

Operations update



International Federation
of Red Cross and Red Crescent Societies

Indonesia: Java eruption and Sumatra earthquake and Tsunami

Preliminary appeal n° MDRID006
EQ-2010-000213-IDN
VO-2010-000214-IDN
Operations update n° 1
2 December 2010

Period covered by this Ops Update: 25 October to 19 November 2010.

Appeal target (current): CHF 5,038,980 (USD 5,084,640 or EUR 3,739,000).

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

Appeal coverage: To date, the appeal is 58.6 per cent covered in cash and kind; and 60.7 per cent covered including contributions in the pipeline. Funds are still urgently needed to support the Palang Merah Indonesia (PMI/Indonesian Red Cross) in this operation to assist those affected by the volcano eruption and earthquake and tsunami.

[<click here to go directly to the updated donor response report>](#)



PMI volunteers, the army and other volunteers continue conducting evacuation in responding to the Mount Merapi eruption on 25 October 2010. This event has taken 273 lives and displaced more than 300 thousands people up to 18 November 2010. Photo credit: Talchah Hamid, Palang Merah Indonesia.

Appeal history:

- The revised Emergency Appeal was launched on 18 November 2010 for 5,038,980 (USD 5,084,640 or EUR 3,739,000) in cash, kind, or services to support Palang Merah Indonesia (PMI) to assist up to 100,000 beneficiaries in Merapi operation and 3,750 beneficiaries in the Mentawai operation.
- The preliminary Emergency Appeal was launched on 3 November 2010 for CHF 2,825,711 (USD 2,865,860 or EUR 2,052,300) in cash, kind, or services to support PMI to assist up to 25,000 beneficiaries in Merapi operation and 3,750 beneficiaries in the Mentawai operation.

If there is no further volcanic activity, earthquakes or tsunamis in the areas needing assistance then the activities under this appeal are expected to be implemented over six months; and are therefore expected to be completed by April 2011; a Final Report will be made available by July 2011.

Summary:

The eruption of Mount Merapi volcano and earthquake and subsequent tsunami at Mentawai Islands on 25 October 2010 has killed 725 people and forced over 300.000 people to leave their homes.

The latest figures from the National Disaster Management Agency (*Badan Nasional Penanggulangan Bencana* or BNPB) confirmed that the death toll in Merapi is now 273 with up to 300,957 people displaced in both provinces, Central Java and Yogyakarta. Meanwhile in Mentawai Islands, there are 452 dead with 76 individuals still missing and 14,983 people are displaced because of the earthquake and tsunami.

Based on the situation, a preliminary emergency appeal was launched on 3 November 2010 and was then revised on 18 November because the needs in the Merapi operation increased in the weeks following the eruption so *Palang Merah Indonesia* (PMI/Indonesian Red Cross) decided to considerably scale up its operation by targetting up to 100,000 people. The International Federation of Red Cross and Red Crescent Societies (IFRC) focuses on providing support to the National Society for efficient response in delivering assistance in the following sectors: relief, emergency shelter, health, temporary shelter, water and sanitation, and logistics.

Since the early hours, PMI has responded the disasters to provide relief to the displaced and affected in coordination with the local government. Volunteers in Yogyakarta and Central Java evacuated people living in the dangerous zone and managed several of the internally displaced camps which have been rapidly identified or prepared around the volcano. During the first few weeks, PMI also made sure that the people living in the displaced centres receive sufficient basic needs and adequate food nutrients by providing some emergency materials and the preparation of food parcels for distribution from their field kitchens.

During the reporting period, PMI field kitchens have continued to provide meals twice a day, reaching more than 100.000 people. Aside from face masks, PMI have provided some initial hygiene kits, baby kits, clothing, and toiletries. During the emergency, PMI in Yogyakarta and Central Java used their prepositioned stocks from their local warehouses and distributed them with other in-kind donations from non-Red Cross institutions. In addition, the PMI medical action teams (MAT) have treated more than 2,000 people in three districts of Central Java, Boyolali, Klaten and Magelang and psychosocial support service had exceeded more than 1,000 people by 17 November 2010. Meanwhile, the water and sanitation teams of PMI have been able to produce more than 400,000 litres per day of portable water to ensure that those living in the displaced shelters have access to safe and adequate water.

In Mentawai Islands, PMI has distributed relief items such as family tents, tarpaulins, family kits, mosquito nets, blankets, sleeping mats, and other basic needs for the tsunami affected people in three affected islands. In responding to the local government of Mentawai Islands' request to contribute to early recovery, PMI has conducted assessments and there are 516 identified families which will receive the shelter programme in three new relocation areas in South Pagai Island. Also, PMI has delivered 25,000 corrugated iron sheets to the island which are now awaiting distribution from the PMI Rubb halls as soon as the frames for the shelters have been constructed. In the meantime, PMI medical services have reached 565 people through several mobile clinics. In terms of water and sanitation, the affected people have confirmed that they have sufficient clean water source from the existing springs and do not require any additional assistance for filtration of water. On going health and hygiene awareness activities help to alert to the local population about the provenance of malaria and actions that can be taken to prevent the outbreak of disease and sickness related to vector and water borne diseases.

Partners which have made contributions to the appeal to date include the American Red Cross, Australian government, British Red Cross, Canadian Red Cross/Canadian government, Icelandic Red Cross, Japanese Red Cross, New Zealand Red Cross/ New Zealand government, Nokia, Republic of Korea Red Cross, Swedish Red Cross, United Arab Emirates Red Crescent and Voluntary Emergency Relief Fund (VERF)/World Health Organisation.

Bilateral partners supporting PMI include the American Red Cross, Danish, Hong Kong branch of the Red Cross Society of China, Italian Red Cross, Spanish Red Cross, and United Arab Emirates.

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

The situation

Two disasters struck Indonesia on the same day on 25 October: the eruption of Mount (Mt.) Merapi and the tsunami that hit the Mentawai Islands. Mt. Merapi is located on the border between Central Java and Yogyakarta. Meanwhile Mentawai Islands are a chain of about 70 islands and islets off the western coast of Sumatra.

These two disasters have attracted national and international attention. As PMI has a network nationwide, the PMI chapters – along with the branches in Central Java and Yogyakarta – are responding to the Merapi eruption and PMI West Sumatra is responding to the earthquake and tsunami in Mentawai, in both cases with headquarters assistance.

Mt. Merapi

Based on information from the government, the Mt. Merapi eruption death toll has reached 273 (176 died on the spot because of the pyroclastic gas flow, and 97 died because of accidents or other causes after being hospitalized), 577 people were injured and still hospitalized as of 18 November 2010. The number of internally displaced people is up to 156,964 people in Yogyakarta province and 143,993 people in Central Java province. In total, about 300,957 people have been displaced in 572 locations.

During the reporting period, most of the displaced remain in camps or shelters, waiting for the volcanic activity to subside and the risk from falling ash has reduced. BNPB has recommended the Volcanology and Disaster Mitigation Agency (VDMA) to conduct a research on the potential ongoing disruption of air traffic in and out of Yogyakarta due to continued hot ash in the sky. They have also recommended that everyone avoid the contaminated rivers surrounding the volcano.

VDMA have reduced the safe zone area for Sleman regency from 20 kilometres to 15 kilometres from the Merapi crater. The decision was made since Mt. Merapi volcanic activities have steadily decreased but still remains at level four 'alert' and considered dangerous. However, some people (mostly the men) keep going back to their houses to check on their homes and feed their livestock.

In the meantime, PMI has conducted health services for the affected people as well as the volunteers, supported field kitchen, distributed food and water. In addition, PMI has also distributed meat to five camps during the Moslem (Idul Adha) celebration on 17 November.

To date, according to BNPB, there are 15 non-government and international non-government organizations assisting the government in delivering health services, water and sanitation, education and basic needs in Magelang, Boyolali and Sleman districts.

Mentawai Islands

The earthquake measuring 7.2 on the Richter scale at a depth of 19 kilometres triggered a tsunami in Mentawai Islands. The tsunami has killed 452 people, with another 270 severely injured, 142 slightly injured, 76 missing and 14,983 people displaced (data taken from the Regional Disaster Management Agency Post in Sikakap, 5 November 2010).

The West Sumatra provincial administration has extended the Mentawai Islands emergency tsunami disaster response period by two weeks until 22 November 2010. This extended period will be filled with the activities of cleaning temporary shelters and schools. However, bad weather has frequently still hampered the efforts of aid distribution.

The communities who were affected by tsunami will be moved to relocations areas which are located at Kilometre (KM) 27, KM 37 and KM 46. Based on the local government decision, there are presently 785 people identified as displaced that should be relocated away from the coast danger areas and now more than 80 per cent of these displaced have arrived in these new areas where they will stay temporarily in family tents provided by PMI until a more suitable shelter is provided.

During the reporting period, PMI has been delivering relief distribution, health services and starting the shelter programme as under this appeal, PMI has committed to provide 516 families with support for temporary shelters. This is a similar system that was implemented during the 2009 West Sumatra earthquake. The size of this shelter is 4x6 m² and is expected to be ready by the end of 2010. In addition, IFRC has sent one radio communication staff to assist PMI set up and improve radio communication abilities on the island.

The biggest challenge in this operation is that the wood requirement is very large and adequate timber options have not yet been identified. At the moment, negotiations are ongoing with the local government and timber companies to obtain the license to accelerate the availability of wood and also ensure that environmental concerns are all taken into consideration.

To date, 43 humanitarian organizations and non-government organizations have been present in Mentawai to deal with the emergency response but only seven of them will continue to the early recovery phase.

Coordination and partnerships

Mt. Merapi Eruption

PMI continues to hold regular weekly coordination meetings with ICRC, IFRC and partner national societies to share their updates, challenges and receive feedback. IFRC helped to facilitate these meetings. In addition, the PMI chairman has directly met with the governors of each province to confirm PMI's commitment to support the government in both affected provinces for the emergency and recovery phases.

In order to better manage the ongoing needs around Merapi, in both Yogyakarta and Central Java provinces, the government is hosting weekly coordination meetings to evaluate and monitor the progress of the operation from all agencies. PMI is involved in these discussions and continue to participate in ongoing activities. PMI has also set up their booth at the government media centre and governor operational centre. This is to ensure all activities are in line with the government plans. The Mt. Merapi response operation is a cross border operation between Central Java and Yogyakarta. However, as the worst affected area is Yogyakarta, the coordination meetings between both provinces are mostly conducted in Yogyakarta.

Mentawai Earthquake and Tsunami

Red Cross Red Crescent coordination meetings are chaired by the National Society or by IFRC on a regular basis to update the Movement partners and ensure all support from the ICRC and partner national societies is well coordinated to avoid unnecessary duplication.

The coordination meetings are conducted at the Regional Disaster Management Agency (*Badan Penanggulangan Bencana Daerah* or BPBD) every evening focusing on issues related to implementation of emergency response and recovery plans for Mentawai. These meetings involve all agencies including government agencies, UN, local and international non-governmental organizations as well as the Red Cross.

Red Cross and Red Crescent action

Mt. Merapi Eruption

PMI is still focussing their activities on relief distribution, field kitchens, medical action teams, psychosocial support (PSS), restoring family links (RFL) and water and sanitation. Although the emergency period is about to end, PMI is still contributing to the search for dead bodies and evacuation together with other main players in this sector such as TNI (army) and *Badan SAR Nasional* (BASARNAS/National Agency on Search and Rescue). PMI is using its four Hägglunds (special vehicle for difficult terrain) to evacuate the dead bodies to Sahardjo Hospital in Sleman.

To deal with the enormous amount of displaced people scattered in 12 districts and two provinces, 1,024 PMI volunteers are now on board. These volunteers are not only from both affected provinces, but also from East Java, West Java, Banten, and Jakarta provinces.

Mentawai Earthquake and Tsunami

PMI, with support from IFRC and other partner national societies, has response teams on the ground to implement priority activities such as relief distribution, medical services, PSS, RFL, and temporary emergency shelter. As many as 78 volunteers are now in Mentawai Islands. These volunteers are trained in shelter, conditional cash grants, and local culture.

Bad weather in Mentawai Islands has continued to hamper operations and remain as the main constraint for the humanitarian aid management on the affected islands.

In support for the distribution chain, PMI has erected four Rubb halls, two at KM 0 and two at KM 37 in South Pagai Island. Meanwhile, four Ford Ranger vehicles have also been mobilized from the mainland in Padang to Mentawai Islands, to ease personnel mobilization and relief distribution. PMI's main command post (POSKO) has moved from Sikakap in North Pagai to Kilometer (KM) 0 in South Pagai.

Progress towards outcomes

Mt. Merapi Eruption

Relief distributions (food and basic non-food items)	
Outcome: Immediate food and non-food item needs of 5,000 families (or 25,000 individuals) have been met.	
Outputs (expected results)	Activities planned
The immediate needs of affected families are met through relief distribution of non-food items (NFI) such as family kits, hygiene products, blankets, baby kits, sleeping mats and tarpaulins.	<ul style="list-style-type: none"> Continue to assess and identify emergency needs in four different affected districts of Boyolali, Magelang, Klaten, and Sleman. Develop beneficiary targeting strategy and registration system to deliver intended assistance. Mobilize relief supplies and personal protective equipment (masks) from the pre-position stocks, supplemented by additional local/regional procurement. Monitor and evaluate the relief activities and provide daily reporting distributions to ensure accountability to the donors. 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.
Targeted families receive two meals a day for the first month.	<ul style="list-style-type: none"> Develop beneficiary targeting strategy and registration system. Set up field kitchens to provide cooked meals for people living in internally displaced persons (IDP) camps. Provide meals twice daily. Monitor ongoing nutrition needs of the displaced population.

Progress:

The PMI branches in Central Java and Yogyakarta provinces did a needs assessment and surveys which recommended 12 different relief items that were urgently needed by the displaced people. These are hygiene kits, baby kits, sleeping mats, masks, tarpaulins to improve the displaced people's camps, clothing particularly for women and children, female underwear, sanitary napkins, baby napkins, adult napkins, and toiletries.

To respond to these needs, PMI mobilized all stocks in their local warehouses, purchased locally, or received in-kind donations from many institutions. The volume of each relief item which has been distributed by PMI Central Java and Yogyakarta is shown in the table below (data as of 18 November 2010).

No	Relief Items	Volume	Unit
1	Hygiene Kits	2,997	Boxes
2	Baby Kits	403	Boxes
3	Sleeping mats	6,183	Pieces
4	Blankets	4,605	Pieces
5	Masks	17,814	Pieces
6	Tarpaulins	322	Pieces
7	Clothing	2,427	Pieces
8	Female underwear	221	Pieces
9	Sanitary napkins	900	Boxes
10	Baby napkins	366	Boxes
11	Adult napkins	62	Boxes

12	Toiletries	2,955	Pieces
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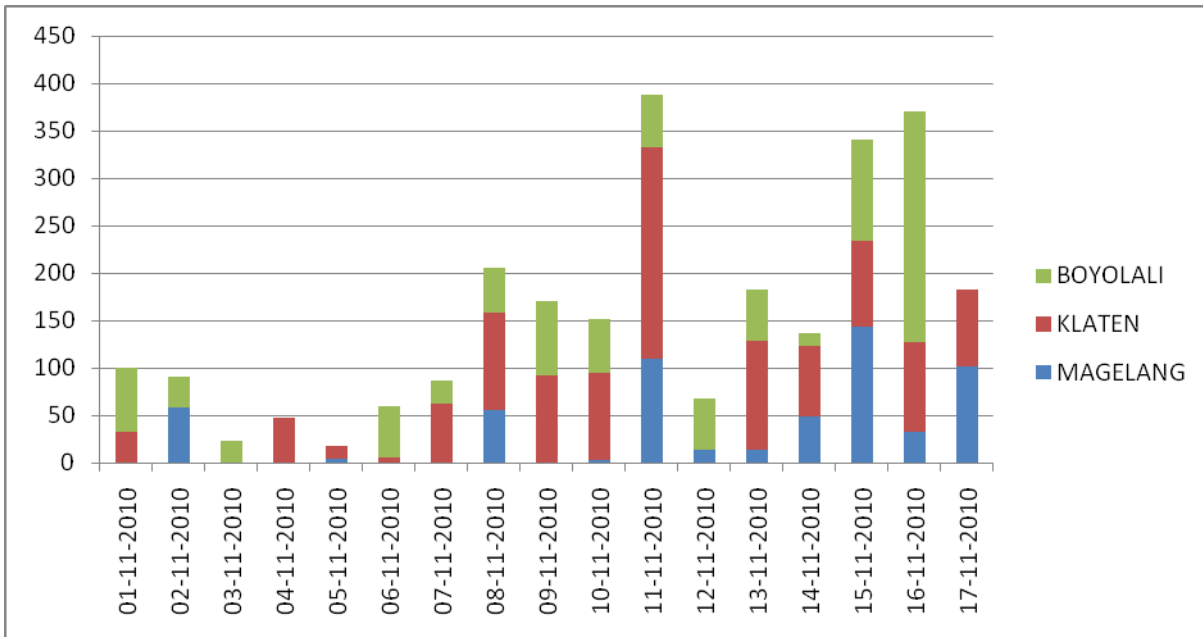
The movement of IDPs is not only limited to the four main districts affected by the eruptions but also to other surrounding districts including Kota Yogyakarta, Bantul, Kulon Progo, and Gunung Kidul districts in Yogyakarta province. Therefore, each respective PMI branch is taking responsibility to implement the field kitchen operation to ensure people have sufficient nutrient. As of 19 November, the total number of beneficiaries in the PMI field kitchen has reached up to 105,552 people. Out of these numbers, Sleman is the majority as this district is the most affected district of the disaster.

Emergency health and care	
Outcome: Up to 30,000 affected people have benefited from a variety of preventive, curative and/or referral health services for the first three months (or until the government services have been restored), reducing community health risks and facilitating quicker rehabilitation and recovery processes.	
Outputs (expected results)	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.	<ul style="list-style-type: none"> • Establish/operate emergency health posts and/or mobile health clinics to ensure basic life-saving health services are available for displaced populations in camps and in hard-to-reach areas and to meet gaps in health services not being provided by government health offices. • Mobilize PMI First Aid and Ambulance services to complement health posts/mobile clinics in meeting emergency health needs.
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Train and re-enforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment. • Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely-affected to address identified potential health risks resulting from the disaster. • Deliver appropriate and essential supplies to reinforce health promotion and disease prevention efforts/campaigns, such as masks to prevent respiratory complications from ash fall. • Reproduce and distribute health information, education, and communication (IEC) materials. •
Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> • Provide PSS to affected population particularly children, elderly and other most vulnerable groups. • Provide PSS to PMI volunteers engaged in the emergency response activities.

Progress:

As of 17 November, the PMI MATs treated 2,617 people in three districts (Boyolali, Klaten, and Magelang) of Central Java. Majority of the patients were treated for acute respiratory symptoms as ash-containing materials spread into the air. The peak days of service during this period were 8 to 11 November when many IDPs fled to safe zone evacuation centres more than 20 kilometres from the crater.

As the PMI MATs are not the only actor running the emergency health services, the number of patients treated is lower than expected. PMI is working in close cooperation with district health offices to give health services to the most in-need people.



Number of recorded data of PMI mobile medical services in three PMI Merapi operating-districts



PMI psychosocial support volunteers and beneficiaries in the midst of an interactive discussion. Photo: Palang Merah Indonesia/PMI.

PMI specialized-volunteers for PSS services have engaged with 1,676 IDPs consisting of 1,368 children, 293 adult and 15 elderly. Interactive educative games, sport competition games, as well as watching TV and musical have entertained targeted people.

In support of hygiene promotion objectives in prevention of water-borne diseases in this situation, the PSS team also engaged in hand-washing promotion during their activities, particularly with the children.

Challenge:

The Merapi operation is a cross border operation (involving two provinces). As most of the PMI staff and volunteers in both of these locations are continuously in the field, it remains a difficult challenge to set up a effective system to get data and information about the response in a quick and timely manner. PMI national headquarters has recently sent some of its staff to the field to support the branch in improving the flow of information.

Water, sanitation, and hygiene promotion

Outcome: Up to 100,000 displaced people have access to safe water and sanitation facilities and clean-up sets, enabling them to reduce health risks from contaminated water sources, poor sanitation services and inhalation of volcanic ash.	
Outputs (expected results)	Activities planned
Access to safe water is provided to affected populations in the targeted locations.	<ul style="list-style-type: none"> • Establish potable water treatment facilities. • 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).
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> • Build sanitation facilities in the IDPs camps and in other locations where required. • Promote garbage collection and safe hygiene practise in IDP camps.
Reduce the potential for the escalation of transmissible diseases through hygiene promotion activities.	<ul style="list-style-type: none"> • Conduct hygiene promotion activities within the affected population.
Reduce the potential for increase in respiratory infection from ash.	<ul style="list-style-type: none"> • Distribution of clean-up sets and materials to clean volcanic ash from homes and IDP settlements. • Distribution of respiratory masks as part of the relief distributions.

Progress:

To meet the need for water, PMI is now operating and distributing water from seven water treatment units. For the distribution to the IDP camps, PMI has also placed temporary water tanks with a 5,000 L capacity each: at the sport stadium of State University of Yogyakarta, the sport stadium of Sleman district, and at Gulon sub-district. PMI is producing 100,000L of potable water every day, and up to 16 November 2010, PMI has distributed 1,804,000L of potable water.

During the emergency period, one of the regional water supply company (*Perusahaan Daerah Air Minum* or PDAM) facilities in Sleman district has been damaged because of Mt. Merapi activities. This event resulted in up to 6,000 households not being able to gain access to clean water. To support PDAM, the PMI water and sanitation team has provided clean water to these affected households until PDAM is able to serve their customers back to normal which is estimated to be within the next three months.

In addition, there is opportunity to support sanitation facilities during the early recovery period based on needs. Meanwhile for the hygiene promotion plan, PMI/IFRC/partner national societies have started to develop the programme and is expected to implement it by the start of December 2010.

Mentawai Earthquake and Tsunami

Relief distributions (food and basic non-food items)

Outcome: Immediate non-food item needs of 750 families (or 3,750 individuals) have been met.

Outputs (expected results)	Activities planned
Affected families receive family kits, hygiene kits, blankets, sleeping mats, tarpaulins with fixing materials, and clothing.	<ul style="list-style-type: none"> Engagement in interagency rapid emergency needs assessment. Develop beneficiary targeting strategy and registration system to deliver intended assistance. Mobilize relief supplies from pre-positioned stocks, supplemented by additional local/regional procurement. Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to the donors. 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.

Progress:

Although transportation to Mentawai is very unreliable due to weather, PMI has been able to transport tarpaulins sufficient for 593 families to help provide some relief from the sun and rain until the beneficiaries receive assistance to build the temporary shelters. Other items distributed include family kits for 331 families, family tents for 259 families, blankets for 55 families, and sleeping mats for 15 families.

As Mentawai Islands is considered a malaria endemic area, PMI also distributed impregnated mosquito nets for 60 children aged five and under. This group was prioritized based on the local health authority; incidences of malaria were mainly at this age group.

It was also reported that 14 pairs of crutches were given to disabled people in Mentawai Islands. See the following table for further information on the volume per unit and location of distribution.



PMI air relief distribution in Eroparaboat sub-village. Malakopak village, North Pagai on Wednesday, 9 November 2010. Photo credit: Indra Yogasara, Palang Merah Indonesia.

No	Relief Items	Volume	Location	Beneficiaries
1	Tarpaulins	593 Pcs	North Pagai and South Pagai Islands	593 families
2	Family kits	331 Pcs		331 families
3	Family tent	259 Pcs		259 families
4	Mosquito nets	60 Pcs		60 infants or children under five
5	Blankets	218 Pcs		55 families (average four pieces per family)
6	Sleeping mats	30 Pcs		15 families (two per family)
7	Crutches	14 Pcs		14 disabled

Temporary shelter

Outcome: 516 tsunami affected families are provided with safe and resilient shelter within three months.

Outputs (expected results)	Activities planned
Tsunami-affected households have shelter after rebuilding or refurbishing their damaged homes.	<ul style="list-style-type: none"> • Analysis based upon ongoing needs and capacity assessments to determine the extent of the shelter needs and preferred shelter solutions. • Develop community-self directed targeting strategy and registration system to deliver intended assistance, prioritising the most vulnerable in selected communities. • Support formation of community management teams to monitor funds for community-built shelters using cultural practices that highlight working together. • Monitor, coordinate and evaluate the shelter programme. • Provision of cash grants and shelter materials to affected families to quickly rebuild and recover. • Provision of technical assistance and safe construction training (in order to increase the resilience of the houses to future natural disasters).

Progress:



PMI is treating the wounded people of Mentawai. In this occasion, the volunteers are visiting Takaiko sub-village, Sikakap sub-district, Mentawai. Photo credit: Indra Yogasara, Palang Merah Indonesia.

the beneficiaries.

The local government of Mentawai Islands has formally requested PMI to contribute in the early recovery period, particularly in the shelter sector in South Pagai Island. To respond to this request, PMI conducted an assessment and to date 516 families have been identified by PMI to receive shelter programme assistance in South Pagai Island.

Presently, the local authorities are preparing a local recovery plan. PMI is in discussions with the local government about this plan and have agreed to assist to build shelters in three new relocation areas identified as KM 27, KM 37, and KM 46 in South Pagai Island. Land cleaning will first be done in these three relocation areas.

In relation to the shelter sector, PMI has also delivered 25,000 corrugated iron sheets to Mentawai Islands from the Padang warehouse which will be used for roofing at a later stage. These corrugated iron sheets are now stored inside the PMI Rubb halls in Mentawai Islands and are ready to be distributed to

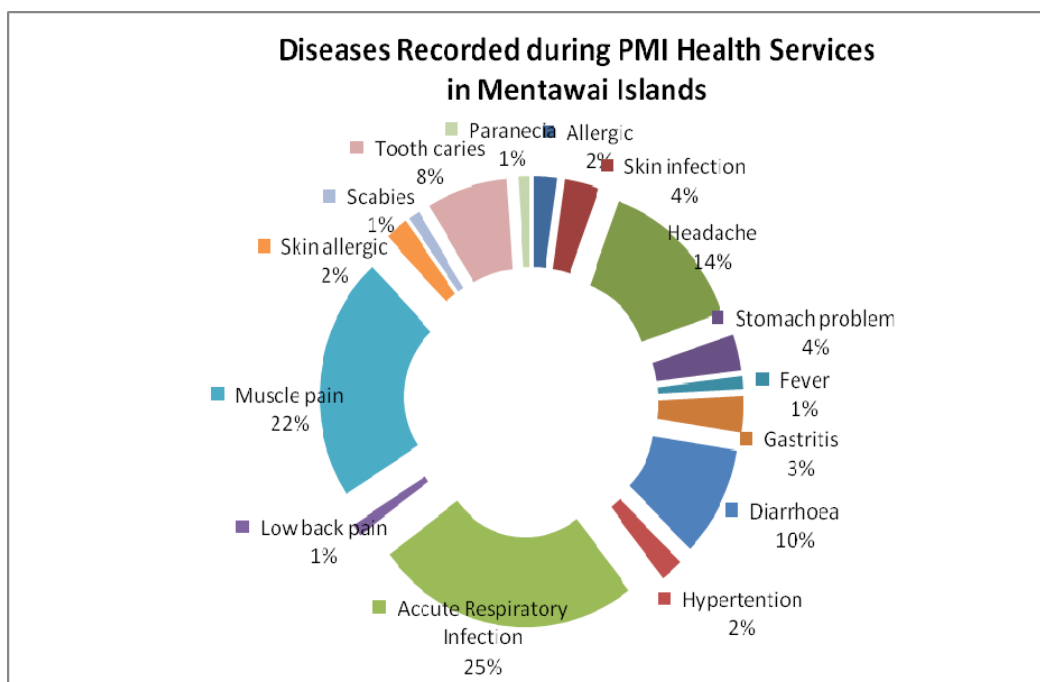
Emergency health and care	
Outcome: Up to 3,750 affected people (750 families) in Mentawai have benefited for two months from a variety of preventive, curative and/or referral health services thus reducing community health risks and facilitating their own recovery processes.	
Outputs (expected results)	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.	<ul style="list-style-type: none"> • Establish/operate emergency health posts and/or mobile health clinics to ensure basic life-saving health services are available for displaced populations in camps and in hard-to-reach areas and to meet gaps in health services not being provided by government health offices. • Mobilize PMI First Aiders and (air) ambulance services to complement health posts/mobile clinics in meeting emergency health needs.
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Train and re-enforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment. • Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely-affected to address identified potential health risks resulting from the disaster. • Reproduce and distribute IEC materials. • Provide appropriate/essential supplies to reinforce health promotion and disease prevention efforts, such as the distribution of and monitoring of used of impregnated mosquito nets.
Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> • Provide PSS support to affected population particularly children, elderly and other most vulnerable groups. • Provide PSS to PMI volunteers engaged in the emergency response activities. • Conduct PSS training for staff and volunteers tasked to deliver PSS services and activities.

Progress:

So far, PMI teams under West Sumatra chapter coordination have treated 565 tsunami-affected people in Mentawai. A total of 121 children under five, 32 infants, 18 pregnant women, 379 adults and 20 elderly people have benefited from the PMI mobile clinic health services.

Due to the bad weather and geographical challenges of Mentawai, PMI has used helicopters or boats or even travelled on foot for hours to reach the beneficiaries' location.

According to the data recorded (as shown below), 25 per cent of cases were respiratory infections and 10 per cent diarrhoea infection. These two communicable diseases are being managed by increasing access to clean water, promoting hand-washing with soap and also promoting awareness of the danger signs of dehydration and pneumonia to beneficiaries.



Distribution of diseases during 17 days of Mentawai health service operation

Additionally, as of 15 November, 392 beneficiaries received PSS from PMI: 317 children, 12 teenagers, 62 adults and one person with disability. It was reported that two adults were referred to hospital to seek advanced psychosocial therapy.

Challenges:

To speed up the process, PMI needs more means of land and sea transportation because using helicopters and sea transportation to reach people's location is not always working. In addition, it is more challenging working in the sites during the rainy season. The volunteers also have keep up their efforts in maximizing the service while they also have to keep themselves safe.

Water, sanitation, and hygiene promotion

Outcome: Up to 3,750 people (750 families) have received water and sanitation support, enabling them to ward off the risks of waterborne diseases.

Outputs (expected results)	Activities planned
Access to safe water is provided to affected families.	<ul style="list-style-type: none"> Establish potable water treatment facilities. Set up basic emergency water distribution networks, where possible and practical this will include truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country).
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> Provide sanitation facilities in emergency camps and in other locations where required and feasible. Promote garbage collecting activities.
The health status of the population is sustainably improved through hygiene promotion activities.	<ul style="list-style-type: none"> Establish disease vector and safe hygiene monitoring. Ensure fogging activities carried out where required in relation to both high risk areas of dengue fever and malaria. Conduct hygiene promotion activities within the affected population.

Progress:

The IDPs in Balarasok sub-village, Malakopak village, Pagai Selatan sub-district, informed the PMI assessment team that they have access to clean water from the springs located in the hills. The quality and quantity is sufficient for their daily use. In addition, in terms of sanitation, they have built latrines close to their shelters.

In the meantime, massive water and sanitation intervention is not necessary as it has been covered from the existing springs and public works department. This department has sent its rapid water treatment equipment that

can produce 200L per hour using poly aluminium chloride, chlorine and lime. Meanwhile, the socialization of rainwater harvesting in the community can be done simultaneously with the hygiene promotion activities.

It has come into consideration that poor sanitation services may result in deterioration of public health conditions. Thus, a systematic and integrated approach shall be applied to prevent the outbreak of waterborne diseases in the community temporary relocation centres.

Logistics for Merapi and Mentawai operations

In responding the Mt. Merapi eruption, PMI used the Yogyakarta warehouse stocks as the main buffer stock of the operation. However, due to the lack of quantity or lack of specific items, goods were also mobilized from the Surabaya, East Java, warehouse and the national warehouse in Sentul.

As PMI has requested to utilize their pre-positioned stocks available in country and additionally do local purchasing if these stocks are not sufficient, no goods have been mobilized to date from the Kuala Lumpur regional warehouse. The displaced people are concentrated in a number of camps, so PMI is distributing directly to these camps., PMI is always in close coordination with camp management as well as local authority to ensure the goods are received by the intended individuals.

Meanwhile, the road condition, transportation, and weather have been the most challenging obstacles for all humanitarian workers in Mentawai Islands. PMI has set-up four Rubb halls: two at KM 0 and two at KM 37 in South Pagai Island. In addition, four Ford Ranger vehicles have also been mobilized from the mainland in Padang to Mentawai Islands.

Communications for Merapi and Mentawai operations

During the reporting period, PMI is actively updating the information on PMI activities in Merapi and Mentawai operations in its website (pmi.or.id) in Bahasa Indonesia and English. Meanwhile the international media attention has slowly decreased as the emergency phase has ended.

However, the PMI communications team continues to generate fact sheets, stories, photos and video content to ensure the key stakeholders – the media, government counterparts, donors and the public – are well informed about PMI's response. This also supports the fundraising division in presenting the operations to the prospective donors.

Capacity of 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. Because of the December 2004 tsunami in Aceh province of northern Sumatra, PMI has a large database of volunteers and a substantial asset base. In addition, PMI chapters are actively engaged in the operations in many areas: Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Nusa Tenggara Timur, Jakarta, North Sumatra, Nusa Tenggara Barat, Northern Sulawesi and East Kalimantan.

PMI is also in the process of strengthening its logistics and storage network across the country presently having two central warehouses, seven regional warehouses, 33 emergency stock locations and 20 disaster preparedness containers including a central water and sanitation warehouse. PMI has built up a robust inter-dependence amongst its branches and has a network of 33 provincial chapters which coordinates 412 district branches nationwide. There are approximately 5,103 board members, 1,965 staff, 20,365 student volunteer members, 502,211 youth Red Cross members and 16,472 professional volunteers trained with basic and specialised skills according to their individual capacity and potential.

In Disaster Management Services, there are 36,837 Satgana members and 4,318 CBAT members ready to be mobilized. In Health Services in emergencies, there are 310 units of ambulances, 167 volunteers trained in water and sanitation in emergencies, 152 first aid trainers, 149 MAT members and 141 PSS volunteers. In Social services, there are 741 volunteers for malaria campaigns, 16,613 volunteers for avian influenza, and 4,365

CBHFA volunteers who support health risk reduction in the community. In Restoring Family Links (RFL) services, PMI has 33 chapter RFL coordinators in all 33 chapters, three master RFL trainers, three assistant trainers on RFL specialization and 205 volunteers with expertise in RFL.

IFRC's capacity

Following the 26 December 2004 tsunami that struck Aceh province, the 28 March 2005 earthquake on Nias Island, and the 27 May 2006 earthquake in Yogyakarta, IFRC's capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. Currently, there is a strong IFRC presence in-country with 11 partner national societies (with approximately 28 experienced delegates and 116 national staff) and an IFRC country team comprising of 10 delegates and 137 national staff who support the PMI in its emergency and longer-term programming.

In support of the initial emergency response, the IFRC country office along with in-country partner national societies supported PMI with early deployment of locally-based relief items and also technical support in logistics, telecommunications, and information sharing and reporting to support PMI for this operation.

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:

Indonesia

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[<Revised Emergency Appeal budget and map below;
click here to return to the title page>](#)

**MDRID006 INDONESIA : JAVA ERUPTION & SUMATRA EARTHQUAKE
& TSUNAMI**

REVISED APPEAL BUDGET SUMMARY

Budget Group	Multilateral Response	TOTAL BUDGET CHF
Shelter - Relief	176,750	176,750
Shelter - Transitional	384,420	384,420
Clothing & Textiles	400,125	400,125
Food	36,667	36,667
Water & Sanitation	322,640	322,640
Medical & First Aid	359,027	359,027
Utensils & Tools	765,000	765,000
Other Supplies & Services	315,890	315,890
Total Supplies	2,760,519	2,760,519
Computer & Telecom	155,400	155,400
Total Land, vehicles & equipment	155,400	155,400
Distribution & Monitoring	224,000	224,000
Transport & Vehicle Costs	753,111	753,111
Total Transport & Storage	977,111	977,111
International Staff	183,000	183,000
National Staff	54,000	54,000
National Society Staff	359,025	359,025
Total Personnel	596,025	596,025
Travel	86,548	86,548
Information & Public Relation	47,000	47,000
Office Costs	92,638	92,638
Communications	16,196	16,196
Total General Expenditure	242,382	242,382
Program Support	307,543	307,543
Total Programme Support	307,543	307,543
TOTAL BUDGET	5,038,980	5,038,980
Available Resources		
Multilateral Contributions	965,892	965,892
TOTAL AVAILABLE RESOURCES	965,892	965,892
NET EMERGENCY APPEAL NEEDS	4,073,088	4,073,088



Indonesia: Earthquake, tsunami and volcano



Merapi



Earthquake and tsunami



Mentawai islands