

Final report



International Federation
of Red Cross and Red Crescent Societies

Indonesia: Yogyakarta Earthquake

Final report
Emergency appeal n° MDRID001
GLIDE n° EQ-2006-000064-IDN
10 November 2010

Period covered by this Final Report:
26 May 2010 to 10 November 2010

Appeal target (current): CHF 32,667,430 (USD 32,108,718 or EUR 23,844,839)

Final Appeal coverage: 105%;

[<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

- In this final report the appeal is closed as of 30 September 2010. And the budget still stands at CHF 32,667,430 (USD 32,108,718 or EUR 23,844,839).
- *Last extension:* The revised appeal was extended to 31 December 2010 with a revised plan of action on 30 April 2009. The budget was revised down to CHF 32,667,430 (USD 32,108,718 or EUR 23,844,839).
- *Third extension:* The revised appeal was extended to 31 March 2010 on 25 April 2008.
- *Second extension:* The revised appeal was extended to 31 December 2008 on 17 January 2008.
- *First extension:* The revised appeal was extended to 31 December 2007 on 6 June 2007.
- The revised appeal was launched on 6 June 2006 for CHF 38,045,439 (USD 31 million or EUR 24 million) to assist 325,000 beneficiaries for 12 months.
- The preliminary appeal launched on 27 May 2006 for CHF 12,834,000 (USD 10.4 million or EUR 8.2 million) to assist 200,000 beneficiaries for eight months.



Palang Merah Indonesia community based action teams and community members plant trees in landslide prone areas in Cluntang village at the Boyolali district, Central Java as a preventive measure. Photo credit: Ricky Setiadi, Danish Red Cross.

With this final report, this emergency appeal is closed as implementation of all activities has been carried out as planned. This emergency appeal received a total income of CHF 34,162,055 and expenditure is CHF 30,526,980. There remains a balance of CHF 3,635,075. Of this balance, both American Red Cross and Qatar Red Crescent have requested the return of CHF 131,926 and CHF 115,705 respectively of their earmarked funding. The Japanese Red Cross has agreed to reallocate CHF 118,017 to the organizational development programme.

The Indonesia country office now seeks the agreement of the donors to reallocate the remaining funds to the Indonesia 2010-2011 country plan. Funds will be reallocated towards the country office's programmes as follows: CHF 612,237 for disaster management, CHF 554,144 for health and care, CHF 2,043,406 for organizational development (of which CHF 1,160,108 will go towards the Danish

Red Cross-managed integrated community-based risk reduction programme), and CHF 59,640 will be for principles and values.

Partners/donors who have any questions about the reallocation of the final balance of funds are kindly requested to contact the International Federation within the next 30 days. The funds will then be reallocated after 30 days, and the final report issued.

Summary:

The programme began with an emergency relief phase lasting from 27 May to early November 2006. This featured the distribution of relief goods, provision of medical services and logistics, emergency water and sanitation followed by well cleaning and deepening.

Planning for an integrated early recovery phase began in June 2006, with preparations for implementation in July and field implementation lasting from August 2006 to April 2007. This largely focused on the provision of transitional shelter, though additional work was done in the fields of health and psychosocial support (PSP), water and sanitation, organizational development and disaster management capacity building.

Planning for a third, integrated recovery phase of the programme, later known as community organized and based activities (COBA); and integrated community based risk reduction programme (ICBRR), began in December 2006, with programme preparation beginning in or before April 2007 and field implementation in July 2007. The focus of this programme is ICBRR. Largely separate programmes continued in PSP; rehabilitation for people physically-disabled or seriously wounded by the earthquake; water and sanitation; and organizational development for Palang Merah Indonesia's chapters and branches with whom the programme was being implemented. (*Palang Merah Indonesia is Bahasa Indonesia for Indonesian Red Cross and is the preferred title when referring to the national society*).

Following an independent evaluation of the programme in late 2007, it was decided that Danish Red Cross (DRC) should take over the management of the COBA programme. The main reason for this decision was that DRC had been working successfully with Palang Merah Indonesia (PMI) on ICBRR programmes in several parts of Indonesia since 2003, during which time shared approaches had been developed. Given a degree of uneasiness within PMI about some differences between the COBA programme and the PMI standard ICBRR programmes, it was felt that DRC was best placed to guide a process which would realign the programme with PMI's preferred methodology. The International Federation of Red Cross and Red Crescent Societies (IFRC) agreed to provide CHF 3,000,000 to DRC from this appeal for a programme running until June 2010 and covering the same six target districts, in the provinces of Yogyakarta and Central Java, as the COBA programme: Klaten in Central Java province, and Sleman, Gunung Kidul, Kulon Progo, Yogyakarta City and Bantul in the Yogyakarta province. After appropriate programme agreements had been prepared, a complex but ultimately successful transition took place in the period April to June 2007 with DRC taking over completely thereafter.

The budget and timeframe for this programme were subsequently revised when PMI's Central Java chapter asked for the programme to be extended into five more of its branches as they became increasingly aware of the strengths of the programme and the benefits it brought to communities and its own branches.

Meanwhile, given the declining need for the services provided, exit plans for remaining elements of IFRC's programme, which included the handover of any remaining needs to other stakeholders, were prepared and implemented such that PSP, medical rehabilitation, and water and sanitation activities were completed by September 2008 with an additional three month closure phase for the former. Small organizational development and logistics support programmes continued in 2009 but these too ended with the formal handover of a warehouse and office premises for the PMI Yogyakarta chapter, purchased at an earlier stage of the programme, to PMI national headquarters (NHQ) in July 2010.

The programme has clearly lasted longer, and costs less, than was originally anticipated. This should be seen as a strength rather than a weakness as it has enabled far more to be achieved than was originally planned and reflects adoption of key lessons learnt about emergency response programmes, in particular the need to 'build back better', to include Disaster Risk Reduction (DRR) in response programmes and the imperative for IFRC programmes to build the capacity of the host national society.

As detailed below, the initial emergency relief phase exceeded beneficiary targets substantially and the external evaluation of the programme carried out in late 2007, *IFRC Yogya and Central Java Earthquake*

Response Programme: an evaluation of the programme from May 2006 – December 2007, judged it to have provided appropriate services and distributed appropriate relief supplies.

Planning for an early recovery phase began commendably early, less than three weeks after the earthquake, and was a thorough, well managed exercise which accurately identified priority early recovery needs. The programme resulted in the construction of approximately 12,500 SPHERE compliant transitional bamboo houses, demonstrated that a community based shelter construction approach, using cash transfers to community groups, could work effectively, on a large scale, with very low rates of misuse of funds or of sub standard construction. This programme clearly achieved its objectives and was judged effective, efficient and appropriate.

Planning for the recovery phase also began at an appropriate time and appropriately identified ICBRR as the priority need. Now that the emergency situation no longer makes rapid implementation an imperative, substantial efforts were made to increase PMI participation in programme planning. In hindsight, however, external evaluation conducted at the end of 2007 suggested that these efforts were not completely successful and that lack of clarity on when the programme would end constrained effective implementation. However, in early 2008 an effective solution to these problems was identified, with DRC. DRC, which had several years experience of working with PMI on ICBRR programmes in other parts of Indonesia, being sub-granted appeal funding, took over programme management. This decision has since been validated by successful implementation of the programme and expansion into an additional five districts in Central Java. The programme is on track to achieve or exceed all its original objectives.

Changes in the programme budget also reflect learning and are, in our view, to be expected given the nature of emergency response programme budgeting.

Lessons learned

A mid-term review of the early recovery temporary shelter programme, dated September 2006, focused largely on how the ongoing programme could be improved rather than on lessons to take forward to future programmes. It was very positive about the main innovations in the programme, i.e. the use of a community-based, community-built approach for the provision of transitional shelter and the use of cash transfers to community management groups. It suggested that IFRC's perception of risk management exposure in cash-based programmes can cause delays in financial reports and cash transfers and recommended investigation of best practice in simplifying financial reporting in such programmes.

The lessons learned section of the external evaluation of the programme for the period May 2006 until December 2007 included (further detail can be found in the evaluation report):

- Appeals
 - When in any doubt make the appeal period a longer period than just the emergency response phase.
 - Include a disclaimer with initial appeals (to explain it is written hurriedly using limited information).
- Emergency programme planning
 - IFRC's commitment to building the host national society and a 'build back better' paradigm means planning for longer term programmes when funding permits and other circumstances allow.
 - Incremental learning community based programmes like COBA are difficult to budget.
- Capacity building of PMI
 - Invest resources in developing ambition to use this opportunity to build back PMI better.
 - Address the 'once IFRC goes we will not have any funding for non-standard programmes' issue.
 - More work with PMI headquarters .
 - Consider the possibility of funding and planning some capacity building for 'peace time' in addition to work done during the emergency response programme.
 - Develop a national IFRC-PMI capacity building plan.
- Achieving programme integration
 - Integration of emergency response programmes does not just happen. It needs a strong champion.
- Use of volunteers in PMI-IFRC emergency programmes

- Use of a large number of volunteers is the most effective way of building surge capacity needed for a large emergency response programme given the Red Cross Red Crescent ethos.
- But there needs to be agreement whether they are really volunteers or paid staff.
- If use of a large number of volunteers is thought to be appropriate in emergency responses, PMI's capacity to manage these volunteers must be increased.
- Missed opportunities?
 - For research, learning and advocacy.
 - For using Yogya programme funding to increase IFRC national capacity.
 - For using IFRC Yogya programme funding and human resources to increase PMI headquarters in community based programming and disaster management.

An annual review of the DRC managed ICBRR programme, dated March 2010 makes the following recommendations, mainly related to the issue of sustainability:

- Enhance program sustainability and replication potential by further simplifying the guidelines, procedures and methodologies utilized under PMI's ICBRR model, and in the process also reduce programme implementation time and costs.
- Simplify current design of programme baseline study to gather only essential data and information required with a primary focus on pre-programme knowledge, attitude and practice of disaster risk reduction.
- Reduce the number of PRA (participatory rural appraisal) tools used from the current fifteen (15) to about six (6) or seven (7) key tools with the other tools made optional.
- Provide significantly greater guidance and support in the formulation of community VCAs (vulnerability and capacity assessment) including the adoption and dissemination of a single pro-forma VCA instead of the current use of four (4) different kinds of VCA formats.
- Do not make GPS-based hazard and risk mapping mandatory and demonstrate, especially in areas with very low capacities, how to conduct simple risk and hazard mapping without using GPS.
- Move away from the direct implementation of structural mitigation projects and provide greater emphasis on non-structural, health-related, and other preparedness for response initiatives.

The situation

An earthquake with a magnitude of 6.3 on the Richter scale (source: USGS) struck near the city of Yogyakarta in Central Java at 05:54 local time on 27 May 2006 causing extreme and widespread destruction. There was a considerable loss of life and many people were injured. Villages in more remote areas south of Yogyakarta, in Bantul and its surrounding areas were the most affected. The official figures remain at 5,749 people killed; with more than 38,000 injured and more than 127,000 houses completely destroyed, with a further 450,000 additional houses damaged by the earthquake. It is estimated that 1,173,742 people were made homeless.

The earthquake's epicentre was located about 20 kilometres southeast of Yogyakarta at a depth of ten kilometres. Tremors were felt across the region as far away as Semarang and Surabaya on the opposite coast of Java.

In the early days of the operation, a needs assessment with communities was carried out concurrently with relief operations to determine the starting point for early recovery. The assessment identified the need for shelter. It also indicated that local systems of mutual support (*gotong royong*) were strong. Together, PMI and IFRC developed a community based temporary shelter programme using a cash transfer mechanism as the basis for early recovery programming. This was followed by an ICBRR programme, using approaches and techniques similar to those developed in the temporary shelter programme. Other significant activities completed are the PSP and medical rehabilitation programmes.

Red Cross and Red Crescent action

Achievements against outcomes

Overview

The programme, which lasted four years and four months, has met, and often exceeded, original and subsequent outcome targets in all three phases (emergency relief, early recovery, recovery). The two external

evaluations quoted in the section above, as well as the external review of the psycho-social support programme quoted later in this report, have all been positive about programme design and achievement, though of course possible improvements have also been identified.

The following table gives relief distribution achievements from May until November 2006 (figures from Operational Updates for that period) against the objective for the provision of food, non-food relief items (NFI) and emergency shelter for 65,000 families. It shows that targets were exceeded:

| families reached | tents | tarpaulins | baby kits | family kits | food parcels | hygiene kits | sleeping mats | toolkits |
|------------------|--------|------------|-----------|-------------|--------------|--------------|---------------|----------|
| 124,778 | 12,143 | 111,935 | 16,039 | 7,642 | 96,728 | 102,316 | 147,765 | 9,610 |

The external evaluation of the programme at the end of 2007, using the standard five IFRC criteria, included the following.

1. Appropriateness and connectedness

The programme has responded to the priority needs of beneficiaries in each of the three phases to date; Needs assessment has been accurate and timely. The choice of a community based approach in the shelter and risk reduction phases of the programme was appropriate given high levels of community resilience and the desire to achieve participation and to 'build back better'. The use of the cash transfer mechanism in these two phases of the programme was appropriate given functioning market. Beneficiaries confirm that the temporary bamboo shelters were what they most needed and that they were happy with their design and safety it offered.

2. Efficiency

The programme has been generally efficient, with relief NFIs procured at reasonable prices, little wastage and few items thought by beneficiaries not well suited to their needs; the temporary shelters were built at a reasonable cost and misuse of funding, at 1.7 per cent, was low. Only 32 of over 12,000 shelters needed additional repairs to meet SPHERE based safety standards.

3. Effectiveness

- The relief phase objectives were over achieved with over 120,000 families (against a target of 65,000) having received NFIs and emergency shelter assistance as well as health, and water and sanitation services preventing outbreaks of disease and treating the injured. The shelter programme, achieved its target of building a large number of shelters in a relatively short time. It demonstrated the effectiveness of community based and cash transfer mechanisms and showed that volunteers could play a major role in implementing a large early recovery programme. The shelter programme did not achieve its livelihoods and water and sanitation objectives but this may have been because communities chose to concentrate on emergency shelter.
- The effectiveness of the COBA phase of the programme cannot yet be evaluated Impact The programme has generally achieved its intended impact on the lives of beneficiaries in the relief and shelter phases, both in terms of supplying what communities most needed and in using a community-based approach which promoted sustainability by building communities' capacities to participate in implementing programme activities and decision making.
- Intended impact on PMI has been partially achieved. The programme has significantly increased the capacity of large numbers of PMI volunteers but this has not yet been optimally leveraged to increase PMI capacity. Improvement in the volunteer management capacity of PMI branches and chapters has not kept pace with the increased numbers and capacities of the volunteers working on the shelter and COBA programmes. At the same time some PMI stakeholders think that the community based approach used in this IFRC programme, with intensive support for community processes from PMI volunteers who live in target communities, is too different from the standard PMI community-based approach in which community volunteers are trained by PMI and then facilitate community processes without intensive support from PMI volunteers.

4. Use of the Movement's collective resources

- IFRC coordinated use of the Movement's resources well during the relief phase. However, PMI informants suggested that discussion of this aspect of the programme with IFRC and other PNS's now operating in Indonesia to ensure even better coordination next time would be useful. It is suggested that the issues prioritized by PMI's informants could be part of an emergency preparedness and response planning exercise recommended by this evaluation.

- PNS's consulted would not have welcomed an attempt by IFRC to manage the use of their resources in a unified Movement programme.
- In the shelter and COBA phases, coordination continued to a lesser degree but the three PNSs now operating say that their feedback to IFRC on aspects of its programme has sometimes been ignored.
- The programme coordinated well with PMI and the other operational PNSs in the relief phase but not so well during the shelter phase, when IFRC tended to operate largely outside PMI. Coordination with PMI has improved during the COBA phase but the evaluation suggests that a number of issues need to be resolved before coordination means a PMI driven programme. In addition, it is suggested that coordination with PMI's headquarters (HQ) should have been better.
- Lessons learnt by the Movement about disaster response programmes, particularly from the tsunami response, have been reflected in the programme because several key staff had previously worked in Aceh. There was less evidence of systematic searching for lessons learnt and best practices and socialization with programme staff.

Detailed information on relief distribution, emergency health, water, sanitation and hygiene promotion and emergency shelter appeared in Operational Updates issued during that phase of the programme and it is not thought appropriate to repeat such detail, pertaining only to the first six months of a four year and four month programme in this final report. As discussed in earlier sections of this report, targets were met or exceeded and almost all aspects of this phase were assessed as appropriate, effective and efficient in a subsequent external evaluation.

Early recovery: transitional shelter

Outcomes:

1. **People in earthquake affected districts obtain earthquake resistant, SPHERE compliant transitional shelter which provides them with a secure and healthy shelter which enables them to focus on regaining livelihoods.**
2. **PMI Klaten and Bantul capacities are increased in assisting communities affected by future disasters through an empowering community-based approach.**

Objective 1

- To ensure support is given to affected communities to make-safe homes still standing after the earthquake (through provision of resources for each neighbourhood to buy tools) and provide resources to allow those families still under tents and tarps to build themselves a simple, locally appropriate emergency shelter from which to restart their economic activities.

Objective 2

- To assist PMI to develop the capacity of the branches in Central Java and special area of Yogyakarta by training volunteers to design and implement finance based early recovery activities. This work will take place over the duration of the programme.

Objective 3

- To produce and implement a fully inclusive communication strategy that gives all stakeholders access to relevant and accurate information on a regular basis. The purpose of this communication is two-fold; (i) to assist in ensuring that the project provides transparent information to assist in supporting accountability and (ii) to reduce the risk of generating dependency in the target population, and any other interested parties, by providing clear and regular information on who is eligible for assistance, exactly what that assistance will be, any rules surrounding it and when it will end. This communication plan will be ready by the start of the pilot project and last the duration of the programme.

Objective 4

- To use this approach, where appropriate for as many affected families as possible by working together with other partner national societies and interested NGOs with technical advice, documentation and lesson learnt. The programme will experiment and document various cooperation modalities, with local universities, local NGOs and possibility the private and business sectors. (This service will be available, dependant on resource for the duration of the project).

Impact:

An early recovery assessment team was fielded in the first half of June 2006, and drew up plans for an early recovery programme for which the priority need was temporary shelter. Programme design, socialisation and preparation, in parallel with relief distribution, lasted until August, when the first demonstration shelters were constructed.

By April 2007, when the programme finished, 12,250 families had been assisted in building SPHERE compliant, earthquake resistant temporary shelters at a cost per shelter of less than IDR 2,000,000 (CHF 222) per shelter. This programme used a community based, cash transfer approach, with substantial community participation in, and contribution to, the management and implementation of the programme. It also demonstrated that large numbers of volunteers could be mobilized and can play a substantial role in effective programme implementation. These temporary bamboo shelters provided families with safe, relatively comfortable, secure shelter, in their original locations for the variable period (several months to several years) until government assistance allowed construction or repair of their permanent housing. Even after permanent housing had been constructed many recipient families continued to use their bamboo shelters as kitchens, retail stalls, additional bedroom and so on. Moreover, provision of these temporary houses promoted livelihood recovery by ensuring that interim shelter needs were met.

This programme was widely acclaimed for its scale of impact – providing the second highest number of transitional shelters of all such programmes, speed of delivery and demonstration that cash transfers and community participation could successfully used in a context of high social resilience and a strong tradition of *gotong royong* (community mutual assistance).

The programme was implemented in 55 villages in Central Java and Yogyakarta Special provinces and included a peak number of 215 volunteers many of whom lived in target villages to support community implementation. In addition, 2,700 community management group members were trained in finance management. A total of IDR 21,000,000,000 (CHF 2.3 million) was disbursed to 761 community groups with only three incidences of misuse of funding.

A case study of this programme, supporting community recovery and risk reduction in Yogyakarta, has been published by the IFRC and copies are available from the Secretariat in Geneva.

Health**Revised objective:**

- PSP and medical rehabilitation programmes are completed and remaining needs of beneficiaries are met or handed over to other relevant duty bearers.
- PSP and medical rehabilitation programmes (particularly lessons learned) are documented properly to ensure that the experience and capacities developed in these programmes are used by PMI in future emergency response and recovery programmes.
- Financial support to the nationwide PMI avian influenza programme in selected PMI Yogyakarta branches is provided.

Early recovery and recovery: psychosocial support (PSP)

Outcome: to strengthen earthquake-affected communities' resilience through access to PMI's community and school-based psychosocial support programme.

| Outputs (expected results) | Activities planned |
|--|---|
| <ol style="list-style-type: none"> 1. All 13 target areas will have met the remaining needs of beneficiaries by the end of 2008. 2. Targeted schools have crisis response plans and are able to implement them. 3. PMI chapters and branches have collected and organized all programme documentation. 4. PMI chapters and branches have the capacity to provide PSP in future disaster response programmes. | <ol style="list-style-type: none"> 1.1. Refresher training for PSP volunteers including discussion and action plans for phasing out the programme. 1.2. Phasing out in seven target areas begun in June 2008 and completed by end of July. Phasing out from the other six areas to begin in August. 2.1. PSP volunteers and disaster management division works with schools to map risks and resources and |

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|--|--|
| | <p>identify response plan needed.</p> <p>2.2. PSP volunteers support schools in forming school committees for the crisis response plan.</p> <p>2.3. PSP volunteers collaborate with other PMI sectors to train the committees in crisis response planning, first aid and psychological first aid.</p> <p>2.4. PSP volunteers and disaster management division conduct disaster simulations for schools.</p> <p>3.1. Begin organizing programme documentation.</p> <p>3.2. Training for all chapter and branch volunteers and staff involved in PSP.</p> <p>4.1. Final evaluation by PMI and an external consultant to be conducted in October 2008.</p> <p>4.2. Lesson-learned workshop to be held in November 2008.</p> |
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This programme was implemented from January 2007 until December 2008 in the districts of Bantul, Yogyakarta province, and Klaten in Central Java province. These two districts were the worst affected by the earthquake. It followed an earlier, PMI-American Red Cross PSP programme and was based on an assessment of longer term PSP needs carried out as part of that programme.

The programme focused on both communities and schools and is estimated to have reached approximately 7,549 beneficiaries.

The main findings of an independent final evaluation of the programme conducted in December 2008 were:

- At community level participation in the programme has been a very positive experience, and for some a profoundly helpful catharsis in recovering a positive sense of identity and purpose. It has also helped to revise and revitalise communal activities. Overall, in terms of the programme's objectives of improving the wellbeing and social cohesion of affected populations, the programme has been successful.
- Similarly, in schools the programme was viewed very positively by teachers who felt it had improved their relationships with their pupils through changes in practice and attitudes, new perspectives and confidence. Disaster preparedness activities appear to have reduced anxiety and simulations were highly appreciated.
- At an institutional level the evaluator found conflicts between programme implementation needs and adherence to PMI organizational practices; and hierarchy had led to frictions which sometimes had a negative impact on programme effectiveness. The programme has had considerable positive impact at branch level but the capacity of PMI to implement future PSP programmes has not been adequately developed (yet).
- The programme design is largely based on a paradigm developed by PMI and American Red Cross; and was found to be robust and to a large extent, community members deciding on which activities will be supported was thought to be a very positive factor.
- Financial and administrative mechanisms could be better adapted to a community based programme.

Early recovery and recovery: medical rehabilitation

| Outputs (expected results) | Activities planned |
|--|--|
| 1. Remaining needs of the small number of programme patients whose rehabilitation programmes are not yet complete have been handed over to other duty bearing organizations through participation in the network of organizations working on medical rehabilitation. | <p>1.1. Active participation between IFRC and PMI Bantul branch in plans for construction and management of an integrated rehabilitation centre to be built in Bantul district (the district most affected by the earthquake).</p> <p>1.2. Arranging pin removal with local hospitals for patients with fractures.</p> <p>1.3. Procurement and distribution of wound care medication</p> <p>1.4. Provision of ongoing physiotherapy</p> <p>1.5. Development of family support networks</p> <p>1.6. Provision of psychosocial counselling for patients suffering permanent disability</p> |

| | |
|---|--|
| <ol style="list-style-type: none"> 2. Provide wound care services and physiotherapy exercises for the remaining patients in PMI Bantul 3. Increase the level of awareness, understanding and knowledge among the patients, families and community concerning how to live with people with disability (PWD). 4. Establish a settled referral system for the patients who want access to services. | |
|---|--|

When emergency field hospitals and PMI mobile clinic units started phasing out, the issue of securing the continuity of health care for those victims became a critical point, since the local health providers could not provide the physical rehabilitation services needed at that time. PMI Bantul branch, fully-funded and supported by the International Federation, therefore planned and carried out a physical rehabilitation program for earthquake survivors who incurred fractures, spinal cord injuries and decubitus, especially those in Bantul district.

This programme was conducted from September 2006 to September 2008 involving experienced professional nurses and physiotherapists, as well as PMI volunteers who assisted with implementation. The programme initially treated 343 survivors of whom only five still needed treatment by the end of the programme.

There were two main programme elements, wound care to treat decubitus or pressure sore wounds using modern dressings; and physiotherapy to rehabilitate physical problems resulting from fractures and spinal cord injuries. It also included both home visits and clinical treatment for the programme beneficiaries and improved their lives by the fulfilling physical rehabilitation needs through modern dressings and physical aids.

Disability is a cross cutting issue, the programme promoted the development of local inclusion policy and practice. Perhaps influenced by advocacy from this programme and other organizations working on disability related issues, in June 2008, the provincial government announced that it had budgeted and committed to provide both premises and programmes for an integrated rehabilitation centre (IRC) to improve the functional ability of people with disabilities, but also to focus beyond the individual. It would also provide community based programmes and a vocational training centre to provide access to empowerment and livelihoods. The building would be utilized as a national rehabilitation centre in the long term, but in the short term it is for all of people with disabilities caused by the 2006 earthquake

The IRC's first project was mass removal of pen and plate surgery for roughly 600-700 screened patients at 12 hospitals in Yogyakarta. This was successfully completed in mid December 2008. The second activity, supported by PMI, Yakkum (a local NGO) and Bantul district health office, was the conduct of home visits for occupational therapy, wound dressing and counselling to programme beneficiaries who had post pen/plate surgery. PMI undertook 700 home visits for wound dressing and 500 home visits for physiotherapy. The third activity was training in microfinance, public health nursing (PHN) and community based rehabilitation (CBR) for 10 *Puskesmas* (a *puskesmas* is a local community health clinic), in 10 sub-districts in Bantul.

When the programme closed in September 2008, 75 to 80 per cent of the beneficiaries had been discharged, while three of five remaining patients had made good progress and two were being treated by their local *puskesmas* with hospital supervision for post pen surgery and liizarov fixation techniques. Levels of knowledge and awareness of health issues and how to live with PWD had increased as shown by the ability of beneficiaries and their families to take care of wounds and monitor physiotherapy, the involvement of disabled peoples' organizations (DPOs) in training and community development via community based programmes, the existence of support programmes from the local government which have been socialized to the Bantul community at large.

Early recovery and recovery: Organizational development

| Outcome: Yogyakarta chapter and its branches improve their institutional capacity and performance. | |
|---|---|
| Outputs (expected results) | Activities planned |
| <ol style="list-style-type: none"> 1. PMI Yogya chapter is able to identify and maximize effective use of resources available to support their self-sustainability as IFRC decreases and then ends. 2. PMI Yogya chapter is able to manage staff effectively to support delivery of programmes for the most vulnerable. 3. PMI Yogya chapter is able effectively to manage programmes benefitting the most vulnerable. | <ol style="list-style-type: none"> 1. Close coordination with PMI headquarters on the socialization of PMI national headquarters resource mobilization guidelines. 2. Support PMI Yogya chapter in developing a feasible and effective training plan to improve human resource capacity 3. Project management cycle training 4. Support PMI Yogyakarta chapter in developing feasible plans for use of excess office space for resource mobilization 5. Volunteer management training for PMI Yogyakarta chapter branch managers in coordination with PMI headquarters and volunteer division 6. Support of PMI Yogyakarta chapter in developing a feasible effective training plan to improve human resource capacity 7. Financial support for KSR recruitment and training at branch level 8. Procurement of office equipment which will enable PMI Yogyakarta chapter to work effectively and efficiently. |

The organizational development (OD) programme began with the arrival of an OD delegate in October 2006. Technical support ceased with the departure of the OD delegate in December 2008 though some financial support for operations and salaries continued until December 2009.

Organizational development in emergency response programmes faces multiple challenges given the imperative to deliver services rapidly and in this case on a large scale. However, there can be no doubt that the two chapters and their 11 branches that have participated in programme activities are now far stronger than at commencement of the programme. Achievement varies and is largely dependent on the commitment, vision and capacity of board members, staff and volunteers, with the former probably the most decisive. In this programme it was rarely possible to achieve development of a cohesive, coherent and feasible plan regarding what kind of activities and on what scale, branches and chapters wanted to be able to deliver after the programme closed, together with achievable business plans to enable them to do so. It is possible that several revisions of programme duration did not help in this regard.

On a more pragmatic level, all chapters and branches have more, better trained and equipped volunteers. Most have more, paid staff whose capacities have been enhanced through their work on this programme and through attending a large number of training courses. All have better equipped offices, communications equipment and transportation. Board members, in addition to benefitting from training, have broadened their experience through their participation in this very large operation.

Perhaps the greatest impact has been at the volunteer level. This programme has mobilised hundreds of volunteers, most of whom were new to PMI and the Red Cross Red Crescent Movement. They have all enhanced their capacity and knowledge through formal training courses, but equally through on the job knowledge and confidence building. They also have a strong sense of having contributed significantly to reducing the suffering resulting from the earthquake through their work with PMI in affected communities. It is hoped that many of them will continue to offer their services through work with PMI but even for those who choose not to do so, this has been a life changing and life enhancing experience the benefits of which will be used in whatever work they do in future.

Integrated community-based risk reduction (ICBRR) programme

Revised objective:

- The vulnerability of communities prone to disasters is reduced

Intermediate objective 1:

- The capacity of communities to respond to and mitigate the effects of disasters is enhanced

Intermediate objective 2:

- PMI's capacity to provide timely assistance to people affected by disaster is strengthened

| Expected results | Activities planned |
|--|---|
| 1. PMI local volunteer network effectively mobilized and trained in eleven PMI branches and in 21 villages | 1.1. Selection and training of field coordinators and accountants at chapter/branch level 1.2. Establishment of management committees at all levels 1.3. Establishment of working groups at all levels 1.4. Selection and training of ICBRR volunteer (<i>korps sukarelawan</i>) members in each of the eight PMI target branches 1.5. Selection and training of community-based action tea members in 42 target communities in 12 villages 1.6. Refresher course for ICBRR and disaster management trainers 1.7. KSR (Korps Sukarela, Volunteer Corps), train CBAT in ICBRR according to PMI community based disaster preparedness (CBDP) guidelines. 1.8. Training of board members in good governance and management 1.9. Provide uniforms and KSR standard equipment. 1.10. CBAT and KSR groups conduct regular meetings. 1.11. CBAT facilitate the ICBRR process in their communities. |
| 2. PMI local volunteer network support communities in participatory disaster risk reduction (i.e. participatory rural assessment/, vulnerability and capacity assessment/ and risk mapping), the development of community action plans and the implementation of priority mitigation measures. | 2.1. Socialization of ICBRR programme in 42 communities in 12 villages 2.2. Conduct knowledge, attitude and practice (KAP) and household baseline survey to obtain data for monitoring 2.3. Conduct participatory rural assessment/vulnerability and capacity assessment and risk mapping 2.4. Communities formulate community action plans 2.5. Implement mitigation measures according to local community action plans |
| 3. Disaster risk reduction coordination between local development stakeholders is strengthened | 3.1. PMI and communities socialize the ICBRR concept to the local government 3.2. PMI supports local disaster risk reduction orientation workshops for the national agency for disaster response (<i>Badan Nasional Penanggulangan Bencana/BNPB</i>) and provincial agency for disaster response (<i>Badan Penanggulangan Bencana Daerah/BPBD</i>) 3.3. Local PMI entities support communities to actively advocate for local government support of the community action plans 3.4. Coordination meetings between local DRR stakeholders 3.5. Joint local government and local disaster management stakeholders emergency drills |
| 4. DRR awareness raising and DRR education promoted in programme areas | 4.1. Contribute to the development of DRR education materials 4.2. Printing and distribution of DRR education, information and communication material 4.3. Train teachers in the use of specific DRR education material 4.4. School children receive DRR education 4.5. Design and implementation of public awareness campaigns 4.6. Printing and dissemination of information, education and communication materials (i.e. <i>SIAGA</i> newsletters, pamphlets, posters and banners) 4.7. Coordination meetings with the disaster risk education committee ¹ |

Progress

Programme implementation began in April 2008 with an initial transition phase to realign work done under the auspices of the earlier COBA programme with PMI's standard integrated community-based risk reduction (ICBRR) programmes. In September 2008 the PMI Central Java chapter requested that two additional

¹ The disaster risk education committee was initially set up by the United Nations (UN) and its membership comprises representatives from the ministry of education, provincial and district education offices as well as a range of non-governmental organizations (NGO) and international non-governmental organizations (INGO) with interest in linking DRR issues to school education.

branches, Boyolali and Magelang, be included in the programme. Later, in February 2009, they requested the addition of a further three branches, Purworejo, Temanggung and Karanganyar. Both these requests were agreed to by PMI HQ, DRC and the IFRC. In order to accommodate this substantial increase in programme size and the fact that programme implementation began later than original programme start date, PMI HQ, the IFRC and DRC agreed to amend the programme agreement to increase the programme budget to CHF 3,700,000 and to extend the closing date to December 2010.

Programme implementation has progressed well and largely according to the programme plan. The programme has been enthusiastically received in PMI chapters and branches and in its target communities and has received official endorsement from the governors of both provinces. Excellent relationships have been developed with other risk reduction stakeholders through such mechanisms as disaster risk reduction forums.

At the time of writing all stages of the programme up to the identification of mitigation activities have been completed and work has commenced on many of these. Mitigation measures include an interesting mix: hardware and software initiatives including local early warning systems, evacuation routes and shelters, tree planting to reduce erosion, the risk of landslides and help moderate longer-term impact of water scarcity and drought, community based health and first aid (CBHFA) training, rain water catchment tanks, garbage management equipment and a volcano monitoring post.

It is now anticipated that field implementation of the programme will be completed in March 2011 with an additional month for closure and reporting.



Community based action teams (CBATs) and Palang Merah Indonesia volunteers in an emergency drill in an area that may experience landslide hazards in the Cluntang village of the Boyolali district in Central Java. CBATs and Palang Merah Indonesia volunteers are continually working together and coordinating with communities toward a safer future.

Photo credit: Danang, Associated Press and Palang Merah Indonesia

Early recovery and recovery: Logistics

Progress

After completion of some repairs to the warehouse building purchased by the IFRC for PMI in 2007, which includes office premises for the PMI Yogyakarta chapter and some additional office space for income generating activities, and some capacity building mentoring for the Yogyakarta chapter logistics staff, an official handover of the building to PMI NHQ was completed in July 2010 and the logistics element of this programme closed.

How we work

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

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

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

Contact information

For further information specifically related to this operation please contact:

Indonesia

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[<Financial report below; click here to return to the title page>](#)

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| 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 |
|---|---------------------|----------------------------|------------------------------|-----------------------|--------------|-------------------|
| A. Budget | 32,667,430 | | | | | 32,667,430 |
| B. Opening Balance | 0 | | | | | 0 |
| Income | | | | | | |
| <u>Cash contributions</u> | | | | | | |
| <i>Albanian Red Cross</i> | 10,973 | | | | | 10,973 |
| <i>American Red Cross</i> | 1,603,481 | | | | | 1,603,481 |
| <i>Andorra Government</i> | 78,667 | | | | | 78,667 |
| <i>Andorran Red Cross</i> | 36,675 | | | | | 36,675 |
| <i>Australian Red Cross</i> | 255,229 | | | | | 255,229 |
| <i>Australian Red Cross (from Australian Government)</i> | 774,690 | | | | | 774,690 |
| <i>Austrian Red Cross</i> | 2,431 | | | | | 2,431 |
| <i>Belgian Red Cross (Flanders) (from Belgian Federal Government)</i> | 437,655 | | | | | 437,655 |
| <i>Bosnia and Herzegovina Red Cross</i> | 39,856 | | | | | 39,856 |
| <i>British Red Cross</i> | 2,426,111 | | | | | 2,426,111 |
| <i>Cambodia - Private Donors</i> | 126 | | | | | 126 |
| <i>Canadian Red Cross</i> | 3,279 | | | | | 3,279 |
| <i>Canadian Red Cross (from Canadian Government)</i> | 1,809,225 | | | | | 1,809,225 |
| <i>China - Private Donors</i> | 31 | | | | | 31 |
| <i>China Red Cross, Hong Kong branch</i> | 372,658 | | | | | 372,658 |
| <i>China Red Cross, Macau branch</i> | 30,000 | | | | | 30,000 |
| <i>Croatian Red Cross</i> | 220,000 | | | | | 220,000 |
| <i>Cyprus Red Cross</i> | 12,224 | | | | | 12,224 |
| <i>Czech Red Cross</i> | 5,444 | | | | | 5,444 |
| <i>Danish Red Cross</i> | 100,484 | | | | | 100,484 |
| <i>Danish Red Cross (from Danish Government)</i> | 830,398 | | | | | 830,398 |
| <i>Egyptian Red Crescent</i> | 62,970 | | | | | 62,970 |
| <i>Estonia Government</i> | 49,888 | | | | | 49,888 |
| <i>European Commission - DG ECHO</i> | 3,402,272 | | | | | 3,402,272 |
| <i>Finnish Red Cross</i> | 124,720 | | | | | 124,720 |
| <i>Finnish Red Cross (from Finnish Government)</i> | 314,000 | | | | | 314,000 |
| <i>First Data Western Union</i> | 184,500 | | | | | 184,500 |
| <i>French Red Cross</i> | 257 | | | | | 257 |
| <i>Germany Red Cross (from German Government)</i> | 9,207 | | | | | 9,207 |
| <i>Great Britain - Private Donors</i> | 1,140 | | | | | 1,140 |
| <i>Hellenic Red Cross</i> | 31,337 | | | | | 31,337 |
| <i>Irish Government</i> | 779,500 | | | | | 779,500 |
| <i>Irish Red Cross</i> | 430,763 | | | | | 430,763 |
| <i>Italian Government Bilateral Emergency Fund</i> | 787,775 | | | | | 787,775 |
| <i>Japanese Government</i> | 1,211,399 | | | | | 1,211,399 |
| <i>Japanese Red Cross</i> | 5,831,646 | | | | | 5,831,646 |
| <i>Latvian Red Cross</i> | 39,250 | | | | | 39,250 |
| <i>Libyan Red Crescent</i> | 10,000 | | | | | 10,000 |
| <i>Liechtenstein Red Cross</i> | 30,000 | | | | | 30,000 |
| <i>Luxembourg Government</i> | 158,000 | | | | | 158,000 |
| <i>Luxembourg Red Cross</i> | 46,770 | | | | | 46,770 |
| <i>Medicor Foundation</i> | 250,000 | | | | | 250,000 |
| <i>Monaco Red Cross</i> | 54,782 | | | | | 54,782 |
| <i>Netherlands - Private Donors</i> | 15,700 | | | | | 15,700 |
| <i>Netherlands Red Cross</i> | 633,243 | | | | | 633,243 |

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| | | | | |
|--|-------------------|--|--|-------------------|
| <i>Netherlands Red Cross (from Netherlands Government)</i> | 1,559,000 | | | 1,559,000 |
| <i>New York Office (from Kraft Foods Company)</i> | 30,750 | | | 30,750 |
| <i>New York Office (from United States - Private Donors)</i> | 549 | | | 549 |
| <i>New Zealand Red Cross</i> | 92,693 | | | 92,693 |
| <i>New Zealand Red Cross (from New Zealand Government)</i> | 380,650 | | | 380,650 |
| <i>Norwegian Red Cross</i> | 76,294 | | | 76,294 |
| <i>Norwegian Red Cross (from Norwegian Government)</i> | 623,385 | | | 623,385 |
| <i>On Line donations</i> | 95,878 | | | 95,878 |
| <i>OPEC Fund For International Development</i> | 695,400 | | | 695,400 |
| <i>Other</i> | 329 | | | 329 |
| <i>Qatar Red Crescent</i> | 0 | | | 0 |
| <i>Republic of Korea Red Cross</i> | 197,278 | | | 197,278 |
| <i>Senegal Private Donor</i> | 157 | | | 157 |
| <i>Singapore - Private Donors</i> | 77,950 | | | 77,950 |
| <i>Singapore Red Cross</i> | 57,353 | | | 57,353 |
| <i>Singapore Red Cross (from Singapore Government)</i> | 57,353 | | | 57,353 |
| <i>Slovenia Government</i> | 65,322 | | | 65,322 |
| <i>Swedish Red Cross (from Swedish Government)</i> | 1,495,608 | | | 1,495,608 |
| <i>Swiss Red Cross</i> | 50,000 | | | 50,000 |
| <i>Switzerland - Private Donors</i> | 17,013 | | | 17,013 |
| <i>United States Government - USAID</i> | 121,791 | | | 121,791 |
| <i>United States - Private Donors</i> | 13,389 | | | 13,389 |
| <i>VERF/WHO Voluntary Emergency Relief</i> | 4,000 | | | 4,000 |
| C1. Cash contributions | 29,220,898 | | | 29,220,898 |
| Inkind Goods & Transport | | | | |
| <i>American Red Cross</i> | 212,800 | | | 212,800 |
| <i>Belgian Red Cross (Flanders)</i> | 914,062 | | | 914,062 |
| <i>British Red Cross</i> | 44,080 | | | 44,080 |
| <i>Canadian Government</i> | 190,886 | | | 190,886 |
| <i>Danish Red Cross</i> | 34,630 | | | 34,630 |
| <i>German Government</i> | 142,646 | | | 142,646 |
| <i>Japanese Red Cross</i> | 1,832,945 | | | 1,832,945 |
| <i>Spanish Red Cross</i> | 22,578 | | | 22,578 |
| <i>United States Government - Missions</i> | 455,671 | | | 455,671 |
| C4. Inkind Goods & Transport | 3,850,297 | | | 3,850,297 |
| Inkind Personnel | | | | |
| <i>Australian Red Cross</i> | 166,067 | | | 166,067 |
| <i>Austrian Red Cross</i> | 37,200 | | | 37,200 |
| <i>British Red Cross</i> | 12,320 | | | 12,320 |
| <i>Canadian Red Cross</i> | 78,173 | | | 78,173 |
| <i>Danish Red Cross</i> | 7,440 | | | 7,440 |
| <i>French Red Cross</i> | 3,960 | | | 3,960 |
| <i>Netherlands Red Cross</i> | 62,000 | | | 62,000 |
| <i>New Zealand Red Cross</i> | 153,212 | | | 153,212 |
| <i>Norwegian Red Cross</i> | 106,817 | | | 106,817 |
| <i>Other</i> | 42,093 | | | 42,093 |
| C5. Inkind Personnel | 669,282 | | | 669,282 |
| Other Income | | | | |
| <i>Miscellaneous Income</i> | -2,703 | | | -2,703 |
| <i>Services</i> | 58,632 | | | 58,632 |
| <i>Voluntary Income</i> | -3,269,426 | | | -3,269,426 |
| C6. Other Income | -3,213,497 | | | -3,213,497 |
| C. Total Income = SUM(C1..C6) | 30,526,980 | | | 30,526,980 |

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| | | | | | | |
|-------------------------|------------|--|--|--|--|------------|
| D. Total Funding = B +C | 30,526,980 | | | | | 30,526,980 |
| Appeal Coverage | 93% | | | | | 93% |

II. Balance of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|----------------------------------|---------------------|----------------------------|------------------------------|-----------------------|--------------|-------------|
| B. Opening Balance | 0 | | | | | 0 |
| C. Income | 30,526,980 | | | | | 30,526,980 |
| E. Expenditure | -30,526,980 | | | | | -30,526,980 |
| F. Closing Balance = (B + C + E) | 0 | | | | | 0 |

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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 | |
| BUDGET (C) | | 32,667,430 | | | | | 32,667,430 | |
| Supplies | | | | | | | | |
| Shelter - Relief | 8,375,090 | 5,535,934 | | | | 5,535,934 | 2,839,156 | |
| Shelter - Transitional | | 2,839,156 | | | | 2,839,156 | -2,839,156 | |
| Construction - Facilities/Infrastruc | | 22,469 | | | | 22,469 | -22,469 | |
| Construction Materials | 701 | 701 | | | | 701 | 0 | |
| Clothing & textiles | 889,258 | 890,615 | | | | 890,615 | -1,357 | |
| Food | 2,513,802 | 2,513,883 | | | | 2,513,883 | -81 | |
| Water & Sanitation | 117,050 | 117,050 | | | | 117,050 | 0 | |
| Medical & First Aid | 732,467 | 731,561 | | | | 731,561 | 906 | |
| Teaching Materials | 5,166 | 5,166 | | | | 5,166 | 0 | |
| Utensils & Tools | 1,197,070 | 1,197,070 | | | | 1,197,070 | 0 | |
| Other Supplies & Services | 4,504,316 | 3,002,839 | | | | 3,002,839 | 1,501,476 | |
| ERU | | 88,816 | | | | 88,816 | -88,816 | |
| Total Supplies | 18,334,920 | 16,945,261 | | | | 16,945,261 | 1,389,659 | |
| Land, vehicles & equipment | | | | | | | | |
| Land & Buildings | 747,918 | 136,703 | | | | 136,703 | 611,215 | |
| Vehicles | 7,062 | 7,062 | | | | 7,062 | 0 | |
| Computers & Telecom | 190,006 | 190,007 | | | | 190,007 | -1 | |
| Office/Household Furniture & Equipm. | 15,613 | 15,613 | | | | 15,613 | -0 | |
| Others Machinery & Equipment | 1,057 | 1,057 | | | | 1,057 | 0 | |
| Total Land, vehicles & equipment | 961,656 | 350,441 | | | | 350,441 | 611,214 | |
| Transport & Storage | | | | | | | | |
| Storage | 339,861 | 297,602 | | | | 297,602 | 42,259 | |
| Distribution & Monitoring | 2,138,020 | 2,138,020 | | | | 2,138,020 | 0 | |
| Transport & Vehicle Costs | 451,592 | 452,577 | | | | 452,577 | -985 | |
| Total Transport & Storage | 2,929,474 | 2,888,199 | | | | 2,888,199 | 41,275 | |
| Personnel | | | | | | | | |
| International Staff | 3,055,398 | 2,591,449 | | | | 2,591,449 | 463,949 | |
| Regionally Deployed Staff | 14,009 | 14,009 | | | | 14,009 | 0 | |
| National Staff | 1,215,660 | 1,034,749 | | | | 1,034,749 | 180,911 | |
| National Society Staff | 726,916 | 743,322 | | | | 743,322 | -16,406 | |
| Consultants | 140,625 | 122,179 | | | | 122,179 | 18,446 | |
| Total Personnel | 5,152,608 | 4,505,708 | | | | 4,505,708 | 646,900 | |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 1,643,281 | 354,661 | | | | 354,661 | 1,288,619 | |
| Total Workshops & Training | 1,643,281 | 354,661 | | | | 354,661 | 1,288,619 | |
| General Expenditure | | | | | | | | |
| Travel | 281,097 | 243,336 | | | | 243,336 | 37,761 | |
| Information & Public Relation | 302,681 | 189,205 | | | | 189,205 | 113,476 | |
| Office Costs | 571,532 | 471,143 | | | | 471,143 | 100,389 | |
| Communications | 283,471 | 274,823 | | | | 274,823 | 8,649 | |
| Professional Fees | 30,260 | 16,681 | | | | 16,681 | 13,579 | |
| Financial Charges | 27,152 | 30,200 | | | | 30,200 | -3,048 | |
| Other General Expenses | 1,916 | 2,883 | | | | 2,883 | -967 | |
| Total General Expenditure | 1,498,109 | 1,228,272 | | | | 1,228,272 | 269,837 | |
| Depreciation | | | | | | | | |
| Depreciation | 24,000 | 23,060 | | | | 23,060 | 940 | |
| Total Depreciation | 24,000 | 23,060 | | | | 23,060 | 940 | |
| Contributions & Transfers | | | | | | | | |
| Cash Transfers National Societies | | 2,445,240 | | | | 2,445,240 | -2,445,240 | |
| Cash Transfers Others | | 101 | | | | 101 | -101 | |

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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 |
| BUDGET (C) | | 32,667,430 | | | | | 32,667,430 | |
| Total Contributions & Transfers | | 2,445,341 | | | | | 2,445,341 | -2,445,341 |
| Programme & Service Support | | | | | | | | |
| Programme & Service Support | 2,123,383 | 1,786,035 | | | | | 1,786,035 | 337,348 |
| Total Programme & Service Support | 2,123,383 | 1,786,035 | | | | | 1,786,035 | 337,348 |
| TOTAL EXPENDITURE (D) | 32,667,430 | 30,526,980 | | | | | 30,526,980 | 2,140,450 |
| VARIANCE (C - D) | | 2,140,450 | | | | | 2,140,450 | |