing strategic plan and focused around strengthening volunteer management, image enhancement, financial management, staff development, information flow/communication within PMI structures, and integrated capacity building plans at branch level, which will be developed at branch level based on the identified key priorities.

#### **Constraints:**

The ability to move these recommendations forward, given the ongoing operations and commitments of the West Sumatra chapter and branches, will be challenging. To address this, PMI may need to prioritize needs with support from the International Federation, together with specific resources to support the steps that need to be taken.

### **Communications**

**Objective:** To ensure that people affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief and recovery.

<b>Expected Results</b>	<b>Activities Planned</b>
Working with the host national society and in close consultation with operational and technical leadership, people impacted by this emergency are encouraged to take a lead role in programme development and delivery through provision of timely, accurate information on this disaster and services available to support their relief and recovery.	<ul style="list-style-type: none"> <li>• Key audiences affected by this emergency and their common sources of and access to information are identified.</li> <li>• Those sources of and access to information are prioritized and utilized to provide details on relief and recovery resources, qualification criteria, and other essential information to benefit vulnerable individuals.</li> <li>• The inputs of affected populations are sought and incorporated into the planning, implementation, monitoring and evaluation of the process of this operation.</li> <li>• Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity.</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>

## Progress

Domestic and global media interest in this emergency has been extremely high, with 287,000 media impressions registered on the web for this operation over a ten-day period. A steady flow of materials, such as web stories, has been maintained on the International Federation website. Photographic materials have been shared with partner national societies. The International Federation's communication delegate maintained a daily aid worker's diary for BBC Online. And updates are being shared with the International Federation's country office in Jakarta and all Movement partners.

To support the appeal, media visits using a helicopter were undertaken with BBC and Reuters to document the work of the PMI MATs. The communications team is documenting different aspects of the operation, including relief distribution, and search and rescue work. The team is also developing key messages for the use of partner national societies.

The steady flow of timely and accurate information between those working in the field and other major stakeholders, including those affected by this disaster, will support the programme objectives of this emergency appeal, and increase the profile, funding and other support for PMI and the International Federation.

The International Federation's communications delegate ended his mission on 21 October, and the PMI West Sumatra chapter's media unit continues to cover all activities carried out by its chapter and branches including relief distributions, health and care, psychosocial support and shelter. Updates of PMI activities and press releases are shared with local media and are also available on the [PMI website](#).

## Logistics

The British Red Cross logistics emergency response unit (ERU) was deployed within days following the earthquake. The ERU in place in Padang since 4 October, supported PMI and International Federation personnel already on the ground. The second rotation consisting of three delegates arrived on 30 October and ended their mission on 29 November after completing their handover to the logistics team on 28 November.

A logistics delegate was recruited within the first month of operations, and manages the warehouse, procurement, overall logistics and fleet in accordance with International Federation standards. The West Sumatra earthquake operation managed up to 16 International Federation vehicles and ten locally rented trucks at the height of relief operations. The International Organization for Migration (IOM) supported PMI/ International Federation operations with additional trucks for transporting relief items to distribution points for free until 20 December, when IOM operations ceased. Ongoing operations continue to be supported by the logistics delegate and an experienced team of national staff.

A total of five rub halls, together with Federation logistics/warehousing system is in place to accommodate stocks prior to loading and distributions throughout the last three months. A private factory in Padang also offered its warehouse facility near the airport in Padang to support the Red Cross Red Crescent relief operations. Between October and December 2009, the logistics team managed and dispatched up to 917 tonnes of relief items in coordination with the relief teams, with up to 27 tonnes distributed by air.

Spanish Red Cross extended its support to PMI/ International Federation relief operations with five-tonne trucks for three months which ended on 30 December 2009. In addition, the PMI West Sumatra chapter and five branches were supported bilaterally by Spanish Red Cross with ten pickup trucks until 12 December 2009.

The West Sumatra earthquake operation was supported by the regional logistics unit based in Kuala Lumpur.

Donors are requested to coordinate with the regional logistics unit in Kuala Lumpur regarding outstanding needs. Shipping instructions will be provided to donors with a consignment tracking number to be issued before shipping any goods to the operation. Procurement of goods and transport can also be arranged through the regional logistics unit.

## Capacity of the National Society

PMI has a strong and well-established capacity in emergency preparedness and response, considering the widespread and frequent occurrence of natural disasters throughout the world's largest archipelago. As well, 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 among 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 of the Canadian Red Cross, Danish Red Cross, French Red Cross, German Red Cross and other partner national societies, in disaster risk reduction, 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 the 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. Currently, there is a strong International Federation support in country with 16 partner national societies present (with approximately 112 experienced delegates and 870 national staff) and an International Federation country team comprising 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 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 reinforced the country office capacity with communications and reporting representatives, a FACT relief coordinator and an experienced organizational development consultant to assist PMI to plan to generate long term capacities as an integrated aspect of the programme and within the overall exit strategies as well. The deployment of an Asia Pacific field and assessment coordination team (FACT) based in Kuala Lumpur supported the country office in providing much needed technical support.

### How we work

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

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

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

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

### Contact information

For further information specifically related to this operation please contact:

- Indonesian Red Cross:
    - Ir. Budi Atmadi Adiputro, secretary general, phone: +62 217 992 325; fax: +62 217 995 188; email: [pmi@pmi.or.id](mailto:pmi@pmi.or.id)
  - International Federation's Indonesia country office:
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    - 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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  - International Federation Asia Pacific zone office, Kuala Lumpur:
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    - 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,  
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***<revised emergency appeal budget and interim financial report below;  
[click here to return to the title page](#)>***

## APPEAL BUDGET SUMMARY

Annex 1

Indonesia : West Sumatra Earthquakes

MDRID004

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	12,610,000	6,060,000	(6,550,000)
Clothing & Textiles	280,000	480,000	200,000
Water & Sanitation	222,000	799,000	577,000
Medical & First Aid	360,000	570,000	210,000
Utensils & Tools	1,498,200	-	(1,498,200)
Other Supplies & Services	280,000	300,000	20,000
<b>Total Relief Needs</b>	<b>15,250,200</b>	<b>8,209,000</b>	<b>(7,041,200)</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	392,500	392,500	-
Distribution & Monitoring	320,000	320,000	-
Transport & Vehicles Costs	700,000	705,000	5,000
<b><u>PERSONNEL</u></b>			
International Staff	336,000	826,000	490,000
National Staff	220,000	300,000	80,000
National Society Staff	120,000	240,000	120,000
Consultants	-	115,000	115,000
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	-	42,000	42,000
<b><u>GENERAL EXPENSES</u></b>			
Travel	100,000	110,000	10,000
Information & Public Relations	60,000	70,000	10,000
Office running costs	120,000	120,000	-
Communication Costs	60,000	70,000	10,000
Professional Fees	20,000	20,000	-
Other General Expenses	-	650,000	650,000
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	1,247,075	864,083	(382,993)
<b>Total Operational Needs</b>	<b>3,935,575</b>	<b>5,084,583</b>	<b>1,149,007</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>19,185,775</b>	<b>13,293,583</b>	<b>(5,892,193)</b>
<b>Less Available Resources</b>			
<b>Net Request</b>	<b>19,185,775</b>	<b>13,293,583</b>	

# International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/01
Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>12,927,807</b>				<b>365,775</b>	<b>13,293,583</b>
<b>B. Opening Balance</b>	<b>0</b>				<b>0</b>	<b>0</b>
<b>Income</b>						
<b><u>Cash contributions</u></b>						
American Red Cross	19,200					19,200
Andorra Government	15,076					15,076
Andorra Red Cross	7,449					7,449
Australian Red Cross	704,692					704,692
Australian Red Cross (from Australian Government)	553,608					553,608
British Red Cross	879,866				21,390	901,256
British Red Cross (from British Government)	36,218					36,218
British Red Cross (from DFID - British Government)	377,988				165,150	543,138
Canadian Red Cross	954,550					954,550
Canadian Red Cross (from Canadian Government)	945,991					945,991
China - Private Donors	280					280
China RC, Hong Kong branch	581,070					581,070
China RC, Macau branch	15,000					15,000
China Red Cross (from China - Private Donors)	388					388
Credit Suisse Foundation	33,236					33,236
Estonia Government	96,571					96,571
Finnish Red Cross	60,096					60,096
French Red Cross	6,264					6,264
Great Britain - Private Donors	2,863					2,863
Iran Red Crescent	70,700					70,700
Irish Government	226,449					226,449
Irish Red Cross	53,098					53,098
Japanese Red Cross	155,137					155,137
Korea Republic Red Cross (from Korea (Republic of) - Private Donors)	19,486					19,486
Monaco Red Cross	45,324					45,324
Netherlands Red Cross	44,576				59,338	103,914
Netherlands Red Cross (from Netherlands Government)	377,758					377,758
New York Office (from Kraft Foods)	46,919					46,919
New York Office (from Schering Plough)	8,689					8,689
New York Office (from United States - Private Donors)	2,239					2,239
New Zealand Red Cross (from New Zealand Government)	205,234					205,234
Norwegian Red Cross (from Norwegian Government)	346,493					346,493
Oman - Private Donors	4,024					4,024
On Line donations	17,100					17,100
OPEC Fund For Int-I Development	503,525					503,525
Spanish Red Cross	20,877					20,877
Sweden Red Cross (from Swedish Government)	725,090					725,090
Switzerland - Private Donors	850					850
United States - Private Donors	10,313					10,313
VERF/WHO Voluntary Emergency Relief	2,000					2,000
<b>C1. Cash contributions</b>	<b>8,176,286</b>				<b>245,879</b>	<b>8,422,164</b>
<b><u>Outstanding pledges (Revalued)</u></b>						
Australian Red Cross	-234,830					-234,830

# International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/01
Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

<i>British Red Cross</i>				22,136	22,136
<i>Canadian Red Cross</i>	88,906				88,906
<i>Finnish Red Cross (from Finnish Government)</i>	106,944				106,944
<b>C2. Outstanding pledges (Revalued)</b>	<b>-38,980</b>			<b>22,136</b>	<b>-16,844</b>
<b>Inkind Goods &amp; Transport</b>					
<i>American Red Cross</i>	304,602				304,602
<i>Australian Red Cross</i>	123,810				123,810
<i>British Red Cross</i>	376,116				376,116
<i>China RC, Hong Kong branch</i>	406,664				406,664
<i>Finnish Red Cross</i>	366,286				366,286
<i>French Red Cross</i>	96,364				96,364
<i>Japanese Red Cross</i>	783,447				783,447
<i>Netherlands Red Cross</i>	858,796				858,796
<i>Spanish Red Cross</i>	378,645				378,645
<b>C3. Inkind Goods &amp; Transport</b>	<b>3,694,730</b>				<b>3,694,730</b>
<b>Inkind Personnel</b>					
<i>Other</i>	1,240				1,240
<b>C4. Inkind Personnel</b>	<b>1,240</b>				<b>1,240</b>
<b>Other Income</b>					
<i>Miscellaneous Income</i>	-1,540				-1,540
<i>Services</i>	-4,442				-4,442
<b>C5. Other Income</b>	<b>-5,982</b>				<b>-5,982</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>11,827,294</b>			<b>268,015</b>	<b>12,095,308</b>
<b>D. Total Funding = B + C</b>	<b>11,827,294</b>			<b>268,015</b>	<b>12,095,308</b>
<b>Appeal Coverage</b>	<b>91%</b>			<b>73%</b>	<b>91%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0				0	<b>0</b>
<b>C. Income</b>	11,827,294				268,015	<b>12,095,308</b>
<b>E. Expenditure</b>	-5,321,843				-170,093	<b>-5,491,936</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>6,505,451</b>				<b>97,921</b>	<b>6,603,372</b>

# International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/01
Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>	<b>12,927,807</b>					<b>365,775</b>	<b>13,293,583</b>	
<b>Supplies</b>								
Shelter - Relief	6,060,000	2,776,312				2,776,312	3,283,688	
Shelter - Transitional		126,271				126,271	-126,271	
Clothing & textiles	480,000	322,230				322,230	157,770	
Water & Sanitation	60,000	2,355				2,355	57,646	
Medical & First Aid	272,000						272,000	
Utensils & Tools	144,000	110,914				110,914	33,086	
Other Supplies & Services	655,500	312,795				312,795	342,705	
<b>Total Supplies</b>	<b>7,671,500</b>	<b>3,650,876</b>				<b>3,650,876</b>	<b>4,020,624</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	400,000						400,000	
Vehicles		7,039				7,039	-7,039	
Computers & Telecom	150,000	57,328				57,328	92,672	
Office/Household Furniture & Equipm.	40,000	10,994				10,994	29,006	
Others Machinery & Equipment	50,000						50,000	
<b>Total Land, vehicles &amp; equipment</b>	<b>640,000</b>	<b>75,361</b>				<b>75,361</b>	<b>564,639</b>	
<b>Transport &amp; Storage</b>								
Storage	160,000	27,142				27,142	132,858	
Distribution & Monitoring	350,000	564,332				564,332	-214,332	
Transport & Vehicle Costs	705,000	176,553			4,679	181,232	523,768	
<b>Total Transport &amp; Storage</b>	<b>1,215,000</b>	<b>768,027</b>			<b>4,679</b>	<b>772,707</b>	<b>442,293</b>	
<b>Personnel</b>								
International Staff	816,000	114,348			1,104	115,452	700,548	
National Staff	310,000	146,496			480	146,977	163,023	
National Society Staff	240,000	15,229				15,229	224,771	
Consultants	365,000	28,844			54,257	83,100	281,900	
<b>Total Personnel</b>	<b>1,731,000</b>	<b>304,918</b>			<b>55,841</b>	<b>360,759</b>	<b>1,370,241</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	782,000	2,360				2,360	779,640	
<b>Total Workshops &amp; Training</b>	<b>782,000</b>	<b>2,360</b>				<b>2,360</b>	<b>779,640</b>	
<b>General Expenditure</b>								
Travel	110,000	53,362			1,209	54,572	55,428	
Information & Public Relation	70,000	11,246			1,167	12,413	57,587	
Office Costs	120,000	62,362			1,375	63,737	56,263	
Communications	70,000	6,040			721	6,761	63,239	
Professional Fees	20,000						20,000	
Financial Charges		78,658				78,658	-78,658	
Other General Expenses		153				153	-153	
<b>Total General Expenditure</b>	<b>390,000</b>	<b>211,822</b>			<b>4,472</b>	<b>216,294</b>	<b>173,706</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers Others					92,800	92,800	-92,800	
<b>Total Contributions &amp; Transfers</b>					<b>92,800</b>	<b>92,800</b>	<b>-92,800</b>	
<b>Programme Support</b>								
Program Support	864,083	304,039			11,579	315,618	548,465	
<b>Total Programme Support</b>	<b>864,083</b>	<b>304,039</b>			<b>11,579</b>	<b>315,618</b>	<b>548,465</b>	
<b>Services</b>								
Services & Recoveries		3,359				3,359	-3,359	
Shared Services					723	723	-723	
<b>Total Services</b>		<b>3,359</b>			<b>723</b>	<b>4,081</b>	<b>-4,081</b>	
<b>Operational Provisions</b>								

**International Federation of Red Cross and Red Crescent Societies**

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/10-2010/01
Budget Timeframe	2009/10-2010/09
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>12,927,807</b>				<b>365,775</b>	<b>13,293,583</b>	
Operational Provisions		1,081					1,081	-1,081
<b>Total Operational Provisions</b>		<b>1,081</b>					<b>1,081</b>	<b>-1,081</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>13,293,583</b>	<b>5,321,843</b>				<b>170,093</b>	<b>5,491,936</b>	<b>7,801,646</b>
<b>VARIANCE (C - D)</b>		<b>7,605,964</b>				<b>195,682</b>	<b>7,801,646</b>	