

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° 2
22 December 2010

Period covered by this Ops
Update: 20 November – 4
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 60.5 per cent covered in cash and kind; and 61.2 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>](#)



Palang Merah Indonesia volunteers are constructing shelters on a site on South Pagai Island. Palang Merah Indonesia has provided 516 families with temporary shelters before the end of this year. Photo credit: 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; with a Final Report made available by July 2011.

Summary:

During this reporting period, the Mount (Mt.) Merapi eruption has killed 322 people and displaced 136,686 people in the provinces of Central Java and Yogyakarta. The number of displaced people has decreased as many people have returned to their homes when the government declared Mt. Merapi safer than before.

Meanwhile in Mentawai, 509 people died and 11,452 were people displaced by the earthquake and tsunami. Initially, the Merapi operation was to end 9 December but because of the mud flow on 29 November, the operation has been extended up to 23 December 2010. The Mentawai Islands also saw an extended operation from 10 November to 22 November. At the moment, the operation in Mentawai is starting to the temporary shelter programme.

In Central Java and Yogyakarta, many people have started to clean up their houses. PMI has distributed 276,170 face masks to protect people from potential respiratory problems from prolonged exposure to volcanic ashes. PMI also distributed 100,000 salted eggs for 25,000 beneficiaries in both provinces.

At the same time, PMI volunteers in Central Java and Yogyakarta continue to assess and monitor sites for internally displaced people (IDP) as part of plan of the recovery programme. Relief items such as baby kits, family kits, food, baby milk and used clothes are still being distributed to the displaced people. PMI also continues to provide meal packages to the IDPs camps. In addition, PMI continues its mobile health clinic and has started health promotion activities in the field. The health team is targeting to improve the capacity of village volunteers on how to deal with burn injuries too. Meanwhile, PMI teams continue to provide psychosocial support services in IDP camps where data from the Ministry of Health show that almost 500 people suffer from psychological problems. The water and sanitation team has reduced the production of water during this reporting period as base camp was moved. The water and sanitation team has produced more than 3 million litres of clean water. For the future, the team is planning to continue assessments and increase water production to meet needs.

Meanwhile PMI activities in Mentawai have entered the early recovery programme, which is constructing temporary shelters. The shelter construction will be completed by 60 per cent before Christmas. This shelter measures 6x4 meter² – It is a shelter made with sheets of corrugated galvanized iron (or locally known as zinc), for roofs, wood walls, frameworks, wood flooring and plywood dividers. It was mentioned in the previous operations update there were three relocation areas. However, until this reporting period, the community decided on another relocation site, known as KM 02 Lakau. The 516 temporary shelters will be spread in four camp sites, 203 units in KM 44, 79 units in KM 37, 206 units in KM 27 and 28 units in KM 02 Lakau.

PMI has continued to distribute food items and non-food items to support the construction of temporary shelters from the mainland in Sumatra to South Pagai Island. 686 tool kits and 30,000 zinc sheets were distributed. PMI has also planned to transfer the first stage of cash grants for shelter construction to the communities groups at camp sites. In this first stage, PMI will transfer around CHF 71,734 to the shelter beneficiaries. In health activities, PMI has also distributed 1,120 masks and has continued its psychosocial support activities to beneficiaries, particularly children at Mentawai. Meanwhile, the water and sanitation team is advocating other organizations to conduct water and sanitation programmes at the campsites. The water and sanitation team is also going to participate in vector control.

Partners who have made contributions to the appeal to date include the American Red Cross, British Red Cross, Canadian Red Cross/Canadian Government, Danish Red Cross, Icelandic Red Cross, Japanese Red Cross, the Republic of Korea National Red Cross, Netherlands Red Cross, New Zealand Red Cross/New Zealand Government, Norwegian Red Cross/ Norwegian Government, Swedish Red Cross, and the United Arab Emirates Red Crescent. Other agencies include Voluntary Emergency Relief (VERF)/the World Health Organization (WHO). Lastly, Nokia and private donors are also part of this list.

Bilateral partners supporting PMI include American Red Cross, the Red Cross Society of China, Hong Kong branch, German Red Cross, Italian Red Cross, Singapore Red Cross, Spanish Red Cross and United Arab Emirates Red Crescent. The Danish Embassy is also a bilateral supporter.

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

The situation

Mt. Merapi

To date, the death toll caused by the Mt. Merapi eruption has reached 322 where 194 died on the spot because of pyroclastic gases and 128 died because accidents or other causes. 454 people were being treated at the hospital until 23 November. In the meantime, by 23 November 2010, the number of IDPs in Central Java and Yogyakarta is 136,686 people.

The government has reduced the status of Mt. Merapi from level IV to level III on 3 December as the volcanic activities have steadily decreased but it is still considered dangerous. It was planned that the emergency phase will be closed on 9 December. But as a result of mud floods flushing out thousands of tonnes of volcanic debris on 29 November the emergency response operation has been extended till 23 December 2010. This was because the mud floods damaged bridges and submerged hundreds of houses.

On the afternoon of 29 November, heavy rainfall in the upper areas of the Boyong River flushed out the thousand tonnes of volcanic debris and material that had accumulated in the river over the past few weeks during Mt. Merapi's recent eruptions to Code River affecting the people in the city of Yogyakarta. Most of the inundated houses were those along the river's banks. The residents stay at several public buildings or neighbours' houses after the mud flood hit their houses. Even though, the damage and the closure of two affected bridges caused major traffic at several other bridges no casualties were reported.

The government has also recommended that residents living along the rivers which linked directly to Mt. Merapi to be aware of mud floods as it could happen at any time. PMI in Yogyakarta in coordination with the local government evacuated the people living along Code River bank because of this mud floods. The people are warned to at a minimum radius of 300 metres from the Woro, Gendol, Kuning, Boyong, Bedog, Krasak, Bebeng, Sat, Lamat, Senowo, Trising, and Apu Rivers.

Mentawai Islands

PMI has started to build temporary shelters for tsunami victims in South Pagai at the Mentawai district after the Forestry Minister allowed the lumber from PT Minas Pagai Lumber's concession forest to be used. The programme is a cash grant shelter programme, where PMI transfers IDR 5 million (CHF 529.07), to the targeted families each. And targeted families will build their own temporary shelters.

Since the emergency response, transportation has been a challenge for delivery and distribution. PMI has rented seven boats to distribute relief items or joined other agencies' vehicles. As the affected locations are difficult to reach, PMI has used Regional Disaster Management Agency's (*Badan Penanggulangan Bencana Daerah/BPBD*) data in delivering its services such as in relief distribution, and health care. However, when PMI volunteers are in the field, they also conducted rapid assessment and PMI has found out that the affected people in South Pagai Island still need food and for non-food items such as carpenter tools, tents, mosquito nets, hygiene kits and medicines. To date, there are malaria cases in the IDP camps.

In the initial plan, the emergency phase was from 26 October to 10 November but it was extended until 22 November. To date, the BPBD from the West Sumatra province stated that 509 people died, 21 persons are still missing and 17 people severely injured and 11, 452 people displaced by the tsunami.

The telecommunication signal is still weak in these islands. To encounter this situation, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Canadian Red Cross donated radio communications to establish better information flow in between South Pagai Island and Padang city in the mainland.

Coordination and partnerships

Mt. Merapi Eruption

PMI continues to hold regular weekly coordination meetings with the ICRC, IFRC and partner national societies (PNSs) to share their updates, challenges and receive feedback. The IFRC help to facilitate these meetings. In addition, the PMI chairman has met directly 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 keeps on hosting weekly coordination meetings to evaluate and monitor the progress of the operation from all agencies. PMI has been involved in these discussions and continued 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.

PMI has also committed to both provinces to support affected people in the early recovery operations. A launching event will be held in Yogyakarta governor's office at the second week on December.

PMI also has good coordination with the local government to assist people in IDP camps. This facilitates preparations for early recovery programme response.

Mentawai Earthquake and Tsunami

Red Cross Red Crescent coordination meetings are continued and chaired by the national society or by IFRC on a regular basis to update the Movement partners and to ensure that support from ICRC and PNSs is well coordinated to avoid unnecessary duplication.

The coordination meetings in the emergency response period were conducted by the Regional Disaster Management Agency (*Badan Penanggulangan Bencana Daerah/BPBD*) every evening in order to have daily evaluation and to discuss on issues related to the aid distribution and other emergency response activities. These meetings were equipped with a web camera so the meeting participants could communicate directly with the head of province in West Sumatra. However, after the emergency phase has ended, the coordination meeting is not regular anymore but occasionally when there are some issues needed to be discussed. PMI has continued attending this meeting as PMI is one of the humanitarian organizations involved in the recovery programme especially in the shelter programme.

The main command post (POSKO) of the operation is located in PMI's West Sumatra province office, in Padang city. PMI has also set another POSKO in Sikakap, North Pagai and South Pagai for compiling data and feeding the main POSKO and PMI's national headquarters (NHQ) in Jakarta. In addition, another POSKO is located in Muko-Muko, Bengkulu which is specialized mobilizing relief aid by helicopters to Sikakap and surrounding areas.

One of the functions of POSKO in Sikakap is to coordinate with Red Cross volunteers who are assigned to the response operation in the Mentawai Islands. On 26 November, the POSKO in Sikakap was moved to KM 0, South Pagai. Since then, the early recovery operation is centralized there.

Red Cross and Red Crescent action

As PMI has a nationwide network, the PMI chapters and PMI district offices 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 NHQ assistance.

Mt. Merapi Eruption

Although the alert status of Merapi mountain has been lowered down by the government to level III from level IV, disaster risks are still threatening the community particularly in the form of cold lava floods and sanitation based problems due to the lack of clean water and sanitation facilities. Therefore, to date, PMI is still focusing on meeting the basic needs of the displaced people: health services, relief items distribution, water trucking, psychosocial support services (PSS), field kitchen, and restoring family links (RFL) assessment.

Furthermore, as the early recovery phase is just about to come in early December 2010, PMI is now at the preparation stage for early recovery intervention which is mainly about water and sanitation activities such as clean water distribution, cleaning up houses, cleaning water sources, and cleaning water containers from ash. PMI will also conduct a series of health promotions and disaster risk reduction campaign which aims to limit public health risks in the aftermath of volcano eruptions and reduce the potential risks of future disasters.

For this operation, PMI has mobilized approximately 1,000 volunteers with various skills in assessment, field kitchen, distribution, RFL, health, psychosocial support, and water and sanitation. Volunteers were not only from Yogyakarta and Central Java provinces, but also from the neighbouring Java Island.

Mentawai Earthquake and Tsunami

PMI is now preparing for an early recovery operation which mainly will be focuses on shelter, psychosocial support services, additional relief distribution, health and sanitation promotion, and disaster risk reduction promotion.

However, within the reporting period, PMI was still focusing on enabling the survivors to start the recovery phase in Mentawai by starting a temporary shelter programme and conducting health care services, and health and sanitation promotions.

To date, PMI's West Sumatra province has mobilized 201 volunteers. Out of 201, there are 20 volunteers from Bengkulu. Each volunteer is assigned to the field for 15 to 21 days. Volunteers specialize in evacuation, logistic, first aid, medical action, assessment, RFL, communications, field kitchen and shelter.

In addition, PMI has also recruited 12 local volunteers from the community in order to help with the socialization of the temporary shelter programme. The 12 local volunteers consist of university students who are native to Mentawai. These volunteers have helped drive significant progress in the programme as the communities are now aware of the PMI temporary shelter programme.

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 mobilization, induction, support and recognition across all programmes that leads to strengthened municipality/district 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 IDP camps. Provide meals twice daily. Monitor ongoing nutrition needs of the displaced population.

Progress: As many people are returning home and starting their efforts to clean up their houses, they are at risk to volcano ashes. Therefore, to support them to clean up their houses and fields, PMI has distributed 276,170 of disposable masks. Further, to meet the need of nutrition of the displaced people, along with the field kitchen activities, PMI distributed almost 100,000 salted eggs to cover more than 25,000 beneficiaries in Yogyakarta and Central Java provinces. Also, as there are still some gaps with shelter at the temporary camps (particularly due to the bad weather recently) in Boyolali and Magelang districts, PMI distributed 60 tarpaulins and 42 plastic sheets so that they can upgrade their camps. This was then followed by the distribution of an additional 2,974 blankets and 1,000 sarongs to four districts: Boyolali, Magelang, Klaten, and Sleman, but mostly in the Sleman district as it is very cold in the evening.

In addition, as PMI in both provinces received a number of boxes of biscuits as donations from a biscuit company, 3,819 boxes of biscuits were distributed to almost all temporary camps. To avoid unnecessary duplication, in

carrying out distribution, PMI is always in close coordination with camp management as well as local authorities to ensure the goods are received by the targeted individuals

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. Psycho-social support is provided to the target population, and staff/volunteers of PMI involved in the operations.
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:

PMI continues to operate its mobile health clinic in hard-to-reach areas, especially in areas which are not reached by emergency health services from the local health office.

Based on data from PMI's mobile health team, IDPs who have visited the health clinic presented communicable diseases as the most common condition, primarily acute respiratory tract infections which were present in 78 per cent of patients seen.

Summary of Relief Items		
Item	Quantity	Unit
Masks	276,170	Pieces
Salted egg	99,910	Pieces
Sleeping mats	4,250	Pieces
Tarpaulin	60	Pieces
Plastic sheet	42	Pieces
Blankets	2,974	Pieces
Hygiene kits	3,938	Boxes
Family kits	25	Boxes
Family tents	25	Pieces
Baby kits	250	Boxes
Biscuits	3,819	Boxes
Sarong	1,000	Pieces

As part of early-recovery efforts, PMI will scale-up disease prevention and health promotions, focusing on measures to address the risks of acute respiratory problems. These include, among others, preventive measures such as the proper use of masks, coughing behaviour, hand-washing with soap, distancing and isolation of the sick. Preventive measures also include learning about the signs and symptoms of pneumonia, home care measures, and case referrals. The above will be done through the training and mobilization of municipality or district-volunteers, and through collaboration with hospitals for case referrals. The medical team is now in close cooperation with district health office (DHO) to re-activating the integrated clinic (Posyandu) for immunization.

As the integrated community-based risk reduction (ICBRR) project areas have been targeted, plans have been outlined to also training existing village volunteers on how to deal with burn injuries.

The PMI team also assisted local health authorities in disinfection and environment control as a result of the death of more than 2,000 cattle when the volcano erupted. These dead animals have been emitting a foul odor in the surrounding communities, and may cause public health problems.

The PSS team continues its services to IDPs. A recent Ministry of Health mental health rapid assessment data indicated that 383 persons in Yogyakarta and 104 people in Central Java have been reported to have serious psychological issues and needs psychiatric treatment, PMI is intensifying PSS activities in an effort to prevent more mental health problems among IDPs.

Challenge:

Cold lava or mud floods that took place on 29 November 2010 resulted in the breakdown of bridges that connected some hamlets and villages where IDP camps were located, and made them difficult to access. PMI volunteers are waiting for the reparation of these bridges and are identifying alternative routes to access targeted villages.

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:

In this reporting period, daily water production has reduced from 110,000 litres per day to 65,000 litres per day because PMI's water and sanitation team has moved its base camp from Gamping (Muhammadiyah Hospital compound) to Turi, Sleman. Total production up to this period is 3,191,000 litres. The team distributed clean water to 14 locations in two districts: Sleman in Yogyakarta and Magelang in Central Java.

To control the quality of the water, volunteers continued to test water in the field laboratory every day. The water and sanitation team has also conducted assessments regarding distribution points because IDP locations and numbers keep on changing. Furthermore, some IDPs have returned to their houses.

In the meantime, the PMI is also actively involved in the water and sanitation hygiene (WASH) cluster conducted by *Forum Pengurangan Risiko Bencana* Yogyakarta or PRB Forum (in English: disaster risk reduction forum) and attended by other humanitarian, governmental and non-governmental organizations.

The health team from PMI's NHQ has delivered a hygiene promotion induction session to ten volunteers in PMI's Sleman district. This subject is combined with the selected topics such as diarrhoea, safe water, hygiene, sanitation, mother and child health, nutrition, dengue, malaria, skin disease, and acute respiratory infection, from the community-based and health first aid (CBHFA) module six which focuses on disease prevention and hygiene promotion.

On this occasion, the facilitators have introduced the hygiene promotion box containing information, education and communication (IEC) materials. These materials will be needed to conduct key hygiene-promotion activities targeting dispersed population at the household level and where beneficiary numbers are limited.

To date, the trained volunteers have started to conduct the assessment to the targeted villages. It is planned that the team will continue the assessment on 5 to 12 December.

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 lead to strengthened municipality/district volunteer base and volunteer management capacities for the future.

Progress:

Within this reporting period, PMI is still focusing on the basic needs of survivors in South Pagai. These basic needs included several non-food items -- 550 family tents, 850 tarpaulins, 350 blankets, and some food items like 150 food parcels, 60 boxes of biscuits and 65 boxes of mineral water.

In addition, survivors with support from PMI are preparing to begin shelter construction in South Pagai. PMI also distributed 686 shelter tool kits and 30,000 zinc sheets. These items were distributed by using seven rental boats from PMI warehouses in Sikakap Island and in Padang City. In support of this operation, PMI shipped seven additional motor cycles to be used by the volunteers to conduct further detailed assessments to several remote areas in South Pagai and the North Pagai Islands.



PMI is distributing clean water for the community affected directly and indirectly by Mt. Merapi eruption everyday. Photo credit: Talchah Hamid/Palang Merah Indonesia.

To date, the electricity supply in Mentawai is still not stable. To support warehousing for relief distributions and other activities, PMI placed six generator sets at PMI's POSKO Sikakap and South Pagai.

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:

As PMI West Sumatra has experience in implementing temporary shelters in the Padang earthquake of 2009, the governor of West Sumatra has requested for PMI's support with the shelter programme for affected people in Mentawai Islands that hit by tsunami in October 2010.

A memorandum of understanding (MoU) has been signed between PMI West Sumatra and the local government in West Sumatra. With this signing, PMI is committed to support affected people constructing temporary shelters by targeting 516 households in South Pagai Island where four relocation sites spread in four areas, which are KM 27, KM 34, KM 44 dan KM 02 Lakau. In addition, it is stated in the MoU that the government will support the community for water, sanitation and other facilities.

The communities who moved from the affected areas had a dialogue with local government in deciding where the new locations will take place and the number of shelter needed. The agreement has been documented in a letter of decree issued by the district head. The number of shelters is noted in the following table.

Site	Shelters need based on local government decree	PMI target
KM 27	206 Units	206 Units
KM 37	84 Units	79 Units
KM 44	203 Units	203 Units
KM 02 Lakau	297 Units	28 Units

To date, the number of households from several hamlets moved to the relocation site is as follows:

No.	Hamlet	HH	Camp	Remarks
1	Muntei Kecil	31	Camp Jaya	-
2	Muntei Besar	41	Camp Jaya	The communities have arrived at the camp.
3	Sabiret	62	KM 27	
4	Eru Paraboat	72	KM 29 – 30	15 HH have been in the camp.
5	Purourogat	83	KM 37	Data is from head of hamlet.
6	Bake	36	KM 38	-
7	Lagigi	68	KM 39	-
8	Tapak Jaya	28	KM 40	-
9	Bulasat		KM 42	-
10	Kinumbuk	50	KM 44	-

Volunteers for the shelter programme have started the construction of temporary shelter. They have also conducted socialization sessions with the head of hamlets and with the communities who receive the shelters. PMI has identified 191 families to be shelter beneficiaries. In line with that programme, PMI has established community groups for the construction of temporary shelters. There are 54 community groups: one group consists of four to eight households. From the planned 129 community groups, 54 groups of 226 households have been processed for administration needs and have bank accounts ready for their first cash grant transfer. PMI will transfer IDR 678,000,000 (around CHF 71,734.7) for the first stage.

The details of the location and number of community groups that have been established:

Village	Hamlet	Quantity	
		Group	Shelter
Malakopak	Purourogat	21	86
Malakopak	Sabiret	14	62
Bulasat	Tapak Jaya	7	28
Bulasat	Kinumbu	12	50
		54	226

Furthermore, PMI West Sumatra province has sent supporting tools for temporary shelters by boat on 20 November. The boat has carried carpenter tools such as drills, hammers, axes, chisels, hoses, saws, buckets, and many more items to the island.

Challenges:

It is the habit of the Mentawai people to spend much money for Christmas. At the same time, PMI is going to transfer funds for construction when Christmas approaches. PMI is trying to find a solution to distribute the fund without any problem. In addition, the secretary for KM 37 informed PMI that many residents who are already in the relocation area returned to their hamlets to pick up their belonging. This movement makes it difficult for volunteers to the socialization and formation of community groups, because only women and children are left on the relocation site. To counter this situation, PMI volunteers kept conducting the socialization session several times.

Emergency health and care	
Outcome: Up to 3,750 affected people in Mentawai have benefited from a variety of preventive, curative and/or referral health services for two-months, thus 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 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:

During this period, the PMI mobile health team reached ten hamlets of three affected villages and responded to the health needs of 526 households (HH) consisting of 2,063 individuals. PMI doctors and nurses have seen 440 people, including eight pregnant women, 28 infants, 89 children (under-five years old) and 33 elderly people. The conditions presented to the team were mainly fever, respiratory infections, anaemia, injuries, muscle pain, and stomach problems.

PMI continues PSS to Mentawai beneficiaries, particularly children. Creative expression activities and group games have been undertaken to motivate children to bring their lives back to normal. To reach more beneficiaries efficiently, PSS activities were integrated with assessments, relief distributions, mobile clinic operations, and other volunteer activities.



Using available materials, PMI volunteers are conducting interactive games between children in Mentawai. Photo credit: Palang Merah Indonesia.

Challenge:

To ensure continued delivery of medical and PSS activities, PMI in West Sumatra needs two psychosocial support specialists, two medical doctors and four nurses as volunteers. At the moment, PMI's NHQ is trying to resolve this issue.

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:

Presently the quality and quantity is sufficient for the affected people's daily use as the access to clean water from the springs is still available. So far, other NGO/INGOs have provided water and sanitation needs for the people affected by the earthquake and tsunami. Meanwhile, PMI is filling the gap by advocating for organizations to conduct water and sanitation programmes in the temporary shelters programme. In addition, PMI is also focusing on the hygiene promotion for the community especially the shelter programme beneficiaries.

PMI's water and sanitation team is planning to participate in vector control by establishing a drainage system for existing emergency latrines, solid waste management and also contributing to improve the software of water and sanitation.

Logistics for Merapi and Mentawai operations

Progress:

In the Merapi operation, to ease the distribution chain, PMI has erected two rub halls in Central Java, and one in Yogyakarta. All relief items sent for the Merapi Operation will enter these rub halls first for stock data collection and management. PMI Central Java and Yogyakarta already have target beneficiaries for each relief item, so distribution is prompt.

Meanwhile, in the Mentawai operation, as mentioned in the previous update, PMI has also set-up four rub halls in the Pagai Selatan Islands where most of the temporary shelters will be constructed.

As for the timber for building the shelter, the Ministry of Forestry has confirmed that the community can source it from the forest located in North Pagai and South Pagai. Therefore, lumber will be sufficient from local resources and there will be no need to import from other areas.

Challenge:

However, as the geographic and road condition in Mentawai is really a challenge for PMI, additional trucks and small pick up vehicles were sent to South Pagai from Padang City. This is to ensure that relief items, particularly the tool kits, zinc sheets and cash grants reach the intended beneficiaries as soon as possible so that they can start building the shelters.

Communications for Merapi and Mentawai operations

Progress:

To date, the communications team in both areas continue to conduct communications activities supporting the operations such as documenting the activities, producing press releases, fact sheets and liaising with the media. From the fields, the PMI chapters are sending the reports, photos and other communications materials to the PMI's NHQ in Jakarta.

The coverage of local media is still high on PMI's activities in assisting the people affected by the Merapi eruption and mud floods – the subsequent disaster – and the early recovery programme in Mentawai Islands. In addition, PMI's communication volunteer in Mentawai is preparing a blog of PMI's activities on Mentawai Islands.

Meanwhile, PMI's communication team at NHQ continue to support and promote activities in the affected areas by generating fact sheets, stories, photos and video content by sharing them with key stakeholders such as the media, government counterparts, donors and the public. This aims to inform stakeholders about PMI's responses and to make sure people are well informed. By delivering sufficient information to the public, PMI is receives good publicity.

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 the Aceh province of northern Sumatra, PMI has a large database of volunteers and a substantial asset base. In addition, PMI's 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 with 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 offices and has a network of 33 provincial offices which coordinates 411 offices at municipality/district levels 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 specialized skills according to their individual capacity and potential.

In Disaster Management Services, there are 36,837 Satgana members and 4,318 community based action team 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 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 PNSs (with approximately 27 experienced delegates and 139 national staff) and an IFRC country team comprising of nine delegates and 130 national staff who support PMI in its emergency and longer-term programming.

In support of the initial emergency response, IFRC's country office along with in-country PNS's 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 IFRC 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

- Palang Merah Indonesia (PMI) (*in English, Indonesian Red Cross*): Ir. Budi Atmadi Adiputro, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id or budi_adiputro@pmi.or.id
- Federation Country Office in Indonesia: Phillip Charlesworth, Head of Country Office; email: phillip.charlesworth@ifrc.org; mobile: +62 811 824 859, phone: +62 21 7279 3440; fax: +62 21 7279 3446

Southeast Asia Regional Office, Bangkok, Thailand

- International Federation: Southeast Asia Regional Office, Bangkok; phone: +662 661 8201; fax: +662 661 9322:
- Andy McElroy, Regional Programme Coordinator; email: andy.mcelroy@ifrc.org

Asia Pacific Zone Office, Kuala Lumpur, Malaysia

- International Federation Asia Pacific Zone Office, Kuala Lumpur; fax: +603 2161 0670:
- Jagan Chapagain, Deputy Head of Zone Office; email: jagan.chapagain@ifrc.org; phone: + 603 9207 5700
- Heikki Väättämoinen, Operations Coordinator, phone: +603 9207 5729, mobile: +60 12 2307895; email: heikki.vaatamoinen@ifrc.org
- Jeremy Francis, Regional Logistics Coordinator, email: jeremy.francis@ifrc.org; phone +603 9207 5753
- Alan Bradbury, Head of Resource Mobilization and PMER; email alan.bradbury@ifrc.org; phone +603 9207 5775
- Patrick Fuller, Head of Communications, email: patrick.fuller@ifrc.org; phone +603 9207 5705

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

Selected Parameters	
Reporting Timeframe	2010/11-2010/11
Budget Timeframe	2010/11-2011/04
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	5,038,980					5,038,980
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>American Red Cross</i>	49,092					49,092
<i>Australian Government</i>	436,131					436,131
<i>Icelandic Red Cross</i>	20,000					20,000
<i>New Zealand Red Cross (from New Zealand Government)</i>	152,520					152,520
<i>Nokia</i>	66,877					66,877
<i>Republic of Korea Red Cross</i>	50,000					50,000
<i>United Arab Emirates Red Crescent</i>	10,040					10,040
<i>United States - Private Donors</i>	4,953					4,953
<i>VERF/WHO Voluntary Emergency Relief</i>	3,000					3,000
C1. Cash contributions	792,613					792,613
<u>Outstanding pledges (Revalued)</u>						
<i>Australian Government</i>	0					0
<i>British Red Cross</i>	78,260					78,260
<i>Canadian Red Cross</i>	98,386					98,386
<i>Canadian Red Cross (from Canadian Government)</i>	97,403					97,403
<i>Japanese Government</i>	501,907					501,907
<i>Japanese Red Cross</i>	93,200					93,200
<i>Netherlands Red Cross (from Netherlands Government)</i>	265,851					265,851
<i>Norwegian Red Cross</i>	16,418					16,418
<i>Norwegian Red Cross (from Norwegian Government)</i>	109,871					109,871
<i>Swedish Red Cross</i>	705,845					705,845
C2. Outstanding pledges (Revalued)	1,967,141					1,967,141
<u>Other Income</u>						
<i>Services</i>	-3,344					-3,344
C6. Other Income	-3,344					-3,344
C. Total Income = SUM(C1..C6)	2,756,410					2,756,410
D. Total Funding = B + C	2,756,410					2,756,410
Appeal Coverage	55%					55%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	2,756,410					2,756,410
E. Expenditure	-13,777					-13,777
F. Closing Balance = (B + C + E)	2,742,633					2,742,633

International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Appeal Launch Date: 03 nov 10

Appeal Timeframe: 03 nov 10 to 30 apr 11

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/11-2010/11
Budget Timeframe	2010/11-2011/04
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

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)	5,038,980						5,038,980	
Supplies								
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	
Land, vehicles & equipment								
Computers & Telecom	155,400	802				802	154,598	
Total Land, vehicles & equipment	155,400	802				802	154,598	
Transport & Storage								
Storage		239				239	-239	
Distribution & Monitoring	224,000	3,235				3,235	220,765	
Transport & Vehicle Costs	753,111	6,816				6,816	746,295	
Total Transport & Storage	977,111	10,290				10,290	966,821	
Personnel								
International Staff	183,000	809				809	182,191	
National Staff	54,000	176				176	53,824	
National Society Staff	359,025						359,025	
Total Personnel	596,025	985				985	595,040	
General Expenditure								
Travel	86,548	158				158	86,389	
Information & Public Relation	47,000						47,000	
Office Costs	92,638	76				76	92,563	
Communications	16,196	42				42	16,154	
Professional Fees		555				555	-555	
Total General Expenditure	242,382	832				832	241,550	
Programme & Service Support								
Programme & Service Support	307,543	839				839	306,704	
Total Programme & Service Support	307,543	839				839	306,704	
Services								
Services & Recoveries		30				30	-30	
Total Services		30				30	-30	
TOTAL EXPENDITURE (D)	5,038,980	13,777				13,777	5,025,203	
VARIANCE (C - D)		5,025,203				5,025,203		