

Operations update



International Federation
of Red Cross and Red Crescent Societies

Indonesia: Java eruption, Sumatra earthquake and tsunami

Emergency appeal n° MDRID006
Operations update no. 4
EQ-2010-000213-IDN
VO-2010-000214-IDN
23 May 2011

Period covered by this preliminary final report:

25 October 2010 to 23 May 2011;

Appeal target (current):

CHF 5,038,980

Final appeal coverage: To date, the appeal is 62.7 per cent covered in cash and kind; and 63.38 per cent covered including contributions in the pipeline.

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

Appeal history:

- The revised emergency appeal was launched on 19 November 2010 for CHF 5,038,980 in cash, kind, or services to support Palang Merah Indonesia (PMI) to assist up to 100,000 beneficiaries covered by the Merapi operation, and 3,750 beneficiaries covered by the Mentawai operation.
- The preliminary emergency appeal was launched on 3 November 2010 for CHF 2,825,711 in cash, kind, or services to support PMI to assist up to 25,000 beneficiaries under the Merapi operation, and 3,750 beneficiaries under the Mentawai operation.



A total of 516 temporary shelters have housed 2,580 individuals affected by the disaster in Pagai Selatan, Mentawai Islands. (Photo: Hendro Pramono/PMI)

Most of the activities under this appeal were implemented over six months. However, an extension to the end of June 2011 has been made to accommodate an end evaluation and to ensure that the final stages of a major procurement process have been completed properly as this was delayed, due to unforeseen manufacturing and supply delays.

Summary: The eruption of the Mount Merapi volcano, and the earthquake and subsequent tsunami affecting the Mentawai Islands on 25 October 2010 killed 725 people and forced over 300,000 people to leave their homes. The National Disaster Management Agency (Badan Nasional Penanggulangan Bencana or BNPB) confirmed that the death toll from Merapi was 273 with up to 300,957 people displaced in the two provinces of Central Java and Yogyakarta. Meanwhile, in the Mentawai Islands, there were 452 people dead with 76 still missing, and 14,983 displaced because of the earthquake and tsunami.

Based on the situation, a preliminary emergency appeal was launched on 3 November 2010 and was then revised on 18 November because the needs under the Merapi operation increased in the weeks following the eruption. Accordingly Indonesian Red Cross (Palang Merah Indonesia or PMI) decided to considerably scale up its operation by targeting up to 100,000 people. The International Federation of Red Cross and Red Crescent Societies (IFRC) focused on providing support to the National Society for efficient response in delivering assistance in the following sectors: relief, emergency shelter, health, temporary shelter, water and sanitation, and logistics. PMI had responded to the disasters since the early hours and provided relief to the displaced and affected in coordination with the local government. Volunteers in Yogyakarta and Central Java evacuated people living in the danger zone around Mount Merapi, and managed several of the camps established for internally displaced people, which had been rapidly identified or prepared in safer areas in the vicinity of the volcano. During the first few weeks, PMI helped provide 100,000 people living in these centres with sufficient basic need items and adequate food through emergency materials which included hygiene kits, baby kits, clothing, toiletries and food parcels. Meals were also provided twice a day.

In **Yogyakarta and Central Java**, PMI immediately used their prepositioned stocks from their local warehouses and distributed them with other in-kind donations from non-Red Cross institutions. In addition, the PMI medical action teams (MAT) treated more than 2,000 people in three districts of Central Java: Boyolali, Klaten and Magelang. Psychosocial support services (PSS) were also extended to more than 1,000 people in the first week of the emergency programme. Meanwhile, the PMI water and sanitation teams ensured production of more than 400,000 litres per day of potable water to ensure that those living in the displacement shelters had access to adequate safe water. PMI distributed relief items to 14,014 beneficiaries in Central Java and 16,495 to beneficiaries in Yogyakarta. Shovels and hoes were distributed to assist families to clean volcanic ash away from their houses. Rainwater storage containers with capacity of 350 litres were also distributed to Magelang, Klaten, Boyolali, and Sleman districts to help the community collect and store safe water. In total, 51,602,000 litres of safe treated drinking water were distributed to the communities in Sleman district in Yogyakarta, and Magelang, Boyolali and Klaten districts in Central Java. PMI also assisted 1,600 people in both Central Java and Yogyakarta provinces through medical assistance and psychosocial support services.

In **Mentawai Islands**, PMI distributed relief items which included family tents, tarpaulins, family kits, mosquito nets, blankets, sleeping mats and other basic needs for the affected communities in three tsunami-affected islands. In responding to a request from the local government of Mentawai Islands to contribute to early recovery, PMI conducted initial assessments that identified 516 families, which were provided shelter options in three new relocation sites in South Pagai Island. In order to assist in this process, PMI delivered 25,000 corrugated iron sheets to the island. PMI medical services reached 565 people through several mobile clinics. Health and hygiene awareness activities were carried out and this helped the local population to reinforce their systems to prevent the outbreak of disease and sickness related to vector- and waterborne diseases.

A total of 2,580 individuals were relocated from Malakopak and Bulasat villages in Pagai Selatan district to 516 new shelters (T-shelters) located away from potentially dangerous coastal locations. The shelter programme was implemented through a participatory approach, which was led by a construction committee from the communities involved. Additionally, 1,014 people received medical assistance and health promotion services, while 3,358 people (mainly children) were assisted through psychosocial support services. Additionally, 1,203 people benefited from water and sanitation, and hygiene programmes.

The following partners who have contributed to the appeal: American Red Cross, British Red Cross, Canadian Red Cross/Canadian government, Danish Red Cross/Danish government, Icelandic Red Cross, Japanese Red Cross Society, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/New Zealand government, Norwegian Red Cross/Norwegian government, Republic of Korea Red Cross, Swedish Red Cross, and United Arab Emirates Red Crescent. Contributions were also received from the Australian government, Voluntary Emergency Relief Fund (VERF)/World Health Organization and other international organizations and private donors.

On behalf of PMI, IFRC would like to thank all partners and donors for their invaluable support of this operation.

The situation

Two disasters struck Indonesia on the same day on 25 October: the eruption of Mt. Merapi in central Java, and the earthquake and subsequent tsunami that hit the Mentawai Islands off the west coast of Sumatra. As PMI has a network nationwide, the PMI chapters – along with the branches in Central Java and Yogyakarta responded to the Merapi eruption, and PMI West Sumatra responded to the earthquake and tsunami in Mentawai, with headquarters assistance in both cases.

Mt. Merapi

The initial eruption on 25 October 2010 left 34 people dead and more than 70,000 displaced. Further significant eruptions occurred on 1 and 5 November, leading to a toll of 194 dead, and 360,557 displaced. Based on information from the government, the Mt. Merapi eruption death toll reached 273 (where 176 died on the spot from pyroclastic gas, and 97 from accidents or other causes after being hospitalized); and 577 were injured with most suffering from severe burns and chronic respiratory problems. The number of internally displaced people is up to 156,964 people in Yogyakarta province and 143,993 people in Central Java province. In total, about 300,957 people have been displaced in 572 locations.

According to BNPB, there have been 15 non-governmental and international non-governmental organizations assisting the government in delivering health services, water and sanitation, education and basic needs in Magelang, Boyolali and Sleman districts. Within the Red Cross Red Crescent societies, PMI led the planning and implementation of the operation with its partners, while IFRC provided support and assistance to the Mt. Merapi eruption operation and led the coordination with Red Cross Red Crescent partners and external international organizations.

In order to ensure the efficiency of response, and to avoid duplication and assessment fatigue, various national and international institutions, working under the Mt. Merapi operation, merged in an interagency rapid assessment conducted under the coordination of BNPB with support from the UN office for the coordination of humanitarian affairs (UN OCHA). This interagency rapid assessment covered six different priorities: water, sanitation and hygiene; food and nutrition; health; shelter; logistics and the management of internally displaced people (IDP) camps. PMI was a key participant in the assessment

Through coordination meetings, the partner national societies in-country identified technical areas of strength and resources that were available to be mobilized as required, based on the plan of action and needs. During the coordination meeting, all PMI branches decided to reduce the scale of their operation and work closely with the government to ensure smooth transition between the PMI exit plan and local government responsibilities, particularly the provision of safe water to the communities most in need in the remote areas.

According to the Volcanology and Geological Disaster Mitigation Centre (PVMBG), the characteristics of Mt. Merapi have changed due to the recent eruptions¹. As such, the centre is presently unable to depend on earlier methods of monitoring volcanic activity and is in the process of identifying a new methodology for determining volcano status.

Although the volcano activity has now decreased, there was still a considerable amount of ash and lava that has accumulated on the side of the mountain. This material continues to flow down the mountainside after each rainfall, and cause additional damage to houses, buildings, bridges, roads, irrigation canals and rice fields that lie in the path of this flow of cold lava and mud (known locally as *lahar dinggin*). Over the implementation period of this appeal, it is estimated that an additional one thousand homes were damaged by this lava and mud flow.

Approximately 1,300 hectares of the affected area will now become a conservation area, as those areas are no longer suitable or safe for resettlement. The National Disaster Management Agency (BNPB) will therefore permanently relocate 2,682 people from these unsafe areas to other locations around the mountain.

Many livestock perished in the eruptions and the local government agency of the BNPB is now planning to disburse funds through local administration offices to enable affected families to replace their livestock and purchase about 4,000 dairy cows. In addition, the agricultural ministry is proposing provision of additional cattle through a social aid programme included in its upcoming 2011 work plan and budget.

¹ In the past, the eruptions used to begin with the formation of a lava dome followed by the slow release of pyroclastic flows. In addition, the mountain used to release some 144 tonnes of sulphur dioxide before each eruption. Now, after the eruptions, this level of gas release has increased to more than 250,000 kilo-tonnes.

Towards the long-term recovery plan, the local government has formed a special task force to support families who have lost their livelihoods, particularly those groups classified as micro, small and medium enterprises (*Usaha Mikro Kecil Menengah – UMKM*). Parts of farmland soil in Sleman, Yogyakarta province were hardening due to exposure of volcanic dust from the eruptions. Rehabilitation of the surface soil will take some time, causing gaps in livelihood activities of local vegetable farmers. Therefore, while soil rehabilitation is still being carried out by the local government, some local NGOs distributed pots to the local farmers for the planting of vegetables such as cabbage, eggplant, chilli, tomato and carrot.

Now under the rehabilitation and reconstruction phase, both Yogyakarta and Central Java provinces are now focusing on permanent house reconstruction and the rehabilitation of a number of bridges which were swept away due to cold lava flows, particularly those connecting Yogyakarta and Central Java province.

Mentawai Islands

More than 500 people were killed and another 11,000 displaced when the tsunami, triggered by a magnitude 7.7 earthquake off the coast of Western Sumatra, struck the Mentawai Islands (comprising some 70 islands and islets) on 25 October 2010.

The West Sumatra provincial administration extended the Mentawai Islands emergency tsunami disaster response period until 22 November 2010 to help accelerate the clearance of suitable areas for temporary shelters and schools. However, due to bad weather, all aid efforts, including site preparation and basic infrastructure development, were significantly hampered. Based on the local government decision, communities living near the coast that were affected by the tsunami, were asked to relocate further inland away from the danger areas. Some 785 people were identified as displaced and requiring relocation. Up to 80 per cent of these displaced people arrived at new areas where they were initially provided with family tents, they then moved into more suitable shelter provided by PMI. A process similar to that implemented during the 2009 West Sumatra earthquake was followed.

The biggest challenge in this operation was the large volume of wood required to build the houses and adequate timber options needed to be arranged with the local ministry to ensure environmental concerns were considered and local solutions identified. Negotiations with the local government and timber companies were held to obtain the necessary licenses to accelerate the availability of wood and also to ensure that considerations such as reforestation were all taken into account.

Several NGOs are still implementing recovery operations: SurfAid works on community health, psychosocial support services and temporary shelter. Ready Indonesia, a local NGO, and Mercy Corps focus on water, sanitation and hygiene promotion, as well as reviving livelihoods in Sipora Selatan, Pagai Utara and Pagai Selatan districts. The International Organization for Migration (IOM) helped deliver supplies from Padang, the capital of West Sumatra province, to Mentawai using cargo ships. IOM's operation closed in April. Habitat for Humanity has built 18 temporary wooden houses, provided building kits and helped build small roads and evacuation routes in Sipora Selatan.

Six months after the tsunami struck the southern Mentawai Islands, survivors are slowly rebuilding their lives, but huge challenges remain. The earthquake and tsunami damaged and destroyed hundreds of homes, particularly in Pagai Selatan Island, the worst-affected area. Most of the 2,000 families displaced have since relocated to temporary shelters in 10 separate camps built in safer locations, but concerns over water, sanitation and jobs remain. Ongoing lobbying with the local government to address these needs continues.

For the operation in Mentawai, the coordination and partnership was realized through a memorandum of understanding. PMI and the head of Mentawai Islands district as the representative of the local government signed a memorandum of understanding, which was then followed by a series of coordination meetings with the disaster management agencies of both West Sumatra province (BPBD Sumatra Barat) and of Mentawai district (BPBD Kepulauan Mentawai). Coordination meetings with local NGOs were also arranged to avoid unnecessary duplication of activities in Pagai Selatan sub-district. It was also ensured that the local community received information on the expectations and the process of T-shelter implementation. In addition to this, PMI coordinated closely with the district health officers in Mentawai and West Sumatra provinces. Coordination focused on reporting incidences of contagious diseases such as measles, tuberculosis (TB) and other endemic diseases such as malaria.

Food and clean water remain an ongoing challenge in some locations, and in Pagai Selatan, water is often trucked in along the logging road from Sikakap. The conditions in other locations are better than before the

tsunami as there are now water facilities, mobile clinics and public services available. For livelihoods, farmers have now begun returning to cultivate their land with the government and aid groups providing cocoa, patchouli and nutmeg seeds.

In March 2011, the government declared the end of the official emergency response phase of the Java eruption and Sumatra earthquake and tsunami operations, and the focus turned to rehabilitation and reconstruction, expected to be completed by 2013.

Red Cross and Red Crescent action

Overview

Through its nationwide network, PMI's chapters and district offices in Central Java and Yogyakarta have been responding to the Merapi eruption, and PMI West Sumatra responding to the earthquake and tsunami in Mentawai, in both cases with national headquarters assistance.

Mt. Merapi eruption

PMI decided to utilize its own internal resources for the emergency operation until the emergency appeal funds could be used to offset initial expenditures. By 12 November, PMI had distributed a total of 5,000 sweet breads; 60,000 eggs; 1,377 bottles of mineral water; 65,000 face masks; 3,028 sleeping mats; 783 hygiene kits and 1,058 blankets under the Mt. Merapi operation. In the initial days following the eruption, PMI's national headquarters transferred IDR 500 million (CHF 55,000) to the chapters of Central Java and Yogyakarta to cover operational costs. PMI's national headquarters closely monitored the situation from its command post 24 hours a day, seven days a week. It had given technical assistance to its disaster management staff members in many chapters in the field. Initially, 398 PMI volunteers from Central Java and Yogyakarta chapters and branches were deployed around the volcano to undertake search-and-rescue, evacuation, and assessment activities as well as provide emergency relief to an initial 25,000 people in seven camps in coordination with district government disaster agencies in both provinces.

However, due to the increasing number of people becoming displaced, PMI increased the number of volunteers to an average of 800 volunteers who were involved on a daily basis in the Merapi operation, assisting 100,000 displaced individuals. PMI also had to increase its capacity to distribute meals from its mobile kitchens. Its water treatment and distribution facilities were also increased to provide service for more people. Its psychosocial support activities were reinforced with more volunteers from around the country to help provide support for an increasing number of traumatized children and parents in more than 1,000 IDP locations. Volunteers were also involved in helping families living outside the high-risk locations, and in removing poisonous ash from houses and IDP settlements in an effort to reduce health risks from inhaling this dust.

An evacuation team, consisting of the National Search and Rescue Agency, the Indonesian army and PMI Satgana members, was deployed as more fatalities were discovered in damaged villages near the top of the mountain. Special all-terrain vehicles were used by PMI, to enable their teams to access the most remote and difficult areas. Based on the disaster response mechanisms and the national society's contingency plan, PMI branches close to the disaster areas provided support to the branches in affected areas. In Central Java, 12 PMI branches supported Magelang, Klaten and Boyolali while four PMI branches supported the operation in Sleman, Yogyakarta. The community-based action team (CBAT) and village volunteers coordinated by PMI support the overall operation.

Even though the government had given communities in the affected area early warnings to evacuate or stay at a safe distance from Mt. Merapi, villagers still preferred to stay near their homes close to the volcano. This made the management of people difficult as authorities had to evacuate people who were already displaced when further eruptions occurred. In this context, PMI lobbied with the local government to help persuade the displaced people to stay away from Mt Merapi's vicinity for their own safety. After the volcanic eruptions, many livestock carcasses were found burnt and others were found decomposing around the affected areas. These carcasses needed to be buried or removed from areas where people were living.

The status of Mount Merapi volcanic activity has now been lowered to level II from level IV. However, many communities are still at high risk due to secondary hazards of the eruption especially during rainy season and the monsoon. The volcanic ash that settled on the ground is still one of the main concerns in most of places

surrounding Mount Merapi. Besides infrastructure damage, volcanic ash has also disrupted the local environmental conditions and contaminates water sources.

The Centre of Volcano Research and Technology Development (*Balai Penyelidikan dan Pengembangan Teknologi Kegunungpian* – BPPTK) has confirmed that in the aftermath of the volcanic eruption cold lava floods will remain a potential hazard for the next 1 or 2 years. Therefore, PMI has established a volcano surveillance post which will play a role as an auxiliary to the government task to monitor the progress of the volcanic activity and as a multi hazard early warning mechanism/tool (particularly for cold lava, pyroclastic clouds and volcanic eruptions).

PMI provided relief items to more than 30,000 people in Central Java and Yogyakarta province. Up to 123 PMI volunteers worked in four districts: 55 in Sleman, 20 in Klaten, 30 in Magelang and 18 in Boyolali district; to enable the communities to recover and return to normal living. PMI has distributed over 51 million litres of safe water to some 25,000 affected individuals in three districts in Central Java and one district in Yogyakarta.

As PMI is now involved in exiting this emergency operation., cooperation with local stakeholders has helped to ensure handover and the sustainability of clean water supply to the most remote areas in Central Java and Yogyakarta provinces. In Sleman, the worst-affected district in Yogyakarta province, the district government has agreed to cover the running cost of water trucking activity until the State water company rehabilitates the water piping system in several villages in this district.

Mentawai earthquake and tsunami

PMI originally used its own resources to mobilize 161 personnel to the Mentawai Islands in three phases by 12 November. The national society also focused on evacuating bodies; distributing relief items; conducting field assessments, and running a mobile clinic service for the affected communities. They distributed 330 family kits, 259 family tents, 60 mosquito nets, 100 solar light cells, 350 body bags, 593 tarpaulins, and a large quantity of clothing. PMI's national headquarters in coordination with PMI's West Sumatra chapter provided IDR 500 million (CHF 55,000) to support the operational costs of the response.

Due to extreme weather, the remoteness of the location and the limited local infrastructure, almost all materials, equipment, machinery, transport and other resources were shipped into the disaster-affected locations on the Mentawai Islands. Four PMI helicopters were based in Muko-Muko on mainland Sumatra, to transport personnel and distribute relief items to the most remote areas. PMI also mobilized several ships and small boats to ferry personnel and supplies across treacherous waters from the main Sumatra Island to various locations on Mentawai. With the overall humanitarian coordination based in Padang, the PMI operations base shifted from Padang to Muko-Muko in Bengkulu in the early stages of the operation. The airstrip, the helipad and ground handling facilities were prepared by PMI. In order to overcome the communication constraints between the field and the operation base in Padang and at PMI's national headquarters, the national society, with support from IFRC, set up a radio communications network and established Internet connections in the field. In addition, other non-governmental organizations, private companies, and even private radio stations provided donations in-kind which have included clothes, biscuits, instant noodles and basic medicines through PMI for distribution to those communities who were affected by this event.

Based on the government's decision, all families from coastal areas on Pagai Selatan, the Mentawai district, (particularly Muntei Kecil, Sabiret, Eruparaboat, Purorogat, Maurau, Bake, Lagigi, Tapak Jaya, Kinumbuk, and Limosua sub-villages) were required to relocate to safer areas further inland. PMI worked very closely with the local authorities to support the survivors in efforts to recover their normal life in their relocation areas. PMI worked to provide shelter for 516 families located at four relocation points at KM 32, KM, 37, KM 40, and Lakkau. While PMI worked on its community participatory shelter programme, the government also worked on the provision of community facilities, including religious facilities, community halls, and water pipelines. As road access to the four new areas is of poor quality, the local government, supported by the provincial government, plans to improve road access to these areas. All these plans are included in the memorandum of understanding jointly signed by the Mentawai district government, the regional disaster management agency and PMI.

While waiting for the completion of temporary shelters, many of the displaced people lived with relatives while others stayed in family tents or camps. Health risks were a major concern, particularly to babies, children and the elderly. PMI continued to provide basic health care services in the four relocation areas by making one medical

doctor available in each of the relocation areas. In order to support the recovery process within the community, PMI undertook psychosocial service activities which benefitted 613 individuals directly.

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) are 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 lead to strengthened branch volunteer base and volunteer management capacities for the future.
Targeted families receive two meals a day for the first month.	<ul style="list-style-type: none"> Develop beneficiary targeting strategy and registration system. Set up field kitchens to provide cooked meals for people living in IDP camps. Provide meals twice daily. Monitor ongoing nutrition needs of the displaced population.

Impact: PMI successfully completed the distribution of food and non-food items to 14,014 people in Central Java and 16,495 people in Yogyakarta province. In total, PMI provided relief items to more than 30,000 people in Central Java and Yogyakarta province. Up to 123 PMI volunteers were working in four districts: 55 in Sleman; 20 in Klaten; 30 in Magelang; and 18 in Boyolali district; to enable the communities to recover and return to normal living. PMI has distributed over 51 million litres of safe water to some 25,000 affected individuals in three districts in Central Java and one district in Yogyakarta.

Immediately after the disaster, PMI branches in Central Java and Yogyakarta provinces conducted needs assessments and surveys that recommended 12 different relief items that were urgently needed by the displaced people. These included hygiene kits, baby kits, sleeping mats, masks, tarpaulins to improve camps, clothing particularly for women and children, women's undergarments, sanitary napkins, baby and adult napkins, and toiletries. PMI initially used its own resources which will be replenished through this appeal. They also mobilized all stocks in their local warehouses, purchased locally, or received through in-kind donations from many institutions.

The movement of internally displaced people (IDP) was not limited to the four main districts affected by the eruptions but also other surrounding districts including Kota Yogyakarta, Bantul, Kulon Progo, and Gunung Kidul districts in Yogyakarta province. Therefore, each respective PMI branch took the responsibility of implementing the field kitchen operation to ensure people received sufficient food. As of 19 November 2010, the total number of people reached through PMI field kitchen services reached 105,552. Out of these numbers, Sleman houses the majority of the IDPs as this district is the most affected by this disaster.

Despite being more than six months after the eruption, PMI volunteers still conduct regular monitoring assessments to ensure they continue to identify and target the most vulnerable and those most in need. Since the beginning of the programme, PMI has distributed relief items to the most affected families as shown in the following table:

No	Relief Items	Central Java Province	Yogyakarta Province
1	Shovels	14,014 units	16,495 units
2	Hoes	14,014 units	16,495 units
3	Water container (cap. 350 ltr)	5,252 units	2,766 units
4	Mosquito nets	6,000 units	2,079 kits
5	Hygiene kits	3,900 kits	2,079 kits
6	Baby kits	0 units	468 kits
7	Tarpaulins	0 units	2,079 units
8	Sand Bags	0 units	23,000 bags

Shovels and hoes are key tools for the communities when cleaning up their houses and the surrounding environment from volcanic debris. PMI distributed water containers of 350-litre capacity to 8,018 families, and during the reporting period, some 20,958,000 litres of safe water have been distributed to communities in Sleman district in Yogyakarta, and Magelang, Boyolali and Klaten districts in Central Java. Since the initial eruption, the total quantity of safe water provided by PMI was 51,602,000 litres. With the winding down of the recovery activities, PMI has significantly reduced its water-trucking activities and is in the final stages of stopping this activity as the local government takes over this need..

In total 8,079 communities in Central Java and Yogyakarta received mosquito nets that protect them, particularly babies and children, from mosquito bites. In addition to improving the health and sanitation condition of the community, PMI also distributed hygiene kits and baby kits.

In addition, over 20,000 people in Yogyakarta were provided with sand bags filled with soil to stem the cold lava flow, which passed through the southern part of Sleman district and Yogyakarta city.

Emergency health and care	
<p>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.</p>	
Outputs (expected results)	Activities planned
<p>People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.</p>	<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 provided by government health offices. Mobilize PMI first aid and ambulance services to complement health posts/mobile clinics in meeting emergency health needs.
<p>Community resilience in health is improved through better health awareness, knowledge and behaviour.</p>	<ul style="list-style-type: none"> Train and re-enforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment. Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely affected to address identified potential health risks resulting from the disaster. Deliver appropriate and essential supplies to reinforce health promotion and disease prevention efforts/campaigns, such as masks to prevent respiratory complications from ash fall. Reproduce and distribute health information, education, and communication (IEC) materials. Psychosocial support is provided to the target population, and staff/volunteers of PMI involved in the operations.

<p>Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.</p>	<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.
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Impact:

Since the commencement of early recovery activities on 8 November 2010, the PMI medical action team (MAT) provided basic health services, which were not covered by the *puskesmas* (local health authorities). The team assisted more than 1,600 people at 32 delivery points.

In Boyolali district of Central Java, the MAT provided medical assistance to 882 people (414 men and 437 women). In Klaten branch, the team served 998 people, which consisted of 359 men and 639 women of various ages as well as young children and the elderly. The majority of ailments treated by the team included headache, high blood pressure, stomach problems and respiratory infections. There were no outbreaks of infectious diseases such as diarrhoea or pneumonia.

The team also assisted local health authorities in delivering basic health services to people affected by cold lava floods resulting from monsoon rains – the biggest flow occurred on 3 February when 29 villages in Magelang and Boyolali were either swept away or completely buried. Through twice-weekly operations, the team provided services to 1,637 people (some 517 households).

As a follow-up of the hygiene kit distribution activities, PMI-trained health volunteers carried out socialization and training of community cadres in target areas aimed at identifying key infectious diseases and initiating disease prevention initiatives.

In Balerante, Sidorejo and Kaliurang sub-districts, 142 beneficiaries received messages on diarrhoea and malaria prevention and control as well as waste disposal and environmental sanitation promotion. The team also distributed 6,000 insecticide-impregnated mosquito nets to Klaten, Boyolali and Magelang districts, which are considered malaria endemic areas. Additionally, the malaria prevention campaign has been integrated to the *Posyandu* activities, where child caretakers regularly visit under the child immunization programme in cooperation with district health office/*Puskesmas*.

PMI also provided psychosocial support services to beneficiaries at 39 points. Expressive and entertaining games with children were still the main support preferred by beneficiaries. In Ngrajek village of Magelang district, PMI volunteers assisted 82 boys and 62 girls of Ngrajek elementary school children by teaching them spontaneous song creation, *origami* games and other vocational education activities. The health response to the disaster was completed in April; the PMI team has been engaged with local health authorities and community leaders during the reporting period for the development of an exit plan.

Challenges

One of the challenges faced during the Merapi operation was the information flow. Since Merapi was a cross-border operation (involving two provinces), most of the PMI staff and volunteers in both of these locations were continuously in the field and it proved to be a major challenge to set up an effective system to obtain data and information about the response in an accurate and timely manner. As a result of this, the PMI national headquarters sent some of its staff to the field to support the branch in improving the flow of information.

Water, sanitation, and hygiene promotion	
<p>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.</p>	
Outputs (expected results)	Activities planned
<p>Access to safe water is provided to affected populations in the targeted locations.</p>	<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 IDP camps and in other locations where required. • Promote garbage collection and safe hygiene practices 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.

Impact:

PMI has successfully provided access to safe water to the beneficiaries in Sleman district of Yogyakarta, Magelang, Boyolali, Klaten districts of Central Java, through a total distribution of 51,602,000 litres of water. Volunteers were mobilized to clean up the pre-existing water supply reservoir affected by volcanic ash and debris so that the communities would be able to reuse their original water source. The result of water quality test conducted by Yogyakarta Provincial Health Office (PHO) BTKL - Environmental Health and Sanitary Engineering Laboratory showed that the water is of good quality.

In Boyolali, 361 water reservoirs were checked and cleaned at community levels and hygiene promotion was conducted in schools, which involved the participation of 1,370 school children. They participated in campaigns on proper hand-washing, diarrhoea prevention, including avian flu and disaster risks reduction. Meanwhile in Magelang, water and sanitation teams from PMI worked in eight locations, as there were still 4,000 internally displaced people in the transitional shelters.

As part of the exit plan, PMI at the branch level has reduced the amount of water distribution 50% of the quantity being distributed during the initial response and also updated the related government offices such as water company and public works on the progress and exit plan.

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 assessments • Develop beneficiary targeting strategy and registration system to deliver intended assistance • Mobilize relief supplies from pre-positioned stocks, supplemented 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 mobilization, induction, support and recognition across all programmes that lead to strengthened branch volunteer base and volunteer management capacities for the future.

PMI successfully completed the distribution of relief items for Mentawai operation by distributing 630 kg of rice to 21 families in Maurau sub-village and 1,620 kg to 54 families in Asahan sub-village, Bulasat village, Pagai Selatan. Each family received a total of 30 kg of rice.

Shelter kits were distributed to 516 families from Malakopak and Bulasat villages in Pagai Selatan district. Mosquito nets were distributed to 54 families in Asahan sub-village and 51 families in Konik sub-village as these areas, based on the government report, are prone to malarial diseases, particularly among children. In addition,

each family in these areas received one family kit from PMI, which consisted of washing and shower items, cutlery, sandals, trash bags, jerry cans, *sarong*, candles and flashlights with batteries, and sleeping mats.

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, prioritizing 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).

Impact:

By the end of this project, 516 temporary shelters (t-shelters) in Pagai Selatan were completed where now 516 families or 2.580 individuals have moved from emergency tents to new safe and more robust shelters in the relocation areas.

In order to ensure this programme reaches the most vulnerable, the PMI West Sumatra branch supported by the national headquarters, IFRC and partner national society representatives, conducted a detailed assessment together with representatives from local communities.

The result of the assessment suggested the t-shelter project focus on the affected communities who lived in the two villages of Malakopak and Bulasatof in the Pagai Selatan sub-district as well as the 11 sub-villages of Sabiret, Muntei Kecil, Eru Paraboat, Purorogat, Maurau, Bake, Tapak Jaya, Lagigi, Kinumbuk, Lakau, and Limosua.



PMI conducted community-based shelter construction by mobilizing technically trained volunteers and 120 community committees to complete 516 temporary shelters in Pagai Selatan, Mentawai Island (Photo: Hendro Pramono/PMI)

However, the government has declared these areas at high risk of tsunami and not appropriate for settlement. All affected families from these areas have been relocated to areas further inland. Below is the number of shelters in each of the relocation areas and the original sub-villages.

Village	Sub-Village	Number of t-shelters (units)	Relocation areas
Malakopak	Sabiret	65	KM 27
	Muntei Kecil	31	Camp Jaya
	Eru Paraboat	77	KM 32
	Purorogat	79	KM 37
Bulasat	Maurau	21	KM 37
	Bake	35	KM 39 – 40
	Tapak Jaya	28	KM 40
	Lagigi	68	KM 41
	Kinumbuk	51	KM 46
	Lakau	19	KM 2 Logpon Lakau
	Limosua	42	KM 3-4 Logpon Lakau
Total number of t-shelters			516 units

The t-shelter programme is a process, not a product and as such, PMI have applied the following five strategic approaches in implementation: community participation; valuing local wisdom; community group as partner; PMI volunteers as the agent of change; and, empowerment of competent local workers.

In order to cover these 516 shelter units, PMI formed 120 community groups where each group covers four to six units. PMI volunteers facilitated community participation in the construction of the t-shelters. The community itself facilitated recovery from the impact of the tsunami and earthquake by mobilizing all possible human and local resources to construct their shelters. Also, in order to ensure the community adhered to the technical elements in building safer shelter structures, trained volunteers or skilled local workers undertook day-to-day monitoring.

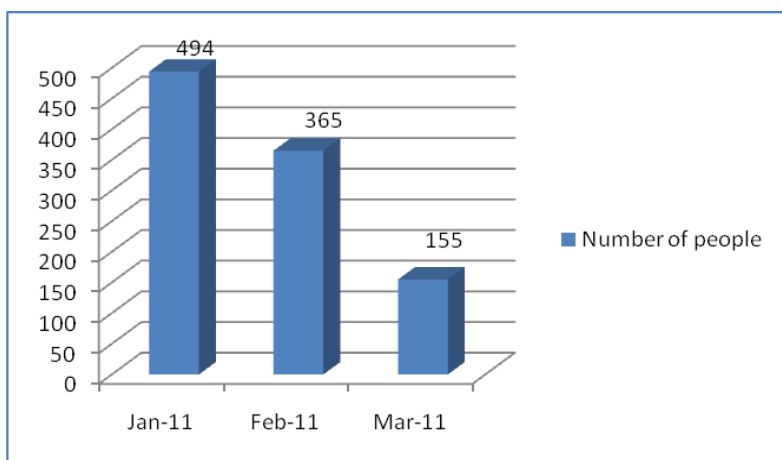
The provision of cash grants to the affected families was done via Bank Nagari, a local bank widely used by the community in West Sumatra province. Cash was transferred to community accounts whereby its use was made more accountable through withdrawals by the group committee, consisting of three people supervised by a representative of local village authorities and PMI volunteers. The cash grant is transferred in two disbursements: the first, whereby IDR 3,000,000 was transferred after all paper work was completed including the land certificate, commitment letter of the community group to implement the t-shelter project and set-up of the bank account; and the second and final IDR 2,000,000 which was transferred after the construction process had completed the foundation, mainframe, roof structure, and wall stages. Through this cash grant management, there have been no reports or issues of fraud and misuse of the cash grant. This was based on spot checks and verification of beneficiary receipts and signatures.

Challenges:

The implementation of t-shelters was initially planned for completion in three months after the 25 October 2010 earthquake and tsunami in Mentawai Island. However, delays were experienced due to frequent extreme climate events, which hampered the supply of fuel and other logistic support from the mainland of Sumatra. Additional delays stemmed from government authorities in issuing the letter to permit the use of timber from locally available forests. In view of these, all t-shelters were completed by the end of March 2011.

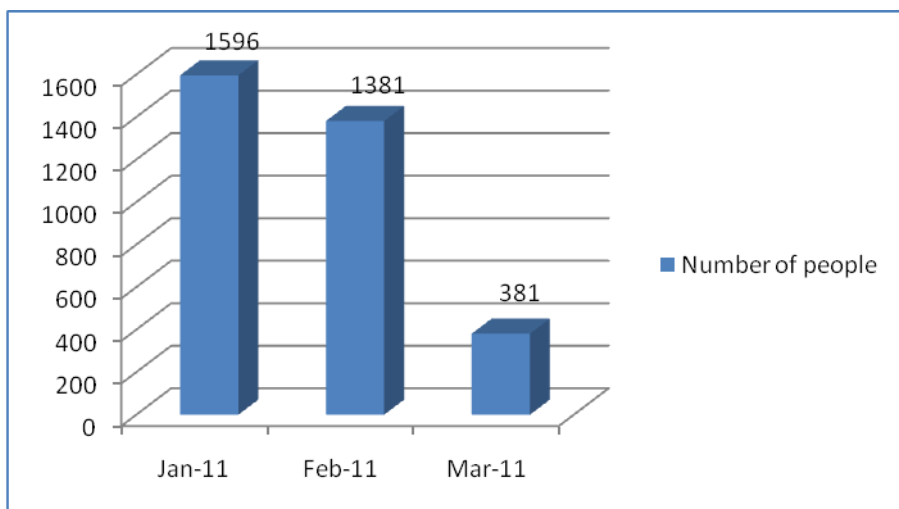
Emergency health and care	
<p>Outcome: Up to 3,750 affected people in Mentawai have benefited from a variety of preventive, curative and/or referral health services for two-months, thus reducing community health risks and facilitating quicker rehabilitation and recovery processes.</p>	
Outputs (expected results)	Activities planned
<p>People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.</p>	<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.
<p>Community resilience in health is improved through better health awareness, knowledge and behaviour.</p>	<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.
<p>Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.</p>	<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.

By the end of this operation, medical action teams have provided medical assistance and health promotion to 1014 people in Malakopak, Bulasat, Sikakap of Pagai Selatan sub-district. As the number of people reached through health services has been decreasing, see graph below, PMI is now in the process of closing this emergency operation..



Graph 1: Number of people reached through medical services.

Through psychosocial services, PMI also reached 3,358 survivors, especially children in Pagai Selatan, in coping with the trauma caused by the disaster. Please refer to the graph below, which outlines the number of people who received PSS from mid-January to the end of March 2011.



Graph 2: Number of people reached through psychosocial services.

Challenge: The major challenge faced during the operation was the need for more land and sea transportation because using helicopters and sea transportation to reach people’s location was not always possible. In addition, it is more challenging working in the sites during the rainy season. The volunteers also had to keep up their efforts in maximizing the service while they also had to keep themselves safe.

Water, sanitation, and hygiene promotion	
Outcome: Up to 3,750 people (750 families) have received water and sanitation support, enabling them to ward off the risks of waterborne diseases.	
Outputs (expected results)	Activities planned
Access to safe water is provided to affected families.	<ul style="list-style-type: none"> Establish potable water treatment facilities. Set up basic emergency water distribution networks, where possible and practical this will include truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country).
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> Provide sanitation facilities in emergency camps and in other locations where required and feasible. Promote garbage collecting activities.
The health status of the population is sustainably improved through hygiene promotion activities.	<ul style="list-style-type: none"> Establish disease vector and safe hygiene monitoring. Ensure fogging activities carried out where required in relation to both high risk areas of dengue fever and malaria. Conduct hygiene promotion activities within the affected population.

PMI has installed ten water storage tanks of 2000-litre capacity near the 516 t-shelters in order to provide access to safe water in areas not covered by any other organization. Presently there are still two organizations, Arche NoVa and Church World Service (CWS), that are helping the community in accessing safe water by filling up the 2,000-5,000-litre water tank containers provided previously by PMI and other organizations at several points in the relocation areas. Every day these organizations fill the containers so that the community has easier access to safe water to meet their daily needs.

In addition, PMI has promoted good hygiene practices to 1,203 beneficiaries in Pagai Selatan. This hygiene promotion covers the causes and prevention of diarrhoea, proper hand-washing, environmental health, and

malaria prevention. Approaching the close of the operation, 123 beneficiaries were involved in the work to clean up the environment.

Logistics for the Merapi and Mentawai operations

In support of the Mentawai operation, the PMI West Sumatra branch helped facilitate the construction of the 516 t-shelters by mobilizing 175 trained volunteers, one transport boat, four trucks, four cars and 10 motor bikes.

In response to the Merapi operation, the PMI headquarters logistics unit has overseen the procurement of public kitchen equipment and sleeping mats, which have been stored in the PMI warehouse in Bukaka, West Java. However, the process of completing the local procurement and storage of family kits, hygiene kits, baby kits, tents, tarpaulins, blankets, and mosquito nets for replenishment of distributed stocks and for additional pre-positioned stocks for future disaster response was slowed due to unforeseen manufacturing and supply delays and is being undertaken directly by PMI. Hence, the extension of this appeal until end-June 2011 will accommodate the final stages of this process.

In the process, the National Society formed a committee, involving representatives from IFRC. The procurement specialist and disaster management programme staff from IFRC sat together with the National Society representative to ensure the process followed IFRC procurement standards. This joint committee also shared knowledge with the National Society.

Challenges: One of the challenges for PMI was the remote geographic location and the pack of or poor road condition in Mentawai. Additional trucks and small pick up vehicles were sent to South Pagai from Padang City to ensure that relief items, particularly the tool kits, zinc sheets as well as cash grants reached the intended beneficiaries as soon as possible to enable the construction of shelters to begin.

Communications for the Merapi and Mentawai operations

Information, education and communications (IEC) materials were produced for the Mentawai operations. However, new IEC materials such as flyers, posters, booklets and children's educational toys for the Merapi operation will continue to be produced since there are still potential risks such as cold lava floods, land/rock slide or even further eruption. This material distribution and campaign will be used to raise community awareness and knowledge on potential risks, hazard, vulnerability and their own capacity. These materials are prepared for use in future operations. Currently the concept of the materials is being developed by PMI.

Conclusion

Lessons learnt

In the emergency relief phase, PMI have done well to clarify their objectives, and in targeting and meeting the immediate needs of a large number of beneficiaries: In Mentawai, the process of response took a little longer due to the difficulty of access and capacity to move large volumes of relief items into the area. PMI have aimed to provide assistance to those most in need.

During both the emergency and early recovery phases, total quantity and general standard of assistance provided in relief and shelter have been significant; the shelter programme reached the families that needed such services and would have been unlikely to receive this assistance from other organizations.

Some non-shelter aspects of the recovery programme, particularly water and sanitation and psychosocial support, were well-designed and appear to have reached beneficiaries beyond those that were targeted. Most urgent needs were met in Merapi and in some cases, exceeded what was originally planned. Although the analysis of assessment data gathered could have been improved, PMI were able to make considerable positive impact on the families affected by both disasters. In general the water, sanitation and hygiene, and the psychosocial support programmes offer good long-term sustainable input to improving the physical and mental health of children and those most vulnerable within the affected location. One exception is the water trucking which only now is being taken over by the local government authorities.

IFRC immediately supported PMI's decision to lead the response from the outset, and fully devolved formal authority. In this context, PMI has done a remarkable job in responding to this situation. While it is challenging to

determine the effectiveness or efficiency of resources allocated, it is anticipated an evaluation of this programme to be carried out and completed before the end of this appeal timeframe. The results of this evaluation will be included in the final emergency operation report.

Many instances of good practice in collaboration among Red Cross and Red Crescent Movement members have been in evidence; particularly between PMI, IFRC and partner national societies at branch level; and between PMI and IFRC at national level. The move by PMI to insist on all Movement members to adhere to a single approval system has proved to be of positive benefit in ensuring the sharing of resources and an improved integration of response.

The response to, and subsequent involvement in the recovery of two concurrently occurring complex disaster events have demonstrated the determination of PMI to approach emergency operations in a manner as best suits the National Society. In some respects, these events have proven a milestone for the National Society which has essentially implemented all activities in the field covered by the appeal with technical and financial support of IFRC and partner national societies.

The appeal was launched more than one week after events took place. This delay meant that media coverage and international public interest was declining and the initial momentum of the broader response and the enthusiasm for donors to contribute to the appeal was somewhat lessened. However, the senior leadership of the PMI had made a conscious decision to fully grasp the impact of these events on their capacity and ultimately, it was the continuation of the Merapi eruption that served as the catalyst to launch the appeal.

The Mount Merapi volcanic eruption and the Mentawai earthquake and tsunami were both devastating in their impact; the former at a relatively localized level covering an area of 250 km², the latter covering a much broader area encompassing an island chain where more than 220 km of coastline was affected. Regardless, PMI performed creditably and maintained a strong and viable presence in both locations for as long as required to meet the immediate and some of the more substantial needs of the affected communities.

It is proposed that an independent evaluation be conducted with the concurrence of PMI to address specific issues relating to the operation and its implementation. Much can be learned from these events and particular emphasis should be placed on the coordination mechanisms that would improve the mobilization and involvement of the Movement components in disaster events of a similar scale in the future. Terms of reference are being developed in conjunction with the PMI and it is hoped that the study can begin by the end of May.

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.

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

International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/3
Budget Timeframe	2010/11-2011/4
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	5,038,980					5,038,980
B. Opening Balance	0					0
Income						
Cash contributions						
American Red Cross	49,092					49,092
British Red Cross	78,000					78,000
Canadian Red Cross	98,554					98,554
Canadian Red Cross (from Canadian Government)	96,826					96,826
Danish Red Cross (from Danish Government)	100,000					100,000
Great Britain - Private Donors	386					386
Icelandic Red Cross	20,000					20,000
IFRC at the UN Inc (from Cummins Inc. Employees)	514					514
IFRC at the UN Inc (from Kraft Foods Foundation)	46,464					46,464
Indonesia - Private Donors	4,477					4,477
Iranian Red Crescent	19,563					19,563
Japanese Red Cross	166,300					166,300
Netherlands Red Cross	62,629					62,629
Netherlands Red Cross (from Netherlands Government)	261,609					261,609
Netherlands Red Cross (from Netherlands - Private Donors)	25,483					25,483
New Zealand Red Cross	32,352					32,352
New Zealand Red Cross (from New Zealand Government)	152,520					152,520
Nokia	66,877					66,877
Norwegian Red Cross	16,527					16,527
Norwegian Red Cross (from Norwegian Government)	110,604					110,604
Republic of Korea Red Cross	50,000					50,000
Republic of Korea Red Cross (from Republic of Korea - Private Donors)	2,206					2,206
Swedish Red Cross	686,670					686,670
United Arab Emirates Red Crescent	10,040					10,040
United States - Private Donors	4,953					4,953
VERF/WHO Voluntary Emergency Relief	3,000					3,000
C1. Cash contributions	2,165,645					2,165,645
Other Income						
Fundraising Fees	-3,344					-3,344
C4. Other Income	-3,344					-3,344
C. Total Income = SUM(C1..C4)	2,162,301					2,162,301
D. Total Funding = B + C	2,162,301					2,162,301
Appeal Coverage	43%					43%

International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/3
Budget Timeframe	2010/11-2011/4
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	2,162,301					2,162,301
E. Expenditure	-325,869					-325,869
F. Closing Balance = (B + C + E)	1,836,432					1,836,432

International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

Interim Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/3
Budget Timeframe	2010/11-2011/4
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		5,038,980					5,038,980	
Relief items, Construction, Supplies								
Shelter - Relief	176,750						176,750	
Shelter - Transitional	384,420						384,420	
Clothing & textiles	400,125						400,125	
Food	36,667	14,337				14,337	22,330	
Water, Sanitation & Hygiene	322,640	2,554				2,554	320,086	
Medical & First Aid	359,027	302				302	358,725	
Utensils & Tools	765,000						765,000	
Other Supplies & Services	315,890						315,890	
Total Relief items, Construction, Supplies	2,760,519	17,193				17,193	2,743,326	
Land, vehicles & equipment								
Computers & Telecom	155,400	842				842	154,558	
Total Land, vehicles & equipment	155,400	842				842	154,558	
Logistics, Transport & Storage								
Storage		1,822				1,822	-1,822	
Distribution & Monitoring	224,000	15,090				15,090	208,910	
Transport & Vehicle Costs	753,111	140,969				140,969	612,142	
Total Logistics, Transport & Storage	977,111	157,881				157,881	819,230	
Personnel								
International Staff	183,000	2,625				2,625	180,375	
National Staff	54,000	16,366				16,366	37,634	
National Society Staff	359,025	6,048				6,048	352,977	
Volunteers		72,808				72,808	-72,808	
Total Personnel	596,025	97,848				97,848	498,178	
Consultants & Professional Fees								
Professional Fees		555				555	-555	
Total Consultants & Professional Fees		555				555	-555	
Workshops & Training								
Workshops & Training		26				26	-26	
Total Workshops & Training		26				26	-26	
General Expenditure								
Travel	86,548	15,941				15,941	70,607	
Information & Public Relation	47,000	91				91	46,909	
Office Costs	92,638	4,189				4,189	88,449	
Communications	16,196	1,994				1,994	14,202	
Financial Charges		7,738				7,738	-7,738	
Total General Expenditure	242,382	29,953				29,953	212,429	
Indirect Costs								
Programme & Service Support	307,543	19,779				19,779	287,764	
Total Indirect Costs	307,543	19,779				19,779	287,764	
Pledge Specific Costs								
Earmarking Fee		1,791				1,791	-1,791	
Total Pledge Specific Costs		1,791				1,791	-1,791	
TOTAL EXPENDITURE (D)	5,038,980	325,869				325,869	4,713,112	
VARIANCE (C - D)		4,713,112				4,713,112		