

# OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## INDONESIA: YOGYAKARTA EARTHQUAKE

**Appeal No. MDRID001**  
**6 June 2007**

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

### In Brief

**Operations Update no. 17; Period covered: 1 March to 1 May 2007; Appeal target: CHF 38 million (USD 31 million or EUR 24 million); Appeal coverage: 94.9 %; Outstanding needs: CHF 2 million (USD 1.64 million or EUR 1.2 million);**

*([click here to go directly to the attached interim financial report](#)).*

#### Appeal history:

- Preliminary appeal launched on 27 May 2006 for CHF 12.8 million (USD 10.4 million or EUR 8.2 million) for 8 months to assist 200,000 beneficiaries.
- Revised appeal launched on 6 June for CHF 38 million to assist 325,000 beneficiaries for 12 months.

**Operational Summary:** Over 119,000 affected families were provided with relief packages including tents and tarpaulins by the Palang Merah Indonesia (PMI) and Federation within the first three months of the operation. Nearly 3,000 were provided with water and sanitation services, over 23,000 treated by PMI-Federation medical services while over 12,000 bamboo houses were constructed within eight months to meet the needs of the most vulnerable. The effectiveness of working with community cash transfers will now continue as an integrated community- based risk reduction pilot project, named COBA, in six villages

Objectives of the original appeal have been revised in this operational update to reflect the changing nature of the operation as well as the PMI and community requirements for a longer- term approach to the remaining interventions. The appeal is now extended to 31 December. The total appeal amount remains as it is but components of the budget will be revised to correspond to these revised objectives and will be available in the next operational update at the end of June.

### Background

An earthquake with a magnitude of 6.3 on the Richter scale struck near the city of Yogyakarta in central Java at 05:54 hrs local time on 27 May 2006 causing extreme and widespread destruction. There was considerable loss of lives and injuries with villages in remoter areas south of Yogyakarta, as well as in and around Bantul being the most affected. The official figures remain at 5,749 people killed, over 38,000 injured and more than 127,000 houses completely destroyed, with over 450,000 additional houses damaged by the earthquake. It is estimated that 1,173,742 people were made homeless. The earthquake epicentre was located some 20 km southeast of Yogyakarta at a depth of 10 km. Tremors were felt across the region, as far away as Semarang and Surabaya on the opposite coast of Java.

Palang Merah Indonesia (PMI) and Federation relief activities in the first three months saw relief packages, tents and tarpaulins distributed to 119,000 affected families, 2,800 provided with water and sanitation services (up to November 2006) and over 23,000 people treated by PMI-Federation medical services. Partner national societies

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were active contributors to the relief effort, with the Netherlands, Spanish, Japanese and German Red Cross maintaining a longer- term presence in Yogyakarta.

To date, the regional logistics unit (RLU) based in Kuala Lumpur has been providing logistic support to the Yogyakarta operations by coordinating and mobilizing specific relief items to the value of CHF 12 million ([click here to link to the mobilization table on DMIS](#)). Procurement of goods and transport services worth CHF 1.2 million was also provided on a regular basis.

In the early days of the operation, a needs assessment with communities was carried out concurrently to the relief operation to determine the starting point for their earliest recovery. The results of the assessment identified shelter as their most urgent need. Framed by the overall goal of community empowerment and the government's request to work with local community systems of mutual support (*gotong royong*), the PMI and Federation together developed a community cash-based shelter programme forming the basis of the early recovery approach. The other significant activities that have been ongoing since the relief operation are the psychosocial support and rehabilitation programmes as well as water and sanitation projects such as clean water supply, provision of latrines and cleaning and deepening of wells.

### Operational developments

Over 12,000 bamboo houses have been constructed to meet the needs of the most vulnerable in only eight months. This has been the largest contribution of any organization working in transitional shelters in earthquake-affected areas, and has clearly demonstrated the effectiveness of working with community cash transfers. While there have been challenges in the delivery of this programme, the methodology has proved rigorous enough to continue as an integrated community- based risk reduction pilot project in six villages (one village per affected district).

As the activities in the transitional shelter programme are winding down, the focus of attention is shifting to the more longer-term recovery needs of the communities affected by the earthquake. Following a thorough consultation process, the delegation has agreed with the PMI to embark on a pilot project named COBA – community organized and based activities - using the recovery methodology of the transitional shelter programme to strengthen community focussed disaster risk reduction activities.

Objectives of the original appeal have been revised in this operational update to reflect this changing nature of the operation as well as the PMI and community requirements for a longer-term approach to the remaining interventions. The appeal time is now extended to 31 December as this will permit the COBA pilot project to be implemented and its methodology to be reviewed, the rehabilitation programme to meet recommendations outlined in a recent review and allow organizational development initiatives to consolidate. This extension to the appeal timeframe further permits exit planning and integration of longer- term activities into the PMI's country strategy. The emergency relief objectives are now removed as they are no longer relevant to the operation.

### Red Cross and Red Crescent action - objectives, progress, impact

#### Health

**Overall Goal: The mortality and morbidity amongst the affected population is reduced to pre-disaster levels by addressing the immediate basic health care needs and future health risks through preventative and basic health care interventions.**

**Objective 1: To provide psycho-social support programmes (PSP) to affected communities in districts severely affected by the earthquake and to PMI volunteers supporting the response.**

The PSP project continues to progress as formal agreements, human resource issues and socialization of the project are completed or resolved. Knowledge sharing between other actors in the Movement on PSP methodology is an important component to fine-tune the project, with the PMI programme manager and PMI branch coordinators visiting the American Red Cross programme in Banda Aceh in mid-April. The primary

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purpose of the visit was to see a community and school-based programme in action and to learn from the experience in Aceh so that those lessons could be incorporated into the Yogyakarta programme.

Some of the activities commencing in target areas in Klaten and Bantul include dissemination of information on disasters, avian influenza, HIV/AIDS; expressive and creative activities in elementary schools and; the reactivation of children's praying groups and boy scout activities.

### **Objective 2: Reduce the impact of the most common diseases and ailments seen in the post disaster situations, including epidemics.**

Some 12 one-hour slots on a popular Yogyakarta radio programme have been used for the socialization of hygiene promotion key messages. It is estimated that the radio station has 200,000 listeners. In addition, more than 10,000 pamphlets and posters about the danger of asbestos and dengue fever prevention have been distributed.

Various evaluations, including the post-tsunami evaluation, *The Asian Tsunami: An analysis of its effect on people living with HIV and AIDS: Study Report March 2007*, highlight the increased risk of populations post-disaster, to disease. In line with the national strategy on raising awareness of avian influenza, districts in Central Java and Yogyakarta provinces have been targeted with information and education material. This project is expected to continue until December 2007.

### **Objective 3: Injured and disabled earthquake victims in two provinces (Yogyakarta and Central Java) have achieved improved physical functioning in daily living and psychosocial wellbeing.**

#### **Rehabilitation and Home Based Care**

The PMI teams of a doctor, nurses and physiotherapists continue to operate in Bantul and Klaten providing wound and catheter cares and physiotherapy to earthquake victims with spinal cord injuries and complex fractures. An external review of the rehabilitation programme was conducted by the regional health delegate from 7-9 May. Findings of this review have been incorporated into the operational plan.

#### **Bantul:**

PMI volunteers identified that around 20 patients were depressed and suicidal due to their severe injuries and resulting change in lifestyle. These patients are now receiving help from a non- governmental organization (NGO) and a government organization which provides counselling and social work support, and are reportedly progressing well.

To aid the patients psychological wellbeing, PMI volunteers have provided two-way radios to the most depressed patients. There is also a radio at the clinic. In the morning, patients contact each other and share feelings, and in the evening there is a Koran reading session.

In another initiative, Bantul PMI volunteers have pooled their per diems and bought books and comics at an auction which now form the basis of a library at the physiotherapy clinic. In the future, health education material will also be included in the library.

The team has noted that there is slow healing due to poor nutritional status, caused by lack of nutritional knowledge and low socio economic status. PMI have sourced brochures on nutrition from the district health office and are discussing and handing these out to patients.

PMI Bantul volunteers continue to attend the rehabilitation coordination meetings held at the district health office (DHO). At the March meeting, The World Health Organization (WHO) presented a database of disabled and injured people requiring ongoing care - there are 1,275 documented people and 300 undocumented in the Bantul district, with equal numbers of male and female. It mapped numbers of people over six sub- districts. Also presented was a *puskesmas* (health centre) capacity assessment which showed that few patients were registered or cared for by local *puskesmas*, most being treated by NGOs or PMI. *Puskesmas* do not have human resource capacity in medical rehabilitation and are also in need of equipment. Some NGOs are providing training in physiotherapy at *puskesmas* level.

**Klaten:**

The team is continuing to do assessments in the five sub-districts for more patients. New patients to the service are either referrals from *puskesmas* which do not have the capacity, or from people in the community who have had operations and have had no previous rehabilitation.

There have been sporadic health cluster meetings in Klaten but these have now ceased. PMI and the Federation have attended several coordination meetings with other agencies working in the area to coordinate care. Recognizing the need for better coordination with the DHO in Klaten, agencies working in the field and WHO initiated a meeting with the head of the DHO on 29 March. At this meeting the following information was gained: *puskesmas* will not have the human resources to cope once agencies leave; among the *puskesmas* in the earthquake affected area there are no physiotherapists, but some could be brought in from outside the earthquake area. A subsequent meeting between DHO, *puskesmas* representatives and agencies took place on 5 April but no follow up meeting was set. Agencies are asking WHO to take the lead in facilitating further coordination meetings with the DHO.

**Table 1: Rehabilitation consultations in Bantul**

## MARCH 2007-BANTUL REHABILITATION

PHYSIOTHERAPY		WEEK					TOTAL	REMARKS
No.	Description	I	II	III	IV	V		
1	Total consultation	73	250	216	210	225	974	
	Visit 1X	73	85	90	78	76	402	
	Visit 2X	0	59	46	53	65	223	
	Visit 3X	0	14	10	7	5	36	
	Visit >3X	0	1	1	0	1	3	
2	Discharged	1	1	4	2	4	12	
3	New patients	0	1	0	4	2	7	
4	Total patients	184	184	180	182	180	180	Will be total patients
								in April (after data validation)
WOUND CARE		WEEK					TOTAL	REMARKS
No.	Description	I	II	III	IV	V		
1	Total consultation	26	45	45	51	40	207	
	Visit 1X	22	9	7	5	18	61	
	Visit 2X	2	12	13	17	5	49	
	Visit 3X	0	4	4	4	4	16	
	Visit >3X	0	0	0	0	0	0	
2	Discharged	0	0	0	0	3	3	
3	New patients	0	0	0	3	2	5	
4	Total patients	26	26	26	26	29	28	Will be total patients
								in April

Table 2: Rehabilitation consultations in Klaten

## MARCH 2007-KLATEN REHABILITATION

PHYSIOTHERAPY		WEEK						
No.	Description	I	II	III	IV	V	TOTAL	REMARK
1	Total consultation	56	61	60	59	15	251	
	Visit 1X	52	53	54	53	15	227	
	Visit 2X	2	4	3	3	0	12	
	Visit 3X	0	0	0	0	0	0	
2	Discharged	0	0	1	3	0	4	3 independent, 1 death
3	New patients	0	1	0	0	0	1	
4	Total patients	61	62	62	58	58	58	Will be total patients
								in April
WOUND CARE		WEEK						
No.	Description	I	II	III	IV	V	TOTAL	REMARK
1	Total consultation	17	17	17	17	3	71	4 patients without
	Visit 1X	8	8	8	8	3	35	physiotherapy
	Visit 2X	0	0	0	0	0	0	
	Visit 3X	3	3	3	3	0	12	
2	Discharged	0	0	0	0	0	0	
3	New patients	0	0	0	0	0	0	
4	Total patients	11	11	11	11	11	11	Will be total patients
								in April

## Disaster Preparedness and Risk Reduction

**Overall Goal: To reduce losses and suffering of vulnerable communities due to disasters through risk reduction and strengthening of preparedness and emergency response capacities of Indonesian Red Cross.**

The two projects within the disaster preparedness and risk reduction are the COBA pilot project – an integrated community-based risk reduction pilot project in six villages using cash transfers – and disaster management training at chapter and branch levels

### 1. Disaster management capacity building in chapter and branches in Central Java.

**Objective: PMI branches and chapter have capacity to respond to disasters.**

Supported by the disaster management unit in the country delegation, PMI standard disaster management trainings will be implemented at both chapter and branch-level in Central Java. In addition, an initiative on radio communication as an early warning system will be implemented in southern Central Java and disaster-prone areas of Yogyakarta province.

## 2. COBA pilot project – Integrated community-based risk reduction (ICBRR) in a recovery setting

Building on the successful application of community cash transfers to construct transitional shelter, a pilot project on integrated community-based risk reduction using the same cash transfer system will be implemented as applicable in six pilot villages.

Named, COBA - community organized and based activities (an Indonesian word meaning ‘try’; pronounced ‘choba’) – the pilot programme seeks to facilitate communities to identify and prioritize their needs and resources to make safer futures. Developed from extensive experience in Indonesia and other countries, the programme allows villagers to make their own choices by placing funds, planning and decision-making processes in their hands. This method empowers communities and encourages a participatory form of local governance. Community is defined at the village (*desa*) level as this equates to the local government planning level, potentially increasing the likelihood of village plans being incorporated into regional development plans in the future. The pilot project will run until December 2007.

**Objective 2.1: To assist 12,000 to 15,000 earthquake-affected families to design and implement activities that meet their high priority recovery needs**

**Objective 2.2: To strengthen the resilience and reduce the vulnerability of 12,000 to 15,000 families to future hazards and shocks**

**Objective 2.3: To strengthen the recovery and risk reduction capacities of six PMI Yogyakarta and Central Java Provinces’ branches and chapters.**

**Objective 2.4: To ensure the target population in six pilot villages has access to adequate and safe water supply, sanitation and hygiene promotion, materials and facilities to prevent significant outbreaks of water supply, sanitation and hygiene related diseases.**

On water and sanitation activities, collaboration with Universitas Gadjah Mada on water quality testing has reached 50 percent of the 400 wells planned for testing and work with Atma Jaya Universitas on manuals for community implementation and training for latrines for the disabled, soak away pits and septic tanks have been completed. Three remaining manuals on rain water catchment, well deepening and rehabilitation of wells and bio-gas digester (human waste becomes gas for heating and cooking) are being drafted, and expect to be finalized by second week of June. These collaborations have been part of the preparation of anticipated community water and sanitation needs.

## 3. Shelter

**Objective 3.1: To meet the remaining humanitarian need among vulnerable people for shelter**

**Objective 3.2: Meet the needs for specialized shelter and sanitation for up to 400 people with disabilities resulting from the earthquake**

Discussions with local and international NGOs, the World Bank and the United Nations Development Programme (UNDP), suggest there will be unmet shelter needs despite government allocation of monies for permanent shelter. According to the draft UN Shelter Strategy, the ongoing areas for concern are:

- Families reliant on decaying tarpaulins and inadequate self-built transitional shelters through the current rainy season.
- Families falling outside the current government housing assistance scheme such as the newly-displaced, families from multiple-headed households and the landless (renters),
- Special needs families such as the handicapped, women-headed households and larger families.

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To address the humanitarian imperative, the PMI-Federation earthquake operation will ‘remobilize’ early recovery shelter volunteers as needed. Ideally, each district will have a ‘sleeping’ shelter team that can move to locations to assist those left without shelters to build a bamboo house.

Provision of improved house and latrine accessibility for the disabled is being managed through the recovery team in collaboration with CUDD (Centre of Universal Design and Disability). Currently working on development of manuals and training curricula for improved accessibility for the disabled, the project seeks to assist up to 400 disabled individuals with implements that will improve their mobility and quality of life within their own community, with emphasis on house and latrine facilities.

## Organizational Development

**Overall Goal: The earthquake-affected PMI chapters’ and branches’ institutional capacity and performance, including the administrative and operational management of the organization and its activities is improved.**

The Federation differentiates between *institutional* capacity building which is an organizational development responsibility, and *programme* or *operational* capacity building which falls under the respective programme sector. To this effect, organizational development will be working ‘within’ the other programmes to support foundational institutional systems, such as volunteer management, required to support the successful implementation of the programmes.

The following areas reflect strategic priorities of the PMI national strategic plan:

- Governance and management development.
- Organizational systems (policy and guideline development).
- Resource development.
- Human resource development, including recruitment and management.

**Objective: Governance and Management capacity of PMI DIY and Central Java chapters & branches are improved**

**Objective: In PMI DIY chapter and selected Central Java in branches improved organizational systems (administrative and financial) and policies and procedures in place and implemented**

**Objective: Human resources of PMI meet operational needs and comply with national HR policies.**

Progress since the last reporting period include the recruitment of six staff members for Yogyakarta chapter, namely organizational development and human resources, education and training, social services, disaster management, transportation, logistics and communication and information.

Support for development of a staff training package is ongoing with a two-day staff orientation training taking place during April, focussing on the role of PMI and its working culture. In addition, a two-day governance training was held at the end of March for board members of Yogyakarta chapter.

Liaison between programmes continues to ensure a harmonized approach to building the institutional capacity of the chapters and branches.

**[Interim financial report below; click here to return to the title page.](#)**

## 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 \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering

*assistance to the most vulnerable.*

### The Federation's Global Agenda

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

### Global Agenda Goals:

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

## Contact information

### For further information specifically related to this operation please contact:

- Indonesian Red Cross (PMI): Mr. Arifin M. Hadi (acting head of disaster management division); mobile: +62.811.943.952; telephone: +62.21.799.2325 ext. 222; email: [arifinmhd@telkom.net](mailto:arifinmhd@telkom.net)
- Federation country delegation in Indonesia: Bob McKerrow (head of delegation); email: [bob.mckerrow@ifrc.org](mailto:bob.mckerrow@ifrc.org); mobile: +62.811.824.859; fax: +62.21.7918.0905, Oeystein Larsen (head of sub-delegation, Yogyakarta); email: [oeystein.larsen@ifrc.org](mailto:oeystein.larsen@ifrc.org); mobile: +62 811 1490 707
- Federation Southeast Asia regional delegation in Thailand: Bekele Geleta (head of regional delegation); email: [bekele.geleta@ifrc.org](mailto:bekele.geleta@ifrc.org); phone: +66.2.661.8201 ext 100; or Michael Annear (head of regional disaster management unit); email: [michael.annear@ifrc.org](mailto:michael.annear@ifrc.org); phone: +66.2.661.8201
- Federation secretariat in Geneva (Asia Pacific department): Josse Gillijns (regional officer); email: [josse.gillijns@ifrc.org](mailto:josse.gillijns@ifrc.org); phone: +44.22.730.4224, fax: +41.22 733.0395 or Priya Nair; email: [priya.nair@ifrc.org](mailto:priya.nair@ifrc.org) phone: + 44-22.730.4296.

# International Federation of Red Cross and Red Crescent Societies

MDRID001 - INDONESIA - YOGYAKARTA EARTHQUAKE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/5-2007/4
Budget Timeframe	2006/5-2007/12
Appeal	MDRID001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>A. Budget</b>		<b>38,045,440</b>				<b>38,045,440</b>
<b>B. Opening Balance</b>		<b>0</b>				<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
American Red Cross		1,735,408				1,735,408
Andorra Government		78,667				78,667
Andorra Red Cross		36,675				36,675
Australian Red Cross		961,245				961,245
Austrian Red Cross		2,391				2,391
Belgium Red Cross (Flanders)		437,655				437,655
Bosnia and Herzegovina Red Cross Soc		39,856				39,856
British Red Cross		3,032,802				3,032,802
Cambodia - Private Donors		249				249
Canadian Red Cross Society		2,661,930				2,661,930
Croatian Red Cross		220,000				220,000
Cyprus Red Cross		12,224				12,224
Czech Red Cross		5,444				5,444
Danish Red Cross		934,552				934,552
ECHO		701,589				701,589
Egyptian Red Crescent Society		62,970				62,970
Estonia Government		49,888				49,888
European Commission		2,700,683				2,700,683
Finnish Red Cross		438,720				438,720
German Red Cross		9,207				9,207
Great Britain - Private Donors		1,140				1,140
Hellenic Red Cross		31,337				31,337
Hong Kong Red Cross		427,735				427,735
Irish Government		779,500				779,500
Irish Red Cross Society		430,763				430,763
Italian DREF		787,775				787,775
Japanese Government		1,211,300				1,211,300
Japanese Red Cross Society		7,184,057				7,184,057
Korea Republic National Red Cross		347,278				347,278
Latvian Red Cross		39,250				39,250
Libyan Red Crescent		10,000				10,000
Liechtenstein Red Cross		30,000				30,000
Luxembourg Government		158,000				158,000
Luxembourg Red Cross		46,770				46,770
Macao Red Cross		30,000				30,000
Medicor Foundation		250,000				250,000
Monaco Red Cross		54,782				54,782
Netherlands - Private Donors		15,700				15,700
Netherlands Red Cross		2,190,054				2,190,054
New York Office		215,799				215,799
New Zealand Government		380,650				380,650
New Zealand Red Cross		189,866				189,866
Norwegian Red Cross		696,438				696,438
On Line donations		98,786				98,786
Other		-56,359				-56,359
Qatar Red Crescent Society		115,705				115,705
Senegal Private Donor		157				157
Singapore - Private Donors		77,950				77,950
Singapore Red Cross Society		114,705				114,705
Slovenia Government		65,322				65,322
Swedish Red Cross		1,492,700				1,492,700
Swiss Red Cross		100,000				100,000

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Switzerland - Private Donors		17,013			17,013
United States - Private Donors		12,599			12,599
USAID		121,791			121,791
VERF/WHO Voluntary Emergency Relief		4,000			4,000
<b>C1. Cash contributions</b>		<b>31,794,718</b>			<b>31,794,718</b>

### Outstanding pledges (Revalued)

Albanian Red Cross		12,100			12,100
ECHO		35,079			35,079
Hong Kong Red Cross		309,200			309,200
OPEC Fund For International Developm		726,000			726,000
<b>C2. Outstanding pledges (Revalued)</b>		<b>1,082,379</b>			<b>1,082,379</b>

### Reallocations (within appeal or from/to another appeal)

New Zealand Government		0			0
<b>C3. Reallocations (within appeal or</b>		<b>0</b>			<b>0</b>

### Inkind Goods & Transport

Other		2,745,191			2,745,191
<b>C4. Inkind Goods &amp; Transport</b>		<b>2,745,191</b>			<b>2,745,191</b>

### Inkind Personnel

Australian Red Cross		74,400			74,400
Austrian Red Cross		37,200			37,200
British Red Cross		12,320			12,320
Canadian Red Cross Society		25,373			25,373
Danish Red Cross		7,440			7,440
Netherlands Red Cross		53,113			53,113
New Zealand Red Cross		133,199			133,199
Norwegian Red Cross		82,056			82,056
Other		35,054			35,054
<b>C5. Inkind Personnel</b>		<b>460,155</b>			<b>460,155</b>

### Other Income

Service Agreements		3,813			3,813
<b>C6. Other Income</b>		<b>3,813</b>			<b>3,813</b>

<b>C. Total Income = SUM(C1..C6)</b>		<b>36,086,257</b>			<b>36,086,257</b>
<b>D. Total Funding = B + C</b>		<b>36,086,257</b>			<b>36,086,257</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		36,086,257				36,086,257
E. Expenditure		-22,674,219				-22,674,219
F. Closing Balance = (B + C + E)		13,412,038				13,412,038

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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		<b>38,045,440</b>					<b>38,045,440</b>	
<b>Supplies</b>								
Shelter - Relief	9,080,000		5,117,584			5,117,584	3,962,416	
Shelter - Transitional			2,839,156			2,839,156	-2,839,156	
Construction Materials			701			701	-701	
Clothing & textiles	1,625,000		1,027,276			1,027,276	597,724	
Food	4,435,000		2,513,802			2,513,802	1,921,198	
Water & Sanitation	4,287,110		111,058			111,058	4,176,052	
Medical & First Aid	1,937,937		700,235			700,235	1,237,702	
Teaching Materials	40,000		2,190			2,190	37,810	
Utensils & Tools			1,197,070			1,197,070	-1,197,070	
Other Supplies & Services	3,505,800		2,179,327			2,179,327	1,326,473	
<b>Total Supplies</b>	<b>24,910,847</b>		<b>15,688,399</b>			<b>15,688,399</b>	<b>9,222,448</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	105,000						105,000	
Vehicles			7,062			7,062	-7,062	
Computers & Telecom	666,000		190,007			190,007	475,993	
Office/Household Furniture & Equipm.			9,787			9,787	-9,787	
Others Machinery & Equipment			1,057			1,057	-1,057	
<b>Total Land, vehicles &amp; equipment</b>	<b>771,000</b>		<b>207,913</b>			<b>207,913</b>	<b>563,087</b>	
<b>Transport &amp; Storage</b>								
Storage	454,000		241,144			241,144	212,856	
Distribution & Monitoring	1,104,000		1,888,778			1,888,778	-784,778	
Transport & Vehicle Costs	529,000		250,560			250,560	278,440	
<b>Total Transport &amp; Storage</b>	<b>2,087,000</b>		<b>2,380,481</b>			<b>2,380,481</b>	<b>-293,481</b>	
<b>Personnel Expenditures</b>								
Delegates Payroll	2,015,139		568,066			568,066	1,447,073	
Delegate Benefits	1,152,000		978,947			978,947	173,053	
Regionally Deployed Staff			14,009			14,009	-14,009	
National Staff	1,855,000		349,045			349,045	1,505,955	
National Society Staff	800,000		234,221			234,221	565,779	
Consultants	27,000		81,102			81,102	-54,102	
<b>Total Personnel Expenditures</b>	<b>5,849,139</b>		<b>2,225,391</b>			<b>2,225,391</b>	<b>3,623,748</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	975,000		153,426			153,426	821,574	
<b>Total Workshops &amp; Training</b>	<b>975,000</b>		<b>153,426</b>			<b>153,426</b>	<b>821,574</b>	
<b>General Expenditure</b>								
Travel	500,000		129,019			129,019	370,981	
Information & Public Relation	89,000		100,221			100,221	-11,221	
Office Costs	312,700		244,944			244,944	67,756	
Communications	77,800		137,064			137,064	-59,264	
Professional Fees			1,227			1,227	-1,227	
Financial Charges			-9,039			-9,039	9,039	
Other General Expenses			697			697	-697	
<b>Total General Expenditure</b>	<b>979,500</b>		<b>604,132</b>			<b>604,132</b>	<b>375,368</b>	
<b>Depreciation</b>								
Depreciation			6,070			6,070	-6,070	
<b>Total Depreciation</b>			<b>6,070</b>			<b>6,070</b>	<b>-6,070</b>	
<b>Program Support</b>								
Program Support	2,472,954		1,355,884			1,355,884	1,117,069	
<b>Total Program Support</b>	<b>2,472,954</b>		<b>1,355,884</b>			<b>1,355,884</b>	<b>1,117,069</b>	
<b>Operational Provisions</b>								

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

MDRID001 - INDONESIA - YOGYAKARTA EARTHQUAKE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/5-2007/4
Budget Timeframe	2006/5-2007/12
Appeal	MDRID001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

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

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		<b>38,045,440</b>					<b>38,045,440</b>	
Operational Provisions			52,522				52,522	-52,522
<b>Total Operational Provisions</b>			<b>52,522</b>				<b>52,522</b>	<b>-52,522</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>38,045,440</b>	<b>22,674,219</b>					<b>22,674,219</b>	<b>15,371,221</b>
<b>VARIANCE (C - D)</b>		<b>15,371,221</b>					<b>15,371,221</b>	