

Emergency appeal



International Federation
of Red Cross and Red Crescent Societies

West Sumatra: Earthquakes

Preliminary Emergency Appeal
n° MDRID004
GLIDE n° [TS-2009-000211-IDN](#)
4 October 2009

This Preliminary Emergency Appeal seeks CHF 6,842,032 (USD 6,607,467 or EUR 4,533,713) in cash, kind, or services to support the Indonesia Red Cross (Palang Merah Indonesia/PMI) to assist up to 5,000 families (approximately 25,000 beneficiaries) for six months.

CHF 235,000 (USD 227,106 or EUR 155,302) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.



The west coast of the Indonesian island of Sumatra was struck by two consecutive earthquakes over a 48-hour period. On 30 September 2009, the first quake measuring 7.6 on the Richter scale, struck at 17:15 local time. The earthquake struck at a depth of 71 km off the coast, close to the district of Padang in west Sumatra province. The second, measuring 6.8, struck an inland area 225 km southeast of Padang city.

A search and rescue team (army and volunteers) digging through the rubble of a building to look for trapped people. Photo: Herri Ansyah/PMI.

The National Disaster Management Agency (BNPB) confirmed the death of 535 people, 2,400 people as injured and 20,000 houses and buildings as heavily damaged. In total, 777,893 people are affected or at risk. These numbers are expected to rise as the Ministry of Health (MoH) estimates that 3,000 people might still be trapped under collapsed buildings.

The preliminary emergency appeal is in response to a request from Indonesia Red Cross (Palang Merah Indonesia/PMI) to enable the national society to provide relief and early recovery support to those most affected by the earthquakes. The appeal seeks support to provide assistance to 5,000 families (25,000 people) in the disaster-affected areas through immediate relief distribution with non-food items, temporary shelter, water and sanitation intervention, health and medical provisions and logistics support.

This operation is expected to be implemented over six months, and will therefore be completed by March 2010; a Final Report will be made available by June 2010.

[<click here to view the attached Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>](#)

The situation

Two major earthquakes off the coast of West Sumatra, Indonesia, have left hundreds of people injured and thousands without shelter. The first quake, measuring 7.6 on the Richter scale, occurred on 30 September 2009 17:15 local time 57 km southeast of the city of Padang, with the second earthquake striking on 1 October at 08.52, measuring 6.8 on the Richter scale, 225 km (140 miles) southeast of Padang in Jambi province.

The National Disaster Management Agency (BNPB) confirmed the death of 535 people, 2,400 people as injured and 20,000 houses and buildings as heavily damaged. In total, 777,893 people are affected or at risk. The Ministry of Health (MoH) estimates that 3,000 people might still be trapped under collapsed buildings.

The worst affected areas are Padang and 25 to 55 km northwest of Padang. Two aerial assessments conducted by the International Federation and the Indonesian Red Cross (Palang Merah Indonesia/PMI) report the overall radius of damage of greatest impact is approximately 80km. Although roofs appear to be intact, they are, in fact, resting on the ground with collapsed walls underneath.

Many villages outside Padang are completely or badly damaged, particularly those in the mountainous areas where houses are resting on bedrock. The needs in rural areas still need to be properly assessed but could be high and it will take time to access these areas. Accessibility continues to be the biggest challenge in these areas, therefore to expedite delivery of life-saving supplies access will be mostly by air until the situation permits entry by road.

First aid and emergency medical services are badly needed to treat crush injuries and prevent the infection of wounds. The main hospital in Padang, Dr. M. Jamil Hospital, is operational though severely damaged, and there are clinics in the area but there is a need for additional resources and medicines in order to meet increasing medical and health needs of the affected population. Psycho-social counselling and disease prevention campaigns are also identified as priorities.

Further urgent needs include water and sanitation. Rivers are contaminated due to landslides and access to clean water supply and sanitation facilities has been impacted by both the earthquake and the recent rains. Temporary shelter and the supply of non-food items is also an urgent need for those who have lost everything in the earthquake.

The Government of Indonesia has welcomed any international assistance offered which is to be coordinated through the government.

Coordination and partnerships

PMI will lead the planning and implementation of the operation with its partners. The International Federation's country office in Jakarta is providing operational support and will take the lead on coordination with Red Cross Red Crescent partners and external international organizations while the disaster management unit (DMU) in Kuala Lumpur is undertaking the international lead role. The partner national societies in country continue to identify, through coordination meetings, technical areas of strength and resources available for mobilization as required according to the plan of action and emerging needs.



A woman with her son in front of their destroyed house in Bukit Pinang, Kampung Pauh, sub-district Kampung Dalam, Pariaman district. The Indonesian Red Cross (Palang Merah Indonesia/PMI) team found their remote village during an aerial assessment using a helicopter on Friday, 2 October 2009. Photo: Ahmad Husein/International Federation.

Building on lessons learnt from the tsunami and the Java earthquake operations, the International Federation and partner national societies are working closely together to improve operational efficiencies and build on organizational strengths and support the development of PMI. Regarding inter-agency coordination, the in-country humanitarian coordinator has recommended that the emergency shelter cluster is formalized and that the International Federation to convene it. The International Federation will send a shelter coordination team to support the Indonesian government in the inter-agency coordination of shelter actors. The International Federation is requesting donor support for the deployment of this team through this Emergency Appeal.

Red Cross and Red Crescent action

PMI has a vast experience of responding to earthquakes and has drawn on its extensive resources of trained staff and volunteers as well as pre-position resources, all of which has provided a basis for the response it is leading. To date, PMI have mobilized over 220 staff and volunteers from local, provincial and national level to respond to this disaster. This has enabled them to be present quickly on the ground, working with the authorities and other partners supporting the evacuation of the affected people by providing initial first aid and relief assistance as well as conducting ongoing assessments to ascertain the extent of damage and needs.

On 2 October, PMI flew in a 36-member team from Jakarta to Padang to support the emergency response. The team consists of ten medical personnel (orthopaedic surgeons, general practitioners, and nurses), two staff supported by the International Committee of Red Cross (ICRC) for Restoring of Family Links (RFL), two staff for water and sanitation, and two psychological support staff. Some of the medical and psychological support staff have already participated in an aerial assessment of outlying areas. In addition, ten volunteers have flown in from PMI's Jakarta branch to support the set up of field kitchens. The Chairman of the PMI and the International Federation representatives have visited the affected areas with the PMI team.

In addition to this team, PMI has also deployed 90 local volunteers (from Padang) plus 13 volunteers from West Sumatra, 45 from Riau (that includes key medical staff in the medical action team), 30 from Kerinci and a further six from Jakarta using land transportation. There is also strong International Federation support in country with 16 partner national societies present (with approximately 112 experienced delegates and 870 national staff) and an International Federation country team comprising of 25 delegates and 201 national staff to support the PMI.

The PMI has also transported 2.5 tonnes of relief items, mainly food parcels and some medical supplies and dispatched 1,000 parcels of baby food, 1,000 tarpaulins, 5,000 sarongs, 5,000 blankets, 400 tents and 50 body bags to the affected area. A further 50 tonnes of relief supplies are en route to Padang.

A logistics emergency relief unit (ERU) from the British Red Cross has been mobilized and an initial grant of CHF 235,000 (USD 227,106 or EUR 155,302) has been allocated from the International Federation's Disaster Relief Emergency Fund (DREF) on 1 October for the provision of non-food relief items and shelter support for 2,500 families.

The initial plan of action developed by the West Sumatra chapter of PMI has identified the following as priorities:

- Communication systems – through HF/VHF radio networks at branches.
- Water and sanitation, including purification, storage and hygiene education.
- First aid and medical support through the deployment of first aid kits and mobile health units.
- Non-food items, including family, kitchen and hygiene kits as well as bedding and jerry cans.
- Emergency shelter support through shelter materials and family tents.
- Transportation assistance as access is limited.

At this stage, the PMI is requesting medical supplies to be purchased in country. Coordination meetings are being held where partner national societies, PMI and the International Federation are identifying in-country technical expertise to assist the PMI volunteers on the ground.

In addition, in-country resources trained in field assessments are being identified to conduct more detailed assessments in support of refining the current plan of action.

The needs

The difficulty in reaching all affected communities due to damaged roads, has hampered the ability of assessment teams To gathering comprehensive information on the existing and emerging needs. Through aerial observation, the extent of the damage is clearly widespread and dispersed. At present, the identified needs include medical supplies, equipment and personnel; food and tents; and heavy equipment to speed up the search and rescue efforts.

While urgent food and non-food needs are being met from local PMI stocks pre-positioned in national society warehouses in the region of the earthquake area, the size of this disaster indicates that additional resources are required for the provision of more food and non-food items, health services, water and sanitation facilities, and temporary shelter. Considerable amounts of these supplies are either located in other parts of the country or can be procured locally or regionally.

The many PMI volunteers and staff dispatched from other parts of Indonesia, together with those spontaneous volunteers mobilized in the affected areas, will need psycho-social and other support to play the difficult search and rescue roles related to finding those who have died, as well as applying first aid to survivors. As the capacity of existing branches closest to the affected areas will be overstretched, immediate attention will be given to intensive training for volunteers playing identified roles, which will also lead to the long-term strengthening of the branches.

Subject to the results of ongoing assessments and determination of the role of the government and other humanitarian actors operational in Indonesia, it is anticipated that PMI will identify medium term programming options during the early recovery planning phase. This in turn will lead to a capacity building plan aimed at mobilizing the appropriate skills and competencies in branch staff and volunteers to provide services responsive to local communities' identified needs. To support this, the International Federation will provide support in accordance with its core capacities, including health services, and water and sanitation, interim shelter and relief (food and non-food) items for initial emergency response and subsequent recovery activities.

The proposed operation

The proposed operation will focus on providing initial emergency response needs, including food and non-food items, health and water and sanitation activities focusing on first aid, medical assistance, and access to portable water and emergency latrines for up to 5,000 families (approximately 25,000 individuals). This will be further supported by shelter initiatives targeted at both emergency needs and support to the rehabilitation of family shelters. PMI will mobilize staff and volunteers trained in restoring family links to reconnect families who have been separated, registration of all remaining missing persons and collation of information from authorities regarding the deceased. Based on this action, PMI will provide RFL global updates to the Red Cross Red Crescent via the ICRC Extranet.

Relief distributions (food and basic non-food items)

Objective: Up to 5,000 families (25,000 individuals) have their immediate needs provided for through the distribution of non-food items (NFI), such as hygiene kits, kitchen sets, clothing, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.	
Expected results	Activities planned
The immediate needs of 5,000 affected families are met through relief distribution.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize relief supplies from pre-position 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.

Emergency shelter

Objective: Up to 5,000 families are assisted with adequate temporary shelter.	
Expected results	Activities planned
Improved shelter conditions for affected families with severely damaged and destroyed houses	<ul style="list-style-type: none"> • Analysis of needs based upon beneficiary registration database and ongoing assessments. • Mobilize emergency shelter resources from pre-positioned stocks in other parts of the country and identify culturally appropriate solutions. • Additional procurement, transport, and emergency storage. • Distribution. • Monitoring and coordination.

Emergency health and care

Objective: A projected 5,000 families (25,000 affected people) have benefited from a variety of preventive, curative and/or referral health services, thus reducing community health risks for a quicker rehabilitation and recovery process.	
Expected Results	Activities planned
Disaster-related diseases and deaths in hardest hit areas are reduced, enabling community members to participate in recovery activities	<ul style="list-style-type: none"> • Support PMI in establishing emergency health posts and/or mobile health clinics to serve hard-to-reach areas and meet gaps in health services. • Mobilize PMI first aid and ambulance services to meet the emergency health/medical needs. • Provide psychological support to the traumatized population. • Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support as needed.
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Update/mobilize community-based volunteers on health/hygiene promotion and disease prevention according to identified priority needs. • Reproduce and distribute health education/information, education, communication (IEC) materials. • Conduct targetted health promotion/disease prevention campaigns as an integrated component in the delivery of PMI emergency response interventions (such as water, sanitation and hygiene promotion). • Distribute essential health supplies to reinforce health promotion/disease prevention campaigns, eg mosquito nets. • Enforce community-based health and first aid activities as soon as possible to create a sustainable community approach through training of trainers/volunteers, and involvement of community leaders and members.
Psycho-social support is provided to the target population and PMI staff/volunteers as needed.	<ul style="list-style-type: none"> • Support PMI to deliver relevant, effective psycho-social support to affected populations, including updating/training of more volunteers. • Provide psycho-social support to staff and volunteers of PMI engaged in emergency response.

Water, sanitation, and hygiene promotion

Objective: The risk of waterborne and water and sanitation-related diseases be reduced through the provision of safe water, adequate sanitation facilities, and hygiene promotion to 5,000 families (25,000 people) within the affected area for six months	
Expected results	Activities planned
Access to safe water is provided in the target evacuation centres.	<ul style="list-style-type: none"> Establish potable water treatment facilities. Set up water emergency water distribution network, including truck tankering, bladders and tapstands (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 emergency camps and in other locations where required.
The health status of the population is sustainably improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> Establish disease vector and safe hygiene monitoring. Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/International Federation water and sanitation software. Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to the assessment

Organizational Development

Objective: To strengthen the immediate and long term capacities of PMI staff and volunteer at branch level to complete the operational needs and leave behind sustainable capacities for the future	
Expected results	Activities planned
The coordinated mobilization of local spontaneous volunteers has built short medium and long term brach capacities.	<ul style="list-style-type: none"> Conduct rapid volunteer mobilization and orientation in affected areas. Conduct support activities for volunteers including weekly peer support meetings to address stress and psycho-social issues. Develop and maintain a volunteer database registering skills and availability. Implement a volunteer insurance scheme in keeping with the International Federation's global volunteer insurance scheme.
Strengthened financial systems have receipted and spent locally and internally sourced donations efficiently and led to long term enhanced systems at branch level.	<ul style="list-style-type: none"> Existing branch financial management and reporting systems are scaled up to efficiently report on scaled up resources. Management information systems are strengthened at branch level to enable effective decision making.
Communications capacity at branch level will have been strengthened to increase PMI's visibility and also to undertake humanitarian diplomacy on behalf of affected communities.	<ul style="list-style-type: none"> Existing branch level communications infrastructure, roles and capacities will be immediately scaled up by allocating roles and equipment to both staff and volunteers to facilitate immediate information flow. Key messages from affected communities will be communicated by PMI to enable enhanced support from other responding institutions.
PMI's increased visibility in the operation will have led to strengthened national and branch level fundraising capabilities.	<ul style="list-style-type: none"> A branch and national level donor base will be developed to capture information from individuals, organizations and businesses contributing to the operation. A transparent reporting mechanism will be strengthened to inform all donors of what PMI activities they have assisted to build long term donor confidence in PMI.

Logistics

Logistics support will be provided following International Federation procedures to source and procure needed relief items and the efficient and timely delivery of these items for the success of the operation. The primary tasks of the logistics team will be:

- Coordinate between PMI, British Red Cross logistics ERU (due to arrive in country 4 October), country office logistics team and Kuala Lumpur regional logistics unit (KL RLU) for the timeliest and cost efficient sourcing option for the items required for the operation.
- Coordinate the mobilization of goods and reception of incoming goods.
- Existing warehousing facilities and vehicles will be utilised for storage and efficient dispatch of goods to the final distribution points.
- Pre-positioned stock in the RLU warehouse in Kuala Lumpur will be mobilized on need basis.
- Many items are to be sourced locally and procurement will be done to International Federation standards and supported if required by the KL RLU.
- Liaise and coordinate actions with other key actors to ensure that the International Federation logistics operation uses all information to be as efficient and effective as possible.
- A detailed and up-to-date mobilization table may be established (not yet requested) and will be available on the International Federation's Disaster Management Information System (DMIS).

The International Federation will work on mobilizing specific relief items to respond to needs in the field and donors should coordinate with KL RLU regarding outstanding needs. Shipping instructions will be provided to donors from KL RLU, with a consignment tracking number which will be issued before shipping any goods to the operation. Procurement of goods and transport can also be arranged through the RLU.

Communications – Advocacy and Public information

The steady flow of timely and accurate information between those working in the field and other major stake-holders will support the programme objectives of this emergency appeal, increase the profile, funding and other support for the national society and the International Federation.

It will also provide a platform on which to advocate in the interest of vulnerable people. In close collaboration with the operation, those affected by this emergency will be provided with information to support their relief and recovery. Donors and national societies will receive information and materials they can use to promote this operation, and communications initiatives will help build the information and public relations capacity of the host national society for future emergencies.

Capacity of the National Society

PMI has a strong and well-established capacity in emergency preparedness and response, considering the widespread and frequent occurrence of natural disasters throughout the world's largest archipelago. As well, as a direct result of the build-up in volunteers and human resource capacities following the December 2004 tsunami in Aceh province of northern Sumatra, PMI has built up a robust inter-dependence amongst its branches. PMI branches actively engaged in the operations include Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Jakarta and North Sumatra.

In addition, given the longer term programming of the Canadian Red Cross, Danish Red Cross, French Red Cross, German Red Cross and other partner national societies, in disaster risk reduction, the capacity of the national society has been augmented by the existence of community based action teams – core components of disaster risk reduction programming of PMI.

Capacity of the Federation

Following the 26 December 2004 tsunami that struck Aceh province and the 28 March 2005 earthquake under Nias Island, the International Federation capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. At present, the International Federation country team consists of 25 delegates and 201 national staff who support the PMI in their emergency and longer-term programming.

In support of the initial emergency response, the International Federation country office has deployed locally-based relief, logistics, disaster management, health, telecommunications and information and reporting staff to support PMI for this operation. In addition, the Asia Pacific zone office in Kuala Lumpur has reinforced the country office capacity with deploying communications and reporting representatives. The preliminary appeal budget identifies human resources required for the next six months.

Budget summary

See attached budget (Annex 1) for details.

Yasemin Aysan
Under Secretary General
Disaster Management and Early Recovery

Bekele Geleta
Secretary General

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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its 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:
 - Iyang Sukandar, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id
- Indonesia Country delegation:
 - Bob McKerrow, head of country office, phone: +62811 824 859; email: bob.mckerrow@ifrc.org
 - Wayne Ulrich, disaster management coordinator, mobile: +62 8118 6614, email: wayne.ulrich@ifrc.org
- Federation Asia-Pacific zone office, Kuala Lumpur:
 - Michael Annear, disaster management coordinator, phone: +603 9207 5726, mobile: +6012 234 6591, email: michael.annear@ifrc.org
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 - Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: jeremy.francis@ifrc.org
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**[<emergency appeal budget and map below:
click here to return to the title page>](#)**

APPEAL BUDGET SUMMARY

Indonesia : West Sumatra Earthquakes

Annex 1

MDRID004

RELIEF NEEDS

Shelter	3,920,000
Clothing & Textiles	105,000
Water & Sanitation	121,750
Medical & First Aid	158,000
Utensils & Tools	374,550
Other Supplies & Services	120,000
Total Relief Needs	4,799,300

CAPITAL EQUIPMENT

Computers & Telecom Equipment	150,000
Office Equipment.	40,000
Other Machinery & Equipment	50,000

TRANSPORT, STORAGE & VEHICLES

Storage - Warehouse	80,000
Distribution & Monitoring	80,000
Transport & Vehicles Costs	600,000

PERSONNEL

International Staff	288,000
National Staff	80,000
National Society Staff	60,000

GENERAL EXPENSES

Travel	50,000
Information & Public Relations	20,000
Office running costs	50,000
Communication Costs	30,000
Professional Fees	20,000

PROGRAMME SUPPORT

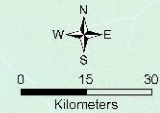
Programme Support - PSR (6.5% of total)	444,732
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Total Operational Needs	2,042,732
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Total Appeal Budget (Cash & Kind)	6,842,032
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Less : Available Ressources	0
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Net Request	6,842,032
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Projection/Datum : Long-Lat/WGS 84
 Map created : 01 Oct 2009
 EQ data source : USGS



Mag. 5.5 Richter Scale

Mag. 7.6 Richter Scale

Mag. 6.6 Richter Scale

- ☐ Capital of Province
- ⊙ Capital of District (Kabupaten)
- ✈ Airport
- ⚓ Seaport
- Main Road
- Secondary Road
- River
- Province Boundary (Propinsi/Prop)
- District Boundary (Kabupaten/Kab)

